Brighton & Hove City Council

Overview & Scrutiny

Title:	**Health Overview & Scrutiny Committee**
Date:	**4 March 2009**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Mrs Cobb (Chairman), Allen (Deputy Chairman), Alford, Barnett, Harmer-Strange, Kitcat, Rufus, Turton and Hazelgrove
Contact:	**Giles Rossington** **Scruntiny Support Officer** giles.rossington@brighton-hove.gov.uk

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AGENDA

Part One **Page**

70. PROCEDURAL BUSINESS **1 - 2**

(copy attached)

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

71. MINUTES OF THE PREVIOUS MEETING **3 - 12**

Draft minutes of the meeting held on 21 January 2009 (copy attached).

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

72. CHAIRMAN'S COMMUNICATIONS

Ward Affected: *All Wards*

73. PUBLIC QUESTIONS

Two public questions were submitted for this meeting.

73.A (submitted by Ken Kirk):

"We already know that the B&H PCT (Primary Care Trust) didn't conduct a proper public consultation over the setting up of a GP Clinic, contravening the Department of Health's PCT Procurement Plan. The PCT has given the contract for it to Care UK who run the SOTC (Sussex Orthopaedic Treatment Centre). It was revealed at the November HOSC that the SOTC selects the cheaper surgical procedures, leaving the BSUHT (Brighton & Sussex University Hospitals Trust) to fund the expensive ones. At the meeting a senior clinician stated the hospital has a £2 - £3 million deficit as a result. On whose behalf does B&H PCT spend our NHS funds? Would the committee investigate the awarding of this contract?"

73.B (submitted by Jack Hazelgrove, Older People's Council):

"Owing to the limited availability of chiropody services on the NHS, many older people are paying privately (often around £25) for treatment. Could NHS Brighton & Hove outline the current arrangements for provision of this service and any plans to increase the availability of treatment for older people. Could NHS Brighton & Hove also explain the criteria for 'rationing' the service and indicate any system of prioritisation for certain 'at risk' groups (e.g. diabetics)."

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

74. NOTICES OF MOTION REFERRED FROM COUNCIL

No Notices of Motion have been received.

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

75. WRITTEN QUESTIONS FROM COUNCILLORS **13 - 14**

A Written Question has been submitted by Councillor Jason Kitcat:

"Can the Chief Executive of the Primary Care Trust (NHS Brighton & Hove) detail who will pay for the planning process, building and refurbishment required for opening the city centre GP-led clinic? Will it be Care UK, the PCT or another body?"

(A written response from the Chief Executive of NHS Brighton & Hove is included in the papers for this item.)

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

76. LETTERS FROM COUNCILLORS

No letters have been received.

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

77. NHS DENTAL SERVICES: UPDATE ON THE NEW DENTAL CONTRACT **15 - 28**

Report of the Director of Strategy and Governance (copy attached).

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

78. BRIGHTON & HOVE CITY TEACHING PRIMARY CARE TRUST (PCT) 2009-2010 ANNUAL OPERATING PLAN **29 - 32**

Report of the Director of Strategy and Governance (copy attached).

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

79. THE ANNUAL GP SURVEY REPORT **33 - 44**

Report of the Director of Strategy and Governance (copy attached).

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

80. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) WORK PROGRAMME **45 - 50**

Update on the 2009-2010 Work Programme (copy attached).

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

81. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

To consider items to be submitted to the next available Cabinet or Cabinet Member meeting.

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

82. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the 19 March 2009 Council meeting for information.

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

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Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Giles Rossington, 01273 29-1038, email giles.rossington@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Tuesday, 24 February 2009

Agenda Item 70

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Commitee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

(1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.

(2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –

(a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and

(b) at the time the decision was made or action was taken the Member was

(i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and

(ii) was present when the decision was made or action taken.

(3) If the interest is a prejudicial interest, the Code requires the Member concerned:

(a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].

(b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

(a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;

(b) if the Member has obtained a dispensation from the Standards Committee; or

(c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of Party Whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

Agenda Item 71

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4:00pm 21 JANUARY 2009

HOVE TOWN HALL

MINUTES

Present: Councillors Cobb (Chairman), Alford, Allen (Deputy Chairman), Barnett, Harmer Strange, Kitcat, Rufus, Turton

Brighton & Hove Local Involvement Network (LINk) Co-optee: Robert Brown

Brighton & Hove Older People's Council Co-optee: Jack Hazelgrove

56. Procedural Business

56A. Declarations of Substitutes

56.1 There were none.

56B. Declarations of Interest

56.2 There were none.

56C. Declarations of Party Whip

56.3 There were none.

56D. Exclusion of Press and Public

56.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

56.5 **RESOLVED** – That the Press and Public be not excluded from the meeting.

57. Minutes of the Previous Meeting

57.1 A member noted that the committee had not yet received a full response from Brighton & Hove City Teaching Primary Care Trust (PCT) to information requested at the last committee meeting (point 48.2 in the minutes). Claire Quigley, Director of Delivery at the PCT, offered to supply members with the outstanding information.

57.2 **RESOLVED** – That the minutes of the meeting held on 05 November 2008 be approved and signed by the Chairman.

58. Chairman's Communications

58.1 The Chairman noted that Julian Lee, Chair of the PCT, and Glyn Jones, Chair of Brighton & Sussex University Hospitals Trust (BSUHT) had sent their apologies for this meeting.

58.2 The Chairman noted that she had recently had occasion to visit the Royal Sussex County Hospital and had found the signage directing people around the hospital to be confusing. Other members concurred with this view.

58.3 Alison Robertson, Chief Nurse at BSUHT, offered to take these comments back to the appropriate officers at the trust.

58.4 A member told the committee that she had concerns about the placement of hand gel dispensers at the entrance to the dermatology department in Brighton General Hospital, as she felt they were inconveniently situated. The Chairman agreed to write a letter to South Downs Health Trust about this issue.

58.5 Members also discussed the recently issued national NHS survey of patient attitudes to General Practice services, and the Chairman expressed the view that an item on this survey should feature on a future committee agenda.

59. Public Questions

59.1 There were none.

60. Notices of Motion referred from Council

60.1 There were none.

61. Written Questions from Councillors

61.1 Councillor Juliet McCaffery asked the following question:

"What mechanisms are in place for checking that patients and visitors entering our hospitals (including Princess Royal, Haywards Heath) have

used the hand washing facilities in order to reduce the incidence of MRSA?"

61.2 Alison Robertson, Chief Nurse at BSUHT, replied to this question. Ms Robertson told members that there were two aspects to the current initiative to reduce Healthcare Associated Infections (HAIs): public assurance (via the installation of gel dispensers, the use of publicity posters, leaflets, videos on patient-line, encouraging members of the public to report clinicians who do not wash their hands etc.); and more focused work which aimed to reduce infection rates. This latter aspect of the initiative focuses on healthcare professionals, as the great majority of HAIs are associated with professionals rather than visitors. In consequence, professional adherence to hand-washing etc. is far more closely monitored than visitor adherence.

61.3 The Chief Nurse added that each ward at BSUH facilities was subject to a monthly hand-wash audit. Wards which failed to achieve a better than 95% average of professionals adhering to the hand-washing protocol would be subject to a weekly audit until they reached this target. In addition, the trust had introduced a dress-code policy and was following national best practice in terms of the management of IV lines, catheters etc.

61.4 Amanda Fadero, Director of Strategy at the PCT, told members that a number Infection Control champions had been appointed to ensure that city GPs adopted good practice in terms of HAIs and that this work was currently being extended to Independent Sector facilities, such as Nursing Homes.

61.5 John O'Sullivan, Chief Executive of South Downs Health NHS Trust, added that his trust adopted very similar procedures to BSUHT.

