Review of Access to GP, Urgent and Emergency Care

Adult Services and Health Select Committee

Final Report

April 2014

Adult Services and Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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Contents

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Acknowledgements

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Foreword

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Councillor Mohammed Javed
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Councillor Kevin Faulks
Vice-Chair

Original Brief

Which of our strategic corporate objectives does this topic address?

The review addresses the following Sustainable Community Strategy 2012-2021 Ambitions

- Improved access to health services
- Increased choice and voice for service users

What are the main issues and overall aim of this review?

The review aims to establish the situation across the Borough regarding access to GP, urgent and emergency services.

A key concern is the waiting time for GP appointments in some parts of the Borough. The review will establish performance and the range of services offered by Practices across Stockton.

Access to GP services is closely linked to demand on urgent and emergency care services. There are a number of options now in place including the Walk-In Centres across Tees including Stockton, and out of hours GP care. A further consideration is the April 2013 introduction of the NHS111 service across Tees.

There continues to be high demand on the urgent and emergency care system. Concerns have been raised both nationally and regionally regarding the capacity of Accident and Emergency. Seasonal demand on A and E services during 2012-13 caused major concern across the NHS.

The review will establish the picture locally, and what can be done to reduce pressure on local services and increase the numbers of people accessing care at 'the right place, right time'.

Executive Summary

1.1 This report presents the outcomes of the Adult Services and Health Select Committee's review of access to GP, urgent and emergency care for residents of Stockton Borough. The review took place against a backdrop of intense national interest in the performance of GP and emergency care, and in the wake of the challenging winter faced by the NHS during 2012-13.

1.2 General Practioners are a key part of the community and highly valued co-ordinators of care. In the Stockton-on-Tees Local Authority Area there are twenty-five GP Practices serving a population of c.194,800.

1.3 The Committee found that there are increasing pressures on general practice and there are around one million GP consultations in the Borough per year. There are national concerns about demands on GPs and the attractiveness of the role for trainees. The Cleveland Local Medical Committee (LMC) reported that Stockton Borough would be short by approximately ten GPs if the current workforce worked forty hours per week. Part time working is increasingly prevalent, due to semi-retirement, personal reasons, and additional duties that some GPs have taken on.

1.4 Given the limited resource available it is important to optimise GP time with patients. Telephone consultations can be an appropriate method to use and the Doctor First System takes this a step further; under the system all patients who ring a participating Practice are put directly through to a GP or are called back, to discuss the issue before an appointment is made.

1.5 This has been piloted locally and there is positive feedback from participating practices, including significant reductions in patients who do not attend appointments. 'Did not attends' are an issue of concern for the Committee and they can have a major impact on doctors and other patients. A more in-depth evaluation of Doctor First is taking place and should be available over the next couple of months to inform decision making but the initial results have been promising and the Committee recommend that:

1. all GP Practices in the Borough should consider using the 'Doctor 1st' appointment system, particularly as a method of reducing non-attendance at appointments.

1.6 Practices set their own registration policies but should operate these in a consistent and transparent manner. Practices may reasonably restrict access to their list in certain circumstances and so lists may be expected to be restricted or closed for certain periods of time, although any formal list closures between 3 and 12 months must be notified to the Area Team.

1.7 The Committee considered evidence suggesting that some patients have struggled to register at practices that should have 'open' patient lists, particularly the more vulnerable groups. This is thought to be an issue in central Stockton in particular, and can put pressure on other practices. It may reasonably be expected that Practices should share the caseload of all the needs of local

patients, and the Area Team stated in October 2013 that no practice in the Borough had an officially closed list.

1.8 Given that practices are required to act in a transparent manner and to improve the evidence base on the local situation the Committee recommend that:

2. Practices should clearly publish whether they are currently accepting patients both on their websites and on practice premises;

3. Healthwatch Stockton be requested to encourage patients to make their registration application in writing (to ensure a written reason/response to any refusal is provided), and to encourage patients to report any ongoing issues to Healthwatch;

4. the Area Team should review the current status of GP patient registration in Stockton Borough.

1.9 Stockton Borough is experiencing significant population growth particularly through housing developments in the south of the Borough. To ensure sufficient coverage of healthcare within the Borough, the Committee recommend that:

5. the Area Team should provide an update on its plans to ensure sufficient coverage of primary care services in Stockton Borough given the population growth.

1.10 The Committee was impressed by the increased role that community pharmacy could play as an alternative to both GP and other forms of more urgent care. There are forty-one pharmacies distributed across the Borough.

1.11 The Borough's Pharmaceutical Needs Assessment shows that locally, pharmacy potentially has a greater role to play. The Committee found that this is reinforced by national opinion including both NHS England's Urgent and Emergency Care Review and the Royal Pharmaceutical Society (RPS) which in its recent review 'Shaping the Future' referred to pharmacy's 'untapped potential'.

1.12 Many community pharmacies are open 100hours per week with qualified staff on hand to advise on minor illness and medication queries. The Committee recommend that:

6. the CCG should consider broadening the role of local pharmacy and undertaking further publicity of pharmacy's role, and this be further considered as part of the next Pharmaceutical Needs Assessment;

1.13 The Committee has found that demand on urgent care and emergency services continues to increase. This demand and the continuing pressure on budgets means it is more important than ever to make the most of available resources.

1.14 Often it is the case that patients could have been treated by more appropriate services to the ones they have used. Ultimately people will go to where they are confident they will be seen and receive the treatment they need or believe they

need. In order to try and ensure that people use the right treatment at the right time, the system must be made as simple as possible to navigate with appropriate guidance communicated to local residents.

1.15 The options for urgent and emergency care for Stockton residents include: calling 999 or 111; A and E departments at either North Tees or James Cook hospitals; the GP-led Walk-in Service at Tithebarn; Out of Hours GP care; urgent appointments at GP practices; and pharmacies.

1.16 High levels of usage of the Walk In Centre has not led to correspondingly less demand on A and E, and increased supply of access for patients appears to have created demand.

1.17 North Tees Trust reported staff awareness that younger people particularly are using A and E for minor issues that they are not sure how to deal with, and a rise in the worried well who could have got advice from elsewhere. The North East Ambulance Service (NEAS) has reported that many calls they receive are not appropriate for a high level emergency response.

1.18 The Committee recommend that as part of its community leadership role:

7. the Council and NHS partners should consider the role of education and communications to ensure that the local population gains a better understanding of what constitutes an emergency versus more minor ailments.

1.19 It should be noted that when in stressful situations even the most informed member of the public may not make what the NHS may regard as being the 'right' choice. NHS 111 is designed to assist patients when they need urgent care but are not sure what to do.

1.20 NHS111 is provided in the North East by North East Ambulance Service. Evidence seen by the review suggests that in this region the system has generally bedded in well since it was rolled out by April 2013 and is diverting people to primary care, away from the more urgent services.

1.21 In the Tees area there was not a significant publicity campaign for the service, with a 'soft launch' approach adopted while the system bedded in. NHS111 did feature in the publicity to ease winter pressures on services and to build on this and improve awareness the Committee recommend that:

8. that the CCG and partners should increase publicity for NHS111 and when to use it.

1.22 The Committee considered the performance of local A and E departements. Approximately 62% of attendances at North Tees are Stockton residents, and 10% of patients attending James Cook hospital A and E are from the Borough.

1.23 Key performance indicators include the target for 95% of patients to be treated within four hours of arrival, and handover times, which relate to how quickly patients are transferred from the care of the ambulance team to the hospital team.

1.24 Members found that over recent months North Tees has had very few handover delays, and the target of 95% of patients to be seen within 4 hours is generally being met but spikes in demand can affect individual day's performance. At James Cook, the overall demand in 2013-14 had been less than 2012-13 but there were still delays at peak times including handovers longer than 30mins.

1.25 Seasonal pressures in 2013-14 had been calmer than the challenging winter of 2012-13 but it was too early to say whether increased investment, planning or improved weather had had the most effect. However, high demand was not necessarily limited to the winter period and 8 July 2013 was the busiest day North Tees A and E had ever had. 'Winter' itself was not necessarily predictable with greater pressures possible from November to April.

1.26 Recruitment was an issue for both local accident and emergency departments. As with GPs, there is some evidence that trainees are choosing not to pursue emergency medicine. The College of Emergency Medicine stated that for the past three years only half of the higher specialist emergency medicine training posts were filled leaving a shortfall in senior trainees, and that potential emergency specialists are being put off by the 'intensity of work, unsociable hours and working conditions'.

1.27 North Tees reported that in some cases they experienced issues relating to quick access to the information they need on a patient's medicines and allergies. This is information is held by GP Practices and should be available through the Summary Care Record system. The Committee recommend that:

9. as part of the monitoring of the results of this review, the Adult Services and Health Committee be provided with an update on the roll out and usage of Summary Care Records in Stockton Borough.

1.28 The Committee investigated whether social care delays were responsible for a significant element of delayed transfers of care ('delayed discharges'), as this can impact on patient flow within a hospital including out of A and E. The Committee agrees that this is a complex issue and the period of an acute stay in hospital is not the best place to make life changing decisions or determine someone's care needs in a planned manner, but sometimes this is unavoidable due to a person's condition.

