Brighton & Hove City Council

Overview & Scrutiny Committee

Title:	**Health Overview & Scrutiny Committee**
Date:	**20 July 2016**
Time:	**4.00pm**
Venue	**The Ronuk Hall, Portslade Town Hall**
Members:	**Councillors:** Simson (Chair), Allen, Bennett, Cattell, Deane, Knight, Marsh, Peltzer-Dunn, O'Quinn and Taylor **Co-opted Members:** Zak Capewell, Colin Vincent (OPC), Frances McCabe (Healthwatch) and Caroline Ridley
Contact:	**Giles Rossington** Senior Scrutiny Officer 01273 29-1038 giles.rossington@brighton-hove.gov.uk

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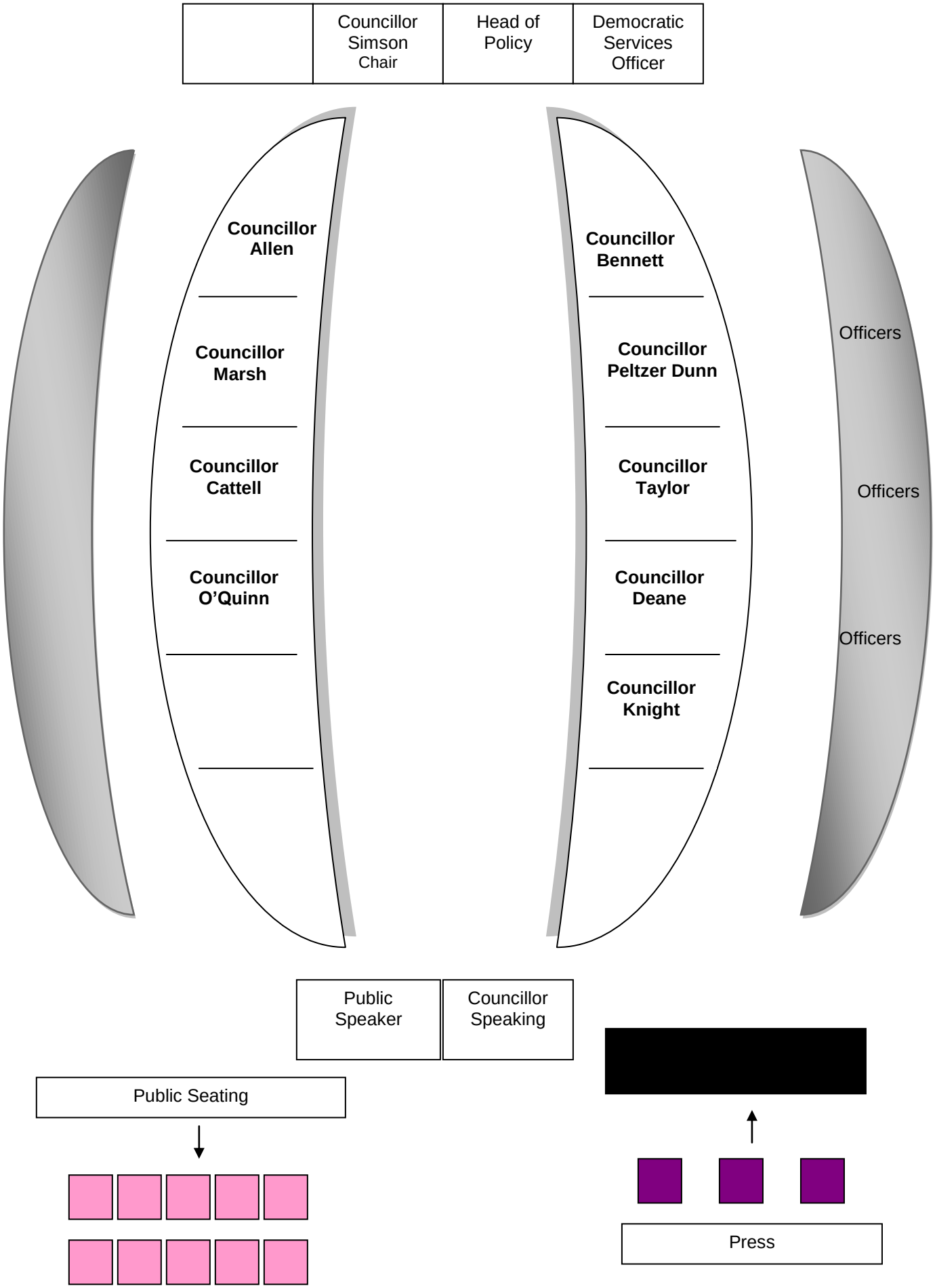
Democratic Services: Overview & Scrutiny Committee



OVERVIEW & SCRUTINY COMMITTEE

AGENDA

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12 APOLOGIES AND DECLARATIONS OF INTEREST

13 MINUTES **1 - 10**

For information the minutes of the last OSC meeting held on the 25.05.16 (copy attached).

14 CHAIRS COMMUNICATIONS

15 PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

(a) **Petitions:** to receive any petitions presented by members of the public to the full council or at the meeting itself;
(b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the (insert date);
(c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the (insert date).

16 MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

(a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
(b) **Written Questions:** to consider any written questions;
(c) **Letters:** to consider any letters;
(d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

17 GP SUSTAINABILITY AND QUALITY **11 - 38**

Contact Officer: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards*

18 GP SERVICES IN BRIGHTON & HOVE: HEALTHWATCH PERSPECTIVE **39 - 64**

Healthwatch to present its research on local GP services (copy attached)

Contact Officer: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards*

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OVERVIEW & SCRUTINY COMMITTEE

Date of Publication - Date Not Specified

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 25 MAY 2016

THE RONUK HALL, PORTSLADE TOWN HALL

MINUTES

Present: Councillor Simson (Chair)

Also in attendance: Councillor Allen, Bennett, Cattell, Deane, Knight, Marsh, Peltzer Dunn, O'Quinn and Taylor

PART ONE

1 APOLOGIES AND DECLARATIONS OF INTEREST

1.1 There were no declarations of interest.

1.2 Lorraine Prince attended as substitute for Caroline Ridley (Community Sector co-optee); David Liley attended as substitute for Fran McCabe (Healthwatch co-optee).

1.3 Members resolved that the press and public should not be excluded from the meeting.

2 MINUTES

2.1 The minutes of the March 2016 OSC meeting were noted.

3 CHAIRS COMMUNICATIONS

3.1 The Chair informed members that a sound recording of the meeting was being taken.

3.2 The Chair welcomed everyone to the first meeting of the new Health Overview & Scrutiny Committee (HOSC).

3.3 The Chair told members that there had been a number of health-related issues making the headlines recently. In addition to the issues being covered at this meeting, it was her intention that GP sustainability and the Sustainability & Transformation Plan (STP) would come to the July HOSC meeting. The Care Quality Commission (CQC) inspection report on Brighton & Sussex University Hospitals Trust (BSUH) would also be reported to a future meeting.

4 PUBLIC INVOLVEMENT

4.1 There were no public questions, deputations or petitions.

5 MEMBER INVOLVEMENT

5.1 There were no member questions.

6 HOSC TERMS OF REFERENCE

6.1 This item was introduced by Abraham Ghebre-Ghiorghis, BHCC Head of Law and Monitoring Officer.

6.2 Cllrs Simson, Allen and Knight were nominated to sit on the HOSC urgency sub-committee.

6.3 Members RESOLVED to:

a) Note the HOSC Terms of Reference;
b) Establish an Urgency Sub-Committee
c) Agree the appointment of non-voting co-optees from the Youth Council, the Older People's Council, Healthwatch and the Community & Voluntary Sector.

7 SUICIDE PREVENTION

7.1 This item was introduced by Clare Mitchison (Public Health), Miranda Frost (Grassroots Suicide Prevention), and Kate Hunt (Sussex Partnership NHS Foundation Trust: SPFT).

7.2 Clare Mitchison told the committee that Brighton & Hove has a historically high suicide rate, although recent years have seen a reduction in the number of suicides. However, given the relatively small numbers of suicides annually, caution must be taken in interpreting trends in local suicide statistics.

7.3 Analysis of local suicide data over time shows a clear link between suicide and deprivation. Suicides that take place in public spaces tend to cluster around the seafront, but overall there is no particular geographical pattern to city suicides.

7.4 As is the case nationally, men in Brighton & Hove are far more likely than women to die by suicide (although they are not necessarily more likely to attempt suicide). Suicide rates are highest amongst middle-aged men, both nationally and locally. Redundancy and/or relationship break-up are key factors in making this group more vulnerable to suicidal thoughts.

7.5 Suicide prevention is a complex task. It includes preventative work, and support for people in crisis, as well as working to ensure that there are physical measures in place to deter suicide attempts. The city has a partnership Suicide Prevention Strategy Group which publishes an annual Action Plan.

7.6 Miranda Frost told members that suicide is a community health problem. Grassroots is working towards making Brighton & Hove a 'Suicide Safer City' by implementing a number of community wide suicide prevention activities following the 9 pillars that define a suicide safer community as laid out by Living Works, an international suicide

prevention organisation Grassroots also delivers suicide prevention training to professionals, organisations and the general public in Brighton & Hove, Sussex and other areas of England. The majority of this is funded via contracts from Public Health / Local Authority and some is commissioned outside of contracts or supported by community fundraising.

7.7 Kate Hunt told the committee that suicide is one of SPFT's four Quality priorities for 2016/17. The trust is rolling-out training on suicide risk assessment to staff, and is also focusing on carer engagement and support.

7.8 In response to a question from Cllr Deane on the impact of recessionary pressures and of benefit reductions, members were told that these could increase suicide rates. It was important that, where public sector funding for suicide prevention work might be reducing, an equivalent level of community support was identified to compensate.

7.9 In answer to a query from Cllr Deane on work with people in prison and with former prisoners, the committee was told that there was some help available both in prison and subsequent to release, although this group of people could be difficult to reach.

7.10 In response to a question from Cllr Taylor on where ultimate responsibility for suicide prevention lay, the committee was informed that the Health & Wellbeing Board (HWB) is ultimately in charge of co-ordinating this work across the city. As an NHS trust, SPFT is accountable to its regulators (i.e. the CQC).

7.11 Cllr Allen told members that he was very concerned with young people's ability to access Child & Adolescent Mental Health Services (CAMHS), with the complexity of CAMHS services, with the speed that CAMHS responded to requests for help, and with the provision of services for younger children. He also queried why no representative from Community CAMHS had attended the Suicide Prevention Partnership meetings. Clare Mitchison confirmed that Community CAMHS were invited to attend meetings and did engage with suicide prevention work via the Schools Programme. Kate Hunt noted that it was extremely rare for younger children (i.e. under eight) to attempt suicide, so resources were targeted at children older than this. Miranda Frost told members that there are good materials available to support parents and offered to provide some examples.

7.12 Cllr O'Quinn stated that she was particularly concerned with the 16-18 year olds, especially regarding exam stress and the impact of social media. Kate Hunt agreed that this is a key group, and noted that incidents of self-harm amongst teenagers are known to be under-reported.

7.13 In response to questions from Cllr Peltzer-Dunn on why the suicide rate has seemingly fallen more rapidly in recent years, Clare Mitchison told the committee that it was not really possible to link the local suicide rate to the success or failure of particular interventions, though it is believed that the local Suicide Prevention Action Plan contributes to a reduction in the rate. Locally, female suicide rates have fallen more sharply than male rates. It is uncertain why this is so, and it runs counter to national trends. Cllr Peltzer-Dunn noted that he was concerned with the persistently high levels of male suicide locally.

7.14 Zac Capewell (Youth Council) told members that he thought having Counsellors in schools was key to helping young people who may be self-harming or experiencing suicidal thoughts. Miranda Frost agreed, noting that local schools have a good record in terms of providing counselling services. Kate Hunt added that self-harm was a growing issue in schools and is more common among young people. Self-harm may be an expression of distress rather than an indication of suicidal intention, although there is a strong relationship between completed suicide and previous self-harming behaviour.

7.15 Cllr Cattell queried whether a reliance on social-media based suicide prevention tools could be problematic given the higher prevalence of suicide amongst the most deprived. Miranda Frost agreed and stressed that Grassroots also provides lots of information in hard copy form.

7.16 The Chair thanked all the presenters for their contributions.

8 SOUTH EAST COAST AMBULANCE TRUST UPDATE ON RED 3 TRIAGE SCHEME

8.1 This item was introduced by Geraint Davies, SECAmb Acting Chief Executive; Terry Parkin, Non-Executive Director; Ben Banfield, Customer Account Manager (Sussex); and Tim Fellows, Operating Unit Manager for Brighton & Hove.

8.2 The committee was told that the Red 3 triage scheme was well-intentioned, but was poorly executed, particularly in terms of governance processes. Lessons have been learnt from this: there have been significant changes at the top of the organisation; and key improvement actions are captured in the Joint Recovery Plan. These include developing a truly unitary Board, making the organisation more transparent, and ensuring that staff concerns are properly addressed. The impact review on the triage scheme is due to be published in June 2016, although to date no patient harm has been identified.

8.3 The Chair alerted members to an error in the cover report for this item (prepared by HOSC support officers): at 3:1 the triage scheme is described as adding an additional 10 minutes to call target times. This is inaccurate and should read “up to an additional 10 minutes.” In fact, the average additional wait occasioned by the triage scheme was only 40 seconds.

8.4 In response to questions from Cllr Marsh about how stakeholders could be confident that similar mistakes would not be made again, Mr Parkin told members that fundamental changes had been made to SECAmb’s governance system making it impossible for a major initiative to be undertaken without appropriate governance and risk oversight.

8.5 RESOLVED – that the information provided by SECAmb be noted and a further update provided once the clinical impact review is published (i.e. at the July 2016 HOSC meeting).

9 AMBULANCE TO HOSPITAL HANDOVER UPDATE

9.1 This item was introduced by Geraint Davies, Terry Parkin, Tim Fellows and Ben Banfield of SECAmb. Dr Magnus Nelson, Consultant in Emergency Medicine/Clinical Lead Sussex Major Trauma Centre, represented Brighton & Sussex University Hospitals Trust (BSUH).

9.2 Mr Davies told the committee that handover represented an area of very high clinical risk for the trust. This risk is increasing, as handover times continue to lengthen – for example handover delays at the Royal Sussex County Hospital (RSCH) are up 35% on this time last year.

9.3 Mr Fellows told members that SECAmb does all that it can to manage RSCH delays. This includes holding a daily conference call with colleagues from BSUH, being in regular contact with social care, and regularly diverting patients to other hospitals. Although relations between SECAmb and BSUH staff are inevitably strained at times, the two organisations are working really hard together to provide the best service possible in the circumstances.

9.4 Mr Parkin added that SECAmb was currently undertaking around 3.5 ambulance calls (rather than the target 5-6) in a 12 hour shift because of excessive handover delays. Patients waiting in ambulances are safe, but ambulance crews cannot respond to additional calls whilst queueing at A&E, and this means that call targets cannot be met. This situation must be swiftly resolved, with handover waits of 30 minutes at most.

9.5 Dr Nelson told the committee that there was a very strong working relationship between BSUH and SECAmb, but that the system was experiencing extreme pressures for which there was no ready solution. The core problem is the increasing acuity and complexity of patients presenting for treatment, which has not been properly recognised in resourcing terms. This is a system-wide problem, but A&E is an obvious pinch-point.

9.6 Mr Davies told members that there needed to be a system-wide conversation about how to better manage handover. This needs to include HOSCs. HOSCs have no reason to feel confident that the system is managing handover effectively, and ought urgently to seek assurance on this issue. Agreement needs to be reached with NHS commissioners as to how to move swiftly to achieving a maximum 30 minute 'turnaround' time from arrival at hospital to being clear to respond to new incidents. Mr Parkin added that SECAmb could not continue managing this level of risk alone, particularly as this is a system-wide problem. The trust has internally debated this issue for a number of months and the Board has decided that there is no option other than to speak publicly and candidly with stakeholders.

9.7 Mr Davies noted that there are local examples of good practice with regard to handovers. Very poor handover times at Medway Hospital Trust have been addressed by the use of dedicated handover nurses.

9.8 In response to a question from Cllr Marsh on the potential to divert patients from A&E, Mr Fellows told members that SECAmb does all that it can in this respect, with more than 50% of ambulance attendances not resulting in conveyance to A&E. Brighton & Hove currently has no Acute Medical Assessment Unit to offer an alternative to A&E, and the development of such a unit might help ease pressures.

9.9 In response to a question from Cllr Peltzer-Dunn on the trend of performance, Mr Davies told the committee that things were getting worse rather than better. For this reason it is important that the HOSC holds the local System Resilience Group (SRG) to account for handover performance.

9.10 In answer to a query from Cllr Taylor on when delays peak, Mr Banfield explained that peaks tended to be out of primary care hours and on Mondays (when services are put under increased pressure by numbers of people who have become ill over the weekend but have waited to present for treatment).

9.11 Mr Parkin told the committee that the four hour A&E target is a problem, distorting attempts to triage patients. However Dr Nelson disagreed, arguing that the target had driven improvements in A&E performance. There was agreement that different agencies will inevitably prioritise the targets that mean most to them, and as these targets are not always compatible, that the SRG has a key role in ensuring that agencies work smoothly together.

9.12 In response to a statement from Colin Vincent, suggesting that delayed transfers of care are at the core of hospital flow problems, Mr Davies agreed that discharge is an important factor and again urged the HOSC to take to the SRG about this as this is another matter that the SRG is responsible for co-ordinating.

9.13 RESOLVED – that the information provided be noted and that this issue be revisited at the July 2016 HOSC meeting, with the Brighton & Hove System Resilience Group asked to attend and contribute.

10 NHS PATIENT TRANSPORT

10.1 This item was introduced by John Child, Chief Operating Officer, Brighton & Hove CCG; Sally Smith, Strategic Commissioner, High Weald Lewes Havens CCG; Alan Beasley, Director of Finance, High Weald Lewes Havens CCG; and Michael Clayton, Managing Director, Coperforma. Terry Parkin, SECAmb Non-Executive Director; and Geraint Davies, SECAmb Acting Chief Executive, also contributed to this discussion.

10.2 John Child told members that, in 2014, SECAmb had announced its intention to cease providing patient transport services (PTS) in Sussex when its contract ended in 2015. A one year contract extension until March 2016 had subsequently been agreed to allow time to procure an alternative provider. A tender process had been undertaken. This was led by High Weald Lewes Havens CCG (HWLH), on behalf of Sussex CCGs. All decisions with regard to the tender were unanimously agreed by all Sussex CCGs.

10.3 Coperforma was eventually appointed as the new PTS provider. However, there have been significant issues with the performance of the new service. The CCGs have commissioned an independent review of the tender and of the contract handover, and an improvement plan is in place to try to address performance.

10.4 Terry Parkin told the committee that he wished to correct some misunderstandings about SECAmb's role in this matter. SECAMb's view was that the PTS model proposed by the CCGs would have been neither safe nor appropriate for the trust to run (although

this did not necessarily mean that it would be so for a different organisation). They therefore withdrew from the tender process as did all but one of the other bidders.

10.5 Alan Beasley noted that some bidders had withdrawn because of timing issues, and that SECAmb had told the CCG that they were withdrawing for financial rather than for safety reasons. Geraint Davies responded that safety and finance are inexorably connected: SECAmb felt that it would be unable to deliver the specified service safely within the available financial envelope, and had withdrawn, as it did for similar reasons from the Kent PTS contract. The trust had, however, bid for the Surrey contract because the financial envelope there would allow SECAmb to deliver a safe service.

10.6 Geraint Davies told members that SECAmb had engage positively with all issues relating to the contract handover, including TUPE. 84% of staff eligible to transfer in fact did so. SECAmb had been criticised for not releasing patient data, but this data was in fact not held by SECAmb but by the (CCG controlled) Patient Transport Bureau.

10.7 In response to a question from Cllr Marsh as to why the procurement went ahead even when it became apparent that there was only one bidder, Mr Beasley told members that the PTS market is a specialist one and not very many bidders were anticipated. There is no requirement to halt a tender process if there is only one bidder. In this instance, the evaluation criteria were not changed: Coperforma still had to meet these criteria even though there was no alternative bid. At every stage, the decision to proceed with the procurement was agreed by all seven Sussex CCGs.

10.8 In answer to a question from Cllr Cattell as to why Coperforma had missed its performance targets by such a distance, Mr Clayton told members that the KPIs were based on the data available, but the actual activity had been much higher (by up to 30%) than this data predicted. Coperforma has now put extra transport capacity resources in to deal with this – something that it is only possible because of the 'Managed Service' model. Call volumes have been much higher than anticipated: many patients are very anxious and need reassurance, which takes up a good deal of call handler capacity. However, the actual level of transport required is not far in excess of that predicted. Mr Beasley added that the contract KPIs will ensure a high quality service once they are met.

10.9 Mr Clayton also claimed that performance in some significant aspects of the contract was good and represented an improvement from performance under the old contract. Mr Davies did not recognise the performance figures quoted by Mr Clayton, and Sally Smith told committee members that comparing performance was complicated because many of the KPIs have changed, meaning that there is no simple way to compare performance across the old and new contracts. The CCG will seek to produce comparative performance information and will share this with the HOSC.

10.10 Mr Beasley told members that there was no real terms financial saving on the new contract, although the new provider is expected to absorb future demand growth.