61.6 Councillor McCaffery then posed a supplementary question, asking how much staff time would be taken up by having nurses and ward receptionists question visitors on their use of the hand gels etc.

61.7 The Chief Nurse responded, saying that she took Councillor McCaffery's point. The Chief Nurse noted that BSUHT did take infection control very seriously, and had achieved very significant reductions in both MRSA and C difficile infection rates in the past 12 months (45% and 35% respectively)

61.8 A member noted that he had recently visited his GP and had been pleased to note that a gel dispenser had been installed in the GP surgery.

61.9 Another member noted that it was evident that HAIs were taken very seriously by healthcare professionals and that regular hand-washing, dress-codes etc. had been very effective in reducing infection rates. However, it was also evident that more could be done in terms of encouraging visitors to act appropriately, particularly given recent research indicating a link between C difficile infection and visitors (e.g. visitors with diarrhoea).

61.10 A member suggested that information to in-patients might be amended to include advice for visitors (e.g. so that patients were empowered to encourage their own visitors to adhere to the infection control regime. The Chief Nurse said that she would refer this issue and other member suggestions to the trust's Infection Control team.

61.11 The Chairman thanked Councillor McCaffery for her question and the NHS officers for their responses.

62. Letters from Councillors

62.1 There were none.

63. South Downs Health NHS Trust: Strategic Direction Review

63.1 John O'Sullivan, Chief Executive of South Downs Health NHS Trust, spoke to members in regard to the trust's strategic direction.

63.2 The Chief Executive informed members of a range of issues including: the growing importance of community services as a means to improve outcomes and patient experience; the need to address outdated media/public notions of community services; the relatively poor reputation of South Downs Health Trust (particularly in relation to the trust's 2008-2009 Healthcare Commission ratings) and the need to expand the range of healthcare services available in the community.

63.3 Mr O'Sullivan also identified key priorities for the trust. These include: exploring the possibility of closer integration with community services in West and East Sussex; pursuing Foundation Trust status; re-designing the structure of the trust to position patients and front-line staff at the centre of the organisation; developing the trust's estate (especially the Brighton General Hospital site); and ensuring that the trust as an organisation is more secure and cohesive (e.g. by making permanent appointments to posts currently being filled on an interim basis).

63.4 The Chief Executive emphasised that the trust's core business was and would remain in Brighton & Hove. Any expansion into East or West Sussex should not be at the expense of local services, but should aim to enhance them by stream-lining managerial and administrative functions, thereby releasing more funds for front-line services.

63.5 Several members commended Mr O'Sullivan for his leadership of the trust during a very difficult period and wished him all the best for the future (Mr O'Sullivan intends to step down as interim Chief Executive of the trust and to resume his substantive post of Deputy Chief Executive and Director of Finance).

63.6 In response to a question about the future commissioning of city community services, Mr O'Sullivan told members that it was incumbent upon the trust to ensure that it was in a position to win competition for the tendering of community service contracts. Darren Grayson, the Chief

Executive of the PCT, added that the PCT was required by statute to commission services on the basis of quality and value for money, and was therefore not in a position to treat South Downs more favourably than any other provider.

63.7 In response to a question on public and stakeholder engagement as part of the Foundation Trust (FT) application process, members were told that FT application required trusts to reach out to the local community (as FTs are obliged to recruit members from the community), which was a positive spur encouraging better interaction with stakeholders. The trust viewed public engagement as one of its key challenges and was very enthusiastic about this element of the FT application process.

63.8 In answer to questions regarding financial aspects of the trust's strategic plans, members were told that the trust currently had a turnover of around £60 million. This was a relatively small sum for an NHS trust and posed problems of both financial stability and of the ratio of managerial/administrative costs to the funding of service provision. A pan-Sussex community provider would have a turnover of around £210 million, which would make it much more financially secure. There would also be considerable potential managerial and administrative savings from such an organisation.

63.9 Mr O'Sullivan told members that the trust's immediate priorities were to explore the possibility of merging with neighbouring services and to devolve accountability within the trust to clinical teams.

63.10 In answer to a question as to whether the potential integration of Sussex community care was part of the 'marketisation' of the NHS, members were told that the initiative was intended to produce economies of scale which would create a more sustainable organisation which would be in a better position to attract staff and would be able to direct more of its funds to front-line service provision.

63.11 In response to a question about public participation in the planned changes, the committee was informed that the trust would engage with local community groups rather than via public meetings, and that this work would start imminently.

63.12 Members thanked Mr O'Sullivan for his presentation and for all his work as trust Chief Executive during a very difficult period for the organisation.

64. Community Maternity Services

64.1 This Item was introduced by Amanda Fadero, Director of Strategy at Brighton & Hove City Teaching Primary Care Trust (PCT), and by Debbie Holden, Head of Midwifery at Brighton & Sussex University Hospitals Trust (BSUHT).

64.2 It was explained that the recently concluded consultation on community maternity services was instigated following a discussion on maternity

issues at a Health Overview & Scrutiny Committee meeting in early 2008. The consultation was also informed by current NHS policy on maternity, as embodied in 'Maternity Matters'; this policy places a particular emphasis on offering continuity of care and choice to women.

64.3 Ms Holden noted that the results of the consultation process were generally reassuring, although they did highlight areas where improvement was necessary.

64.4 In response to questions regarding the methodology of the consultation, Ms Fadero told members that the sample size of interviewees was small, and they were not chosen randomly. However, the consultation was never intended to stand alone as a piece of research: it forms part of a much bigger picture which includes more objective studies and a wide range of other types of work, both at a national and a local level. Ms Fadero noted that, formally speaking, this had been an 'engagement' rather than a 'consultation'; however, the latter term was generally better understood by the general public, so it was the one which tended to be used.

64.5 In answer to the same question, Ms Holden told members that there had been an attempt to target a broad range of interviewees including younger mothers and partners. Few partners of pregnant women were in fact involved in the consultation, perhaps because most of the interviews took place during working hours. However, more work was planned which would specifically target this group.

64.6 In response to a question about the treatment of fathers during perinatal care, the committee was told that fathers should not typically be parted from their partners and children shortly after birth. However, the restricted physical environment at the Royal Sussex County Hospital post natal ward meant that it was not always possible to keep families together at night time.

64.7 In answer to a question about the allocation of midwife resources in relation to the competing demands of consultant-led births, midwife-led births and home births, members were informed that there were issues to be resolved here. One issue concerned the location of a midwife-led unit: co-location with the consultant-led maternity unit (CLMU) was advantageous in terms of use of resources, but there were potential drawbacks to such a configuration - e.g. there was a danger of 'seepage', with emergency cases from the CLMU being prioritised over the midwife-led unit's cases. One possibility being considered was to create a dedicated midwifery team which would manage both home births and midwife-led births. This team would be separate from midwifery at the CLMU and should ensure a good level of continuity of care.

64.8 Ms Holden told members that continuity of (midwife) care was an important issue, both locally and nationally. However, it was very difficult to guarantee continuity from one midwife as midwives tended to work very flexible hours. It might be feasible to deliver continuity of care from a small team of midwives, and this possibility was being explored.

64.9 members thanked Ms Fadero and Ms Holden for their presentation.

65. Healthcare Commission 'Annual Health Check' 2008-2009

65.1 Members considered a report of the Director of Strategy and Governance relating to the annual Healthcare Commission assessment of the performance of NHS trusts.

65.2 Councillor Kevin Allen proposed that the committee agree "that general comments on local NHS Trusts be compiled by Committee support officers (for approval by the Chairman and Deputy Chairman of the Committee prior to their submission to the HealthCare Commission)".

65.3 This was seconded by Councillor Steve Harmer-Strange, and endorsed by the committee.

65.4 **RESOLVED** – That the committee:

agree that general comments on local NHS Trusts be compiled by Committee support officers (for approval by the Chairman and Deputy Chairman of the Committee prior to their submission to the HealthCare Commission).