1.29 Members found that the majority of delays at North Tees and Hartlepool were due to NHS related reasons (for example, NHS-led assessments) or patient and family choice, and were reassured that Stockton Council's Adult Services were providing a quick response to the need for social care assessments.

1.30 NEAS provides emergency response, urgent transport, and patient transport services across the full North East region. It is commissioned against national targets to achieve 8min response times for 75% of the most urgent (life threatening or 'red') cases, and to attend 95% of these calls in 19 minutes. NEAS also measures response times to less urgent calls but these are using recommended measures and are not national requirements unlike the response to red calls.

1.31 Overall, NEAS is a high performing Trust compared to others nationally in relation to red calls and ambulance response times in the Hartlepool and Stockton-on-Tees CCG area were above the minimum targets by the end of Quarter 3 2013-14 (79% of red calls in 8mins, and 98% in 19min). It is not currently possible to get a breakdown of response times solely in Stockton Borough as the CCGs do not require this information and this prevents more local analysis.

1.32 Pressure on ambulance services has continually increased in last ten years, and NEAS activity is above its contracted-for levels. In order to meet this level of activity NEAS sub-contracts additional support from a range of providers. This is funded on a non-recurrent basis by the CCGs; NEAS does not directly employ extra staff/resources due to the non-recurrent nature of this funding arrangement. There would appear to be a strong case for increased resources for the ambulance service.

1.33 The Committee has been concerned by individual cases of slower response times, and the focus on measuring the highest priority calls should not lead to less focus on monitoring incidents which are non-life threatening but still serious, particularly for those patients involved. The Committee recommend that:

10. the CCG considers:
a) revised commissioning of ambulance services to formally monitor responses to non-life threatening but still serious incidents;
b) monitoring ambulance response performance at the Local Authority area-level in addition to CCG-level reporting;
c) whether the current non-recurrent funding of demand over and above the contracted amount remains appropriate given the continuing pressures on ambulance services;

11.a) Healthwatch Stockton be requested to encourage feedback on individual experiences of the ambulance service and to report its findings to the Committee, and;
b) the Committee and regional health scrutiny committees undertake more regular monitoring of ambulance services.

1.34 There is an opportunity to improve the performance of NEAS and the region in relation to the number of cases it 'sees and treats' on scene (where appropriate) without the need to convey to hospital or other care. This would be in line with the nationally recognised need to increase the awareness of ambulance services as highly skilled mobile response units, as opposed to the view of them being mainly transportation. The Committee support the work already done on this agenda and recommend that:

12. North East Ambulance Service and CCGs consider how they can improve the proportion of ambulance call outs appropriately dealt with in the community ('at the scene').

1.35 Concerns had been raised last year about response to calls to NEAS by Cleveland Police, and the demands being placed on the police. Members

became aware that despite the dialogue described in previous work by Middlesbrough Council's Health Scrutiny Panel report, issues continued to be raised in relation to the operational partnership between the two services.

1.36 The Committee requested a report back on the joint working between the two services as Members believe that it is essential that vital emergency services have effective partnership working for the benefit of the wider public. The Committee requested a progress update in six months and furthermore recommend that:

13. as part of the monitoring of the results of this review, NEAS and Cleveland Police should report back to the Committee on operational relationships and partnership working.

Introduction

2.1 This report presents the outcomes of the Adult Services and Health Select Committee's review of access to GP, urgent and emergency care for residents of Stockton Borough.

2.2 The initial motivation for the review came from a desire to investigate access to GP care in the Borough. However, against a backdrop of intense national interest in the performance of GP and emergency care, and in the wake of the difficult winter faced by the NHS during 2012-13, the scope was widened to include a review of urgent and emergency care.

2.3 The review covered a wide range of inter-linked services delivered by a range of primary and secondary care organisations including GP Practices, Foundation Trusts and out of hours GP providers.

2.4 To inform the review, all 25 GP Practices in the Borough were surveyed and ten practices were in contact with the Committee to submit their views (covering c80k patients).

2.5 The responses provided useful information and one practice will be initiating improvements as a result of the survey (in relation to improving information for people with hearing or sight needs). All SBC Members were also surveyed to gather views on the experiences of their residents, and the Committee has considered the most recent local results from the national GP access survey.

2.6 Members visited the Tithebarn Walk In Centre and One Life Centre in Hartlepool, and are due to visit the Out of Hours GP operation on Teesdale.

2.7 During the period of the review, a number of Members also visited the new Emergency Assessment Unit and associated works at the University Hospital of North Tees. This was as part of the Joint Committee/Oversight Group work that considered the re-configuration of critical care and emergency medicine at North Tees and Hartlepool NHS Foundation Trust which also took place during 2013-14.

2.8 During the period of the Committee's review, NHS England announced two national reviews examining the future of general practice, and urgent and emergency care. The emerging results have been considered by the Committee.

Background

3.1 Following the 2012 Health and Social Care Act and subsequent NHS reforms, commissioning of primary care (including GPs, dentistry, pharmacy and ophthalmics) is now undertaken by NHS England. This work is undertaken at the regional level by NHS England Area Teams. In the North East, there are two Area Teams - Durham Darlington and Tees, and Cumbria Northumberland and Tyne and Wear.

3.2 Clinical Commissioning Groups (CCG) are membership bodies made up of all GP Practices in their geographical area. Their primary role is to commission the majority of secondary health services (including elective and non-elective care, mental health, learning disabilities, long term conditions) but they also have a role in promoting the quality of primary care.

3.3 Urgent and emergency care covered by this review is therefore planned and commissioned by Hartlepool and Stockton-on-Tees CCG (HaST). Each area including HaST has developed Urgent Care Groups to develop plans for the delivery of urgent and emergency care locally. A local Strategy is being developed which this review seeks to inform.

3.4 This review has concentrated on the quality of access to services and the options available to patients as this is key to many people's experiences of healthcare. However the Committee recognise that accessibility and availability are not the only ways of measuring the quality of these services.

3.5 A 'balanced scorecard' or measures must be used, including but not limited to patient outcome data, variation in spending, Care Quality Commission (CQC) inspection reports, and the level of engagement with partners. The Primary Medical Services Assurance Framework has been designed to help Area Teams assure the Quality of GP practices. This aims to bring together the various quality indicators and intelligence.

3.6 NHS England hosts Quality Surveillance Groups (QSGs) which bring together a range of commissioners, inspectorates and regulatory bodies to monitor both secondary care providers and primary care.

3.7 The Quality Outcomes Framework (QOF) is a voluntary annual financial reward and incentive programme for all GP surgeries in England. It consists of four main components each with a range of indicators: clinical, organisational, patient experience and additional services. An example indicator would be: 'The percentage of patients with hypertension in whom there is a record of the blood pressure in the preceding 9 months'. Points are awarded for performance against these. NHS England has stated that it is simployfing the QOF from 2014-15 to reduce bureaucratic demands on Practices.

3.8 The CQC is revising its inspection framework. In future all services its inspects including GPs and secondary care will be assessed as to whether they are safe, effective, caring, responsive, and well-led. Servcies will be rated as follows: Outstanding; Good; Requires Improvement; or Inadequate. This new approach will be rolled out from October 2014.

Findings and Recommendations

National context of GP services

4.1 General Practioners are a key part of the community and highly valued co-ordinators of care, and are a model unusual to many other countries. Ninety-nine percent of UK residents are registered with a GP Practice compared to seventeen percent in the United States (BMA). There is a total of 31,578 GPs in England.

4.2 Most General Practice contracts are either the national General Medical Services (GMS) contract or the locally agreed alternative Personal Medical Services (PMS), both of which are based on nationally developed contractual frameworks (NHS England: Improving General Practice). The Tithebarn Walk In Centre is contracted under a separate Alternative Provider Medical Services (APMS) contract.

4.3 GMS and PMS providers must provide a range of 'essential' and 'additional' services as specified in their contract. In addition Practices may offer Enhanced Services. These are either Direct Enhanced Services commissioned by NHS England, or Local Enhanced Services commissioned by CCGs, or Public Health. These enhanced services can include alcohol, learning disabilities, vaccinations, and minor surgery.

4.4 The Committee found that the Area Team has limited influence over the contracting arrangements as its primary role is the monitoring of the nationally agreed framework. Practices have much freedom in relation to how they deliver local GP services (for example, the types of appointment). There were no specific levers to tackle poor performance in relation to access, unless there had been a breach of contract. Aside from contractual issues, the Area Team may highlight areas of good practice and it has a direct role in the quality assurance process as outlined above.

4.5 The Committee found that there are increasing pressures on general practice and the national review of GP care outlined a number of key issues that the sector faces:

- a growing population with more complex needs;
- increasing prevalence of long term conditions with 55% of people reporting that they have one;
- increasing demand on GP services – projected demand suggests an increase from 300m consultations per year in 2008 to c.340m in 2013;
- high overall satisfaction but growing challenges with patient experience of access as 22% say it is not easy to get through to their surgery on phone;
- growth in GP workforce but slower growth since 2005-6 – spend per head is now approximately £143.61;
- inequity in distribution of workforce – the number of secondary care staff has increased at double the rate of other staff over the last 10 years.