10.11 In response to a question from Cllr Taylor on whether there was a 'plan B' should Coperforma prove unable to deliver, members were told that the CCG could not break the contract by appointing a different provider and was committed to supporting Coperforma to improve.

10.12 David Liley told the committee that Healthwatch organisations across Sussex are working together on this issue, and have offered to assist in terms of providing information on PTS, speaking directly to consumers and supporting those who may wish to make complaints. Healthwatch want to see the independent enquiry report published, want to see details of any clinical impact review published, and would like to see a Learning Event. Ms Smith welcomed Healthwatch support and agreed to publish the enquiry report and to hold a Learning Event.

10.3 In response to a question on TUPE from Cllr Peltzer-Dunn, Mr Clayton told the committee that only 15 of the 51 staff expected to TUPE in fact did so. However, Mr Davies told members that 154 out of 184 staff TUPED over (the latter figure includes SECAmb drivers who transferred to organisations other than Coperforma). Mr Child noted that this was a complex issue, not least because it was important to differentiate between headcount and Full Time Equivalent posts.

10.4 In response to questions from the Chair about volunteer drivers and the use of the app, Mr Clayton told the committee that it had been assumed that the number of volunteers would reduce due to more rigorous vehicle and driver vetting. Coperforma is investigating whether it may be possible to relax some of these rules whilst maintaining quality: for example waiving the demand that all cars be less than six years' old in certain situations. Mr Clayton claimed that the app has generally been welcomed by volunteer drivers, as it reduces the time they are sat around waiting. Mr Davies told members that he wanted it made clear that SECAmb had previously operated a robust vetting regime, and would never have used drivers with convictions.

10.5 RESOLVED – that the HOSC requires an update report at its July 2016 meeting. This should include current performance data and the independent investigation report.

11 SETTING A HOSC WORK PROGRAMME FOR 2016/17

11.1 Members discussed the report and agreed to hold a workshop to set an annual committee work plan.

11.2 Members considered the proposed agenda for the July meeting. They resolved that the main items at this meeting should be patient transport and ambulance to hospital handover. To make room for these items, members agreed to postpone the 3Ts update until a future meeting and to take the Sustainability & Transformation Plan update as a written and informally circulated briefing rather than as a formal committee item.

The meeting concluded at 6:45pm

Signed Chair

Dated this day of

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 17 Brighton & Hove City Council

Subject:		**GP Sustainability & Quality: July 2016 Update**
Date of Meeting:		**20 July 2016**
Report of:		**Executive Lead for Strategy, Governance and Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The Health Overview & Scrutiny Committee (HOSC) has been tracking the issue of GP sustainability and quality for a number of months, most recently via a workshop that brought HOSC members together with NHS England (NHSE) commissioners and representatives of Brighton & Hove Clinical Commissioning Group (CCG).

1.2 This update from NHSE and the CCG will be in the form of a presentation and discussion and will focus on the following areas:

- Work taking place to identify GP practices that are vulnerable due to quality issues, financial difficulties, partners nearing retirement age etc.
- Measures being considered to increase the sustainability of city GP services
- Specific comments on: Hove Medical Centre (placed in Special Measures by the Care Quality Commission: CQC); Broadway GP Practice (placed in Special Measures by the CQC); and The Practice Group surgeries (have announced their withdrawal from contracts to run five city GP surgeries.

2. RECOMMENDATIONS:

2.1 That members note the information provided in the presentation/discussion and consider how to further scrutinise this issue.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The HOSC has been tracking issues of GP quality and sustainability for several years. This is in the context of very variable GP practice performance across the city.

3.2 In recent months we have seen increasing pressure on CG services in Brighton & Hove. Events have included the closure of Eaton Place surgery following the retirement of both partners; the closure on quality grounds of Goodwood Court GP Practice at the instruction of the CQC; the announcement by the Practice Group that it is withdrawing from GP provision in the city; and the CQC placing Broadway Surgery and Hove medical Centre into Special Measures.

3.3 HOSC members have been concerned about what steps NHSE commissioners and the CCG have been taking to gather intelligence on and offer support to vulnerable GP practices. It seems evident that the steps taken to date have failed to flag up some significant pressures.

3.4 The HOSC has also been interested to learn what plans are in place to improve the sustainability of GP services in the city, whether via federation/clustering of practices, a more robust monitoring of performance/quality, co-commissioning of GP services, or some other measure.

3.5 Some of these issues were considered a workshop in spring 2016. Members may wish to consider holding further workshops to explore NHS planning in detail.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Members may choose to tackle this issue in a number of ways: e.g. via workshops, a task & finish group, committee reports.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None for this report, although community representatives have been involved of the scrutiny of this issue to date (e.g. via the Healthwatch and CVS co-optees on HOSC).

6. CONCLUSION

6.1 Members are asked to consider the information to be presented by NHSE and the CCG and to consider if and how this issue should be further scrutinised.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this report – any scrutiny activity would be undertaken within current funding levels.

Legal Implications:

7.2 None to this report for information

Equalities Implications:

7.3 None to this report for information

Sustainability Implications:

7.4 None to this report for information

Any Other Significant Implications:

7.5 None to this report for information

Supporting sustainable GP services in Brighton and Hove

NHS England South (South East) and NHS Brighton and Hove Clinical Commissioning Group

20 July 2016

Update on local GP service changes and developments

Recent service developments and changes

- **Wish Park Surgery** moves into new build premises in summer 2015
- **New branch surgery opens in Whitehawk**, run by Ardingly Court GP practice (following closure of Eaton Place)
- 5 local practices led by Charter Medical Centre selected to **pilot use of clinical pharmacists**
- **Closure of Goodwood Court practice** and expansion of patient list at Charter Medical Centre

Local service developments and changes

- **Practice Group gave notice on their contract** to provide services at 5 local GP surgeries in late December 2015.

- **Broadway Surgery, Hangleton Manor and Hove Medical Centre** placed into special measures by the Care Quality Commission (CQC).

Practice Group – Update

- Decision taken to reprocure the service at Morley Street and to support patients from other 4 surgeries to get care from other local practices, to ensure ongoing and sustainable patient care

- Structured support given to a number of practices to enable them to grow their patient lists by expanding their teams/facilities

- The Practice Hangleton Manor will close on 15 July, The Practice North Street on 29 July, The Practice Willow House on 16 September, The Practice Whitehawk on 30 November 2016.

- Hangleton Manor patients will be transferred to Benfield Valley Hub GP practice (runs Burwash Road Surgery in Hove and County Clinic in Portslade)

- Willows patients will be transferred to Allied Medical Practice (runs Church Surgery on Lewes Road and a surgery on Hertford Road)

Practice Group – Update

- Whitehawk patients will be transferred to Ardingly Court practice (runs a Whitehawk surgery and a surgery in Ardingly Street).

- Patients at North Street are being supported in finding a new GP practice. Four practices in the city have confirmed they can re-register these patients (Albion Street Surgery, Ship Street Surgery, the Seven Dials Surgery and the Brighton Health and Wellbeing Practice)

- Support for patients to date includes working with Hangleton and Knoll Forum to run drop in sessions for Hangleton Manor patients, easy read letters, Practice Group working with Benfield Valley to support individual vulnerable patients

Key issues and challenges facing general practice

Key challenges facing general practice

- How to care for an ageing population and an increasing number of patients with complex care needs and long term conditions
- Significant workforce issues
- Infrastructure
- Complex operating environment
- Greater professional and organisational accountability

How these issues and challenges are manifesting

- Many practices are struggling to recruit to vacant partnership and salaried positions
- Some practices do not have the operational capacity to register new patients
- Some practices are closing branch surgeries and are looking to consolidate services on fewer sites
- Some practices are merging and coming together
- A small number of practices have resigned their contracts for service

Which practices are facing challenges?

- Those that have “Inadequate” or “Requires Improvement” CQC ratings
- Practices may be challenged for reasons other than their CQC rating and circumstances can change quickly
- Challenges for single-handed GPs and smaller practices, impact of partnership disputes, significant use of locums, finance and premises issues
- Some practices are known to be under considerable pressure and have asked for support

Improving the quality of services

Quality monitoring

- All GP practices must be registered with Care Quality Commission (CQC)
- CCGs have statutory duty to improve the quality of local GP services
- NHS England holds contracts and ensures compliance against regulations and minimum standards

Role of Care Quality Commission

- CQC – registration and regulation role which includes inspection, reporting and rating
- All practices across England to be inspected in 2 year period ending 30 September 2016, with reports and ratings published on CQC website
- Helps practices to identify where improvements need to be made, so as to ensure high quality care for all patients
- Practices rated as either being “Outstanding”, “Good”, Requires Improvement” or “Inadequate” against 5 ‘domains’ and then in overall terms

Role of Care Quality Commission

- Domains – Caring, Effective, Well-led, Responsive, Safe and Well-led
- Practices rated ‘Inadequate’ overall can access tailored support (with NHS England funding) from Royal College of GPs to improve
- Action plans for improvement are submitted by practices to the CQC and practices re-inspected within six months if ‘Inadequate’

CQC Reports and Ratings

- As of 30 June 2016, reports had been published on 30 practices across the City
- 24 were rated as “Good”, 3 as “Requires Improvement” and 3 as “Inadequate”
- ‘Requires Improvement’ rating given for The Practice Whitehawk Road, The Practice North Street, and Saltdean and Rottingdean Medical Practice.
- ‘Inadequate’ rating given for The Practice Hangleton Manor, Hove Medical Centre and The Broadway Surgery.
- Portslade Health Centre, whilst rated “Good” in overall terms received an “outstanding” rating for the domain of being “well-led”

CQC Inspections 2016

CCG Quality and Patient Safety Team with Practice Nurse and Practice Manager leads have/are:

1. Working with individual practices to support their improvement

2. Developing matrix to understand skill mix necessary to deliver primary care services

3. Developing an assurance tool to capture education and training

4. Developed an assurance document for use in all CCG contracts and assurance visits

Addressing the challenges facing general practice

What is being done?

- National programmes to stabilise GP practices and support GPs, as set out in the GP Forward View.
- Fairer and more secure funding for core GP services
- 10 point plan on workforce
- High impact initiatives to release capacity
- Estates and Technology Transformation Fund to invest in premises & IT
- New models of care; Five Year Forward View and pilots
- Shift towards Place Based Services – integration and localism

Ensuring local sustainability

- Supporting the expansion and development of existing practices
- Learning from the Brighton and Hove Primary Integrated Care Scheme (EPIC – GP Access Scheme)
- Piloting use of clinical pharmacists across 5 local practices, led by Charter Medical Centre
- 15 applications from local practices to the Estates and Technology Transformation Fund (4 for new builds, 9 for premises improvements and 2 for technology)
- GP Returners Scheme
- Resilience Forums and support to struggling practices

Ensuring local sustainability

- Six emerging clusters of GP practices - based around city wide coverage of Locally Commissioned Services (prevention and early identification of long term conditions)
- Proactive care – identification of those at risk of hospital admissions
- Federation of practices
- CCG membership is considering delegated responsibility for co-commissioning

Workforce development

Providing mentorship training for practice nurses so they can support student nurses- aim to attract these student nurses into primary care once qualified.

22 planned placements for student nurses within primary care during 2016.

CCG coordinates training and development opportunities to help attract/ recruit workforce. Includes training placements for various professions;

- Student nurses
- Medical students
- FY2 doctors
- physician associate trainees,
- GP trainees
- pharmacy trainees
- paramedic trainees

Workforce development

Provided an Excellence in Reception Skills Programme

Developed a Health Care Assistant Band 1-4 Competency, Skills and Qualification Framework to support the role of Health Care Assistants (HCAs)

This gives guidance for reception staff wishing to become HCAs on the Care Certificate and initial skills, competencies and training required.

Supports HCA's to expand their role by achieving the Qualification and Credit Framework (QCF) Diplomas level 2 and 3 in Health and Social Care.

Workforce development

Training for practice managers to support them with transformational change and to embrace new models of working and provide leadership within clusters.

Provided training for new practice nurses transitioning into primary care - joint project across Sussex to fit with STP footprint and share costs. Resulted in 87% take up of training.

Developed a Preceptorship workbook/document to support nurses making the transition into primary care – aim is to provide added support to help with retention of new staff

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 18 Brighton & Hove City Council

Subject:		**GP Services in Brighton & Hove: A Healthwatch Perspective**
Date of Meeting:		**20 July 2016**
Report of:		**Executive Lead for Strategy, Governance and Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The HOSC has been monitoring city GP quality and sustainability for some time, seeking to ascertain what the local health and social care system is doing to identify GP practices which are performing poorly or are vulnerable to closure; and also to understand what steps the system is taking to increase the resilience of local GP services.

1.2 As part of this work-stream, Brighton & Hove Healthwatch has been invited to give its perspective on local GP services. Healthwatch has done a good deal of work in this area and its findings are brought together in its "Patient Perspectives on Brighton & Hove GP Practices 2016" (**Appendix 1**). Healthwatch will present this work to the HOSC meeting.

2. RECOMMENDATIONS:

2.1 That the Committee notes the information provided by Healthwatch.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 See **Appendix 1**.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this information report.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 This item presents the views of Healthwatch, a key local community sector organisation.

6. CONCLUSION

6.1 This report is intended to contribute to the HOSC 'GP Quality and Sustainability' workstream.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no financial implications directly resulting from this report.

Legal Implications:

7.2 There are no legal implications directly resulting from this report.

Equalities Implications:

7.3 There are no equalities implications arising directly from this report.

Sustainability Implications:

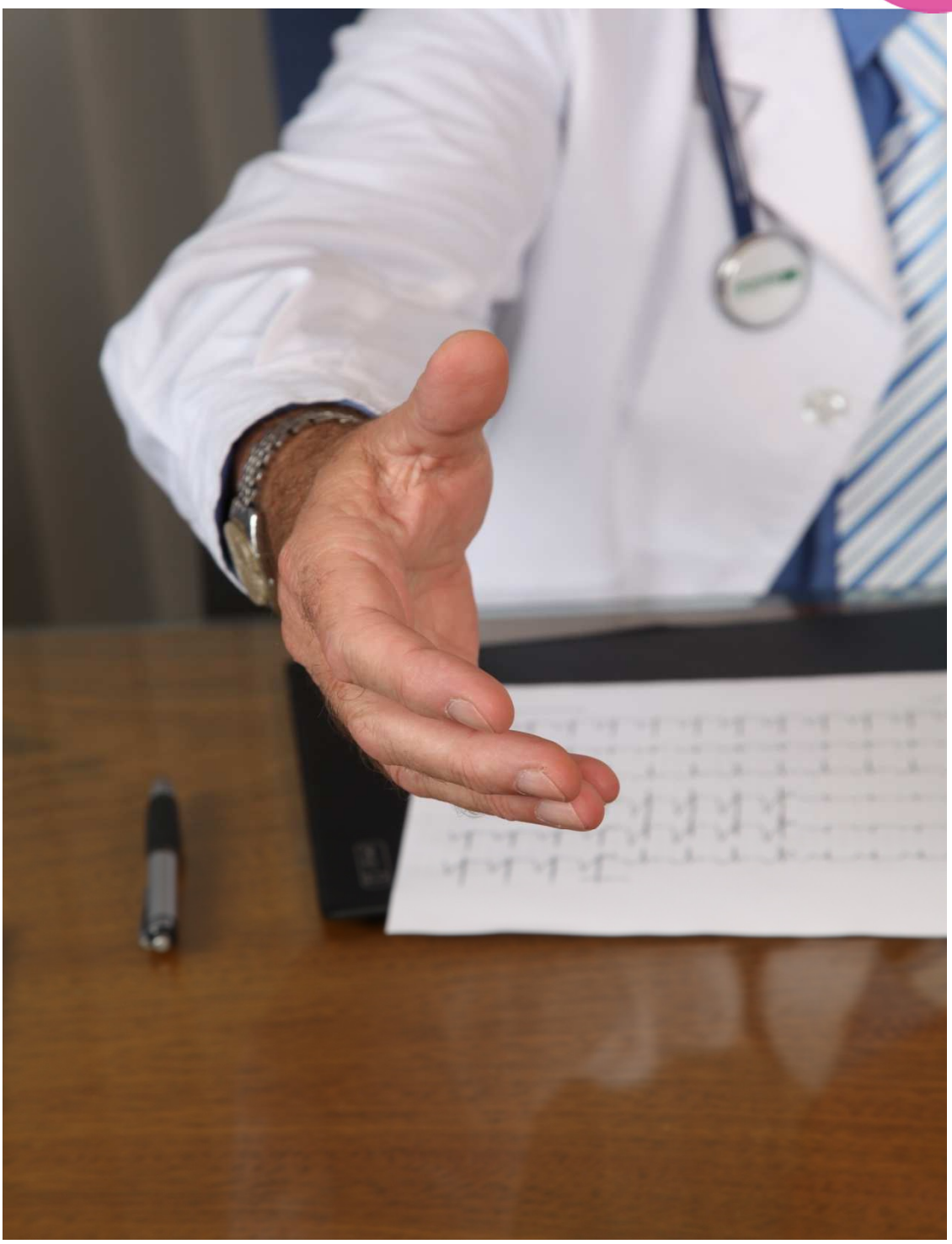
7.4 There are no sustainability implications arising directly from this report.

8. SUPPORTING INFORMATION:

Appendix 1: Healthwatch report on local GP services

healthwatch
Brighton and Hove

Patient perspectives on Brighton and Hove GP Practices 2016



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Executive summary

Healthwatch Brighton and Hove conducted a review of GP practices between July and September 2015 gathering patient perspectives on the quality of care provided in the city. The programme involved a large scale city-wide patient survey and Enter and View visits to 12 local GP practices. The survey and interviews at practices asked patients about their experiences of GP practices. In total we obtained feedback from 534 patients who between them had used all but one of the GP practices in the city.

Key findings

- Patients generally felt that practice staff were good at giving them the time they needed to express their concerns.
- Patients felt that an excellent GP practice would have considerate and empathetic staff who 'listened carefully'. Patients emphasised the importance of interpersonal skills in giving them confidence in consultations, and the ability to see their own named doctor.
- 22% of patents were seen for non-emergency appointments within a day, but 25% still waited longer than a week. Most people saw a doctor in a timely way for urgent appointments especially when the patient was a child.
- Just over half of patients felt that telephone consultations were not as good as face to face appointments. Carers tended to be appreciative but patients with autistic spectrum conditions and patients whose first language was not English found telephone consultations unsatisfactory.
- Many patients reported not being given choices about the treatments that they received.
- Awareness of annual health checks was much lower than should be expected and only small numbers of people were being invited to have a health check by their practice.
- The availability of information on cancer screening, smoking cessation and other preventative health services varied between practices.
- The majority of people gave A&E as their first choice for accessing an out of hours service but also reflected on the need to only attend A&E in an emergency.
- Less than half of patients knew how to make a complaint if they needed to and fewer patients understood the role of a Practice Manager.

Introduction

GP practices are usually the first point of contact for people with physical or mental health concerns and are the referral point for specialist services. Practices also provide access to a range of services, such as nursing, help with quitting smoking, health checks, and support from local community and voluntary sector organisations.

Healthwatch Brighton and Hove regularly receives concerns about GP practices from people calling our Helpline. These are predominantly about waiting times for appointments and communications issues and being lost in the system when referred for tests, specialist assessment and treatment. Our local work with voluntary sector and community organisations providing services to equalities groups reflect these concerns. The objective of this report is to inform and influence plans for general practice now and in the future.

The National Picture

Primary care is undergoing significant change, at both national and local level. The Parliamentary Health Committee is currently conducting a national enquiry into the quality of primary care services and how they can be better provided to patients in the future.[1] Healthwatch Brighton and Hove contributed directly to this process by submitting a formal response to their public consultation in September 2015.

The NHS is a key political issue and the Government has proposed radical new ways of working including GP practices being open seven days a week.[2] These ideas have been met with resistance from several medical organisations and the debate continues as to how and if this could be implemented. [3] However, in April 2016 the government announced £2.4 billion funding for general practice to deal with a range of issues. The initiatives covered included business modernisation of the service, better use of technology, and a proposal to increase the number of existing GPs by 5,000 over the next five years.

In March 2015, Healthwatch England reviewed primary care services and gathered 11,000 responses from 550 surgeries across the UK.[4] They identified ten common 'challenges' for patients using GP services, including difficulties making appointments, not feeling listened to and not being able to make informed choices.

The Care Quality Commission (CQC) is carrying out a comprehensive programme of inspections across the country. The inspections assess whether the surgery is safe, well run, effective, and caring and responsive to people's needs. The most recent

[1] Primary care inquiry, the Health Committee, extracted 25.11.15
[2] Seven day Opening, Gov.uk, Oct 2015, extracted 16.12.15
[3] Seven day opening 'unachievable' BBC, Sept 2015, extracted 25.11.15
[4] Primary Care Report, Healthwatch England

inspections show 11 surgeries rated as 'outstanding', 245 'good', 40 'require improvement', and 16 'inadequate'. The overall picture is that general practice is providing a good service to patients and this perspective has been generally corroborated by other surveys in recent years.

General Practice in Brighton and Hove

Locally, general practice is in a state of transformation. A significant programme aligning individual surgeries into six clusters is in progress. Each cluster will provide a wide range of services, such as community pharmacy attached to practices, which addresses the Department of Health modernisation agenda. A key objective is to create greater synergies with community health, social services and voluntary and community organisations.