66. Health Overview & Scrutiny Committee (HOSC) Work Programme

66.1 Members discussed the 2008-2009 committee work programme.

67. GP Led Health Centre Update

67.1 In response to questions regarding the planned GP Led Health Centre, the Chief Executive of Brighton & Hove City Teaching Primary Care Trust (PCT) told members that the contract for the centre had now been signed and mobilisation had commenced. The PCT was confident that the centre would open on schedule. Care UK has applied for planning permission to develop two sites: In Queen's Road and Queen's Square, Brighton. The Chief Executive explained that there had been some stakeholder engagement in relation to the general siting of the centre (i.e. whether it should be in Brighton or Hove), but that the choice of specific sites was to be determined by the successful bidder. In reality, limited availability of suitable premises meant that the choice of site was very circumscribed; the PCT was however happy with both the locations identified by Care UK.

68. Items to go forward to cabinet or the relevant Cabinet Member meeting

68.1 There were none.

69. Items to go forward to Council

69.1 There were none.

NHS
Brighton and Hove

19th February 2009

Brighton and Hove City Teaching Primary Care Trust
Prestamex House
171 – 173 Preston Road
Brighton BN1 6AG

Sent electronically

Councillor Denise Cobb
Kings House
Grand Avenue
Hove
BN3 2LS

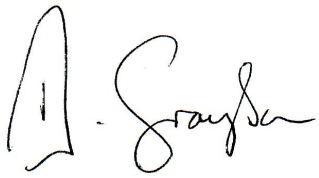
Direct Line: 01273 545327
✉darren.grayson@bhcpct.nhs.uk

Dear Councillor Cobb

GP Led Health Centre

With regard to the question from Councillor Kitcat concerning who will pay for the planning process, building and refurbishment required for opening the city centre GP-led clinic, I can confirm that it will be the responsibility of Care UK to meet the costs incurred for each of these areas.

Yours sincerely,



Darren Grayson
Chief Executive

cc: Giles Rossington

HEALTH OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 77 Brighton & Hove City Council

Subject:		**NHS dental services: update on the new dental contract**
Date of Meeting:		**04 March 2009**
Report of:		**The Director of Strategy and Governance**
Contact Officer:	Name:	Giles Rossington Tel: 29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk
Wards Affected:	All	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report sets out to provide members with: a) background information on the national dental contract (2006), and, b) an update on local implementation of this contract.

2. RECOMMENDATIONS:

2.1 That members consider the information contained in this report and its appendices and determine whether any additional action is required (e.g. an update at a future meeting).

3. BACKGROUND INFORMATION

3.1 A new national contract for NHS dentistry was introduced in April 2006.

3.2 For patients, the new contract introduced a simplified system of payments, with people receiving treatment required to pay either £16.20, £44.60 or £198.00 (for a check-up, minor work such as fillings, and major work such as crowns/bridges, respectively). Treatments requiring more than one visit, or new problems identified within two months of a visit, are treated without additional charges.

3.3 The new contract also changed the way in which dental services are commissioned. For several months in advance of the contract starting, activity at every dental practice was monitored, and this data was then

extrapolated to give an estimate of the yearly activity at each practice. PCTs were subsequently required to fund practices at this level, meaning that each practice had an effective 'ceiling' above which it would not be remunerated. Practices which undertook less than the anticipated activity might be required to repay some of their funding or to guarantee to take on more work in subsequent years of the contract (subject to negotiation with their commissioners).

3.4 Adult patients were effectively 'de-registered' from a specific dental practice under the new contract (although children can still be registered with a practice). Patients may present at any dental practice they choose, although practices are not obliged to treat everyone who presents. If a practice has reached its quota of activity for a given year, it will not be able to treat additional NHS patients (without agreement from its PCT). In such instances, patients should typically be advised to try another local dental practice with spare capacity.

3.5 Under the new contract, PCTs do have powers to transfer activity from one practice to another in certain circumstances (e.g. if a practice closed or significantly reduced its hours).

3.6 Funding for the new dental contract was 'ring-fenced' until April 2009. After this date, PCTs are free to fund dental services at a rate higher or lower than the initial estimate of activity. However, PCTs are still bound to meet national targets for the development of dentistry, and must therefore ensure that they commission effective and improving services.

3.7 In many areas, a longstanding concern with NHS dentistry has been that there is insufficient capacity in the system to meet demand, with people unable to find a dentist willing to treat them as an NHS patient. There were widespread fears prior to the introduction of the new contract that this problem would be exacerbated, with commissioned activity lagging behind demand.

3.8 In some parts of the country, such fears may have been grounded, but in Brighton & Hove this does not seem to have been the case. Indeed, in the first year under the new contract, Brighton & Hove saw significantly lower levels of dental activity than had been anticipated and commissioned (reported to HOSC 27.02.08).

3.9 When the PCT last reported on dentistry (see 3.8 above), members were informed that it was not clear why the local health economy had seen underperformance on such a scale. One explanation could be that the initial estimate of the activity required in the city was inaccurate (e.g. that the snapshot of actual activity from which the contracted activity was extrapolated overestimated demand). Alternative explanations could be that people were confused by the new contract, not realising

that they were still eligible for NHS dental treatment; or that people presenting for and refused treatment at a practice which had filled its annual quota, did not then persevere in finding a practice which had spare capacity.

3.10 The NHS is committed to improving its dental services. The Healthcare Commission notes that: "PCTs need to ensure robust commissioning strategies for primary dental services, based on assessments of local needs, and with the objective of ensuring year-on-year improvements in the number of patients accessing dental services" (Healthcare Commission 2008 p101).

3.11 PCTs therefore need to take an active role in promoting NHS dental services and in ensuring that they can be *and are* accessed by all local communities. It is not sufficient for a PCT to ensure that it has sufficient dental services to meet the demand only of those who present for treatment, should it be evident that there are significant numbers of people in need of NHS dental treatment who do not currently engage with services.

3.12 Funding for the new dental contract was initially 'ring-fenced'. This meant that PCTs had no obvious incentive to manage-down demand for dental activity (should they have been so inclined), since they could not divert the funding to other purposes. However, this ring-fencing ends in April 2009. Members may therefore be interested to compare projected PCT funding for dental services in 2009-2010 with the annual funding 2006-2009. It should, however, be noted that the quality of a service is not wholly dependant on its level of funding: effective commissioning may well mean that a service improves even if its funding is not increased.

4. CONSULTATION

4.1 No formal consultation has been undertaken in preparation of this report. **Appendix 1** to this report consists of information supplied by Brighton & Hove City Teaching Primary Care Trust (PCT).

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None for the council

Legal Implications:

5.2 " There are no adverse legal implications arising as a result of the recommendation/s in this report"

Lawyer Consulted: Anna MacKenzie; Date: 19/02/09

Equalities Implications:

5.3 If a significant number of local residents require but do not currently receive NHS dentistry services, it may be that a disproportionate percentage of these come from particular 'disadvantaged' groups, such as people for whom English is not a first language. Members may wish to establish what measures the PCT has in place to ensure equality of access to NHS dentistry services for all city residents.

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 None.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 Ensuring good dental health for city residents accords with the corporate priority 3.3: 'Improve the health of our residents'.

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by the PCT on dentistry in Brighton & Hove (papers to follow)

Documents in Members' Rooms:

None

Background Documents:

1. Healthcare Commission State of Healthcare report (2008)

2. HOSC report on dentistry (Agenda Item 64: 27.02.08)

Report to: **Health Overview and Scrutiny Committee**
Regarding: **Update on the Dental Contract**
Date: **23rd February 2009**
By **Stephen Ingram, Strategic Commissioner Primary Care and Cherie Young, Primary Care Commissioner for Dental and Optometry Services, NHS Brighton & Hove**

Purpose:

The HOSC requested an update regarding how NHS Brighton and Hove commissions and monitors services provided under the General Dental Services Contract.