4.6 The BMA states that the proportion of NHS spending on general practice has fallen to 7.5% in 2012-13 from 10.4% in 05-06.

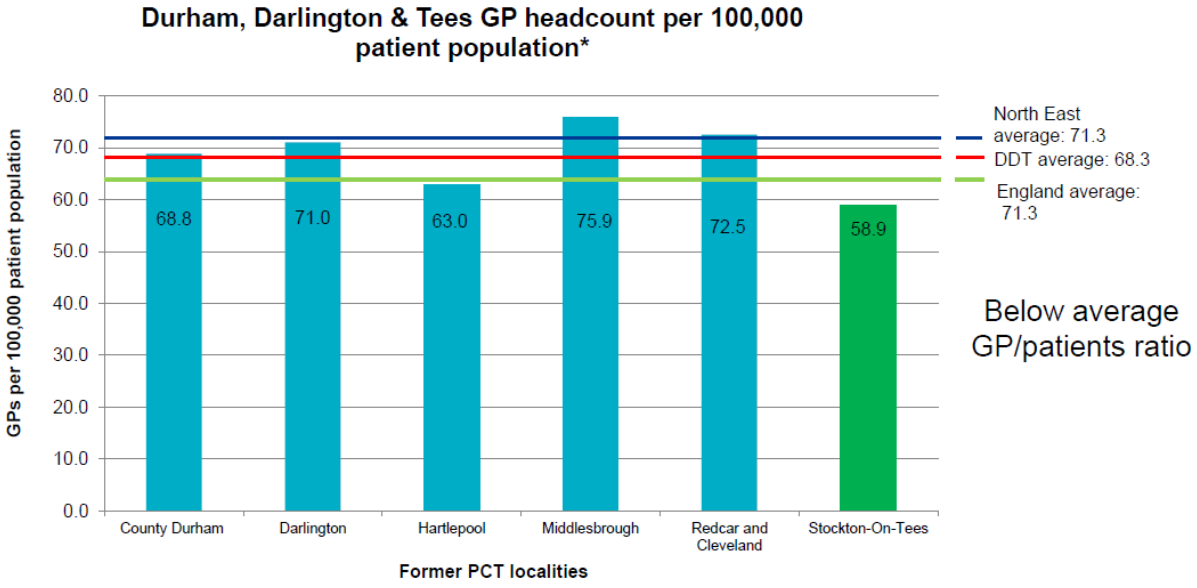
4.7 During the Committee's review, a number of national announcements were made in relation to developing the role of GPs, emphasising the need to improve access and their role in co-ordinating care. In 2014-15 the GP contract ensured that everyone over the age of 75 had a named accountable GP to co-ordinate their care. NHS England is also seeking to pilot ways of increasing access between 8am-8pm weekdays, and on weekends, different uses of technology, and greater choice of practice. NHS England intends to move towards increased joint working with CCGs to plan GP services, recognising their role in commissioning community and secondary care.

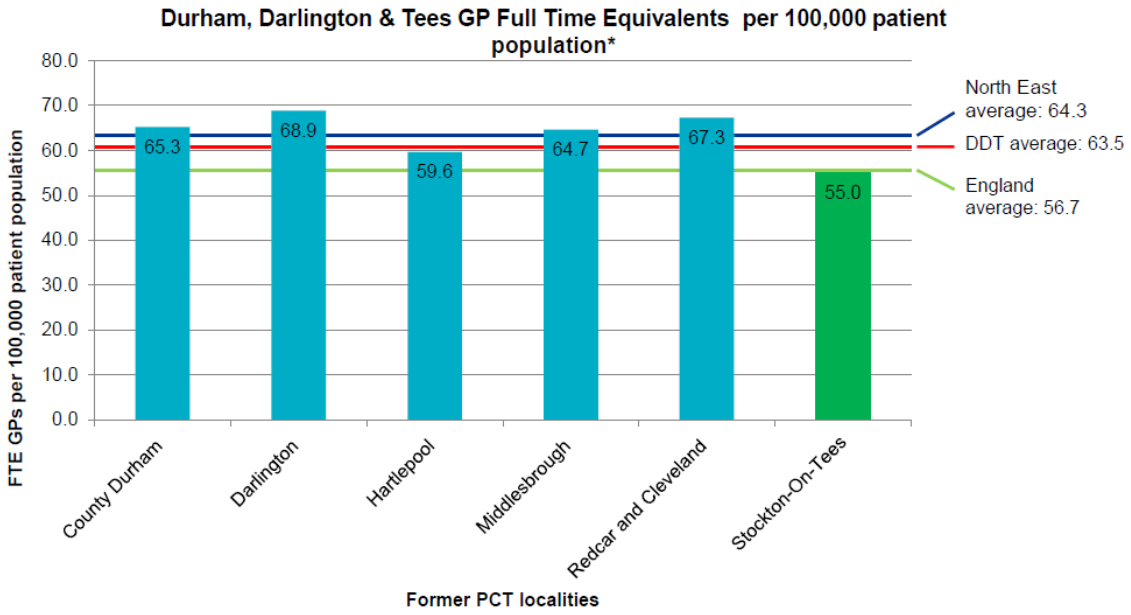
Local GP services

4.8 In the Stockton-on-Tees Local Authority Area there are twenty-five GP Practices serving a population of c.194,800. A map of local practices and patient list size (from NHS Choices) is at Appendix 1. The Arrivals Practice is a specialist practice for asylum seekers and the Birchtree Practice provides services for drug users. The Stockton NHS Healthcentre at Tithebarn provides the GP-led Walk In service but also had a relatively small list of registered patients.

4.9 There are around one million GP consultations in the Borough per year and the average patient sees a GP almost six times per year which is double the consultation rate of a decade ago. Local GP representatives informed Members that they believed that the profession has never worked harder.

4.10 Excluding registrars and retainers, there are 107 GPs in the Borough. However a number of these are part time and comparative figures can be seen in the following charts:





(Data from HSCIC 2012)

4.11 To support the review, a survey was circulated to each GP Practice Manager in the Borough. Feedback was received from ten practices.

4.12 The 2012 data shows that Stockton is below the average number of GPs per 100,000 patient ratio, and does have a higher number of singlehanded practices than other areas (20% compared to 9% NE average). 22% of GPs are aged 55+ which nationally is 22.5% and in the region is 20.8%. There is an average number of practices with a mix of male and female GPs.

4.13 The Cleveland Local Medical Committee (LMC) reported that Stockton Borough would be short by approximately ten GPs if the current workforce worked forty hours per week. Part time working is increasingly prevalent, due to semi-retirement, personal reasons, and additional duties that some GPs have taken on. As outlined above, there is increasing demand on services, and lower levels of morale reported nationally.

4.14 There is concern that the attractiveness of general practice for trainees is waning. One practice reported that the increasing pressure was putting off prospective trainees, including the business responsibilities that they may need to take on relatively early in their careers.

4.15 The Area Team reported that the intake for the Durham and Tees GP training programme has expanded from 15 in 2005 to 48 in 2013, and the area is expected to take 64 registrars in 2014 and 78 in 2015. The north east area has been fully recruited to for the last three years, and Durham University's medical school has a purpose built training facility in Stockton. The Area Team is also undertaking promotional campaigns for the area and improve vacancy awareness.

4.16 Unless there is sustained increases in the number of trainees and the number of doctors choosing to practice in the area when qualified, the pressure on local general practice is unlikely to relent. Encouraging prospective GPs, including local students, to train in the region including at the Stockton-based medical school could assist with retention of doctors once qualified.

Accessing GP services

4.17 As outlined in the regulations, GP Practices must provide its essential services 'at such times, within core hours, as are appropriate to meet the reasonable needs of its patients' as well as arranging that appointments can be offered on an emergency basis in core hours. Core Hours are 8am – 6.30pm except for weekends and bank holidays. Services 'out of hours' are provided in the majority of cases by alternative providers. In the Tees area, this is provided by Northern Doctors Urgent Care and these services are discussed below.

4.18 There are relatively limited contractual requirements relating to appointments. The contract outlines that patients must be seen within a reasonable time frame dependent on clinical need. The Royal College of General Practitioners outlines that a good GP Practice should provide a 'practice that is accessible to everyone', and a 'flexible and efficient appointment booking system'.

4.19 Patients register with a practice rather than a specific GP, although many practices encourage continuity of care with a particular doctor, particularly for those with long term conditions. Appointments for a named doctor may need to be made several days in advance.

4.20 Ultimately it is the Practice that decides what type of appointment method is used. A number of methods may be used including walk-up, pre-booked, telephone consultations, and systems such as 'Doctor 1st' which is described below. A variety of options of communication have developed including telephone, text, letter, and in some cases online access.

4.21 The Committee found that there is no maximum waiting time for a GP appointment. The contracts outline that patients must be seen within a 'reasonable' timeframe dependent on clinical need. Urgent appointments would generally be offered on the same day. Sometimes a patient may believe an issue is urgent whereas a medical practitioner may have a differing professional view; therefore the perception of the urgency of an issue may influence a patient's choice of service and their opinion on it.