This new model is being introduced at a time of increasing pressure on GP practices, which arise from the ageing population, increasing numbers of people with complex conditions and initiatives to move care from hospitals to the community, alongside rising public expectations regarding treatments. Surveys suggest that GPs are finding their job more stressful than their counterparts in other countries.[5] The distinctive age demography in Brighton and Hove creates additional pressure on the health service. The city has a higher than average proportion of people over 85 who are likely to be heavy users of health services.[6]

Brighton and Hove has experienced a high number of closures of GP surgeries during 2015 and 2016, with over 26,000 people being affected. Geographically, the areas that have been most affected are those with high levels of deprivation, especially in the east of the city. For patients directly affected, especially those who are vulnerable, this can be a major disruption in their lives.

Healthwatch Brighton and Hove has been actively involved in supporting patients when their surgeries are closing. We liaised with NHS England over the impact of closures for patients. We also raised strategic concerns at the Health and Wellbeing Board and the Overview and Scrutiny Committee (OSC), where there is now a focus on the future of general practice in the city.

One of the surgeries was closed after a CQC inspection, an unprecedented action by the CQC. A number of surgeries have been rated as needing improvement and two others have been deemed inadequate and put into special measures.

We have also been looking at other quality and safety issues in surgeries. We recently completed a project based on data from CQC inspection reports in 2014-15, which indicated that there was concern about safeguarding, training for staff, Dis-

[5] 'Understanding Pressures in General Practice' Report by the Kings Fund (May 2016)

[6] Brighton and Hove Joint Strategic Needs Assessment 2013

closure and Barring Checks (DBS) and chaperoning.[7] The latest CQC report shows this safeguarding practice is still an issue of concern for GP practices in the city.[8]

The closures and CQC inspections give rise to fears about the sustainability of GP other services in the city and concerns over safety and the quality of care in some surgeries.

There are increasing opportunities for patients to shape general practice, particularly through Patient Participation Groups (PPGs) which all surgeries are endeavoring to have in place. In principle, they can influence how the surgeries are run but it appears that PPGs tend to be fledgling and not very influential. They vary in size, make up and are supported in different ways by their practice. Some function as virtual groups, disseminating information to the wider patient list, others run events and assist the practice at themed clinics, for example, flu vaccinations.

Brighton and Hove Clinical Commissioning Group (CCG) have invested in supporting PPGs through community development. A quarterly PPG network with representation from PPGs across the city meets and discusses areas of concern and this is then communicated through a representative on Patient Advisory and Reference Committee (PARC) that reports to the CCG Board.

Our own work and that of the recent national survey of general practice by Healthwatch England, shows that while most people are satisfied with their general practice, concerns about long waits for appointments persist and affect quality of care for patients.

How we gathered our information

Healthwatch Brighton and Hove gathered patient experiences of their local GP practices using our statutory Enter and View powers. These powers allow us to go into services and talk to patients about their experiences and do short observations of how the service is being delivered.

We visited 12 GP practices between July and September 2015 following three initial pilot visits in early 2015. We also used an online survey open to all users of GP practices in Brighton and Hove, which we promoted through social media, the Healthwatch magazine and engagement events across the city.

In total, 534 local people shared their experiences with us. 185 respondents (35%) completed our survey and 349 (65%) were reached through our Enter and View visits or at other engagement events. We received feedback from 44 practices which

[7] Safeguarding Policy and Practice in GP practice
[8] CQC Inspection Report on Hove Medical Centre 2016

accounted for all but one practices in Brighton and Hove. An average of 30 people responded from each GP practice.

We cross referenced the findings from our research with other research conducted recently which also looked at people's experiences of general practice. This gives a richer picture and sometimes provides details that might not be captured through the Healthwatch survey and Enter and View visits. During the period which we were conducting the survey we dealt with an additional 44 issues regarding GP practices through our Helpline service, the Brighton and Hove Independent Complaints Advocacy Service (ICAS), and through other engagement work. These issues concerned 14 practices and most commonly referred to staff attitudes, quality of treatment and medicine management.

We were able to triangulate our findings from this research with additional Healthwatch Brighton and Hove research projects that gathered information on patient use of GP surgeries. First, Healthwatch and the Brighton and Hove Clinical Commissioning Group (CCG) commissioned community research conducted by the Kaisen research agency. This project used street engagement to target hard to reach groups and gained an understanding of the barriers and motivators for people using GP services. The research identified a widely shared perception that getting an appointment with a GP was difficult which meant that many people would only go to a GP in serious circumstances.[9]

Second, Healthwatch commissioned seven community organisations to undertake research as part of the Community Spokes programme. This research focused on the health experiences of various vulnerable communities in the city. Three of the research projects focused on general practice, including the experiences of people with Asperger's, young people with mental health problems and gypsies and travellers. The reports highlighted some of the severe barriers faced by these communities in accessing quality primary care.[10]

Why we chose where to go

We selected practices to visit in close consultation with partner organisations including Brighton and Hove Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), local voluntary and community organisations and Brighton and Hove Independent Complaints Advocacy Service (ICAS). Our decisions were based on patient intelligence and stories we had received relating to the quality of services. We also considered the need to ensure a good geographical spread by selecting practices in each 'cluster' or section of the city, reaching practices with a range of population sizes and those participating in the Extended Primary Integrated Care (EPIC) project.

[9] Kaisen research report
[10] Spokes research reports

Our findings

Booking an appointment at the GP surgery

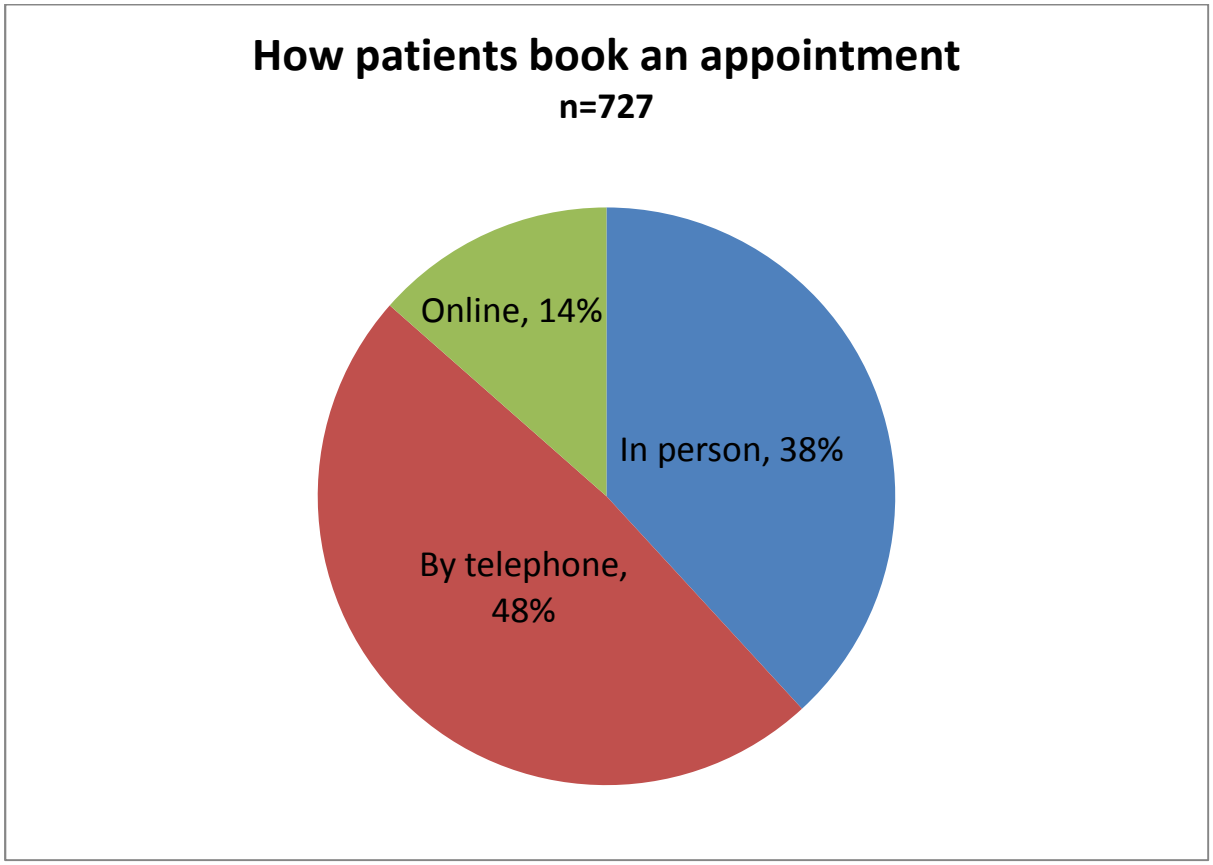
Most patients arrange an appointment either in person at the surgery or over the telephone. These booking methods accounted for 86% of responses. Only a minority of patients (14%) reported making an appointment online. These figures indicate that efforts to encourage use of online booking systems have yet to significantly change patient habits. These figures reflect national and local GP survey data which show that patients normally book appointments over the telephone and rarely through online services. [11]

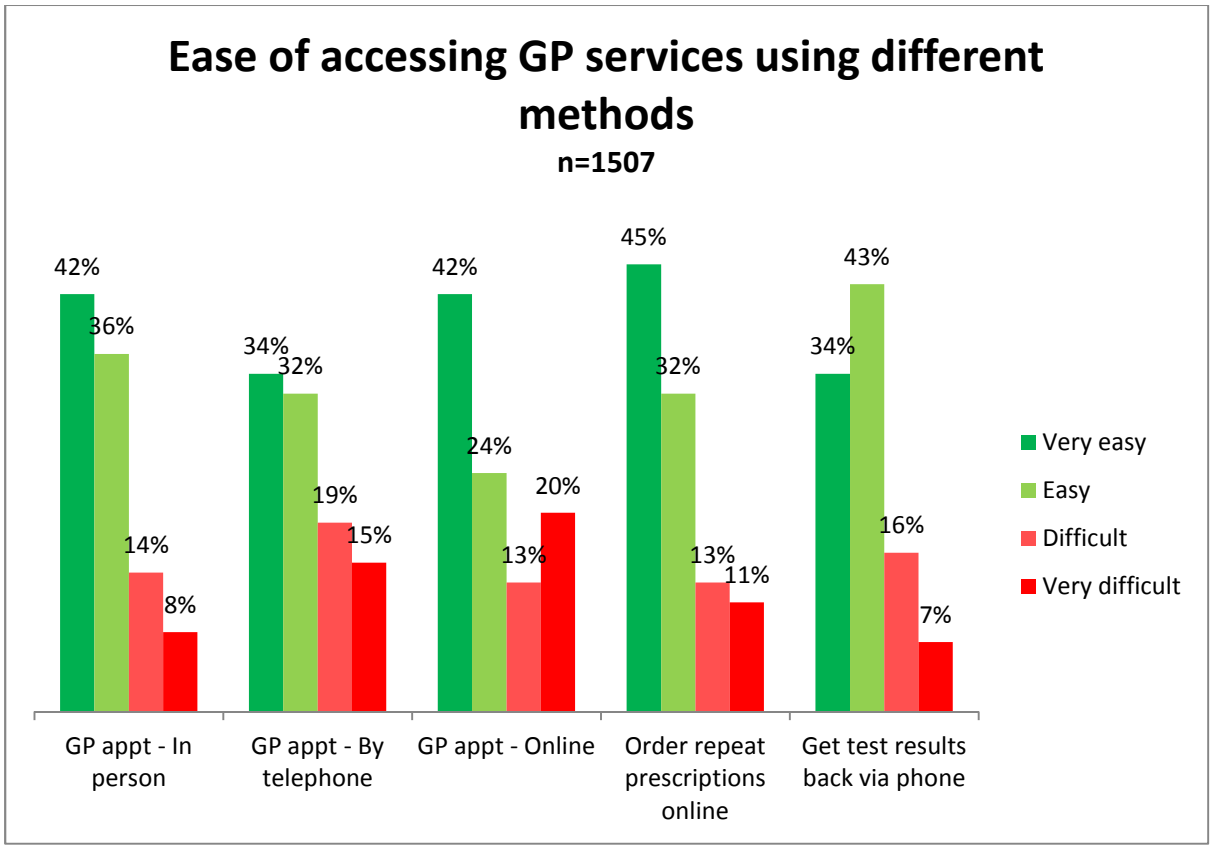
Booking GP appointments remains a problem for patients. While a majority of patients reported finding systems for booking easy to use, a significant minority of users – between a quarter and a third - reported difficulties. Among different booking systems patients using the phone and those making appointments online were most likely to report difficulties with a third of these users reporting they had encountered problems.

Among patients reporting difficulties on the phone, many said they had had difficulties getting through or difficulties using automated systems. Because reaching the GP by phone is the most common way patients contact a GP practice we know these difficulties are affecting a large number of people.

In the community research conducted by the Kaisen project, 34% of people interviewed said that difficulty in getting an appointment was a barrier to them going to the GP.[12] A study of GP surgeries nationally by Healthwatch England corroborates this finding reporting that patients found it easier to book in person than over the telephone.[13]

[11] NHS England statistics from the National GP Patient Survey, from Jul-Sept 2014 and Jan-Mar 2015. Responses to the question 'How normally book appointments to see a GP or nurse at GP surgery' from B&H CCG and Results for England as a whole.
[12] Kaisen research report
[13] Healthwatch England report, Primary Care A review of local Healthwatch reports, Mar 15


How patients book an appointment
n=727
Online, 14%
In person, 38%
By telephone, 48%

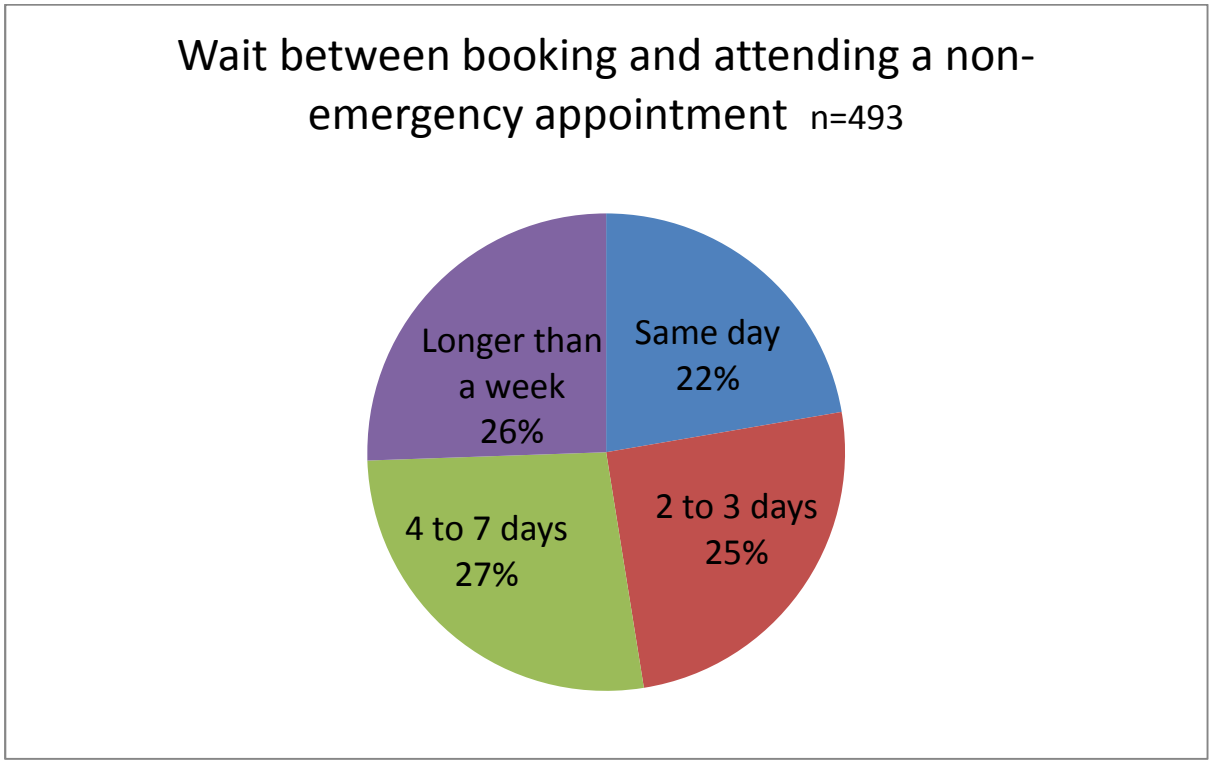

Ease of accessing GP services using different methods
n=1507
42%
36%
14%
8%
34%
32%
19%
15%
42%
24%
13%
20%
45%
32%
13%
11%
34%
43%
16%
7%
GP appt - In person
GP appt - By telephone
GP appt - Online
Order repeat prescriptions online
Get test results back via phone
Very easy
Easy
Difficult
Very difficult

Waiting times for an appointment at the GP Surgery

Most people reported they had had easy access to emergency appointments when needed. A number of people particularly commented that they had had good experiences when booking appointments for babies and young children.

The situation was less satisfactory for many people trying to secure a non-urgent appointment. A quarter of respondents had waited a week or more but experiences between practices varied widely.

- 22% (110) of patients we spoke to told us that they usually waited less than a day between booking a non-emergency appointment and attending it.
- 25% (124) of patients said they usually waited up to three days.
- 26% (133) of patients usually waited up to a week and 25% (126) usually waited longer than a week.



In the national 2015 GP Patient Survey 83% of patients received an appointment within four days and 17% reported receiving an appointment after a week. According to our findings, Brighton and Hove patients waited longer than the national av-

erage.[14] Patients told us that their experiences varied considerably even within the same GP practice with some people saying they could sometimes received same day appointments with others having to wait up to three weeks. Responses to this question varied considerably according to which practice the patient attended and can be found in individual reports of GP practices.[15]

Healthwatch's Community Spokes project conducted by Sussex Interpreting Services also identified that people from ethnic minorities were experiencing difficulties making appointment with GP surgeries. Research showed that surgeries did not have an appointment system that enabled arrangements to be made for an interpreter to be present. These issues sometimes prevented people seeing a doctor at all or hampered the content of the consultation.[16]

Referral from the GP for a specialist appointment or test

Two thirds of patients (67%, 248) who received a referral at their GP practice for tests, assessments or specialist treatment reported that it had gone smoothly. However, some patients reported long waits for these services. While referral delays are usually outside the control of individual practices, a majority (59%, 71) of those experiencing delays reported they were not kept up to date about delays.

Others patients talked about how they were not given the referrals they wanted by their GPs or that their referrals contained the wrong information and that they had to repeat the process again as a result.

These issues were reflected in calls to the Healthwatch Helpline and supports the intelligence we have received from complaints and concerns recorded in Patient Advisory and Liaison Service (PALS) and Brighton and Sussex University Hospitals (BSUHT) Trust Complaints Team. Waiting times for appointments and treatments at the hospital seriously affect the patient experience and continues to be an issue that Healthwatch has taken up with the Brighton and Sussex University Hospital Trust (BSUHT) and Brighton and Hove CCG.

Telephone appointments

An increasing number of GP practices now offer an initial telephone conversation with a medical professional which can advance to a face-to-face appointment if required. 58% (292) of patients said that they had experienced telephone appointments. This type of system is being used more frequently in the city in part due to

[14] NHS England statistics from the National GP Patient Survey, from Jul-Sept 2014 and Jan-Mar 2015
[15] Individual GP Practice Reports
[16] Sussex Interpreting Services Spokes report on non-English speaking women's use of maternity services.

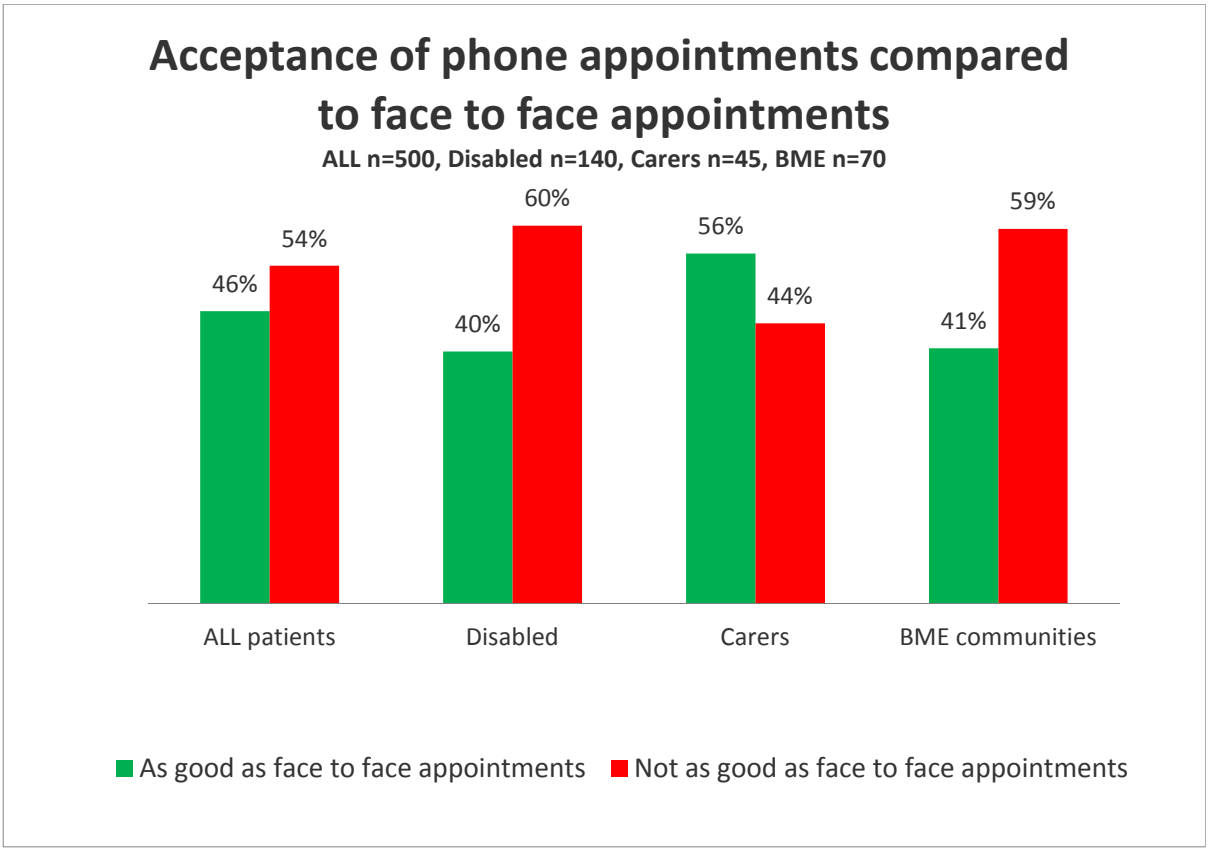
projects such as the Extended Primary Integrated Care (EPIC) project an initiative that took place to provide an extended repertoire of services in primary care.[17]

Patients were equally divided in their experience of telephone consultations. About half of patients (54%, 268) felt that telephone appointments were not as good as face-to-face appointments. This compares with 36% of people in the community research conducted by Kaisen, who said that they would be not be very happy with receiving a telephone appointment.[18]

Carers were more likely than the general sample to favour telephone appointments over face-to-face communications. Patients we talked to preferred to be called back by their own GP rather than someone unknown to them. A majority of patients felt that telephone appointments could be useful for simple issues, but would not be appropriate for people with more complex medical concerns. This finding was supported by the Kaisen community research where many people talked about having to wait all day for phone calls and raised concerns about the incompatibility this had with work or family life.