Background:

The new General Dental Contract was introduced in April 2006, with the aim of improving access to NHS dental services for patients in England. To achieve this, the reforms included a new system of contracting with NHS dentists, a new system of dental charges, and an end to registration for patients.

NHS Brighton and Hove is responsible for commissioning services that help prevent diseases of the mouth teeth and gums, and provide appropriate care and treatment where disease occurs to any patient that accesses them, regardless of the PCT area in which that patient is resident or the GP practice with which they are registered -- services are commissioned on a 'catchment' rather than 'residence' basis.

The main diseases are caries (tooth decay), periodontal disease (gum disease) and oral cancer.

Contracts

Prior to the new contract it was possible for a dentist to set up a NHS practice wherever they wished, and to provide an unlimited amount of treatment. Under the new General Dental Contract (GDS) those dentists who held a contract at 31st March 2006 were entitled to a new General Dental Service contract from 1st April 2006, initially based on the amount of care provided during the 'reference period' between 2004 and 2005. This reference period data formed the Unit of Dental Activity (UDA) requirement for each contract together with the contract value and was guaranteed until 31st March 2009 with all PCTs dental budgets ring fenced until 31st March 2011.

Dental Contractors are paid their contract value in advance and are required to hit the UDA target identified in the reference period within a tolerance of + or – 4%.

At the end of the financial year 2006/2007 NHS Brighton and Hove had achieved 90% of its target and successive improvements are being made to service delivery with projected delivery in the financial year 2008/2009 being 96%

Once the contract value protection goes on 31st March 2009, contract value becomes just like any other term within a GDS contract: it can be altered by agreement. If NHS Brighton & Hove wants to change the contract value, then it may re-negotiate it with the practices concerned. For many contractors, their contract will continue unchanged in 2009/2010.

There is some concern among dentists with GDS contracts that they may be in danger of termination or required to amend their contract from April 2009. In fact GDS contracts continue indefinitely, unless the contractor has not complied with the terms to such an extent that they warrant contract termination.

PCTs might wish to renegotiate contract values to tackle particular dental practices within their areas who are struggling to deliver the activity values specified.

Who Provides primary dental services

Primary dental care can be provided by:

- Independent contractors with their associates (high street dentists)
- Dentists with Special Interests
- PCT Provider arms and other NHS organisations

The majority of NHS primary dental care is provided by independent contractors, working as single-handed practitioners or in partnerships.

What sort of services are provided

Independent contractors - are required to provide mandatory services under the standard GDS contract. Although the remuneration system no longer includes patient registration, providers tend to have a list of regular patients who have a continuing relationship with that practice. However if a practice has space in its appointment book, it should accept any patient who is seeking treatment. These Contractors must provide all proper and necessary dental care and treatment which a practitioner usually undertakes for a patient and which the patient is willing to undergo, this includes all treatment, including urgent treatment and where appropriate, the referral of the patient for advanced/additional services.

Mandatory services includes:

	General terms	Unit of Dental Activity (UDA) counted against contract	Patients Charge Applicable

Examination, diagnosis, (which includes the taking of radiographs) advice and planning of treatment –	diagnostics	1	£16.80
Preventative care and treatment, endodontic, periodontal, conservative, surgical treatment	Conservation	3	£44.60
Supply and repair of dental appliances, crowns and bridges	treatment involving Laboratory work	12	£198.00

Out of hours dental services - these are arranged separately from main provision to deal with urgent care needs which cannot be met in house during normal surgery hours (Monday to Friday 9 – 5) Patients who attend a dentist should contact their practice if in urgent need of care within surgery hours.

Specialist Primary Care Services - such as orthodontics and sedation services.

Salaried primary dental care services for groups with Special Needs

Dental Access Centres - designed for urgent and immediate care.

General Dental Service Contracts in Brighton and Hove

NHS Brighton and Hove currently holds 62 contracts with 55 practices across the city. The size of the contracts varies from 270 Units of Dental Activity (UDA) to 30,000 UDAs with contract values between £5,000 to £900,000.

The total net dental budget allocated by the Department of Health for Brighton and Hove for 2008/2009 was £12,300,000 and assumes that an amount of £3,354,000 will be collected in patient charges. The total monies available for spend is therefore £15,654,000. The dental spend on contracts totalled £12,812,000 with further funding being required to cover on-costs (eg superannuation/maternity and sick pay). NHS Brighton and Hove has commissioned further activity with contractors who have historically evidenced their ability to perform, on a short term contract basis for this and the next financial year to ensure the full budget is spent. This will create a window enabling a full procurement exercise in the open market against the Oral Health Needs Assessment (OHNA) to be undertaken.

In the week commencing 23rd February 2009, of the 50 practices within the city who provide mandatory services, 27 are taking on new patients.

Annual reviews of all the city's dental contracts have been undertaken for the financial year 2007/2008 and in year adjustments made where required.

Strategic Direction

Before NHS Brighton and Hove could begin to make improvements to primary care services, a map of the baseline was required to establish the present position. However, the PCT has a responsibility to commission any new contracts, enabling the provision of services to be directed to areas of need. In Brighton and Hove, OHNA has been carried out which will indicate areas where additional provision should be targeted, and will provide the framework for commissioning future dental services, which will include both general and specialist services.

The OHNA covered the following areas:

1. Assess needs
2. Map existing services
3. Identify what needs to change

This enables NHS Brighton and Hove to rationalise commissioning dental services through assessing need and demand.

The OHNA has identified the need for a Consultant in Restorative Dentistry and NHS Brighton and Hove, following consideration, seek to procure this service to address the unmet need.

Independent contractors – Work has started in the development of a smoking cessation package that can be used in dental practices and an Oral Health Promotion package. It is anticipated that this will be ready to roll out to the practices this year.

Specialist Primary Care Services - the City has two orthodontic providers one of which is a single handed practitioner and the other is a large national company. These contractors only provide services to patients under the age of 18, who fit the new Index of Orthodontic Treatment Need criteria and do not require treatment by multi disciplinary teams (orthodontic treatment and constructive surgery). Patients who fall outside of the IOTN criteria and who do not have multi disciplinary needs will generally be offered the treatment on a private basis. Patients over 18 may apply to secondary care for their treatment or be offered treatment on a private basis.

There are two contractors who provide the majority of our sedation services although a further contractor has a small provision.

Salaried primary dental care services for groups with Special Needs – NHS Brighton and Hove currently hold a Service Level Agreement with South Downs Health who provide care for children and adults with special needs. This service also undertakes Oral Health Promotion in schools and the community.

Dental Access Centres – the Dental Access Centre in St James Street has historically provided urgent and routine care for routine patients within the city. However this service has recently been redesigned to provide urgent and routine care to hard to reach groups including substance misuse clients, travellers,

clients with mental health issues, mother and children groups. The centre also provides a full upper and/or full lower denture service.

NHS Brighton and Hove are working closely with this service provider to promote these services with local people.

Emergency Dental service - This service is currently being provided for the city at the Emergency Dental Service based at Victoria Hospital in Lewes by East Sussex Downs and Weald Provider arm. It is open from 18;30 – 22:00 Monday to Friday and 9;30 – 13:30 Saturday to Sunday.

The service is not unique to Brighton and Hove residents and, due to its location can be difficult for patients to access. The service has only limited capacity and at the present time turns away as many patients as it sees.

An EDS review is currently being led by East Sussex Downs and Weald PCT, however due to the length of time the review is taking and the fact that the contract and patients needs have moved on, NHS Brighton and Hove are embarking on a pilot with a local practice to supplement the existing EDS provision.