4.22 The most recent scores from the national GP Patient Survey are attached at Appendix 2 and these outline local satisfaction on the appointment experience, and also what action patients took if they were not satisfied with the appointment that was offered[1]. This shows that some people who were not content when they

[1] Please note that the response rate for each practice varied and not all patients were surveyed– Woodlands for example had a response of 128 out of 315 forms distributed which was 41%.

tried to make an appointment attended the walk in centre or accident and emergency instead.

4.23 Responses to the Committee's survey of Practices show that Practices believe they have developed services to ensure individual needs are accommodated. The Doctoror 1st system allows for additional support such as planning an appropriate appointment for anxious patients. Following the Committee's survey, one practice has instituted improvements in its provision for people with hearing needs and information in different formats.

4.24 The monitoring of people who do not attend scheduled appointments is not a contractual requirement and so the Area Team do not collate this information however individual practices monitor them. Patients not attending appointments (or 'did not attends' - DNAs) remains a significant problem for some practices.

4.25 One Practice reported that approximately twenty five hours of clinician time was wasted each month due to non-attendance and the related impact. Others reported that the impact was significant, including on the inconvenience to other patients. Some steps have been taken to tackle the issue including speaking to repeat non-attenders, and reminding patients of appointments via text and phone.

4.26 An alternative to attendance at the surgery is a telephone consultations. These can give patients quicker access to a GP and a more convenient/faster response to their health needs and almost all Practices use them to some extent. They are not designed to replace face-to face appointments but are usually used to deal with routine queries, follow-up checks, prescription requests/ medication queries etc.

4.27 The Doctor First System takes this a step further, and under the system all patients who ring a participating practice are put directly through to a GP or are called back (nationally average call back times are quoted as being within 25 minutes). There are ten practices across the Tees area that are or planning to pilot the Doctor First system.

4.28 The Area Team reported that participating practices have found that more than half of patients who ring can be directly helped through a telephone consultation. Of those who do need an appointment almost all (over 95%) get one on the day of their choice, which is usually the same day. Appointments can be organised to be more flexible and are scheduled for the appropriate length of time to meet the patients' need.

4.29 Reported outcomes include:

- Significant reduction in Did Not Attends
- Increase in patient satisfaction
- Increase in Doctors/ staff satisfaction
- Increase in capacity i.e. more appointments available
- Reduction in emergency admissions/ A&E attendances
- Reduction in walk-in-centre/ out-of-hours attendances

4.30 Currently Norton Medical Centre is the only Practice in Stockton operating a Doctor First system, and this went live on the 15th April 2013. The Practice reports in the survey that they now experience almost no DNAs for GP appointments and enabled appointments to be scheduled for a mutually convenient time. Feedback from another practice that had considered but not installed the system, suggests that Doctor 1st may initially free up capacity in the short term but this would only be overtaken by demand in time. The system was thought to be particularly useful when Doctors were triaging same-day cases, when they know a patient's history well, and to enable the length of appointment slots to be planned in advance.

4.31 The LMC stated that it is best for more 'stable' populations and may not suit workers/commuters, but the reported effects were noteworthy, including a reduction in the number of appointments needed. A more in depth evaluation of Doctor First is taking place and should be available over the next couple of months to inform decision making but the initial results have been promising and the Committee recommend that:

1. all GP Practices in the Borough should consider using the 'Doctor 1st' appointment system, particularly as a method of reducing non-attendance at appointments.

4.32 The LMC reported that there is no one single method that is 'perfect' and is dependent on demand which can vary between 60 and 150 patients per day, for an example practice. Other methods of making best use of capacity include utilising time after 4.30 to prioritise children's issues that arise following school.

4.33 A key issue is whether people need to see a GP at all. Research quoted by the LMC comparing Republic of Ireland with Northern Ireland had shown that the same outcomes were being achieved with half the GP consultation rate in the Republic compared to the North.

4.34 Practices have a variety of staff and need to maximise their skill mix. Practices include nurses and healthcare assistants and these can deal with a wide variety of issues enabling doctors to prioritise their time. Patients should be told in advance who they will be seeing.

4.35 Towards the end of the Committee's review NHS England announced that projects in various locations had been successful in bidding to the £50m challenge fund set up to pilot news ways of delivering general practice. The nearest winning bid was for a scheme for selected practices in Darlington to provide greater flexibility on booking appointments on weekdays, and 8am to 6.30pm on weekends.

4.36 Ultimately widened opening hours will only be possibly with the required amount of GPs to staff them. In addition, should a patient require urgent assessment and diagnostics at hospital on a weekend the system will only be truly integrated seven-days a week if the relevant specialists and associated services were also working.

Registering with a GP Practice

4.37 Patients may need to register at a practice if they are new to the area or have left their existing local practice. Practices currently have a set boundary within which patients must reside. From October 2014 the Choice of GP scheme will be rolled out to participating Practices which will allow patients to register with practices even if they reside outside the practice's boundary. This may be attractive to people who wish to register near to where they work for example, however the practice would not be obliged to offer home visits.

4.38 Patients may be removed from a practice list for unacceptable behaviour, or in some cases they may be removed if they consistently miss appointments.

4.39 Practices set their registration policies but should operate these in a consistent and transparent manner. Practices may reasonably restrict access to their list due to work pressures and low availability of staff, and so lists may be expected to be restricted or closed for certain periods of time. Any formal list closures between 3 and 12 months must be notified to the Area Team, and any closures beyond this period must be re-applied for. Practices must demonstrate the options they have considered to keep the list open.

4.40 Any applications to register made by residents in writing that are refused should be provided with a written response to outline the reasons. Some prospective patients may attempt to register in person and so may not be provided with an explanation. Practices should record the reason whenever a person is turned away for an appropriate reason and the Area Team can request a breakdown of the reasons given for any refusals to register.

4.41 Healthwatch Stockton-on-Tees undertakes engagement work, and provides information and signposting services to local residents. Through this work they have recorded a number of comments on GP services which were provided to the Committee. Evidence from this source, and from a local Practice and Members, suggests that some patients have struggled to register at practices that should have 'open' patient lists, particularly the more vulnerable groups. One practice has reported that it frequently encounters people who have had difficulty registering elsewhere, often patients with needs including drug, alcohol and mental health.

4.42 This is thought to be an issue in central Stockton in particular, and can put pressure on other practices. It may reasonably be expected that Practices should share the caseload of all the needs of local patients, and the Area Team stated in October 2013 that no practice in the Borough had an officially closed list.

4.43 The LMC stated that prospective patients should be treated in a consistent manner and should not be treated differently on the basis of their needs. It was commented that any patient that did not currently have a GP within the local area should not be turned away.

4.44 Given that practices are required to act in a transparent manner and to improve the evidence base on the local situation the Committee recommend that:

2. **Practices should clearly publish whether they are currently accepting patients both on their websites and on practice premises;**

3. **Healthwatch Stockton be requested to encourage patients to make their registration application in writing (to ensure a written reason/response to any refusal is provided), and to encourage patients to report any ongoing issues to Healthwatch;**

4. **the Area Team should review the current status of GP patient registration in Stockton Borough.**

4.45 Stockton Borough is experiencing significant population growth particularly through housing developments in the south of the Borough. To ensure sufficient coverage of healthcare within the Borough, the Committee recommend that:

5. **the Area Team should provide an update on its plans to ensure sufficient coverage of primary care services in Stockton Borough given the population growth.**

Elm Tree Surgery

4.46 During the review, the Committee considered the proposed closure of Elm Tree practice's branch surgery at Endurance House, Clarence Street. The Committee will submit a response to the Area Team which will need to sign off on the plans.

Role of pharmacy

4.47 The Committee was impressed by the increased role that community pharmacy could play as an alternative to both GP services and other forms of more urgent care. The Committee heard from the Local Pharmaceutical Committee (LPC) and Tees Public Health Shared Service.

4.48 There are forty-one pharmacies distributed across the Borough, and under their contracts they must provide essential services including: dispensing, promotion of healthy lifestyles, signposting, and support for self care.

4.49 Local authorities now have a duty to publish a Pharmaceutical Needs Assessment (PNA) as part of their public health role. The last was produced by the PCT in 2011, and found that:

- pharmacies were generally accessible and highly valued, although patients and health professionals were not always aware of the full range of services available;
- there was adequacy of access in terms of opening hours, location, demographics;
- there was no identified need for additional provision (at the time there were thirty six pharmacies and this has since increased by five);

- there was scope for increased value from the existing services including improved public awareness, support for self care/advice, and signposting.

The next PNA is due by April 2015.

4.50 The PNA shows that locally, pharmacy potentially has a greater role to play. The Committee found that this is reinforced by national opinion including both NHS England's Urgent and Emergency Care Review and the Royal Pharmaceutical Society (RPS) which in its recent review 'Shaping the Future' referred to pharmacy's 'untapped potential'.

4.51 Many community pharmacies are open 100hours per week with qualified staff on hand to advise on minor illness and medication queries. The LPC reported that around a fifth of GP appointments were minor ailments that could potentially be seen through pharmacy.

4.52 Pharmacies offer an 'anonymous' service which may be attractive for some, and services over and above the essential contract include flu vaccination and stop smoking. Some pharmacies are locally commissioned to provide these but it appears that there is scope to improve the overall use of pharmacy as an alternative to GP practices for more routine matters.