Specific disadvantaged and minority groups had differing perceptions about telephone appointments. Patients from black and minority ethnic communities were less likely to support the use of telephone appointments with some citing communication difficulties as a reason for this. Patients with a disability were more likely to think that telephone appointments were as not good as face to face appointments.

[17] For information on the EPIC project see http://epic-pmchallengefund.uk/
[18] Kaizen research, January 2015.



In particular, people with learning disabilities expressed the need for consideration of their difficulties with telephone communications and this is confirmed by the learning disability charity Speak Out who shared concerns about this issue through their health engagement work funded by the Brighton and Hove CCG[19],[20].

Sussex Interpreting Services' Community Spokes research on access to health services for non-English speaking communities has shown there is a strong aversion to phone consultations for people for whom English is not their first language. Equally, Impetus' Spokes research into understanding the barriers to health services faced by adults with Asperger's condition highlighted that phone calls are experienced as a challenge and act as a barrier to accessing health services.

It appears that telephone appointments have been embraced by some people, especially younger people and those with a simple problem. It also an approach that can suit carers when they prefer not to leave the person they are looking after. A different approach may need to be used for other people.

[19] Speak Out are a local organisation who provide independent advocacy for adults with learning disabilities in Brighton & Hove
[20] Health Engagement Organisations Collation – Transforming Primary Care action plan.

Quality of services

- A large majority of patients felt that the doctors (83%, 377), nurses (88%, 372) and reception staff (87%, 343) at their practices were good at giving them enough time to express their concerns and listened to patients properly.
- A majority of patients felt that medical staff made sure they understood the treatments they were receiving (doctors, 78%, 353; nurses 74%, 312).
- A majority of patients reported that medical staff at their practice provided them with choices about their treatment (doctors 60%, 271, nurses 54%, 231)

Doctors and nurses had scores comparable to the national picture for explaining available treatments to patients. But both figures were below the national average for giving patients choices about their treatment.[21]

72% (349) of patients felt that when they attended an appointment, the GP had all relevant medical information available during the appointment. Patients' comments indicated that when seeing their *own* GP they were much more confident of doctors being familiar with their medical needs. People aged over 75 are now expected to have a named doctor and some surgeries are reverting to all their patients having their own named GP.

Environment

As part of the Enter and View visits our representatives made observations of surgery waiting rooms and reception areas. Over half of the practices had children's toys or magazines. It is generally thought to be acceptable to provide toys as long as infection control procedures are in place.[22] One practice had signs to reassure patients that toys were regularly sterilized. The majority of practices had posters promoting infection control. All practices had hand sanitisers available. However it was observed that only a small amount of patients appeared to use the gel provided.

Some practices also had blood pressure machines and water available. The majority of practices had toilets with disabled access. Some practices also had baby changing facilities. Some patients told us that they were not always able to hear their name being called in the waiting rooms of their practices. Practices where medical staff entered the waiting room to call a patient or where a clear tannoy system was in place greatly improved this situation.

[21] Based on combined 'Good' and 'Very Good' responses to question scales: 'Rating of GP giving you enough time', 'Rating of GP listening to you', 'Rating of GP explaining tests and treatments', and 'Rating of GP involving you in decisions about your care'.
[22] According to consultation with Infection Control Nurse Lead, B&H CCG

Information availability

Information availability varied largely from practice to practice. This information included support groups, symptom checking, screening and other general information.

- 11 of the 12 practices we visited had some information on cancer in their waiting rooms.
- 56% (274) patients said they were aware of cancer screening services that were available through their local GP practice.
- Eight practices displayed information on smoking cessation available and 56% (272) of patients were aware that their local practice could help them stop smoking.

Uptake and awareness of smoking cessation was highlighted in recent work by 'Right Here[23]' as a significant concern for younger men suggesting the demand for help may be there.[24]

In some practices it was hard to find useful information because of the large amount of leaflets and posters. Some practices used noticeboards arranged by themes in the waiting room to resolve the issue. Leaflet racks improved organisation of information and electronic screens reduced the need for so much written material to be presented.

NHS Health Checks

NHS health checks are physical health checks for 40–74 year olds to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Patients without these existing conditions should be invited to attend these checks once every five years and support and advice is given to individuals to help them reduce or manage the risk.[25]

According to public health data, of the patients who were eligible to receive health checks in Brighton and Hove from April 2015 to September 2015 (72,981), just 4% were formally invited to do so by their practice (2,715). This number is well below the national standard of 20%.

- 83% (2,715) of those who were offered an NHS health check in Brighton and Hove attended.[26]

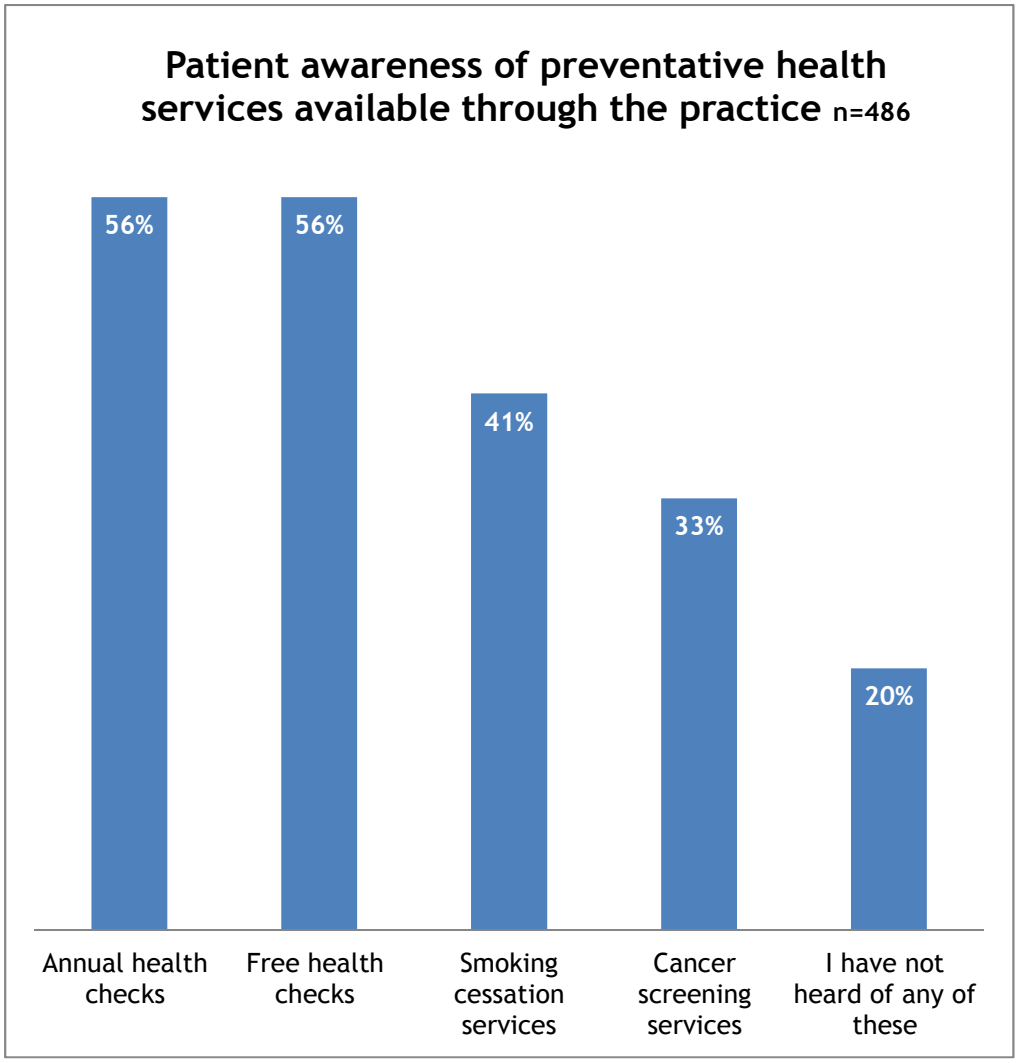
[23] Right Here Brighton and Hove is a mental health and wellbeing project led by young people aged 16 – 25
[24] Health Engagement Organisations Collation – Transforming Primary Care action plan shared 18.09.15
[25] NHS health checks website has more information on this issue
[26] NHS Health Check figures, 15/16, extracted 25.11.15

CCG Health Engagement organisations working with carers, older people and Gypsies and Travelers have stressed the importance of health checks for the benefit of these disadvantaged communities. [27]

Ten of the 12 practices we visited provided information on NHS health checks, usually in the form of leaflets or information on a screen in the waiting room. However, we found that only 41% (199) of patients said they were aware of this service and what it could offer to them.

We were concerned to find that no practices had information available on the related annual health checks for people with long term conditions and only 33% (159) of patients were aware that people could receive these.

Of the services we explored (cancer screening, smoking cessation and health checks), 20% (98) of the patients we asked said that they were not aware of any of these programmes.



[27] Health Engagement Organisations Collation – Transforming Primary Care action plan shared 18.09.15

Gathering feedback on patient experiences

Only half of practices (6 of 12 practices) had visible information on how to make a complaint.

- 42% (210) of patients we spoke to felt they knew how to make a complaint to their practice.
- 36% (180) of patients felt they knew what a practice manager's role was.
- 23% (115) felt they knew what the national GP patient survey was.

Not all practices had a Patient Participation Group (PPG) up and running at the time we visited and just 8 of the 12 practices promoted their PPG in some form on the day of the visit.

- 27% (130) of patients knew what a patient participation group was and 21% (102) felt they knew how to join.

Individual recommendations from our Enter and View visits made reference to actively including PPGs helping to find solutions and make improvements to practices.

Nine of the practices had Friends and Family Test (FFT) information available when we visited. Our representatives reported that information was often partial. For example, where leaflets on FFT were available, feedback boxes and forms were not necessarily present. Sometimes these materials were inconspicuously placed, sometimes hidden amongst other information or out of reach for patients. In one practice reception staff seemed unaware of what the FFT was despite having information available to patients.

However, our representatives did find an example of best practice, where a practice displayed monthly 'You said, We did' boards showing what changes the practice had made as a result of FFT feedback. Aside from FFT feedback, a number of practices also had feedback boxes and other additional methods to receive patient opinion.

Where people go for help out of hours

The majority of practices we visited had materials available from the local Clinical Commissioning Group's 'We Could Be Heroes' campaign.[28] A quarter of the people considered A&E as an option for out of hours care but many also commented that they would only go there if it was a medical emergency, suggesting messages from various campaigns may have made an impact.

[28] We Could Be Heroes Campaign, Brighton and Hove CCG, extracted 16.12.15

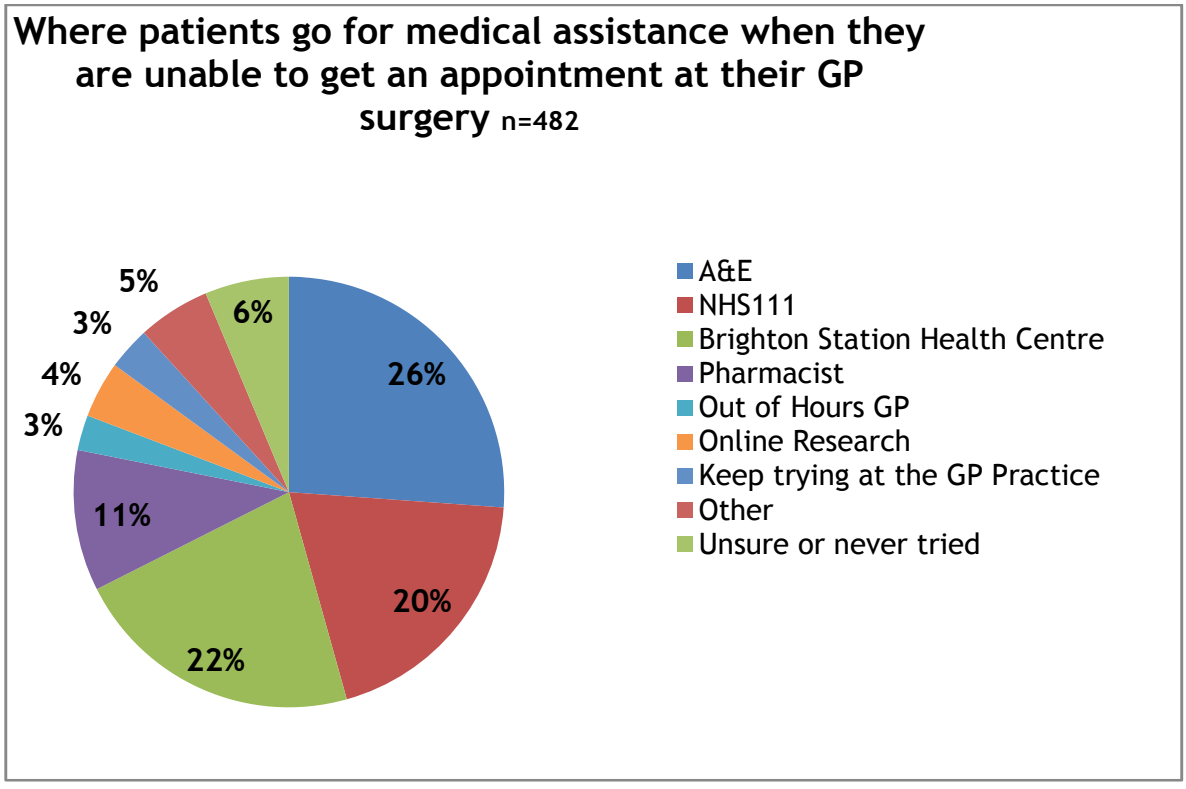
Over 40% were also able to provide an alternative out of hours option such as NHS111 or the Brighton Station Health Centre. Those who referred to NHS111 often named the previous service, NHS Direct, suggesting there may still be some work to do about branding for this service.

Only 4% of the people mentioned researching on the internet. But a majority of these respondents said they would use NHS Choices before going to any other web-site, illustrating strong awareness of this site.

A small number, 3%, said they would keep trying at their current GP practice until they got an appointment believing that an appointment would be made available if they were persistent enough. Of those in the 'other' category, some said they would consult their friends or family members who were medically trained. Some said they would seek alternative medicines. Finally, some said they would seek private treatment.

A common theme with out of hours services appeared to be that if an individual had a negative experience they would not use this service again in future. This suggests efforts to improve the reliability and quality of the alternative services would be beneficial.

One person with an autistic spectrum condition felt that both A&E and the walk-in centre were inaccessible to them. Another person with disabilities felt that their only option as a disabled person was to go to A&E.



What makes a 'Good' GP practice?

The most important factor contributing to a 'Good' practice for patients was that staff listened carefully. The majority of comments we received referred to staff attitudes and communication and focused far less on issues such as the environment or quality of clinical care. The same issues were highlighted in the Healthwatch England survey on general practice which identified active listening, respect, knowledge of staff, good accessible appointment systems and good referral processes.

People also felt that a good GP practice would have staff who were respectful, kind and polite, maintained confidentiality and were non-judgmental. This was particularly important for reception staff but also applied to nurses and doctors. Patients valued being able to build up a relationship with their GP who understood their health conditions. Patients also wanted to quickly access appointments and have good booking procedures.

The Kaisen community research similarly noted the importance for patients of the ease of booking appointments and being able to see staff at a time of convenience. Politeness of staff and friendly personable doctors were also considered very important.

The Community Spokes research with patients with Asperger's condition found that it was very important that their GP surgery acknowledged and understood their condition and made reasonable adjustments. The adjustments recommended included alternatives to getting appointments over the phone, extra time in appointment slots, being told how long waiting times would be and a more private area to wait.

Conclusion

The findings from the research suggest a mixed picture for GP practices in Brighton and Hove. Patient feedback showed high levels of satisfaction regarding the quality of care offered by practices. A large majority of patients said that doctors, nurses and reception staff gave them enough time to express their concerns and listened to them properly. Similarly, patients largely felt that the GP had all relevant medical information available to them during the appointment and properly explained the treatments the patient was receiving.

While patients were generally positive about the quality of care when they saw a doctor or nurse they were less positive about the process of arranging an appointment. A significant minority of patients – between a quarter and a third - reported difficulties making an appointment. This was true whether the patient made the booking on the phone, online or in person. Patients also reported mixed performance on waiting times for an appointment. While emergency appointments seemed relatively easily arranged non-urgent appointments were sometimes subject to significant delays. A quarter of patients waited a week or more significantly higher than the national average of 17%. Average waiting times for non-urgent appointments varied considerably between practices. This variation suggests this is an area individual practices have within their control; poor performing practices should be encouraged to improve.

Long waits for a specialist appointment were also commonly reported by patients. While these delays are usually outside the control of GP practices, a more pressing concern were high levels of dissatisfaction with communication about delays. More than half (59%) of patients said they were not kept up to date about delays.

Finally, awareness of preventative health checks offered by GP practices was low. A large number of practices visited did not have information readily available on these health checks (general health, cancer screening and smoking cessation) and patient awareness of these services was often low. A quarter of patients had not heard of any of these preventative services. The take-up of NHS health checks in Brighton and Hove is 4%, well below the national target of 20%. This is an area of health care that clearly requires improvement in the city.

Recommendations

Healthwatch Brighton and Hove is keen to work with local commissioners to help improve primary care services provided by GP practices. In the forthcoming year Healthwatch will liaise with commissioners to promote the following changes among GP practices in the city:

Making appointments

- Practices should review appointment booking systems and make them as user-friendly as possible.
- Practices should work to reduce the number of non-emergency appointments that involve a week or more wait for the patient.
- Online booking should be promoted and made easier, especially for younger people.

Care

- Patients should have a named doctor as the norm.
- Choices and options about treatments should always be available and be discussed with patients.
- Practices should be cautious in their use of telephone consultations. They should be used only for simple issues and for people whose special circumstances make a telephone consultation more convenient e.g. carers. They should not be used with people with communication difficulties or whose first language is not English.

Preventative health checks

- Practices should be proactive in publicising preventative health checks. Information should be visible in waiting rooms and personal invitations sent to patients. Innovative ways of improving awareness and encouraging take-up should be considered including using social media, text messaging and email messages.

Referrals

- Practices should communicate to patients whenever unanticipated delays are experienced in referrals to specialist treatment. This communication should be made by letter or phone.

- Hospitals produce a monthly bulletin that notifies patients of current waiting times for emergency and non-emergency appointments. The bulletin should be distributed to all GP practices and made available in surgery waiting rooms and distributed directly by GPs to patients given hospital referrals.

Equalities

- Practices should accommodate people with hearing impairments who find it difficult to hear their name called out in reception. Having a person coming into reception to call out a patient's name can remedy this and should be routine practice.

Surgery environment

- Hand sanitisers should be available in surgeries and their use by patients should be actively promoted.

- Information on notice boards should be well maintained in surgeries.

- Surgeries should provide toys for children in waiting rooms.

Quality standards for personalised and empowered care

- We believe GP surgeries could benefit from a more coordinated approach to monitoring patient experience and developing person-centred practice. We would recommend using co-production to develop city-wide person-centred quality standards. These standards could then be used as a common framework to support personalised practice across the city.

Acknowledgements

Healthwatch Brighton and Hove would like to thank the GP practice managers and other staff who welcomed us into their surgeries and made positive changes as a result of our visits, Enter and View volunteers who conducted visits to practices across the city and our office volunteers for processing the questionnaires and helping with the data analysis, Kerry Dowding for project management and colleagues in the Brighton and Hove Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), Brighton Integrated Care Services (BICS) and local neighbourhood services for their thoughts and ideas throughout the process.