Promoting Access to Dentistry

Until September 2008 the EDS service in Lewes was the only service provider for Brighton patients without a dentist. With the implementation of the county wide dental helpline in September 2008 it became possible to implement patient care pathways. Access slots around the city were commissioned in normal surgery hours for patients in pain. If possible the same practice would then take the patient on as a routine patient. Alternatively the patient would be referred back to the helpline to be informed of accepting dentists.

The helpline covers 4 PCT areas and since September 2008 has received a total of 3,059 calls for both urgent and routine calls for the following areas

- East Sussex Downs and Weald 330
- Hastings and Rother 309
- West Sussex 958
- Brighton and Hove 1462

The higher number of calls from the city residents is due to the promotional activities that are being undertaken by NHS Brighton and Hove in directing patients to dental services.

On average one third of the calls from the city are for urgent care. (487)

Information for Patients and the Public

NHS Brighton and Hove are communicating with local people about NHS dental services not only through their PALS and complaints procedures but also through direct contact at workshops in supermarkets and other public places. The following messages are being conveyed:

- Informing patients what they are entitled to expect and how they can get it
- Tackling misinformation (potentially including from dentists)
- Countering inaccurate media messages regarding service availability through signposting services and practices accepting patients

We are investing time and effort in presenting information in an accessible way using a range of techniques including the following:

- The commissioning of a patient dental helpline 0300 1000 899
- The design and distribution around the city of dental posters and business cards advertising the dental helpline
- Internet – PCT and NHS Choices web sites
- Press releases
- Local advertising in papers and magazines
- On the week beginning 16th February 2009 NHS Brighton and Hove embarked upon a week long pilot SMILE radio campaign on southern FM. This campaign produced a further 20 helpline hits each day
- One aim is to hold workshops with the citys employers, promoting service availability and include an e mail advert for distribution within their organisation

Feedback from Patients and the Public

During the current financial year to date the following issues have been raised by patients to NHS Brighton and Hove using the PALS and Complaints department

PATIENT COMPLAINTS		eg
Access and waiting	3	
Building relationships	4	practice attitudes
Information, Communication and co-ordinated care	6	patients charges, Nhs v private treatment
Safe, high quality, co-ordinated care	24	clinical issues

PALS ENQUIRIES		eg
Access and waiting	10	service denied, service not available,
Building relationships	3	behaviour/attitude of practice

Information, Communication and co-ordinated care	169	information provided/ information requested, patients charges, treatment not available on NHS
Safe, high quality, co-ordinated care	16	emergency treatment, treatment available/options, patients charges, request for dentist

Performance Monitoring Arrangements

This following report is collated and provided to NHS Brighton and Hove by the central dental services division on a quarterly basis. It is also available at contract level and this is used as the basis for discussion with practices on performance, value for money and improvement in access for patients.

a) Access

The report highlights the % change in the number of unique patients being seen in each successive quarter which indicates the ability of patients in each age range to access services across the city. The figures evidence the progressive impact the dental helpline/workshops and advertising campaign are having in identifying available services to patients

NHS Brighton and Hove monitor trends in the access report and link these with the quality report section to identify those factors which impact on access eg

- Recall intervals - reviewing rates of recall where it appears that dentally fit patients are being recalled over frequently and as a result new patients are unable to access services
- Courses of treatment - identifying and reviewing courses of treatment that are being inappropriately split and as a result patients could be inappropriately charged and contractors are receiving incorrect UDAs

b) Activity

The report graphically highlights the PCT performance in the current versus previous financial years and month on month

c) Quality

The report highlights quality being provided in numbers and percentages and gives a comparison against the StHA percentage. This allows NHS Brighton and Hove to take action to continually improve these quality issues

- recall intervals and courses of treatment see a)
- Urgent courses – at practice level this figure will be higher if urgent access slots are being provided. A high proportion of Band 1 urgent courses may indicate an issue with the quality of diagnosis or treatment planning. A very low level may indicate that patients are not able to access urgent treatment

- Continuations – a high level may indicate an issue with the quality of treatment being provided. A low level may indicate that patients are not able to access urgent treatment

Patient satisfaction survey – these measures are derived from results of routine monthly random patient questionnaires sent to 25,000 patients nationally by the NHS BSA DPD (the response rate is 50%). This information is looked at alongside feedback from PALS and feedback from the local dental helpline

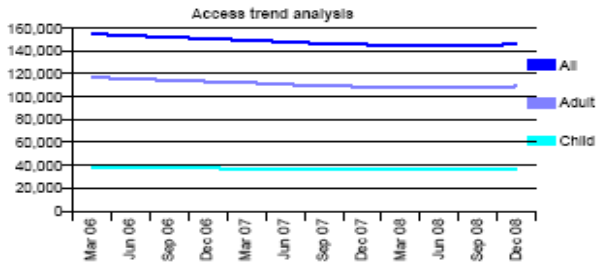
NHS
Dental Services

Vital Signs At a Glance Report for 5LQ Brighton and Hove City Teaching PCT - December 200

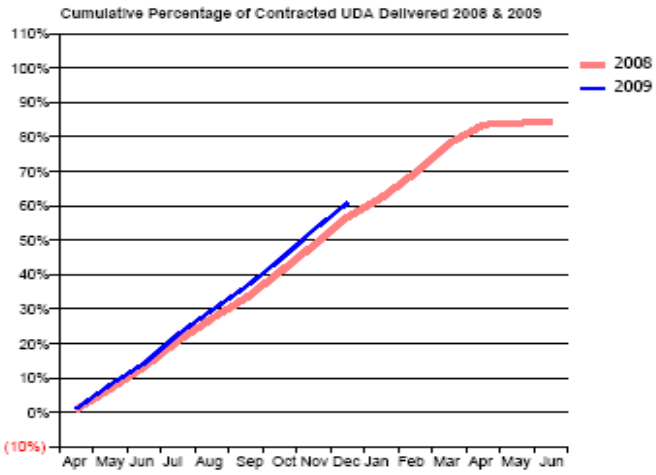
Number of General Contracts	62	08/09 Contracted general activity (UDA)	464,736
Number of Orthodontic Contracts	2	Carry forward general activity (UDA)	2,453
Number of Mixed Contracts	0	08/09 Contracted orthodontic activity (UOA)	21,633
Number of Providers	64	Carry forward orthodontic activity (UOA)	537
Number of Performers	225	Baseline contract value	£12,937,272.60

ACCESS

Patients seen in 24 months	Total	Change since previous quarter
Quarter ending March 2008	145,006	
Quarter ending June 2008	144,649	→
Quarter ending September 2008	144,432	→
Quarter ending December 2008	145,986	→
Quarter ending March 2009		
Variance since March 2008	0.7%	→



ACTIVITY



	Adjusted Scheduled Activity (UDA)	
Month	2008	2009
April	4,540	5,406
May	33,820	37,836
June	65,732	66,481
July	102,428	105,958
August	134,459	138,261
September	163,665	169,802
October	200,794	205,847
November	239,258	245,615
December	279,486	282,862
January	307,038	
February	342,556	
March	364,797	
April	411,042	
May	413,552	
June	415,267	

QUALITY

	Quantity	PCT	SHA
% of FP17s for the same patient ID Re-attending within 3 months	21,683	17.1%	19.1%
% of FP17s for the same patient ID Re-attending between 3 months and 9 months	60,016	47.2%	52.0%
% of FP17s for Band 1 Urgent Courses	9,491	7.7%	7.6%
% of FP17s Relating to Free Repair or Replacements	807	0.7%	0.8%
% of FP17s Relating to Continuations	2,136	1.7%	2.1%
% of Patients satisfied with the dentistry they have received	908	90.9%	90.9%
% of Patients satisfied with the time they had to wait for an appointment	825	82.6%	85.6%

Please see PDF documents - Quarterly Vital Signs Report Guidance PCT.pdf and Vital Signs Reports Technical Explanations.pdf for report descriptions and definitions

HEALTH OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 78 Brighton & Hove City Council

Subject:		**NHS Brighton & Hove Annual Operating Plan 2009-2010**
Date of Meeting:		**04 March 2009**
Report of:		**The Director of Strategy and Governance**
Contact Officer:	Name:	Giles Rossington Tel: 29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk
Wards Affected:	All	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report seeks to explain the context behind the NHS Brighton & Hove 2009-2010 Annual Operating Plan in advance of the verbal presentation of this plan by officers of NHS Brighton & Hove at the 04 March 2009 Health Overview & Scrutiny Committee (HOSC) meeting.