4.53 The RPS outlines the need for pharmacy to 'make the case' for greater involvement in the planning and delivery of services, and that any extra services would need to be on the basis of a shift in resources due to the unlikelihood of any new money. CCGs may commission additional services from local pharmacy, including formal 'minor ailments schemes' where people who do not pay for prescriptions can have access to medicines without a GP appointment.

4.54 The Committee recommend that:

6. the CCG should consider broadening the role of local pharmacy and undertaking further publicity of pharmacy's role, and this be further considered as part of the next Pharmaceutical Needs Assessment.

National demand on urgent and emergency care

4.55 As has been widely reported in the media and covered at national government level, pressure on A and E services has increased over the last decade. NHS England reports that:

- last year, there were over 21 million visits to A&E or nearly 60,000 attendances every day;
- attendances at hospital A&E departments have increased by more than two million over the last decade;
- there were 6.8 million attendances at walk in centres and minor injury units in 2012/13, with activity at these facilities increasing rapidly since these data were first recorded a decade ago;

- the average number of consultations in general practice per patient rose from 4.1 to 5.5 per year between 1999 and 2008;
- the number of calls received by the ambulance service over the last decade has risen from 4.9 million to 9.1 million;
- emergency admissions to hospitals in England have increased year on year, rising 31 per cent between 2002/03 to 2012/13. 1m out of 5.2m emergency admissions in 2012-13 could be considered avoidable;
- nationally, 40% of A and E attendances result in no significant treatment.

4.56 CCGs have been required to develop Urgent Care Groups to review local service and HaST CCG is developing an Urgent Care Strategy which will aim to take a whole system approach to the issue.

Local options for urgent and emergency care

4.57 The options for urgent and emergency care for Stockton residents most of the time will be:

- calling 999 or 111;
- A and E departments at either North Tees or James Cook hospitals;
- the GP-led Walk-in Service at Tithebarn;
- out of hours GP care provided by Northern Doctors Urgent Care across Tees (via 111);
- urgent appointments at GP practices;
- visits to pharmacies.

4.58 The Walk in Centre is available from 8am until 8pm seven days a week. The Walk-in Centre has a registered patient element of c1600 patients which is below the contracted level of 4800 patients for 2012-13. Conversely, the walk-in element, or unregistered activity, has consistently been 'over-performing'. The following table shows the level of contracted unregistered activity compared to the actual:

Contract Month	Contract Year 1 2009/10		Contract Year 2010/11		Contract Year 3 2011/12		Contract Year 4 2012/13	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
January	1083	1659	1333	2489	1666	4128	1666	3419
February	1083	1659	1333	2822	1666	3627	1666	3110
March	1083	1659	1333	3488	1666	3996	1666	3734
April	1083	2062	1333	3343	1666	3790	1666	3724
May	1083	2178	1333	3654	1666	3759	1666	3934
June	1083	1596	1333	3082	1666	3246	1666	3453
July	1083	2016	1333	3270	1666	3527	1666	3278
August	1083	1883	1333	3109	1666	3323	1666	3917
September	1083	2359	1333	3239	1666	3132	1666	3695
October	1083	2964	1333	3854	1666	3345	1666	3632
November	1083	2806	1333	3189	1666	3228	1666	2619
December	1087	3027	1337	3825	1674	3656	1674	4811
Totals	13,000	25,867	16,000	39,364	20,000	42,757	20000	43,326

4.59 High levels of usage of the Walk In Centre has not led to correspondingly less demand on A and E. Usage of the Walk In Centre differs across the population/by Practice. One local practice outlined that often its patients may attend the Walk In Centre as they do not think they would have got a normal GP appointment when they may have done so if they had tried the Practice first.

4.60 Increased supply of the options for patients appears to have created demand. There are significant repeat attendances for similar issues across different providers, for example patients may attend GP, then Walk In Centre or A and E (nb. in some cases this may be clinically appropriate).

4.61 An indication of where Stockton patients attend can be seen in the following 6-month snapshot:

Stockton Patient Activity Apr-Sep 13-14	NT&HFT	South Tees FT	Total
A&E Attendances	24987	4759	**29746**
Emergency admissions	10054	1341	**11395**
Out of Hours contacts	-	-	**3165**
Minor Injuries Unit eg.Hartlepool	256	227	**483**
Walk in Centres: Eston Grange Hartlepool HC Langbaurgh Resolution/Middlesbrough Stockton HC/Tithebarn			 **283** **249** **17** **1067** **14764**

(Nb. Walk in centre data for April is not included in this table).

4.62 There are significant variations in cost for attending the different options. The 2013-14 national tariff for varying types of A and E Treatment were as follows:

		Tariff (£)	
HRG code	HRG name	Type 1 and 2 Departments	Type 3 Departments
VB01Z	Any investigation with category 5 treatment	237	58
VB02Z	Category 3 investigation with category 4 treatment	210	58
VB03Z	Category 3 investigation with category 1-3 treatment	164	58
VB04Z	Category 2 investigation with category 4 treatment	139	58
VB05Z	Category 2 investigation with category 3 treatment	130	58
VB06Z	Category 1 investigation with category 3-4 treatment	102	58
VB07Z	Category 2 investigation with category 2 treatment	119	58
VB08Z	Category 2 investigation with category 1 treatment	110	58
VB09Z	Category 1 investigation with category 1-2 treatment	78	58
VB10Z	Dental Care	59	58
VB11Z	No investigation with no significant treatment	58	58

(Type 1 A and E includes consultant-led units as at North Tees, Type 2 is a consultant led specialised A and E, Type 3 includes minor injury units including the service at One Life Hartlepool.)

4.63 The 'average' cost of GP appointment is c.£25, and Walk In Centre Tariffs lie between GP and A & E costs. There is a significant cost to the NHS should more specialised resources be tied up by what may be considered inappropriate usage, as well as the impact on patients and staff.

4.64 One issue is that often patients are not sure which option to use, or may use an option that they feel is best when actually more appropriate alternatives exist. The Committee noted that due to the range of services provided at A and E and the closely monitored limit on waiting times, some patients choose it as they know they will be seen within a reasonable timeframe.

4.65 North Tees Trust reported staff awareness that younger people particularly are using A and E for minor issues that they are not sure how to deal with, and a rise in the worried well who could have received advice from elsewhere. The North East Ambulance Service have reported that many calls they receive are not appropriate for a high level emergency response.

4.66 NHS England states that 'research tells us that where patients are properly informed, empowered and supported they are quite capable of managing many problems themselves'. The Committee recommend that as part of its community leadership role:

7. the Council and NHS partners should consider the role of education and communications to ensure that the local population gains a better understanding of what constitutes an emergency versus more minor ailments.

4.67 Better education and increased personal responsibility should assist. However it should be noted that when in stressful situations even the most informed member of the public may not make what the NHS may regard as being the 'right' choice.

4.68 The national review of urgent and emergency care agreed that the options can be confusing; for example, patients needing help can be faced with a range of Urgent Care Centres, Walk In Centres, and Minor Injury Units. NHS England has pledged to work towards a rationalised system, including a greater role for NHS111.

NHS111

4.69 111 is the number to call when people want to know where to go when they believe an issue is urgent but not a 999 emergency. The service is provided via a range of organisations on a regional basis. NHS111 is provided in the north east by North East Ambulance Service (NEAS) (with some support from Northern Doctors Urgent Care).

4.70 Using a Directory of Services and the NHS Pathways triage system, NHS111 call handlers direct callers to a range of services, including: a 999 response if necessary, out of hours GP, advice, walk in centres/minor injuries units, and out of hours dental care. 111 is available 24 hours a day and usage peaks in the early morning, late evening and weekend mornings. The service monitors any repeat callers that may be of concern.

4.71 National press coverage has been negative since it was widely introduced during 2013. Evidence seen by the review suggests that in this region the system has generally bedded in well since it was rolled out by April 2013 and is diverting people to primary care, away from the more urgent services. Surveys have shown that if NHS111 had not been available, more patients would have used 999 or A and E, and fewer would have used primary care than actually did (see Appendix 3). The region's service has scored well on the Friends and Family Test.

4.72 The Directory of Services is key to the success of NHS111 and must be constantly updated with the available services within a locality.

4.73 There have been audits completed in South Tees Hospitals NHS Trust A&E (and planned for North Tees & Hartlepool Trust) to ensure that the referrals of people directed to A&E by 111 were appropriate. So far the majority of those directed are seen to be appropriate. The following table outlines the results of the audit of 111 referrals into James Cook:

	Number Referred by 111	Number Attended	Total Numbers	No. Out of Hours
Mon	16	11	321	9
Tues	3	3	300	2
Wed	11	7	301	4
Thurs	8	5	246	3
Fri	7	4	218	3
Sat	13	11	253	-
Sun	14	12	292	-

4.74 North Tees Trust reported that they had had some issues with referrals from NHS 111, although it was noted that the default position of a telephone based system would always be cautious.

4.75 In the Tees area there was not a significant publicity campaign, with a 'soft launch' approach adopted while the system bedded in. NHS111 did feature in the publicity to ease winter pressures on services – 'Keep calm and call 111' – and to build on this and improve awareness the Committee recommend that:

8. that the CCG and partners should increase publicity for NHS111 and when to use it.