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 19 Brighton & Hove City Council

Subject:		**Urgent Care**
Date of Meeting:		**20 July 2016**
Report of:		**Executive Lead for Strategy, Governance and Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 At the May 2016 HOSC meeting, members resolved to ask the Brighton & Hove System Resilience Group (SRG) to attend the next committee meeting to present its plans for improving ambulance to hospital handover performance.

1.2 The SRG is a local partnership, responsible for ensuring that health and care services work effectively together and are resilient enough to cope with increasing demand pressures as well as with extreme events and emergencies. The B&H SRG is chaired by Brighton & Hove Clinical Commissioning Group (CCG).

1.3 Planning ambulance handover is a sub-set of broader planning across the local urgent care system. Handover is not a discrete problem: handover performance is impacted by how many calls the ambulance service receives and by how busy a hospital is at any given time. This itself depends on how many patients have been admitted, how smoothly patients 'flow' through the hospital, and how effective discharge procedures are. Rather than focusing narrowly on a single issue, it has therefore been decided to look at the SRG's work on the local urgent care system in the round.

1.4 However, whilst adopting this more holistic approach, HOSC members will not wish to lose sight of the important issue of handover performance. The most recent statistics on performance, supplied by the South East Coast Ambulance NHS Foundation Trust (SECAmb) are therefore included for reference as **Appendix 1** to this report and members will have the opportunity at the HOSC meeting to question the SRG, SECAmb and the CCG on the specifics of ambulance performance.

1.5 This is the first time that the HOSC has engaged directly with the SRG, but further co-working is likely in the coming months, specifically in terms of the scrutiny of system-wide responses to the challenges faced by NHS providers in the city. Some of this engagement is likely to be quite extensive, focusing on the details of system quality improvement planning (e.g. in response to Care Quality Commission inspection reports). However, it has been agreed that initially the

SRG should present its urgent care planning via a presentation and a Q&A session.

2. RECOMMENDATIONS:

2.1 That the Committee: (1) notes the information provided by the System Resilience Group; (2) notes the performance data on hospital handover provided by SECAmb (**Appendix 1**); and (3) determines what if any future scrutiny of hospital handover performance is required.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 More information will be provided via a presentation by the SRG. The slides of this presentation are included for information as **Appendix 2** to this report.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this information report.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None directly, although community organisations are represented on the HOSC and this item presents an opportunity to question the SRG.

6. CONCLUSION

6.1 This report is intended to inform future scrutiny of hospital handover and, more broadly, of system-wide health and care quality improvement planning.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no financial implications directly resulting from this report.

Legal Implications:

7.2 There are no legal implications directly resulting from this report.

Equalities Implications:

7.3 There are no equalities implications arising directly from this report.

Sustainability Implications:

7.4 There are no sustainability implications arising directly from this report.

8. SUPPORTING INFORMATION:

Appendix 1: Hospital handover performance data provided by SECAmb
Appendix 2: slides of the SRG presentation

Appendix One

Update on Hospital Handover & Turnaround Delays

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Potential 'plan wipe out' where ALL resources across a large area are at scene or at hospital, leaving no resource at all to respond to new emergencies
- Longer 'back up' times for patients and paramedics at scene awaiting a double-crewed ambulance where conveyance to hospital is required
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

Current Performance & Trends

- SECAmb lost over 47,000 hours to hospital handover and turnaround delays in 2015/16. This represents an increase of 63% in 2 years Trust-wide (with a 100% increase in Surrey).
- General trend is upwards, with around 5,000 hours being lost each month recently
- Despite productive engagement with hospitals, Systems Resilience Groups, CCGs and other partners delays are increasing at most hospitals

Factors Affecting Handover & Turnaround Delays

Each hospital and local healthcare economy has different challenges, but some common factors observed include:

- Surges in A&E demand (particularly self-presenting patients)
- Staffing capacity in A&E and whether capacity can be matched to demand (quality of operational planning)
- Lack of dedicated 'handover nurse'
- Quality of pathways for 'expected' or GP-referred patients (e.g. ability to handover straight to specialist assessment or ward rather than A&E)
- Speed and quality each hospital's response to escalation and surges in demand

- Choice of priorities and risk preferences (balancing risks in hospital against those to patients in community who have not yet presented)

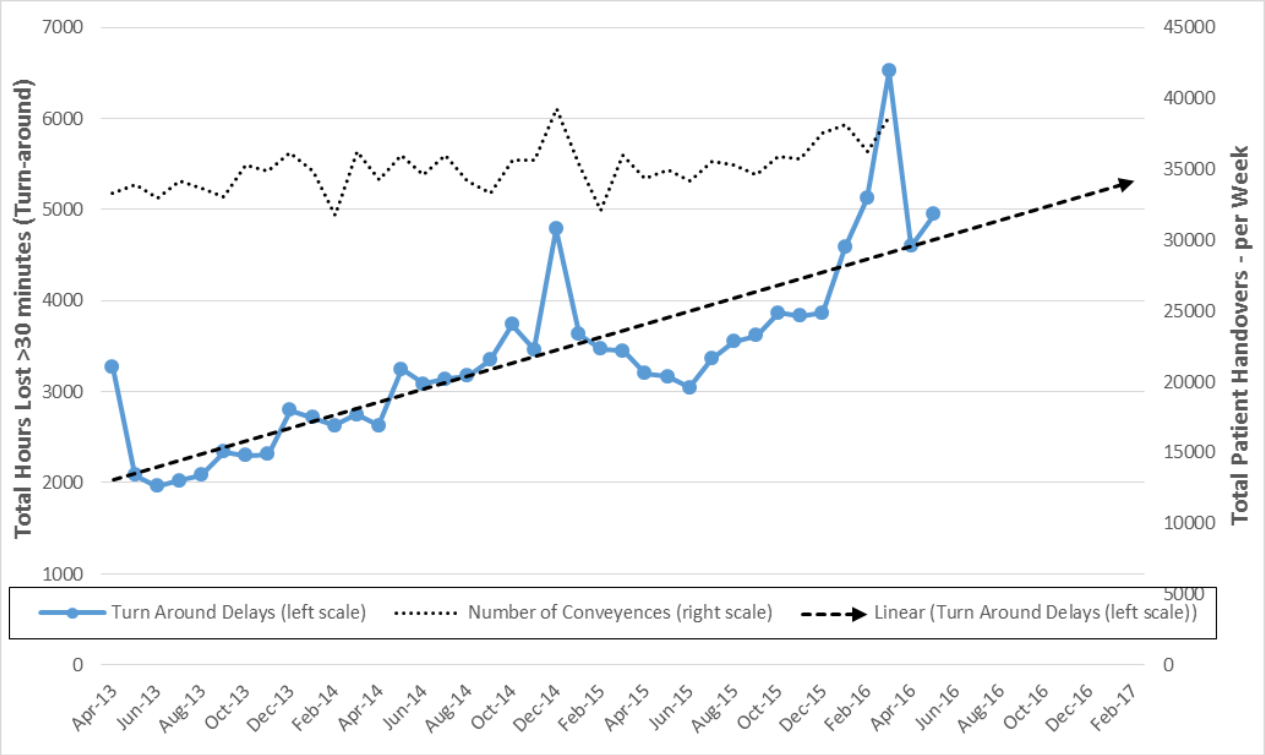
Driving Improvement

Whole system focus on the issue can reduce handover delays and improve patient safety. There is a collective need to:

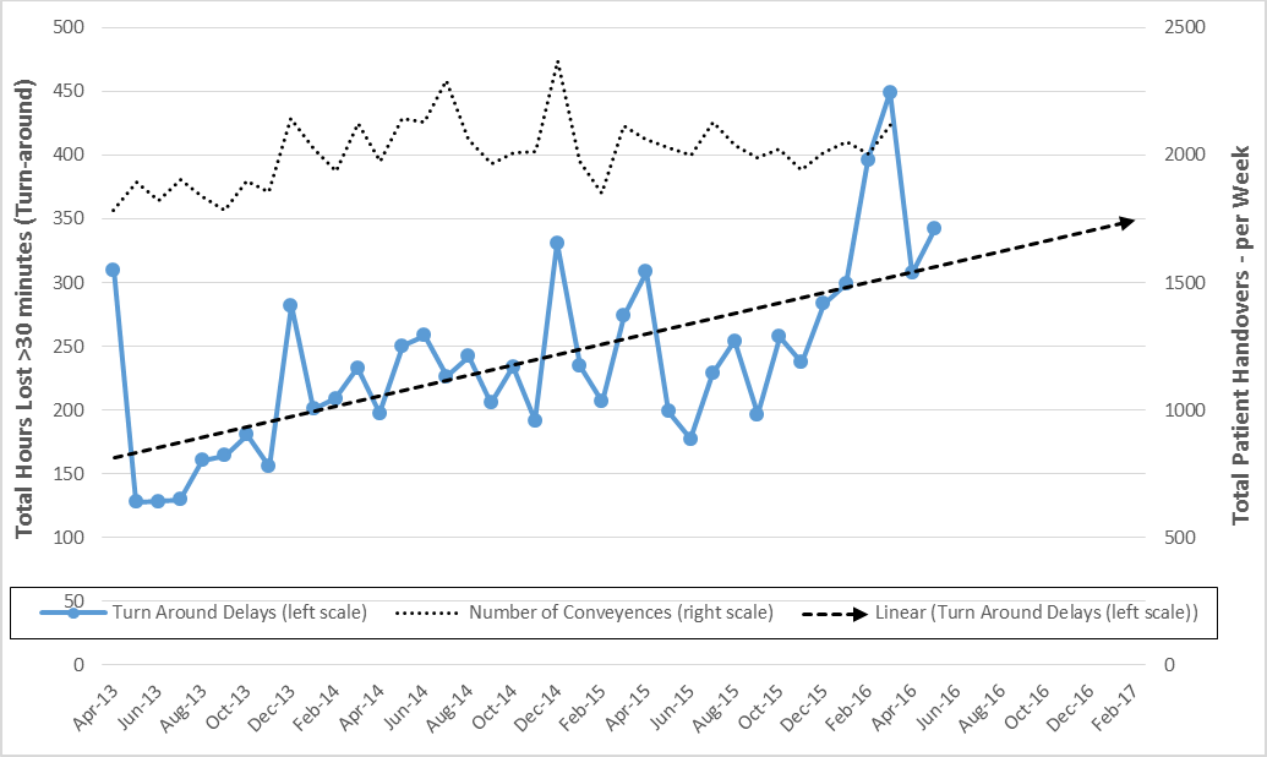
- Address factors above, particularly speed and quality of response to escalation
- Review process and quality in Emergency Departments and identify opportunities to improve (external support such as that provided by ECIP has proved useful)
- Evaluate whether current 'balance of risk' is right – when Emergency Departments are full, ambulances tend to queue up. This pushes risk on to the community and the system should consider more appropriate ways to manage that pressure.
- Ensure ambulance handover is treated with the same priority as the 4 hr A&E standard and agree clear trajectories and action plans to improve performance

Hospital Handover and Turnaround Performance

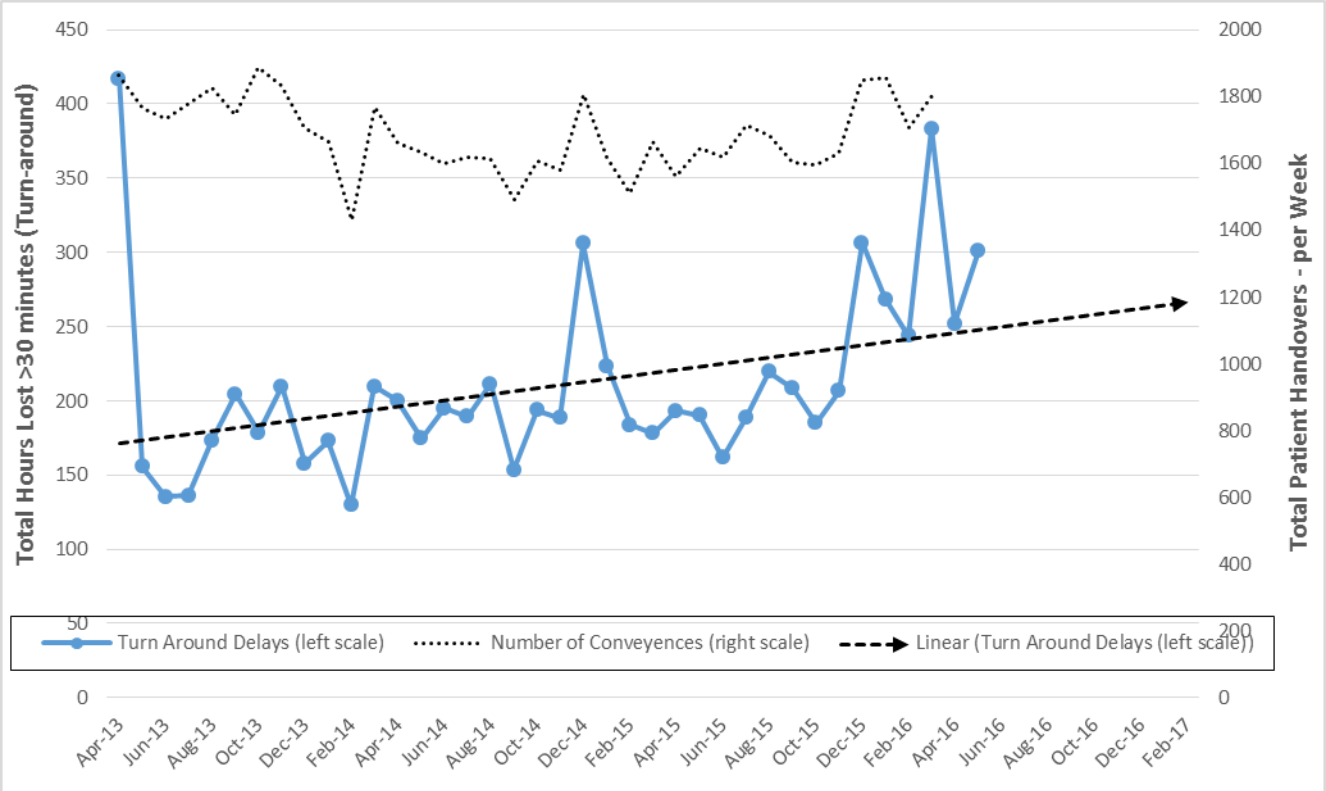
The graphs and table below show the trends in hours lost to delays at key hospital sites across Kent & Medway, Surrey & Sussex from April 2013 to June 2016:



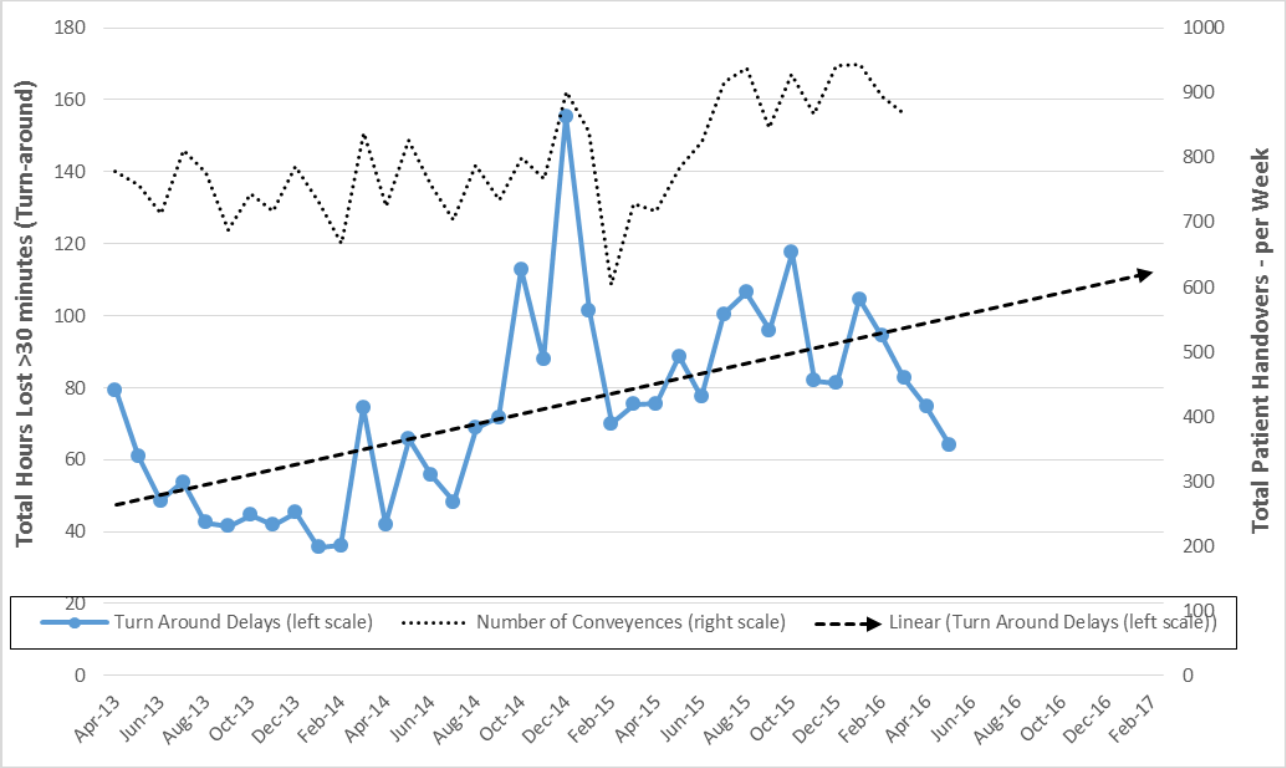
SECAmb Area Overall – hours lost to delays by month



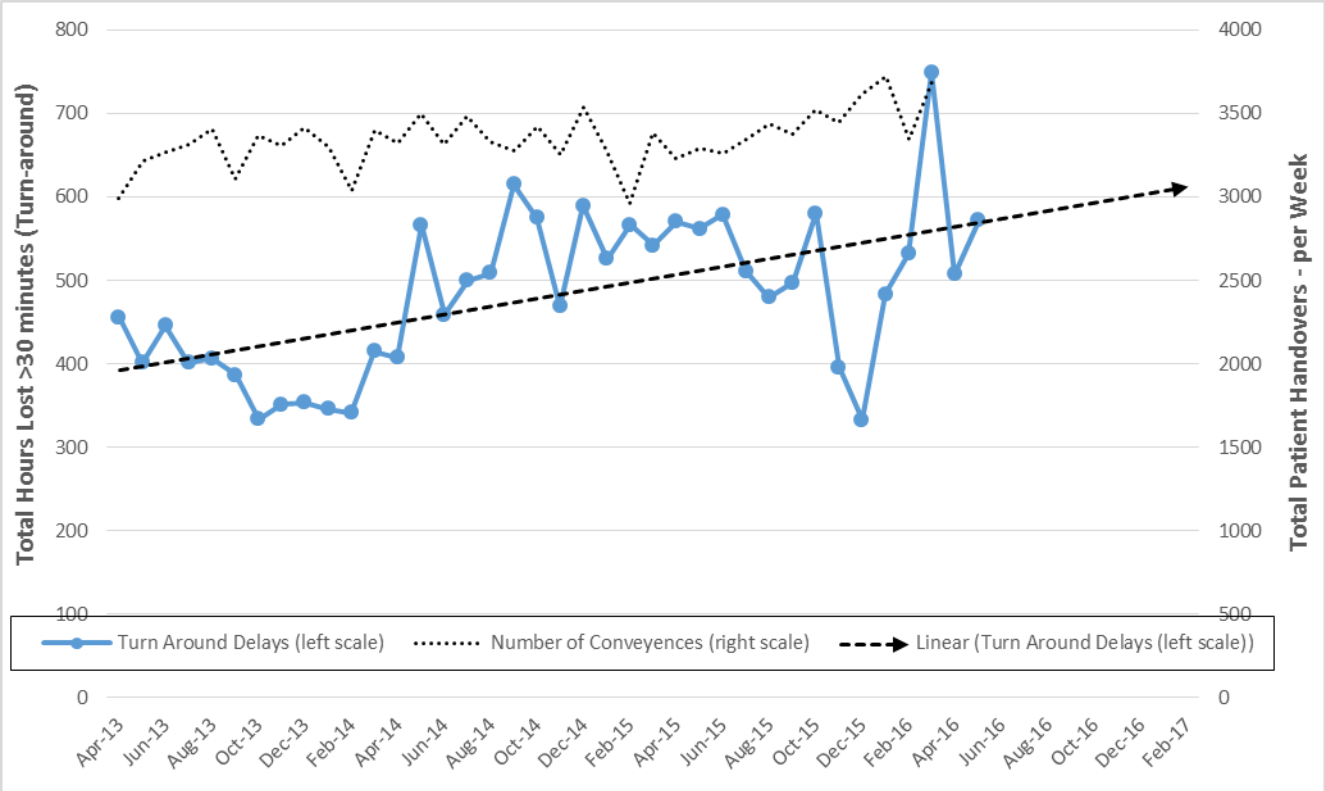
Conquest Hospital – hours lost to delays by month