1.2 Copies of the Annual Operating Plan will be circulated at the meeting, but are not available in advance, as the Plan is currently being amended.

2. RECOMMENDATIONS:

2.1 That members consider and comment upon the verbal presentation of the draft 2009-2010 NHS Brighton & Hove Annual Operating Plan.

3. BACKGROUND INFORMATION

3.1 NHS Brighton & Hove has recently finished drafting its Strategic Commissioning Plan. The Plan sets out the PCT's 'high-level' commissioning intentions for the next five years: identifying healthcare priorities for the city and outlining the strategy for addressing these areas via the commissioning process.

3.2 NHS Brighton & Hove has formulated its Strategic Commissioning Plan in consultation with partners and stakeholders. The Health Overview & Scrutiny Committee (HOSC) has been extensively involved in this

process, considering a draft of the plan at its 16 January 2008 meeting (and subsequently via a working group of members – reporting back to the 05 April 2008 meeting). HOSC also considered a revised draft (plus details on public consultation relating to the Plan) at its 17 September 2008 meeting.

3.3 The Strategic Commissioning Plan is a high-level blueprint for the development of citywide healthcare services over the medium term. The Strategic Commissioning Plan is complemented by the NHS Brighton & Hove Annual Operating Plan which presents more detailed information on proposed commissioning activity for the forthcoming year.

3.4 The Annual Operating Plan is based upon the Strategic Commissioning Plan, but it also incorporates very recent national and local initiatives, such as the drive to further develop city maternity services.

3.5 A draft of the NHS Brighton & Hove 2009-2010 Annual Operating Plan will be circulated at the meeting. NHS Brighton & Hove is eager to develop this plan in conjunction with key stakeholders, and welcomes members' comments on this draft.

4. CONSULTATION

4.1 No formal consultation was undertaken in relation to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no in relation to this report.

Legal Implications:

5.2 " There are no adverse legal implications arising as a result of the recommendation/s in this report"

Lawyer Consulted: Anna MacKenzie; Date: 19/02/09

Equalities Implications:

5.3 Addressing inequalities in health is a key NHS priority, both locally and nationally. Where there are significant local inequalities relating to deprivation, ethnicity etc. these should be addressed by the Annual Operating Plan.

Sustainability Implications:

5.4 The NHS is a major local employer and property owner, and as such, has a key role to play in promoting and delivering environmental sustainability within the city. The NHS has recently announced 'Saving

Carbon, Improving Health', a national initiative to significantly reduce healthcare related carbon emissions over the next five years. Although the most obviously relevant organisations here are NHS provider trusts, commissioners also have a role in ensuring that the services they buy promote sustainability.

Crime & Disorder Implications:

5.5 None identified.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 The NHS Brighton & Hove Annual Operating Plan and the Strategic Commissioning Plan are key documents in delivering the council's corporate objectives 3.3 'improve the health of our residents' and 3.4 'working together to target the most vulnerable'.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms:

None

Background Documents:

1. The City Strategic Commissioning Plan

2. Report to HOSC (Item 48: 16.01.08)

3. Report to HOSC (Item 80: 05.04.08)

4. Report to HOSC (Item 35: 17.09.08)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 79 Brighton & Hove City Council

Subject:		**The Annual GP Patient Survey**		
Date of Meeting:		**04 March 2009**		
Report of:		**The Director of Strategy and Governance**		
Contact Officer:	Name:	Giles Rossington	Tel:	29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report seeks to provide members with information on the annual GP patient survey.

2. RECOMMENDATIONS:

2.1 That members:

(1) consider the information contained in this report and its appendices;

(2) (if deemed appropriate) agree comments on the annual GP patient survey to be forwarded by the Health Overview & Scrutiny Committee (HOSC) Chairman to the Secretary of State for Health.

3. BACKGROUND INFORMATION

3.1 At the 21 January 2009 HOSC meeting some members voiced concerns about aspects of the annual GP patient survey. The Chairman consequently decided to schedule an item on the patient survey for a future committee meeting.

3.2 The GP patient survey is an annual survey of patient satisfaction with GP services. The current survey is the third such that has been undertaken.

3.3 The GP patient survey is a Department of Health (DH) initiative, delivered by the independent research organisation Ipsos Mori. More detailed information about the survey can be found at: http://www.gp-patient.co.uk

3.4 The GP patient survey is sent out to approximately 5.5 million NHS patients each year. Only individuals who have received this year's questionnaire are entitled to respond to the survey. However, a copy of the questionnaire is reprinted for information as **appendix 1** to this report.

3.5 Local NHS organisations such as Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) have no direct input into the GP patient survey, which is a national initiative. The results of the survey are however relayed to PCTs who use this information to inform their commissioning of primary care services.

3.6 Should members choose to make comments (for instance about the wording of the survey or the range of its questions), these will have to be directed to the Department of Health rather than to local NHS bodies. The HOSC Chairman has indicated that she is happy to write to the Secretary of State for Health should members wish to pass their comments on.

4. CONSULTATION

4.1 No formal consultation has been undertaken in relation to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None for the council.

Legal Implications:

5.2 " There are no adverse legal implications arising as a result of the recommendation/s in this report"

Lawyer Consulted: Anna MacKenzie; Date: 19/02/09

Equalities Implications:

5.3 There are very significant inequalities in health at both a national and a local level, and effective GP services are widely seen as playing a key role in addressing these inequalities. It is therefore critical to be able to accurately gauge the efficacy of local GP services, and the annual GP patient survey is an important tool in this context.

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 None identified.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. The annual GP patient survey

Documents in Members' Rooms:

None

Background Documents:

None

Ipsos MORI

NHS

THE GP PATIENT SURVEY

Thank you for taking the time to answer these questions. Please answer the questions below by putting a ✔ in ONE BOX for each question. We will keep your answers completely confidential.

If you would prefer to complete the survey online, please go to www.gp-patient.co.uk and follow the instructions.

Reference/Username: [redacted]

Online password: [redacted]

BSL

A. ABOUT YOUR GP SURGERY OR HEALTH CENTRE

Q1 **How easy do you find it to get into the building at your GP surgery or health centre?**

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy

Q2 **How clean is your GP surgery or health centre?**

- ☐ Very clean
- ☐ Fairly clean
- ☐ Not very clean
- ☐ Not at all clean
- ☐ Don't know

Q3 **In the reception area, can other patients overhear what you say to the receptionist?**

- ☐ Yes, but I don't mind
- ☐ Yes, and I am not happy about it
- ☐ No, other patients can't overhear
- ☐ Don't know

Q4 **How helpful do you find the receptionists at your GP surgery or health centre?**

- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Not very helpful
- ☐ Not at all helpful

B. GETTING THROUGH ON THE PHONE

Now please think about times you have phoned your GP surgery or health centre in the past 6 months.

Q5 **In the past 6 months, how easy have you found the following? Please put a ✓ in one box for each row.**

	Haven't tried	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know
Getting through on the phone	☐	☐	☐	☐	☐	☐
Speaking to a doctor on the phone	☐	☐	☐	☐	☐	☐
Speaking to a nurse on the phone	☐	☐	☐	☐	☐	☐
Getting test results on the phone	☐	☐	☐	☐	☐	☐

02/02054902

Please turn over ☞

C. SEEING A DOCTOR

Q6 **In the past 6 months, have you tried to see a doctor fairly quickly?**
By 'fairly quickly' we mean on the same day or in the next 2 days the GP surgery or health centre was open.