Out of Hours GP Care

4.76 NHS111 is now also the method of accessing out of hours (OOH) GP care. Northern Doctors Urgent Care (NDUC) operate out of hours GP services ie. 6pm – 8am weekdays and all weekends. The service provides telephone consultations, appointments at centres across Tees including Crutes House, Teesdale, and home visits where appropriate. The level of activity across Tees is shown at Appendix 4.

4.77 There has been an audit of referrals to 999 and A and E where NDUC where involved during 10-17June 2013. Within the period of the audit 2.7% of NDUC cases were referred to A and E/999, which was 0.88% of all A and E cases within the period of the audit. The reviewing doctor had found that the vast majority of these cases were clinically appropriate.

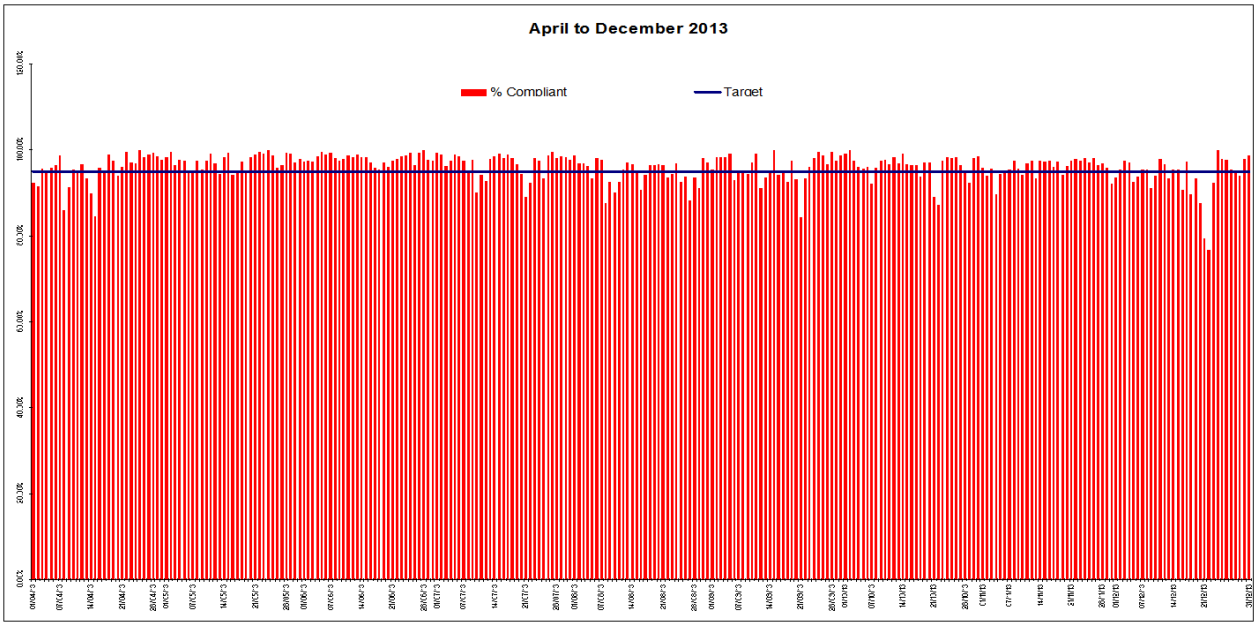
4.78 The Committee noted that 96% of OOH GPs are locally based GPs. NDUC reported that they were receiving very few patient complaints and few issues being reported by local GPs.

Performance of local accident and emergency

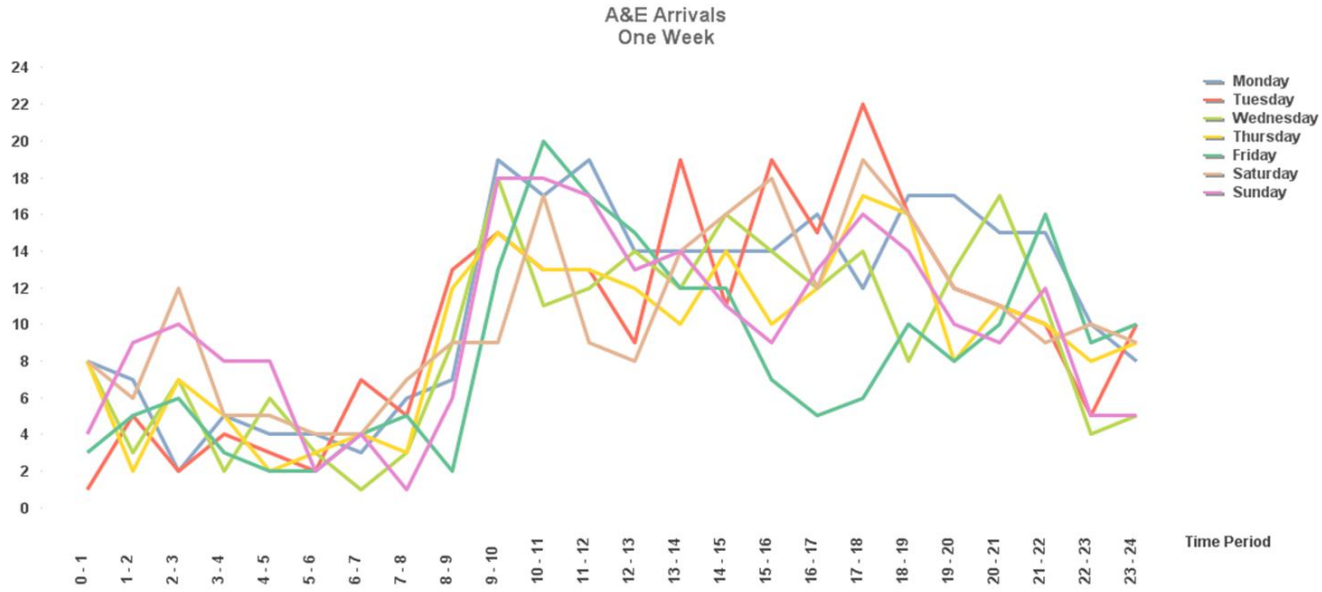
4.79 The Committee considered information from both North Tees and James Cook Hospitals. Approximately 62% of attendances at North Tees are Stockton residents, and 10% of patients attending James Cook hospital A & E are from Stockton Borough. Appendix 5 shows the numbers of Stockton residents attending departments across the region between April and December 2013, and total attendance and waiting times at North Tees over recent years.

4.80 Key performance indicators include the target for 95% of patients to be treated within four hours of arrival, and handover times, which relate to how quickly patients are transferred from the care of the ambulance team to the hospital team.

4.81 Members found that over recent months North Tees has had very few handover delays, and the target of 95% of patients to be seen within 4 hours is generally being met but spikes in demand can affect individual day's performance. The following table shows the Trust's performance against the 95% 4 hours wait target from April until December – each vertical line represents one day and the horizontal line is the target 95%:



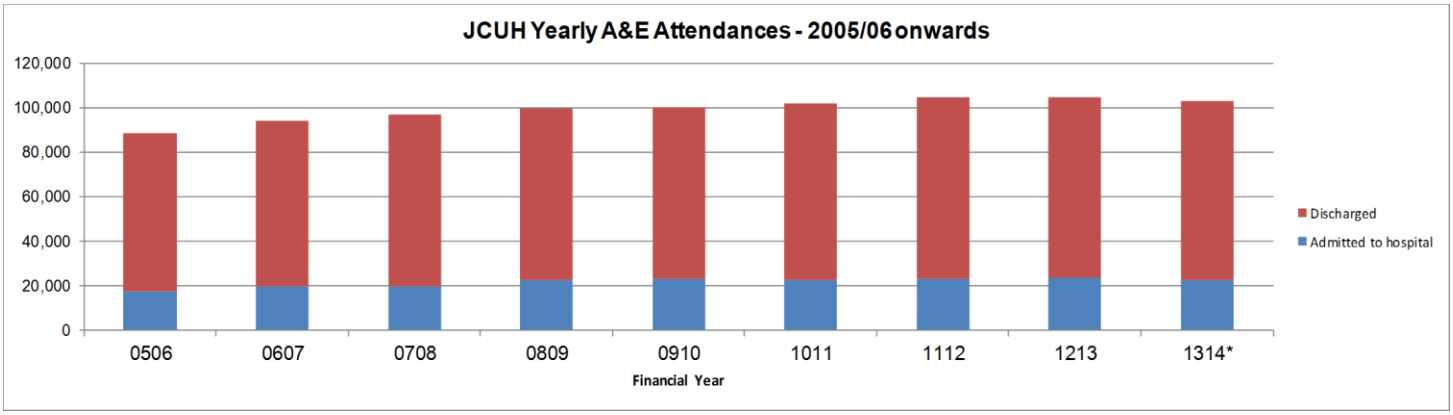
The following shows the time of arrivals at A & E over one week:



4.82 The overall case mix was becoming more complex, although it was noteworthy that the largest attendance for the Trust by age group was 18-40, followed by the under 18s.

4.83 North Tees' unit had been physically adapted over time, including a specialist paediatric area, but the best design would be achieved through the proposed new hospital.