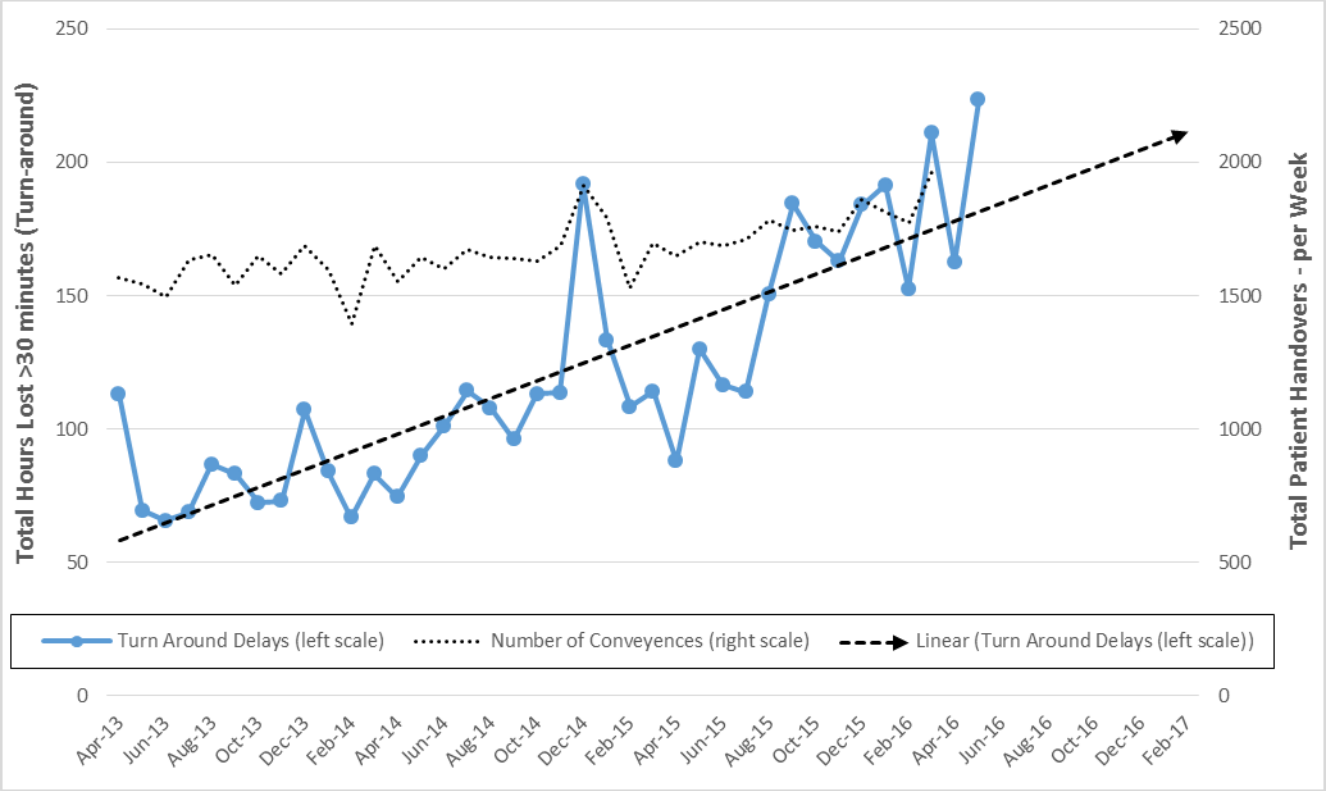
Eastbourne District General hospital - hours lost to delays by month



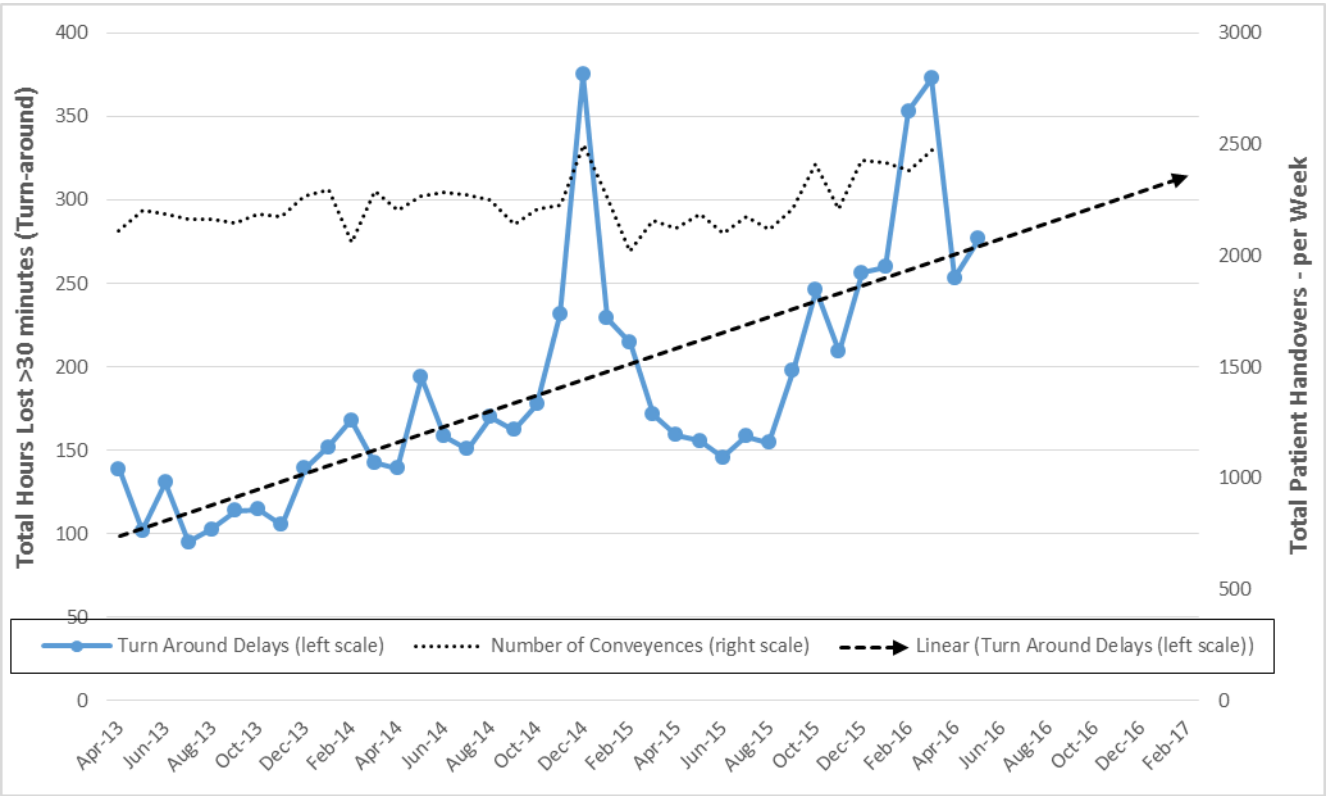
Princess Royal Hospital – hours lost to delays by month



Royal Sussex County Hospital – hours lost to delays by month



St Richards Hospital – hours lost to delays by month



Worthing Hospital – hours lost to delays by month

The table below shows year on year trends for the period April to March for hospitals across the SECAmb area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	**29251**	**41134**	**47720**	**16%**	**63%**
Kent Area	**9247**	**12132**	**14337**	**18%**	**55%**
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
Surrey Area	**7731.61**	**12751.98**	**15447.41**	**21%**	**100%**
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
Sussex Area	**12272.42**	**16249.45**	**17935.58**	**10%**	**46%**
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%

NHS
Brighton and Hove
Clinical Commissioning Group

Urgent Care Plan

July 2016

Introduction and Context

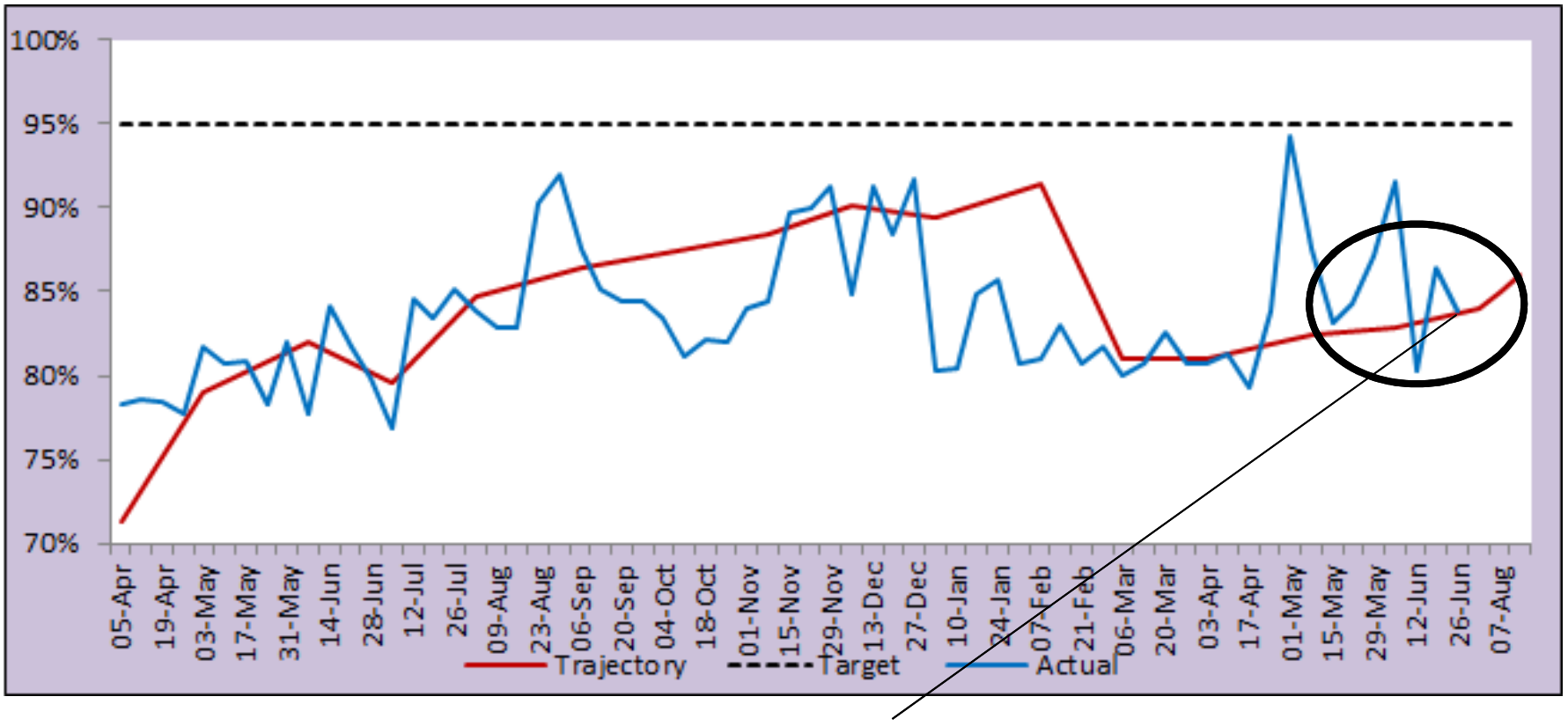
1. Overview of current performance:

- A&E 4 hour target
- A&E attendances
- Emergency admissions
- 12 Hour breaches
- Delayed transfers of care

2. Overview of improvement plans and actions

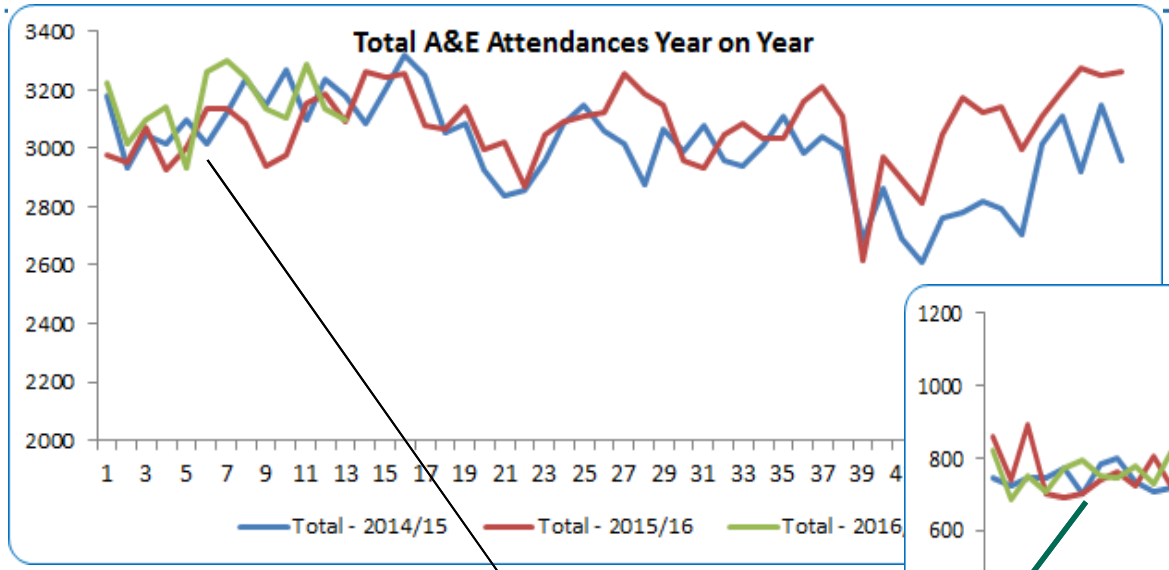
- Preventing admissions and A&E attendances
- Improving urgent and emergency flows
- Improving discharges and reducing delayed transfers of care

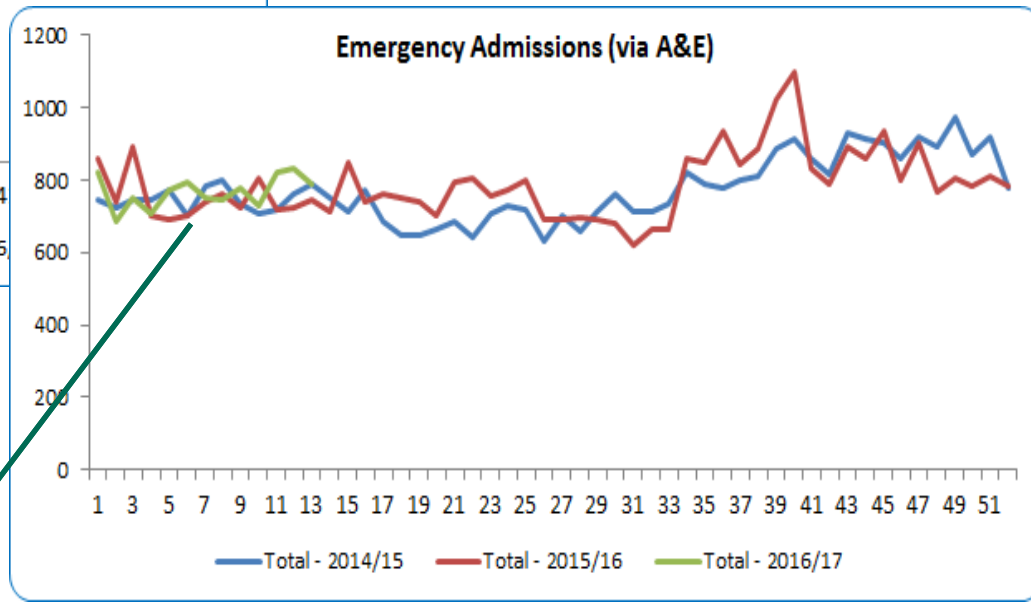
A&E 4 Hour Target



Currently meeting the recovery trajectory of 84%
(national target 95%)

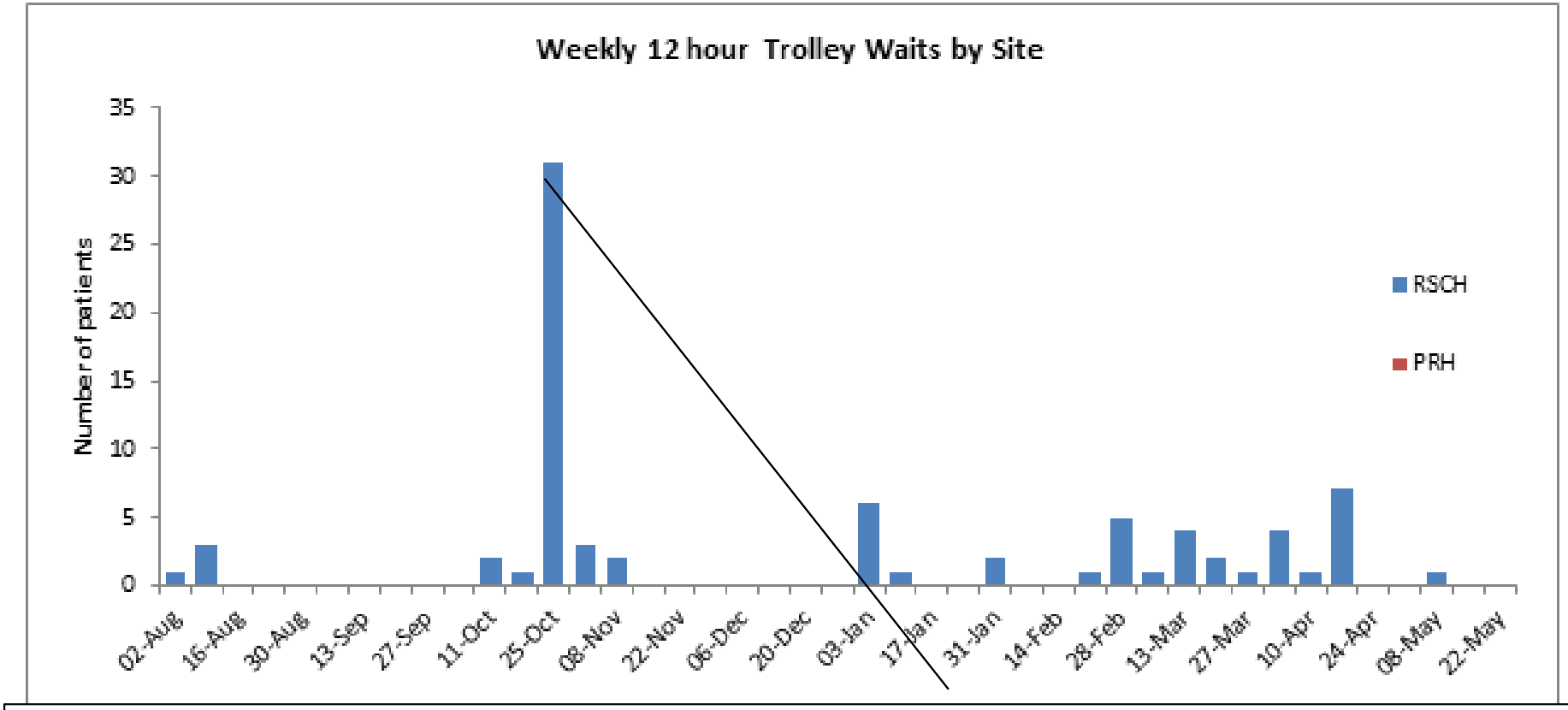
A&E Attendances and Emergency hospital admissions





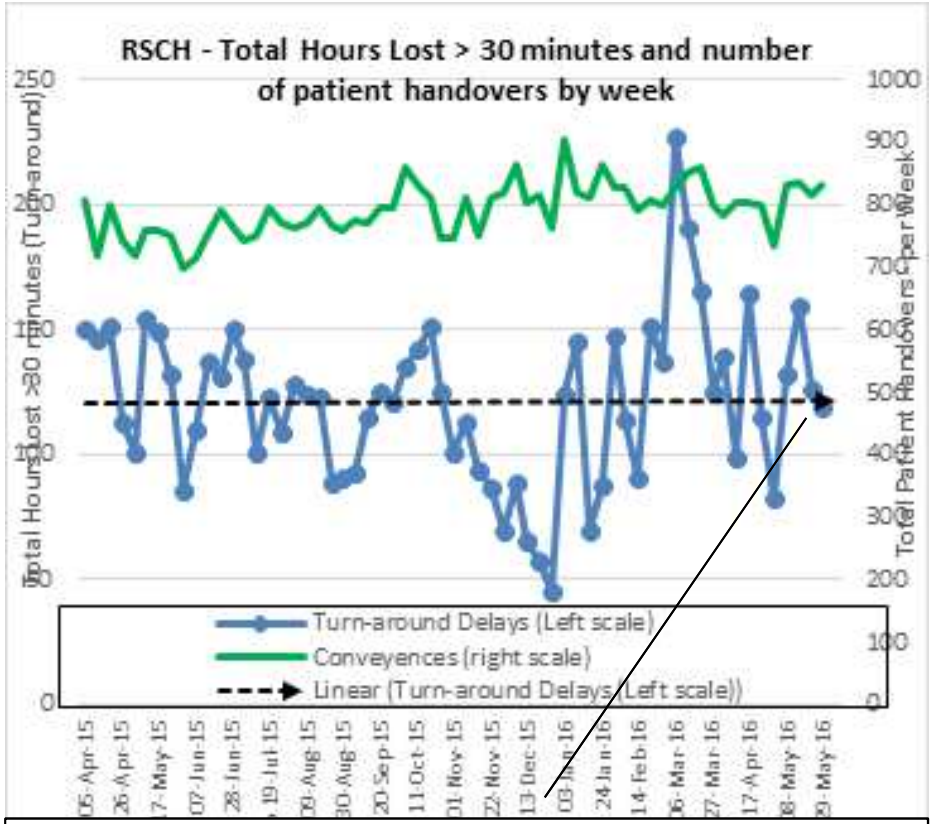
Number of A&E attendances and emergency admissions in 2016/17 are consistent with previous years