- ☐ Yes ..... Please go to Q7
- ☐ No ..... Please go to Q9
- ☐ Can't remember .... Please go to Q9

Q7 **Think about the last time you tried to see a doctor fairly quickly. Were you able to see a doctor on the same day or in the next 2 days the GP surgery or health centre was open?**

- ☐ Yes ..... Please go to Q9
- ☐ No ..... Please go to Q8
- ☐ Can't remember .... Please go to Q9

Q8 **If you couldn't be seen within the next 2 days the GP surgery or health centre was open, why was that?**
Please tick all the boxes that apply to you

- ☐ There weren't any appointments
- ☐ The times offered didn't suit me
- ☐ The appointment was with a doctor I didn't want to see
- ☐ I could have seen a nurse but I wanted to see a doctor
- ☐ Another reason
- ☐ Can't remember

Q9 **In the past 6 months, have you tried to book ahead for an appointment with a doctor?**
By 'booking ahead' we mean booking an appointment more than 2 full days in advance.

- ☐ Yes ..... Please go to Q10
- ☐ No ..... Please go to Q11
- ☐ Can't remember .... Please go to Q11

Q10 **Last time you tried to, were you able to get an appointment with a doctor more than 2 full days in advance?**

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q11 **When did you last see a doctor at your GP surgery or health centre?**

- ☐ In the past 3 months ..... Please go to Q13
- ☐ Between 3 and 6 months ago ..... Please go to Q13
- ☐ More than 6 months ago ..... Please go to Q12
- ☐ I have never been seen at my present GP surgery or health centre ..... Please go to Q12

Q12 **If you haven't seen a doctor in the past 6 months, why is that?**
Please tick all the boxes that apply to you

- ☐ I haven't needed to see a doctor
- ☐ I couldn't be seen at a convenient time
- ☐ I couldn't get to the GP surgery or health centre easily
- ☐ I didn't like or trust the doctors
- ☐ Another reason

D. WAITING TIME IN THE GP SURGERY OR HEALTH CENTRE

Q13 **How long after your appointment time do you normally wait to be seen?**

- ☐ I don't normally have appointments at a particular time
- ☐ I am normally seen at my appointment time
- ☐ Less than 5 minutes
- ☐ 5 to 15 minutes
- ☐ 16 to 30 minutes
- ☐ More than 30 minutes
- ☐ Can't remember

Q14 **How do you feel about how long you normally have to wait?**

- ☐ I don't normally have to wait too long
- ☐ I have to wait a bit too long
- ☐ I have to wait far too long
- ☐ No opinion/doesn't apply

E. SEEING THE DOCTOR YOU PREFER

Q15 **Is there a particular doctor you prefer to see at your GP surgery or health centre?**

- ☐ Yes..... Please go to Q16
- ☐ No ..... Please go to Section F
- ☐ There is usually only one doctor in my GP surgery or health centre .....Please go to Section F

Q16 **How often do you see the doctor you prefer to see?**

- ☐ Always or almost always
- ☐ A lot of the time
- ☐ Some of the time
- ☐ Never or almost never
- ☐ Not tried at this GP surgery or health centre

F. OPENING HOURS

In the next few questions, think about the times your GP surgery or health centre is open for you to see a doctor or a nurse.

Q17 **How satisfied are you with the hours that your GP surgery or health centre is open?**

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ I'm not sure when my GP surgery or health centre is open

Please turn over ☞

Q18 Would you like your GP surgery or health centre to open at additional times?

- ☐ Yes..... Please go to Q19
- ☐ No ..... Please go to Section G

Q19 Which one of the following additional times would you most like the GP surgery or health centre to be open? Please pick one answer showing the time you would most like it to be open.

- ☐ Before 8am
- ☐ At lunchtime
- ☐ After 6.30pm
- ☐ On a Saturday
- ☐ On a Sunday

G. SEEING A DOCTOR IN THE GP SURGERY OR HEALTH CENTRE

Please answer these next questions about the last time you saw a doctor at your GP surgery or health centre.

Q20 Last time you saw a doctor at your GP surgery or health centre, how good was the doctor at each of the following? Please put a ✓ in one box for each row.

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	☐	☐	☐	☐	☐	☐
Asking about your symptoms	☐	☐	☐	☐	☐	☐
Listening to you	☐	☐	☐	☐	☐	☐
Explaining tests and treatments	☐	☐	☐	☐	☐	☐
Involving you in decisions about your care	☐	☐	☐	☐	☐	☐
Treating you with care and concern	☐	☐	☐	☐	☐	☐
Taking your problems seriously	☐	☐	☐	☐	☐	☐

Q21 Did you have confidence and trust in the doctor you saw?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know/can't say

H. SEEING A PRACTICE NURSE IN THE GP SURGERY OR HEALTH CENTRE

Q22 Have you seen a practice nurse at your GP surgery or health centre in the past 6 months?

- ☐ Yes..... Please go to Q23
- ☐ No ..... Please go to Q25

Q23 How easy is it for you to get an appointment with a practice nurse at your GP surgery or health centre?

- ☐ Haven't tried
- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Don't know

Q24 **Last time** you saw a practice nurse at your GP surgery or health centre, how good was the practice nurse at each of the following? Please put a ✓ in one box for **each** row.

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	☐	☐	☐	☐	☐	☐
Asking about your symptoms	☐	☐	☐	☐	☐	☐
Listening to you	☐	☐	☐	☐	☐	☐
Explaining tests and treatments	☐	☐	☐	☐	☐	☐
Involving you in decisions about your care	☐	☐	☐	☐	☐	☐
Treating you with care and concern	☐	☐	☐	☐	☐	☐
Taking your problems seriously	☐	☐	☐	☐	☐	☐

I. YOUR OVERALL SATISFACTION

Q25 **In general, how satisfied are you with the care you get at your GP surgery or health centre?**

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied

J. PLANNING YOUR CARE

The next few questions are about a discussion you may have had with any doctor or nurse.

Q26 **Do you have any long-standing health problem, disability or infirmity? Please include anything that has troubled you over a period of time or that is likely to affect you over a period of time.**

- ☐ Yes ..... Please go to Q27
- ☐ No ..... Please go to Section K
- ☐ Don't know/can't say ..... Please go to Section K

Q27 **In the past 6 months, have you had a discussion with a doctor or nurse about managing your long-standing health problem?**

- ☐ Yes ..... Please go to Q28
- ☐ No, I didn't want a discussion ..... Please go to Section K
- ☐ No, I would have liked a discussion ..... Please go to Section K
- ☐ Can't remember .... Please go to Section K

Q28 **Following this discussion, did a doctor or nurse agree a plan about how you wanted to manage your long-standing health problem?**

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q29 **Do you think that having a discussion or plan has helped improve the care you receive?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know

Please turn over ☞

K. OUT OF HOURS CARE

The next few questions are about contacting an out-of-hours GP service when your GP surgery or health centre is closed (for example, in the evening, at night or at the weekend).

These questions are not about NHS Direct, NHS walk-in centres or Accident and Emergency (A&E) or Casualty services.