4.84 The A and E department at James Cook is designed to deal with 75,000 patients per year, but in 12-13 there had been 105,000 attendances. The hospital could accommodate 250 attendances per day and 70 admissions, but there had regularly been over 300 attendances and 80 admissions during the busiest periods.



*1314 Forecasted based on year on year differences between Apr to Nov 2013 versus Apr to Nov 2012

4.85 The overall demand in 2013-14 had been less than in 2012-13 but there were still delays at peak times including handovers longer than 30mins. Bed occupancy was less of an issue impacting on waiting times in peak periods in December, but lack of available staff had played more of a role. Investment and planning had assisted with fewer operations being cancelled and delayed discharges.

4.86 There are a range of common issues facing accident and emergency departments, including the overall increase in attendance. It was noted by North Tees that although the figures show that many people attending did not receive significant treatment, in some cases it was always best that they had a full assessment. The effect of alcohol and licensing hours meant a certain level of demand needed to be met throughout the night whereas previously this had not been the case.

4.87 Seasonal pressures in 2013-14 had been calmer than the challenging winter of 2012-13 but it was too early to say whether increased investment, planning or improved weather had had the most effect. However, high demand was not necessarily limited to the winter period and 8 July 2013 was the busiest day North Tees had ever had. A recent House of Commons national research paper stated that July had been the busiest month for attendances during 2013-14, with the worst performance for waiting times coming in April at the end of the challenging winter. This highlights the complexity of the issue and 'winter' itself

was not necessarily predictable with greater pressures possible from November to April.

4.88 Recruitment was an issue for both local accident and emergency departments. North Tees' training programme had been praised but still struggled to attract prospective doctors to the area. As the Kings Fund has pointed out, the particular staffing issues relate to having the right combination of staff, not just the total number. South Tees had a seven year plan to develop its staff but has an issue with middle grade doctors where they should ideally have eight but currently had five available.

4.89 As with GPs, there is some evidence that trainees are choosing not to pursue emergency medicine. The College of Emergency Medicine stated that for the past three years only half of the higher specialist emergency medicine training posts were filled leaving a shortfall in senior trainees, and that potential emergency specialists are being put off by the 'intensity of work, unsociable hours and working conditions'.

4.90 It is important to make best use of the staff that are available and Trusts were developing increased roles for advanced nurse practitioners with a greater appreciation amongst medical staff of the role that they can play.

4.91 Other methods of improving patient access to the most appropriate care within A & E units include improved mental health liaison services, and the development of an Emergency Care Therapy Team at North Tees which includes occupational therapists to reduce demand on beds.

4.92 The NHS England Urgent and Emergency Care Review is making recommendations to rationalise the options as it recognises that not all A and E departments offer the same level of service. There has already been increasing specialisation, for example not every A and E will receive patients with suspected heart attack or stroke. James Cook is the designated Major Trauma Centre (MTC) for the sub-region, and the most serious injuries will bypass North Tees and go to the MTC. However some medical cases are hard to diagnose and potentially any unit would need to assess them; this means that units such as North Tees will still continue to handle a certain level of complex cases.

4.93 The Committee noted that North Tees reported that in some cases they experienced issues relating to timely access to the information they need on a patient's medicines and allergies. This is information is held by GP Practices and should be available through the Summary Care Record system. This has not yet been investigated in detail and therefore Committee recommend that:

9. as part of the monitoring of the results of this review, the Adult Services and Health Committee be provided with an update on the roll out and usage of Summary Care Records in Stockton Borough.

Delayed transfers of care

4.94 During the course of the Committee's review, the BBC's Panorama investigated A and E services, and it is to the credit of the Trust that North Tees and Hartlepool was one of the few Trusts willing to accept a camera crew on its premises.

4.95 The programme included reference to the issue of delayed discharges (or 'delayed transfers of care') and patient flow within the hospital, including the impact on moving patients out of A and E. The Committee investigated whether social care delays were responsible for a significant element of this.

4.96 Members found that the majority of delays were due to NHS related reasons or patient and family choice. Figures provided by North Tees Trust were as follows:

Total delays at NTH NHS Foundation Trust for period of April 2013 to February 2014

Reason for delay	Number of recorded delays (bed days)
Awaiting assessment of need (Health delay) (Decision Support Tool, public funding)	351
Awaiting assessment of need (Social delay)	20
Patient / family choice	299
Awaiting further non acute NHS care (rehab beds / unit) (Health delay)	45
Awaiting community equipment / adaptations (Health or Social delay)	10
Disputes (Health, Social or Patient delay)	9
Housing Patient not covered by NHS or community care act	1
Awaiting domiciliary package of care (social)	9 (reimbursable)

Delays relating to Stockton residents at NTH NHS Foundation Trust for period of April 2013 to February 2014

Reason for delay	Number of recorded delays (bed days)
Awaiting assessment of need (Health delay) (DST, public funding)	122
Awaiting assessment of need (Social delay)	16
Patient / family choice	128
Awaiting further non acute NHS care (rehab beds / unit) (Health delay)	13
Awaiting community equipment / adaptations (Health or Social delay)	1
Disputes (Health, Social or Patient delay)	6
Housing Patient not covered by NHS or community care act	1
Awaiting domiciliary package of care (social)	8 (reimbursable)

4.97 The Committee agrees that this is a complex issue and the period of an acute stay in hospital is not the best place to make life changing decisions or determine someone's care needs in a planned manner, but this is sometimes unavoidable due to a person's condition.

4.98 Patient and family choice is a key issue. If a patient is assessed as needing 24hour care, they may select a home that does not have a vacancy at that time. Patients will be advised of alternatives by Adult Services but it is for the hospital to encourage patients to take up an alternative option or let patients wait until their first choice is available.

4.99 NHS related delays include the assessments relating to Continuing Health Care using the Decision Support Tool process. The Committee noted that Adult Services have a very good record of supporting the discharge process and receives daily updates to manage the activity.

4.100 Issue relating to discharges on weekends have been raised nationally. A previous local pilot of seven-day social care cover found that there were no discharges made on a weekend, and the availability of doctors on wards prepared to discharge patients is as important as the availability of social care cover. The Kings Fund reports that the general picture in relation to social care delays is that these have fallen as a proportion of the total from 35% to 25% between 2010/11 to 2013/14, whilst delays attributable to NHS reasons has risen to 70% from 60%.

4.101 To maintain performance it is necessary to ensure there is enough supply in the care and nursing home sector. The Council is developing a framework agreement for the commissioning of care homes to ensure there is appropriate provision across the Borough.

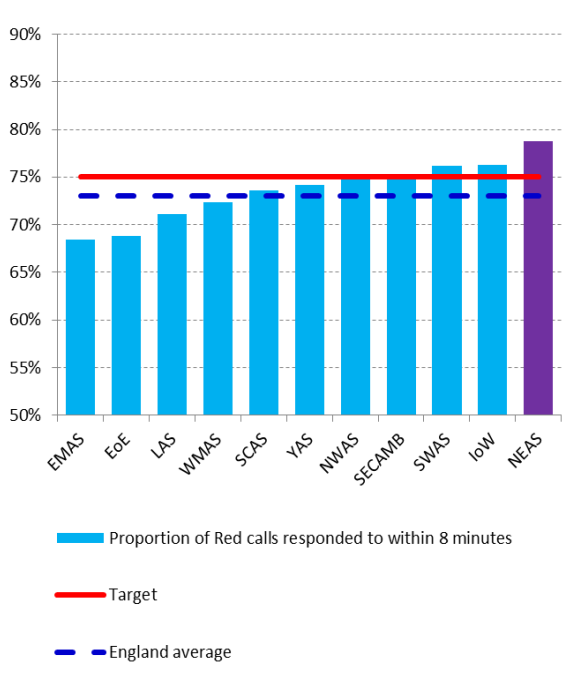
Ambulance services

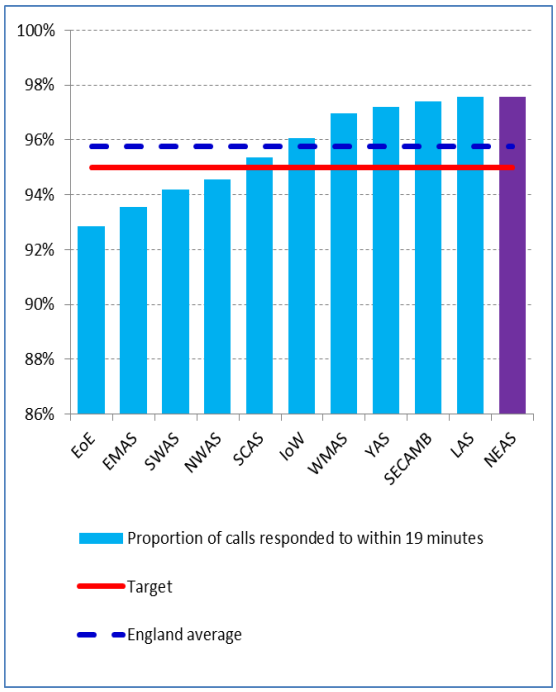
4.102 The North East Ambulance Service (NEAS) provides emergency response, urgent transport, and patient transport services across the full North East region. As with all ambulance services, it is commissioned against national targets to achieve 8min response times for 75% of the most urgent (life threatening or 'red') cases, and to attend 95% of these calls in 19 minutes. NEAS also measures response times to less urgent calls but these are using recommended measures and are not national requirements unlike the response to red calls.