12 Hour breaches

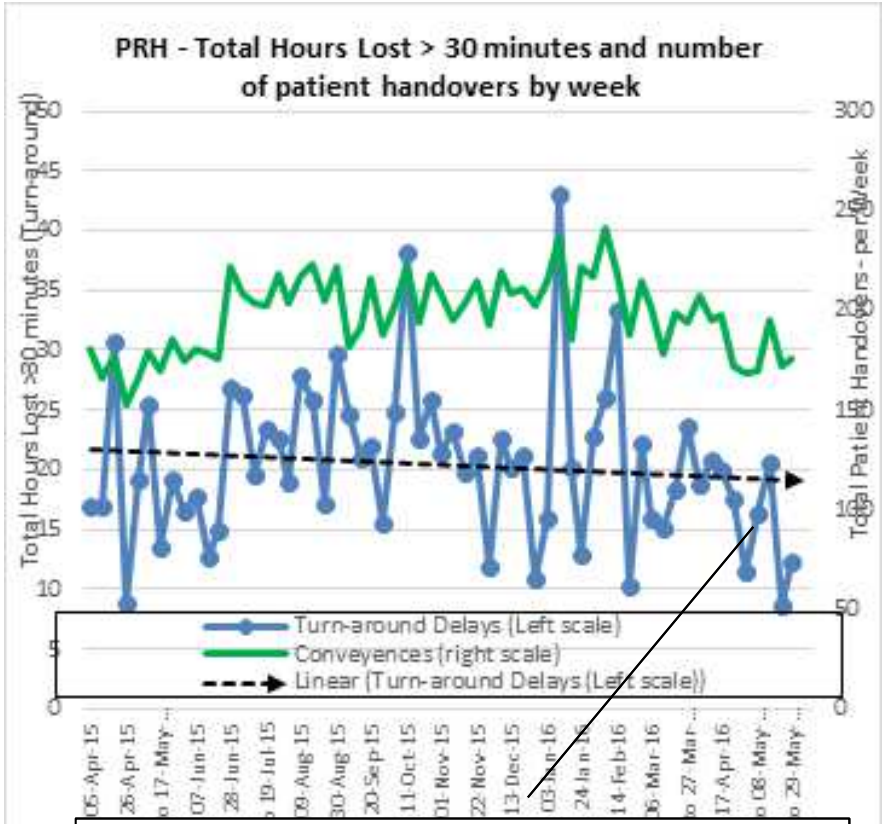


The number of 12 hour breaches peaked in October 2015
There have been no 12 hour breaches at Princes Royal Hospital

Ambulance Handovers

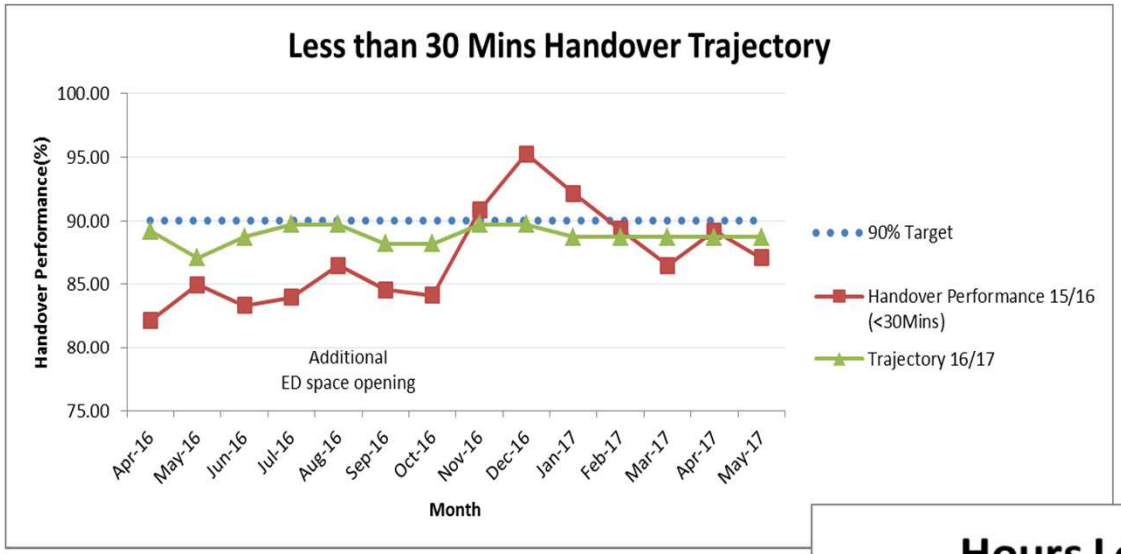


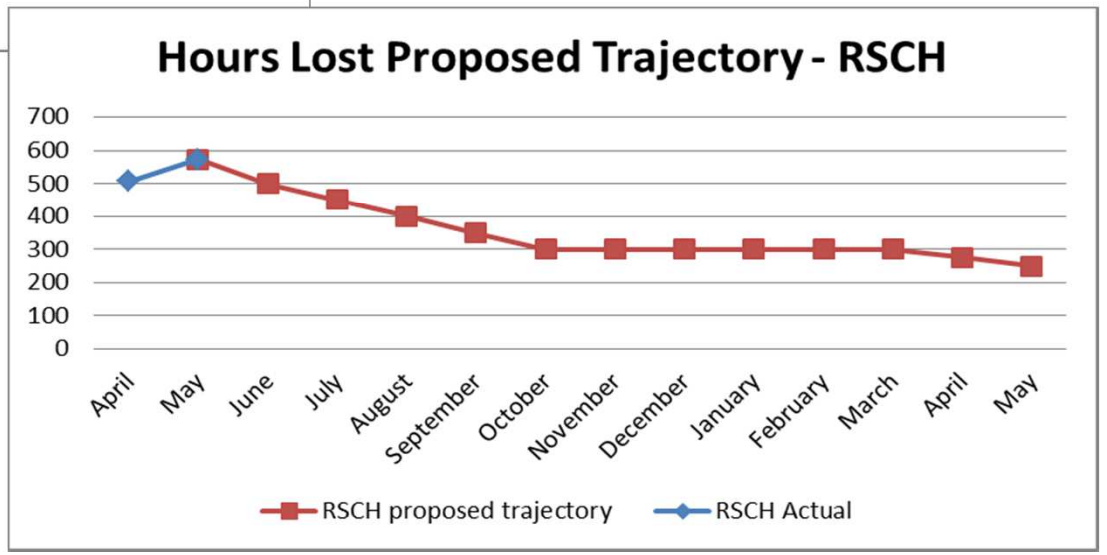
The number of ambulance handover delays at the Royal Sussex County Hospital has not improved this year so far



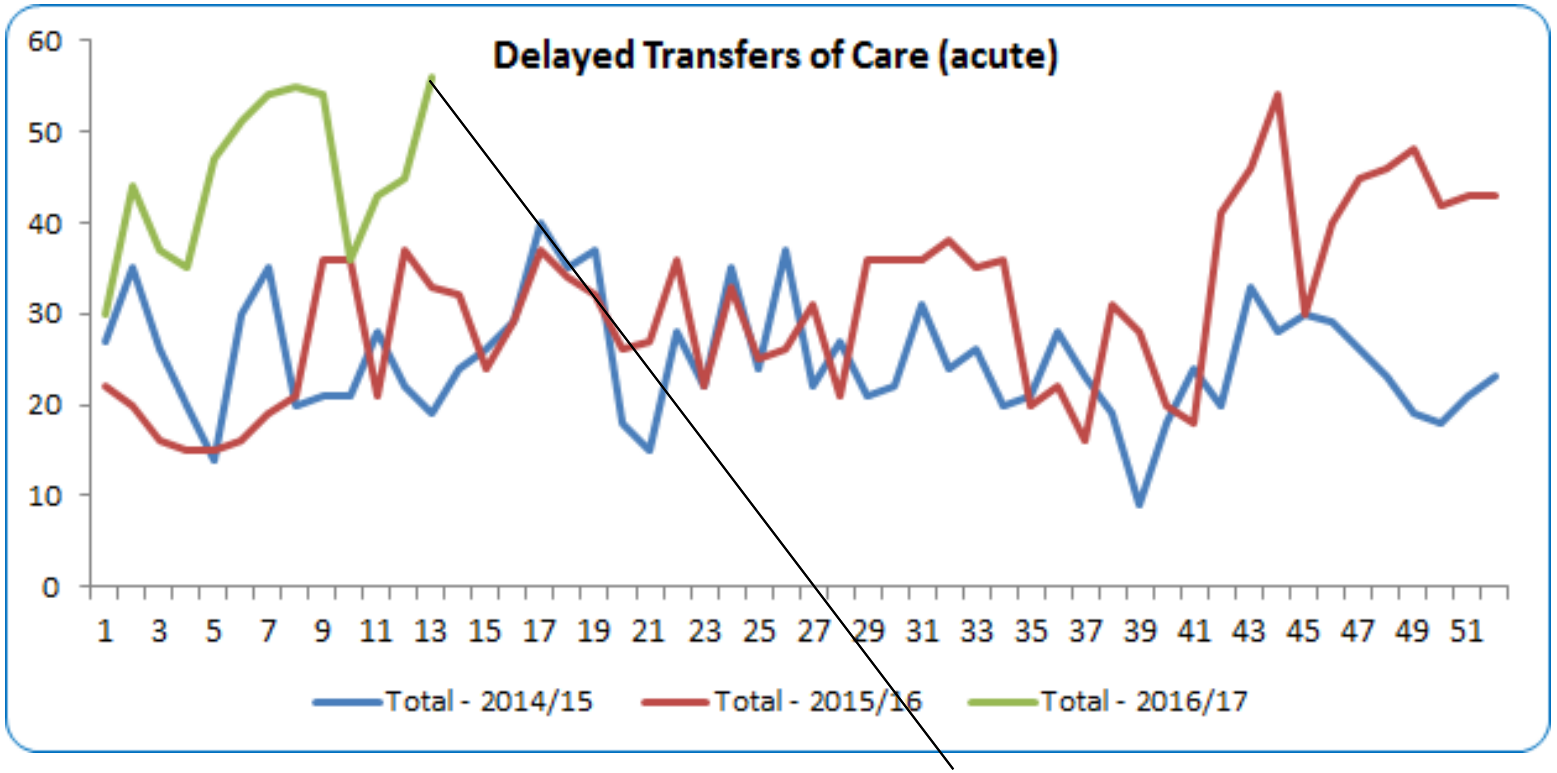
The number of ambulance handover delays at Princes Royal Hospital are reducing

Ambulance Handover Trajectories





Delayed Transfers of Care



The number of acute hospital beds which are occupied by a patient who is ready for discharge is 56 (7.1%). This includes Plumpton Ward (PRH) which is an error, hence the significantly higher numbers. BSUH will exclude Plumpton ward from subsequent data. Target is to reduce to 28 (3.5%)

Urgent Care Improvement Plan

- Agreed system wide work plan for urgent care at System Resilience Group meeting underpinned by:
- Detailed individual project plans including milestones, metrics, risks AND quantification of the impact of each scheme that supports the trajectory
- Regular PMO process to monitor delivery:
  - Fortnightly highlight reports by project
  - Operational oversight at local /system wide urgent and planned care groups – UCORG and taskforce (clinical and non-clinical)
  - Monthly system wide PMO sessions
  - Escalation of unresolved issues to SRG

Preventing Admission and A&E Attendance

Key Issue	Action	Expected Impact
Increase use of non conveyance pathways	ECIP workshop to review non conveyance pathways SECAMB 16/17 contract prioritises use of see and treat pathways i.e. tariff is incentivised.	0.5% reduction Sussex wide to conveyance rate of 40.7%
Reducing admissions and attendances for patients with complex needs	Implement Proactive Care model in B&H Proactive Care (H&MS)	849 NEL, 849 A&E (B&H) 380 NEL and 96 NEL
Enabling patients to make the right choices to access services	Develop 16/17 urgent care communication strategy	Enabling workstream – impact measured in terms of campaign exposure
Non SECAMB response pathway for Care link Fallers	Implement revised pathway – RFI issued to identify potential providers	Reduction in 999 calls from Carelink
Reducing admissions from care homes	Task and finish workshop to review current input to support admission to and prevent admissions from care homes ensuring joined up approach Improving Quality in Care Homes Programme Primary Care Ward Rounds in Care Homes	Reduction in NEL admissions and contribution to reduction in DtoC lost bed days 167 NEL

Urgent and Emergency Flows - Actions

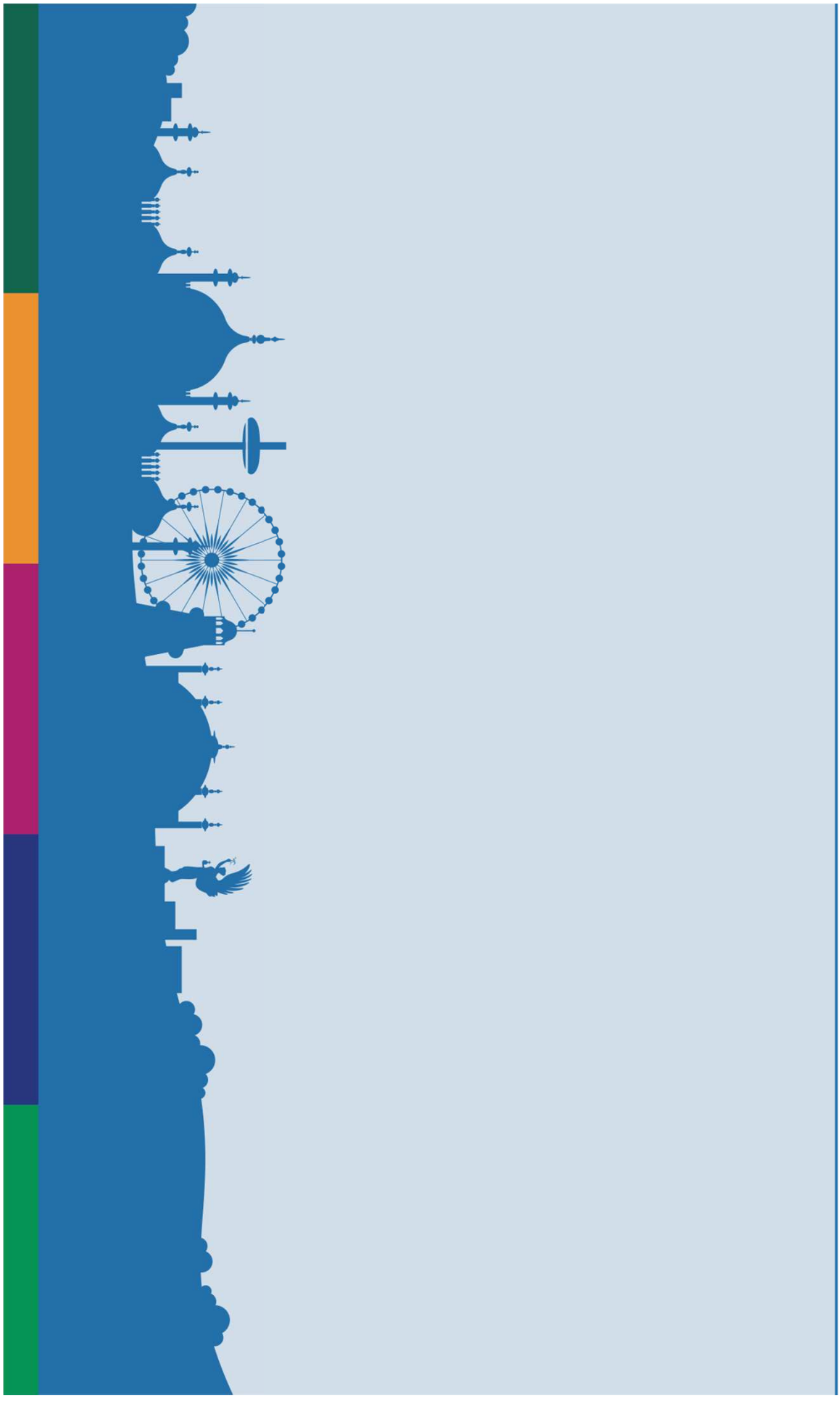
Key Issue	Action	Expected Impact
OOHs resilience	Implementation of RAP to address performance against LQRs, agree and implement approach re pharmacists and multi shift incentives. Negotiation re contract extension	Improved shift fill and Local Quality Requirements
Ambulance handovers	ECIP to facilitate joint workshop to review current position and support implementation of good practice from elsewhere	Delivery of handover improvement trajectory
NHS 111 and clinical hub	Develop and commission new NHS 111 service Develop and implement clinical hub	Develop clinical model and commence procurement process No impact in 16/17
OOHs, WIC and UCC redesign	Integrated Front Door programme	Develop clinical model and commence procurement process No impact in 16/17
Acute Floor pathways at RSCH	Acute Floor programme at RSCH	Contribution of 3.5% to improved performance against trajectory
PRH Front Door	Implement new model of care for PRH front door	Reduction in 675 NEL admissions

Improving Discharge and Reducing DToC - Actions

Key Issue	Action	Expected Impact
Homecare capacity	Independence at Home service redesign Re-procurement of independent sector homecare service System wide workshop to review demand and capacity and market for home care Recruitment of East Sussex ASC homecare team	50% reduction in lost bed days = 5 extra beds across BSUH, SCT , SPFT
Care home capacity	Workshop as above to include care homes	
Community Beds	Discharge Improvement Group established and meets weekly Re-procurement of beds according to new service specification (B&H)	Reducing average referral to admission time by 50% = 3 beds at BSUH
Managing patient expectations	Implementation of new national choice policy across whole system Patient discharge information on admission	50% reduction in lost bed days = 3 beds at BSUH, 2 beds at SCT, 1 bed at SPFT
Complex Discharges	Revise daily threshold approach – operational managers do their job and escalate issues if required Explore options to more closely align HRDT and SW Assessment team across beds at RSCH	Enabling workstream supporting reduction in lost beds days due to DToCs by 50%

Improving Discharge and Reducing DToC - Actions

Key Issue	Action	Expected Impact
Good practice discharge planning	SAFER Flow Bundle implemented across all bedded and relevant community services	Contribution of 1% improvement to trajectory at BSUH
Hospital at Home	Implement Hospital at Home model	Opportunity to double capacity if moves to 4 day LOS community model
Discharge to Assess	Fully integrate D2A and CRRS to be intermediate service for all patients needing a service on discharge Define longer term model linking integration of discharge functions	Contribution to 50% reduction in DtOC lost bed days.
Assisted Discharge	Continue current pilot and procure long term service, which will be designed to dovetail with East Sussex Service(in development)	To be quantified and set in new procurement model
Continuing Healthcare	Implement new national CHC requirements i.e. no assessment in acute bed	National requirement – plans need to ensure no negative impact on performance.



HEALTH OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 20** Brighton & Hove City Council

Subject:		**Patient Transport Update**
Date of Meeting:		**20 July 2016**
Report of:		**Executive Lead for Strategy, Governance and Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 At its May 2016 meeting the HOSC considered issues concerning the performance of the new Sussex Patient Transport Services (PTS) contract as well as the tendering of this contract.

1.2 Members requested an update at the subsequent committee meeting on PTS performance. Information supplied by High Weald Lewes Havens and Brighton & Hove CCGs is included as **Appendix 1** to this report.

1.3 It had been hoped to include the independent report on the tendering and mobilisation of the new PTS contract in these papers, but this was not available at the time of printing.

2. RECOMMENDATIONS:

2.1 That the Committee notes the information provided by the CCGs and determines what, if any, future scrutiny of this matter is required.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 See **Appendix 1**.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this information report.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None sought.

6. CONCLUSION

6.1 This report provides information on PTS performance.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no financial implications directly resulting from this report.

Legal Implications:

7.2 There are no legal implications directly resulting from this report.

Equalities Implications:

7.3 There are no equalities implications arising directly from this report.

Sustainability Implications:

7.4 There are no sustainability implications arising directly from this report.

8. SUPPORTING INFORMATION:

Appendix 1: Information provided by High Weald Lewes Havens CCG and by Brighton & Hove CCG.

NHS
Brighton and Hove
Clinical Commissioning Group

Sussex Patient Transport Service update

Health & Overview Scrutiny Committee - July 2016

Key service issues – July 2016

- **Issues related to patient transport vehicles:**
  - Improving patient transport service across Sussex, although some specific patient groups receiving a poor service
  - Receiver appointed to transport provider VM Langford Ltd
  - CCG are working with Coperforma to ensure that the mitigating plans they have put in place to minimise impacts on the delivery of patient transport are effective
  - CCG are working with Coperforma and unions (Unison & GMB) to ensure that any effect on staff is in keeping with employment legislation and good practice'
  - New transport providers Dockland Medical Services and Medi4 have signed contracts with Coperforma that will enable ex SECAmb drivers from VM Langfords to move to the new providers and retain their NHS T&C and pension.
- **Complaints & incidents (service exceptions):**
  - Number of complaints, incidents and regarding patient transport reducing
  - Coperforma is in the process of responding to and addressing the backlog of complaints
  - Coperforma is in the process of investigating and responding to the backlog of service exception incidents.