Q30 **If you wanted to, would you know how to contact an out-of-hours GP service when the surgery or health centre is closed?**

- ☐ Yes
- ☐ No

Q31 **In the past 6 months, have you tried to call an out-of-hours GP service when the surgery or health centre was closed?**

- ☐ Yes, for myself ..... Please go to Q32
- ☐ Yes, for someone else ..... Please go to Q32
- ☐ No ..... Please go to Section L

Q32 **How easy was it to contact the out-of-hours GP service by telephone?**

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Don't know/didn't make contact

Q33 **Were you prescribed or recommended any medicines by the out-of-hours GP service you contacted?**

- ☐ Yes ..... Please go to Q34
- ☐ No ..... Please go to Q35
- ☐ Don't know/doesn't apply Please go to Q35

Q34 **How easy was it to get these medicines?**

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy

Q35 **How do you feel about how quickly you received care from the out-of-hours GP service?**

- ☐ It was about right
- ☐ It took too long
- ☐ Don't know/doesn't apply

Q36 **Overall, how do you feel about the care you received from the out-of-hours GP service?**

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know/doesn't apply

L. SOME QUESTIONS ABOUT YOURSELF

The following questions will help us to see how experiences vary between different groups of the population.

Q37 **Are you male or female?**

- ☐ Male
- ☐ Female

Q38 **How old are you?**

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or over

Q39 **What is your ethnic group?**

Choose one section from A to E below, then select the appropriate option to indicate your ethnic group

A. White

- ☐ British
- ☐ Irish
- ☐ Any other White background

Please write in

B. Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed background

Please write in

C. Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

Please write in

D. Black or Black British

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background

Please write in

E. Chinese or other ethnic group

- ☐ Chinese
- ☐ Any other ethnic group

Please write in

Q40 **Which of these best describes what you are doing at present?**

If more than one of these applies to you, please tick the main ONE only

- ☐ Full-time paid work (30 hours or more each week) ..... Please go to Q41
- ☐ Part-time paid work (under 30 hours each week) ..... Please go to Q41
- ☐ Full-time education at school, college or university
- ☐ Unemployed
- ☐ Permanently sick or disabled
- ☐ Fully retired from work
- ☐ Looking after the home
- ☐ Doing something else

Please go to Q43

Q41 **In general, how long does your journey take from home to work (door to door)?**

- ☐ Up to 30 minutes
- ☐ 31 minutes to 1 hour
- ☐ More than 1 hour
- ☐ I live on site

Q42 **If you need to see a doctor at your GP surgery or health centre during your typical working hours, can you take time away from your work to do this?**

- ☐ Yes
- ☐ No

Q43 **In general, would you say your health is...?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Please turn over ☞

Q44 **Do you have any of the following long-standing conditions? Please include problems which are due to old age.**

Please tick all the boxes that apply to you

- ☐ Deafness or severe hearing impairment
- ☐ Blindness or severe visual impairment
- ☐ A condition that substantially limits one or more *basic* physical activities such as walking, climbing stairs, lifting or carrying
- ☐ A learning difficulty
- ☐ A long-standing psychological or emotional condition
- ☐ Other, including any long-standing illness
- ☐ No, I do not have a long-standing condition

Q45 **Are you a deaf person who uses sign language?**

- ☐ Yes
- ☐ No

Q46 **Are you a parent or a legal guardian for any children aged under 16 currently living in your home?**

- ☐ Yes
- ☐ No

Q47 **Do you have carer responsibilities for anyone in your household with a long-standing health problem or disability?**

- ☐ Yes
- ☐ No

Thank you for your time.

Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked only FREEPOST GP PATIENT SURVEY (no stamp is needed).

This questionnaire has been developed in conjunction with the Peninsula Medical School and the National Primary Care Research and Development Centre at the University of Manchester.

PENINSULA MEDICAL SCHOOL
UNIVERSITIES OF EXETER & PLYMOUTH

NATIONAL PRIMARY CARE RESEARCH AND DEVELOPMENT CENTRE

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Agenda Item 80

HOSC Work Programme 2008/2009

Issue	Date to be considered	Referred By?	Overview & Scrutiny Activity	Progress and Date	Outcomes and Monitoring
Sussex Partnership Trust: changes to B&H services (inc. reconfiguration of Mill View hospital)	23 July 2008	SPT	Monitor progress of changes/determine whether planned changes constitute "significant variations in service"	Report: 28.11.07 23.07.08	Debated at 23.07.08 HOSC. Regular updates agreed with SPT
Sussex Partnership Trust: increased access to "talking therapies"	23 July 2008		Overview		See above
Mental Health: personalisation of care agenda	23 July 2008	Director of ASC and Housing	Overview (possibility of more HOSC involvement throughout the year)		See above
Sussex Partnership Trust: Foundation Trust application	23 July 2008	SPT	Monitor progress of FT application	Reports: 25.07.07 28.11.07 23.07.08	See above
Eye Testing for over 60s	17 September	OPC (public question)	Update on free eye testing for over 60s	17.09.08	Debated at 17.09.08 HOSC

Issue	**Date to be considered**	**Referred By?**	**Overview & Scrutiny Activity**	**Progress and Date**	**Outcomes and Monitoring**
"Healthier people, Excellent care" (Darzi Review)	17 September	SHA	Overview of SE aspects of national review of NHS services (Darzi review)	17.09.08	No further action
Public Health	17 September		Overview of B&H public health (to inform more detailed work throughout the year).	17.09.08	Ad hoc panel on an aspect of public health to be established
Sussex Orthopaedic Treatment Centre (SOTC)	05 November		Monitoring performance of SOTC	Report: 29.11.06	Debated at 05.11.08 HOSC Possible follow-up at a later date
LINk: 6 monthly review of progress in establishing a B&H LINk	05 November		Monitor progress of LINk contract.	Report 05.11.08	Debated at 05.11.08 HOSC **Further report requested March 2009**
HCC 07/08 Annual Health Check audit results	05 November		Briefing on results of performance audit of local NHS Trusts (07/08)		Debated at 05.11.08 HOSC
Sussex Rehabilitation	05 November	PCT	Update on relocation of B&H SRCS		Debated at

Centre at Shoreham (SRCS)			services		05.11.08 HOSC
Older People's Mental Health (OPMH) Strategy	05 November	PCT	Update on plans to refresh commissioning strategy for OPMH		Debated at 05.11.08 HOSC
PCT Communication Strategy	Removed from work programme	PCT	Removed after consultation with PCT as PCT communications strategy has been adequately explored in the context of other items.		
Healthcare Commission (HCC) Annual Health Check (audit of NHS Trust performance)	21 January		Overview compliance of local NHS Trusts with HCC standards	Annual issue	

Issue	Date to be considered	Referred By?	Overview & Scrutiny Activity	Progress and Date	Outcomes and Monitoring
Dentistry: performance of B&H dental contract	21 January - postponed	Local Dental Committee	Monitor B&H performance in year 2 of new national dental contract	Postponed until March 2009	
South Downs Health Trust: Strategic Direction Review	21 January	SD	Update on SD strategic direction		
Maternity: report back on PCT community maternity consultation	21 January	PCT	Analyse consultation feed-back (to possibly inform more detailed work by HOSC)		
GP-Led Health Centre	21 January	PCT	Letter for information from CE of PCT identifying the preferred bidder for the GP-led health centre contract		
Crohns and Colitis		OPC	To be determined	Referred to ECSOSC	
Scrutiny of Section 75 arrangements	22 April		Briefing paper on S75 and the extent of BHCC S75 commitments	Deferred from 04 March	
"3Ts" development of RSCH	22 April	BSUHT	HOSC to comment on 3Ts re-development of RSCH site (esp. on consultation plans)		

Issue	Date to be considered	Referred By?	Overview & Scrutiny Activity	Progress and Date	Outcomes and Monitoring
Other providers in Local Health Economy	22 April		Information paper/presentation on the role of non-NHS providers in the LHE		
Mental Health Act	TBC	SPT	Implications of new Mental Health Act		Considered at 23.07.08 meeting
Community Care	22 April		Develop ways of dealing with services moving from acute to community sector		
GP Patient Survey	04 March		Consider making comments to DH on annual GP patient survey		
PCT annual operating plan 09/10	04 March		To consider the PCT's draft 09/10 operating plan		