Programme Governance

- Continuation of Programme Board with Director leads from 7 CCGs providing scrutiny of progress and risks during the mobilisation period
- Weekly Trust conference calls with BSUH, CCGs and Coperforma continue
- Extension of Remedial Action Plan (RAP) to 22 July 2016 due to delivery issues relating to VM Langford
- Monthly contracting meetings led by the South East Commissioning Support Unit (CSU) to start in May 2016
- Independent investigation carried out by Internal Audit Association (TIAA) to be presented for information to Sussex CCGs governance meetings in July prior to public release in August.

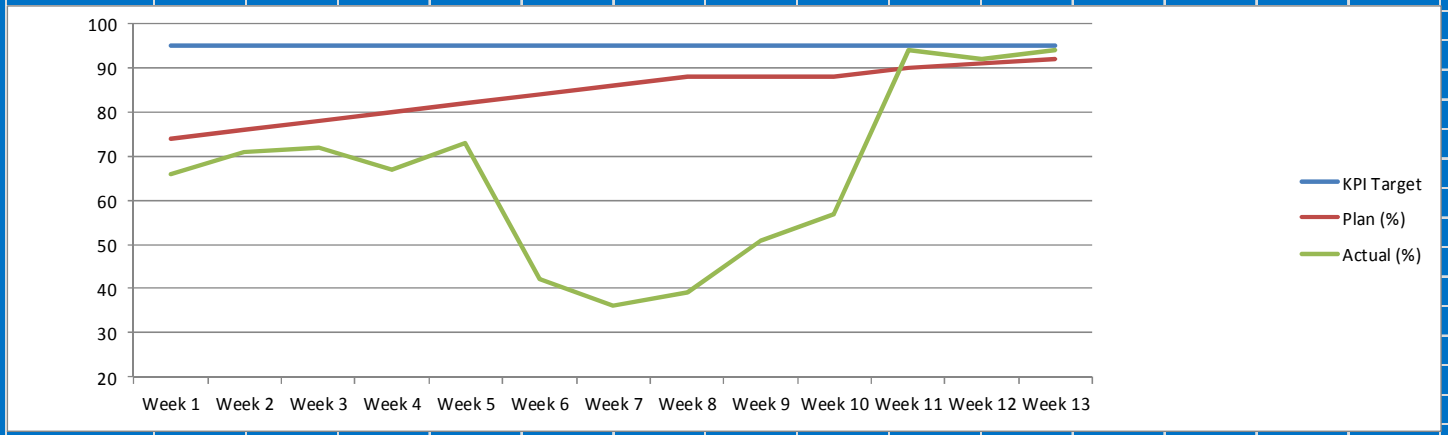
Summary of actions since the last HOSC

- Additional call handling capacity in the demand centres to improve resilience
- Additional transport capacity and new providers introduced into the Sussex service to improve inbound and outbound performance
- Additional 27 new shifts deployed across May and June with a further 84 shifts being deployed in July
- Formation of a 'High Acuity Team' to oversee the transportation of priority groups, including renal, oncology and frail patients and those travelling to specialist hospitals in London, etc.
- Creation of 'operational zones' for the booking, dispatch and delivery of transport function across Sussex
- Continued Trust use of dedicated private vehicles at BSUH to manage and maintain patient flow
- Additional staff training and building relationships through the service development improvement plans
- Coperforma working with transport providers to enforce professional standards e.g. staff uniform and id badges.

Call Handling

Target KPI: 95% of calls picked up within 60 seconds

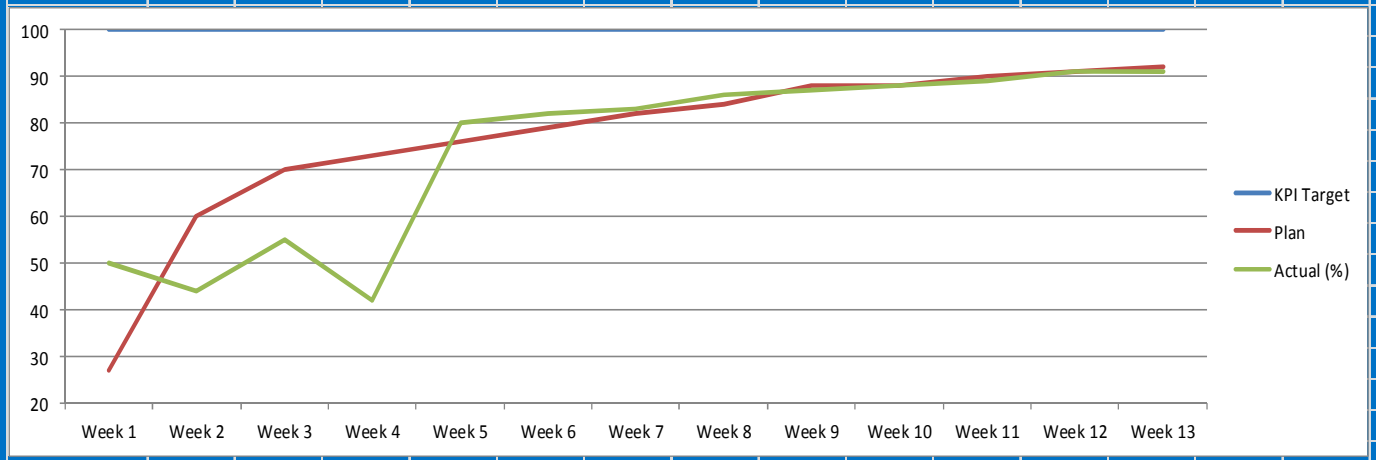
Action: See RAP ID1, ID2, ID3, ID4



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
KPI Target	95	95	95	95	95	95	95	95	95	95	95	95	95
Plan (%)	74	76	78	80	82	84	86	88	88	88	90	91	92
Actual (%)	66	71	72	67	73	42	36	39	51	57	94	92	94

Renal Inbound Timeliness

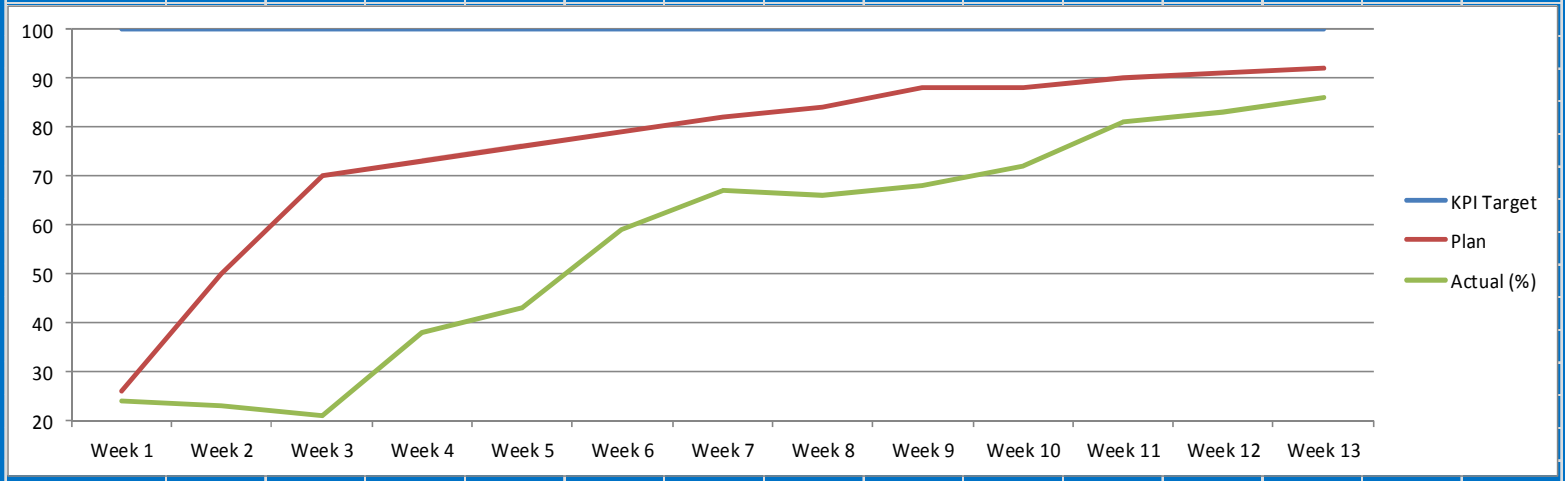
Target KPI:	100% of renal patients to arrive between 45 mins before and the actual appointment time
Action:	See RAP ID1, ID2, ID3, ID4



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
KPI Target	100	100	100	100	100	100	100	100	100	100	100	100	100
Plan	27	60	70	73	76	79	82	84	88	88	90	91	92
Actual (%	50	44	55	42	80	82	83	86	87	88	89	91	91

Renal Outbound Timeliness

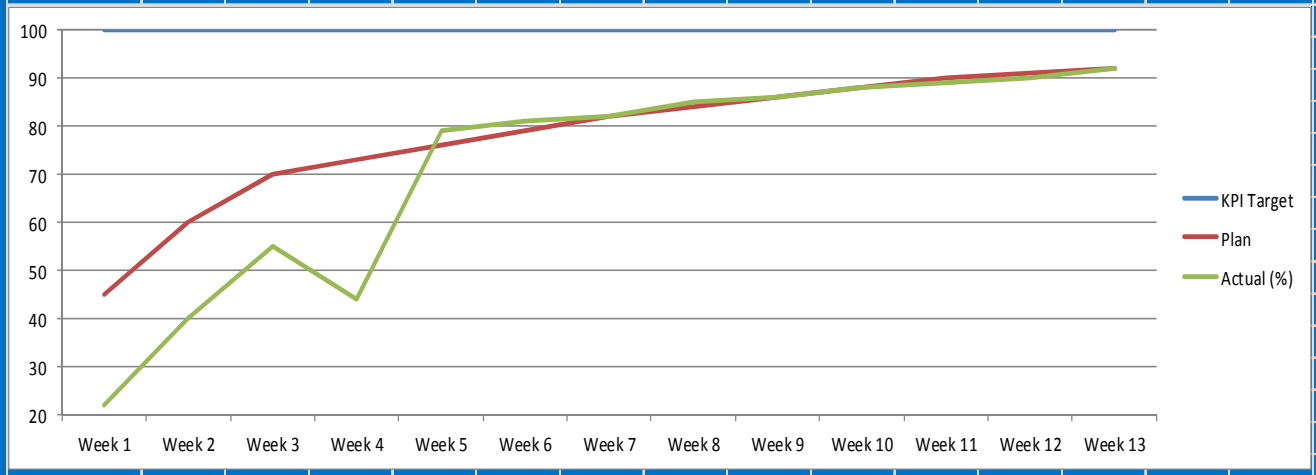
Target KPI:	100% of renal patients to depart no later than 60 mins after booked time.
Action:	See RAP ID1, ID2, ID3, ID4



		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
	KPI Target	100	100	100	100	100	100	100	100	100	100	100	100	100
	Plan	26	50	70	73	76	79	82	84	88	88	90	91	92
	Actual (%)	24	23	21	38	43	59	67	66	68	72	81	83	86

Non Renal Inbound Timeliness

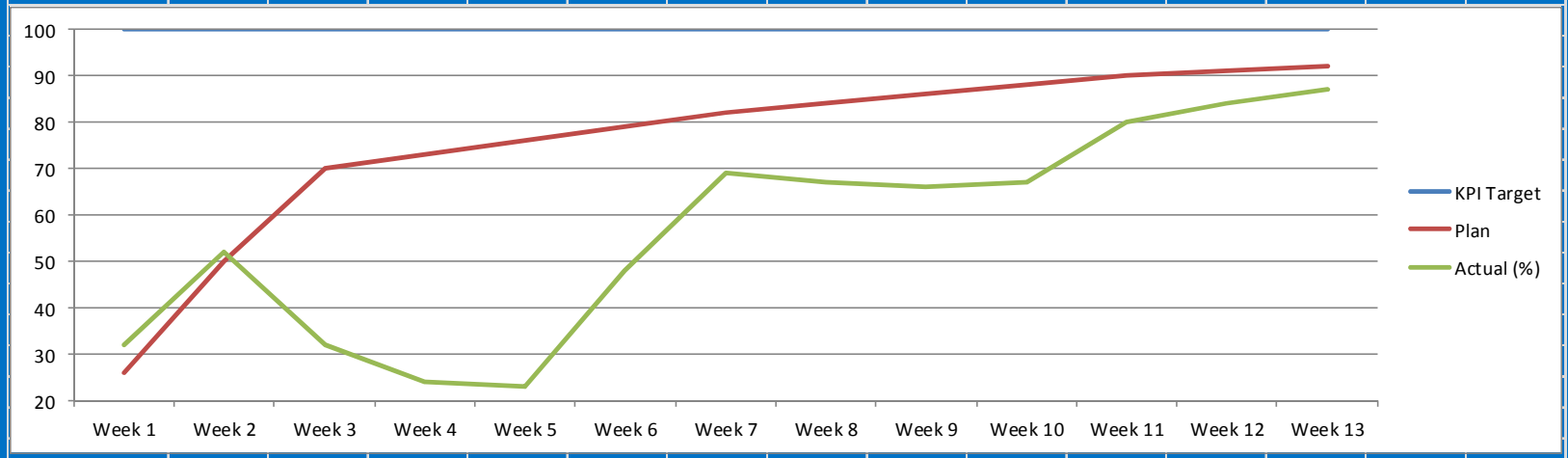
Target KPI:	100% of non renal patients to arrive between 75 mins before and the actual appointment time for attendances.
Action:	See RAP ID1, ID2, ID3, ID4, ID6



		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
	KPI Target	100	100	100	100	100	100	100	100	100	100	100	100	100
	Plan	45	60	70	73	76	79	82	84	86	88	90	91	92
	Actual (%)	22	40	55	44	79	81	82	85	86	88	89	90	92

Non Renal Outbound Timeliness

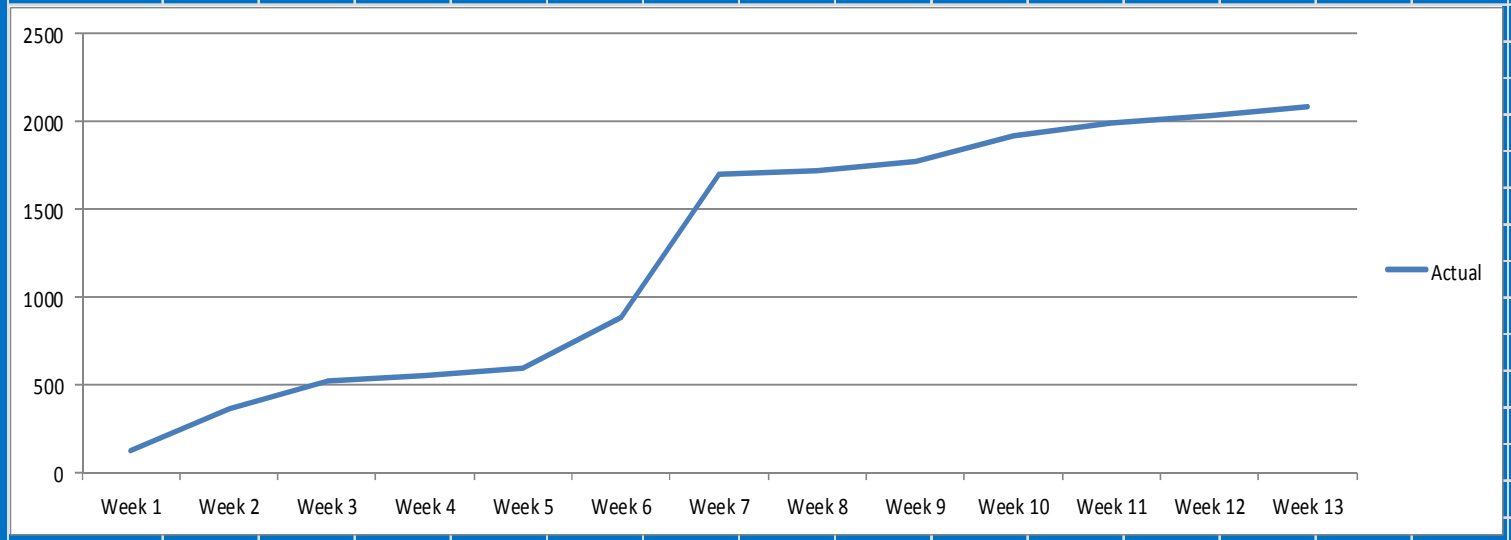
Target KPI:	100% of non renal patients to depart no later than 60 mins after booked time for attendances, 90 mins for planned discharges, and 180 mins for unplanned discharges.
Action:	See RAP ID1, ID2, ID3, ID4, ID6



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
KPI Target	100	100	100	100	100	100	100	100	100	100	100	100	100
Plan	26	50	70	73	76	79	82	84	86	88	90	91	92
Actual (%)	32	52	32	24	23	48	69	67	66	67	80	84	87

On line booking user accounts

Target KPI:	n/a
Action:	See RAP ID4



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
Actual	130	369	520	557	600	890	1698	1725	1777	1919	1996	2039	2081

Key messages and next steps

Summary of key messages:

- The Patient Transport Service is improving, but some patients are still experiencing a poor service and the CCGs apologise to all patients affected
- There have been improvements in the timeliness of call handling and journey transportation
- The independent audit will be released into the public domain in August 2016
- The CCGs are exploring contingency plans should the RAP not deliver the required improvements.

Questions

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 23 Brighton & Hove City Council

Subject:		**A work programme for the Health Overview & Scrutiny Committe**
Date of Meeting:		**20 July 2016**
Report of:		**Executive Lead for Strategy, Governance & Law**
Contact Officer:	**Name:**	**Karen Amsden** **Tel: 29-1084**
	Email:	**Karen.amsden@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The Health Overview & Scrutiny Committee (HOSC) held a stakeholder workshop on 10th June to identify the key issues relating to health and social care in the city and use this to develop a work programme for 2016/17.

2. RECOMMENDATIONS:

2.1 That members agree the proposed HOSC work programme for 2016/17.

2.2 That members agree that they would like to be invited to the Adult Social Care quarterly board meetings for the reasons outlined in 3.4.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 Representatives from the Brighton & Hove Clinical Commissioning Group and Brighton & Sussex University Hospitals Trust (BSUH), along with co-optees from the Community and Older People's Council (and written input from the Youth Council), and officers from council Public Health and Adult Social Care took part in this workshop Alongside HOSC members.

3.2 Each participant was asked to identify their priority issues facing health care in the city including any major plans for service change or improvement ("substantial variations").

3.3 The information gathered in the workshop has been used to draw up a timetabled work programme for the committee and will be used to ensure that the work programme is co-ordinated with that of the Health & Wellbeing Board.

3.4 At the workshop HOSC members, along with the Health & Wellbeing Board members, were invited to quarterly meetings to look at Performance & Quality in Adult Social Care, including examining recent CQC findings.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The appendix contains the work programme which includes the key issues, identified by the participants, at the most appropriate time for them to be put on the agenda.

4.2 A workshop topic has also been suggested for an issue where this would be more suitable.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The community co-optee for HOSC participated in the workshop and was able to identify key issues of concern to the community.

6. CONCLUSION

6.1 The workshop has enabled the committee members, co-optees and key partners to identify a work programme for 2016/17.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no financial implications directly resulting from this report.

Legal Implications:

7.2 There are no legal implications directly arising from this report.

Equalities Implications:

7.3 There are no equalities implications directly arising from this report.

Sustainability Implications:

7.4 There are no sustainability implications directly arising from this report.

SUPPORTING DOCUMENTATION

Appendices:

1. A work programme for HOSC 2016/17

HOSC 2016/17 Work Programme

25th May 2016 – Has been held

Agenda Items	Invited
HOSC TOR	
HOSC Work programme 16-17	
South East Coast Ambulance (SECAmb) Red 3 Triage	SECAmb
Ambulance to hospital handover	SECAmb, BSUH
Suicide prevention	Public Health, SPFT, Grassroots
NHS patient transport	HWLH CCG, Coperforma

20th July 2016 – Items agreed

Agenda Items	To be invited
GP Sustainability and Quality	CCG, NHSE
GP Services in Brighton & Hove: Healthwatch Perspective	Healthwatch
SECAmb: publication of Monitor report on patient impact of Red 3 Triage scheme	SECAmb
Ambulance to hospital handover	SECAmb, BSUH, Brighton & Hove System Resilience Group
NHS Patient Transport: July 2016 update	HWLH CCG, B&H CCG, Coperforma, SECAmb

19 October 2016 – proposed

Issues	To invite
CQC Inspection Report: Brighton & Sussex University Hospitals Trust	BSUH, CQC, NHSI
CQC Inspection Report South East Coast Ambulance Trust	SECAmb, CQC

7th December 2016 - proposed

Issues	To invite
Stroke: Regional Review of Stroke services – update on regional review	Sussex Collaborative
6 month update on planning for GP sustainability – including data on impact of previous closures	CCG & NHSE
Healthwatch Annual Report 2015/16	Healthwatch
3Ts development of Royal Sussex County Hospital	BSUH
Tier 4 In-patient Detox: report back (requested March 16 OSC)	Public Health

1st February 2017 –proposed

Issues	To invite
Update on dementia services i) Planned move back into single sex dementia beds for the acute in-patient service ii) Strategic approach, diagnosis & memory assessment	ASC, CCG, SPFT
Still births and Multiple births	
Mental health & delayed transfers of care	SPFT, CCG

22nd March 2017 - proposed

Issues	To invite
Diabetes	CCG, BSUH, SCT
Functional mental health and older people	CCG, SPFT

Workshop(s)

1. Children & young people – mental health and wellbeing