4.103 Calls are triaged with Red 1 calls including a person who has stopped breathing or in cardiac arrest, and Red 2 covering all other life threatening emergencies. Less urgent calls are designated into one of four 'Green' categories dependent on the case. Ambulances on less urgent calls may be diverted to higher priority calls if they are the closest vehicle to the incident. NEAS provides the following guide to its response times:

Red 1 (Respiratory / cardiac arrest)	Red 2	Green 1	Green 2	Green 3	Green 4
Response in 8 minutes Two resources should be despatched to these incidents where possible. Patient suffered cardiac arrest or stopped breathing.	Response in 8 minutes All other life threatening emergencies.	Response in 20 minutes Blue lights and sirens	Response in 30 minutes Blue lights and sirens	Telephone assessment within 20 minutes Response within one hour (no blue lights required)	Telephone assessment within 60 minutes. Telephone assessment within 60-minutes.

4.104 Overall, NEAS is a high performing Trust compared to others nationally in relation to red calls as the following charts show:

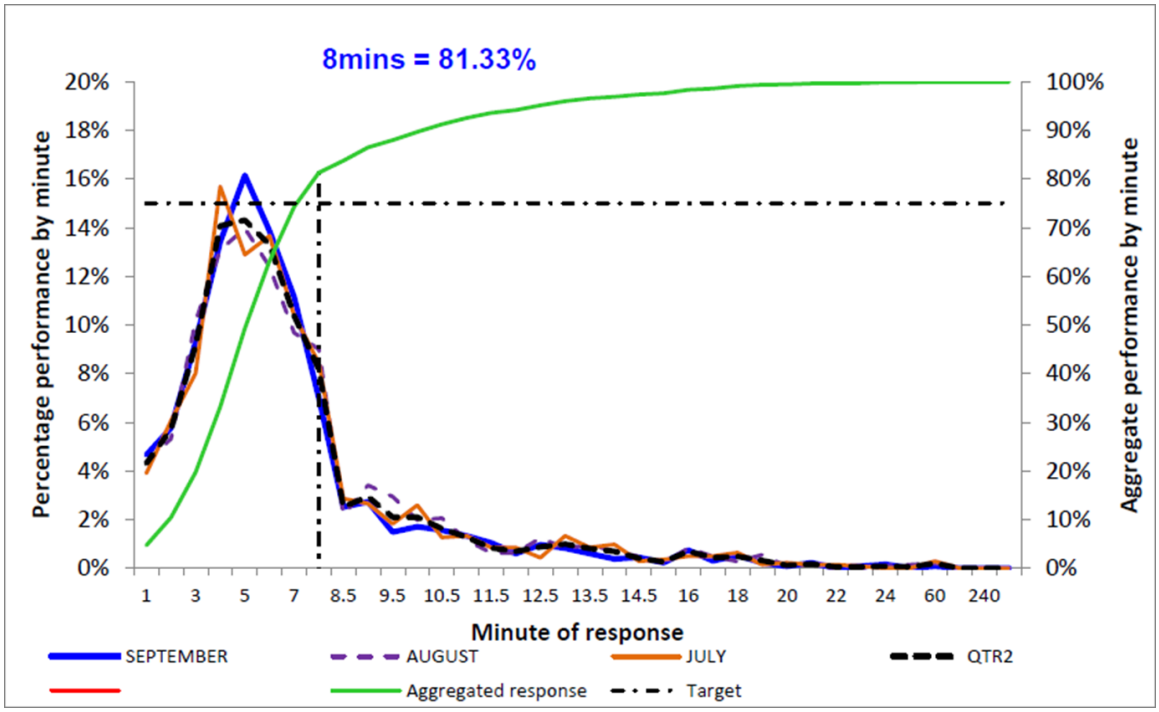




(November 2013)

4.105 Ambulance response times in the HaST CCG area were above the minimum targets by the end of Quarter 3 2013-14 (79% of red calls in 8mins, and 98% in 19min). It is not currently possible to get a breakdown of response times solely in Stockton Borough as the CCGs do not require this information and this prevents more local analysis.

4.106 The following charts show a breakdown of response times for Red calls in the CCG area for quarter two of 2013-14 and it outlines the proportion of calls that fall within and without the 8 minute target:



4.107 Although NEAS is performing well against the national targets, under the current system it is almost inevitable that some of the most serious cases will not be seen in the 8min target, and other lesser priority cases may have to wait longer for a response.

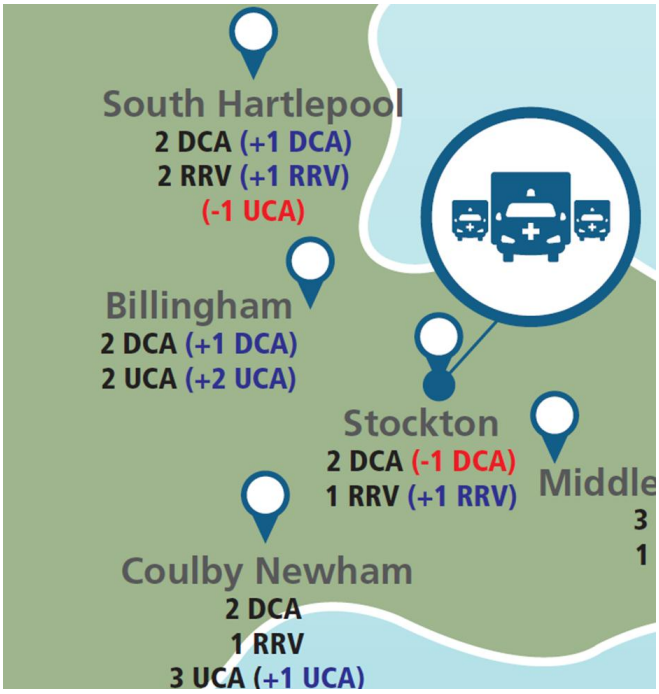
4.108 The target response times themselves measure speed of response but not necessarily outcomes for the patient. Other indicators have been introduced to better monitor the overall quality of ambulance care. For example, the monitoring of care bundle implementation; care bundles are sets of interventions that when used together in specific circumstances significantly improve patient outcomes. For 2012-13, NEAS delivered the suspected heart attack care bundle 84.7% of the time on average (national average was 77.6% and highest was 94.1%), and the relevant care for 97.2% of patients with signs of a stroke (nationally it was 85.6% on average and the highest was 100%).

4.109 Handover delays are much improved compared to the previous year, but the Trust was experiencing issues at County Durham and Darlington hospitals during the Committee's review. This could impact on service delivery in the Tees area if ambulances have had to handover in other areas, as ambulances take patients to the nearest appropriate service. This was a 'whole system' issue as noted above and heavily dependent on the smooth flow of patients within the receiving hospital.

4.110 Pressure on ambulance services has continually increased in the last ten years, and NEAS activity is above its contracted-for levels. As with A and E, NEAS report that they receive a significant number of inappropriate calls which could be handled by alternative methods.

4.111 As at the end of Quarter 3 NEAS had completed 291,983 journeys against a contracted level of 275,304. In order to meet its targets and this level of activity NEAS sub-contracts additional support from a range of providers including St John Ambulance and the Red Cross. This is funded on a non-recurrent basis by the CCGs; NEAS does not directly employ extra staff/resources due to the non-recurrent nature of this funding arrangement. It takes around two years to train a paramedic.

4.112 NEAS has recently restructured its A and E response division in the Tees area which in Stockton (two bases) has seen an additional two 'urgent care ambulances' and one rapid response vehicle added (nb. resources are deployed in a flexible manner and are not tied to a particular base during their day). This reconfiguration was necessary to continue to maintain current response times. The results of the review are as follows:



(DCA – Dual Crewed Ambulance, UCA- Urgent Care Ambulance, RRV – Rapid Response Vehicles)

4.113 'Urgent care' in this sense refers to transfers such as those requested by GPs after they have assessed a patient as needing hospital care. The increased provision in its urgent care tier - as opposed to dual crewed paramedic vehicles - is to reduce the proportion of calls that are classed as urgent that are being responded to by emergency crews, and ensure that they are focussed on providing an emergency response. In the Stockton area, prior to April 2013, 57%

of urgent calls were being responded to by emergency crews which would have been better employed responding to the highest priority cases.

4.114 GP calls in particular have been a focus of work over the previous year which has resulted in better data and an improvement in response times. One issue identified by the Trust was that GPs tended to make home visits at similar times across the patch which resulted in a high volume of transfers being requested at the same time.

4.115 Overall local ambulance services are exceeding the nationally required response rates, in the face of continually increasing demand. However the Committee has been concerned by individual cases of slower response times, and the focus on measuring the highest priority calls should not lead to less focus on monitoring incidents which are non-life threatening but still serious, particularly for those residents involved. There would appear to be a strong case for increased resources for the ambulance service. The Committee recommend that:

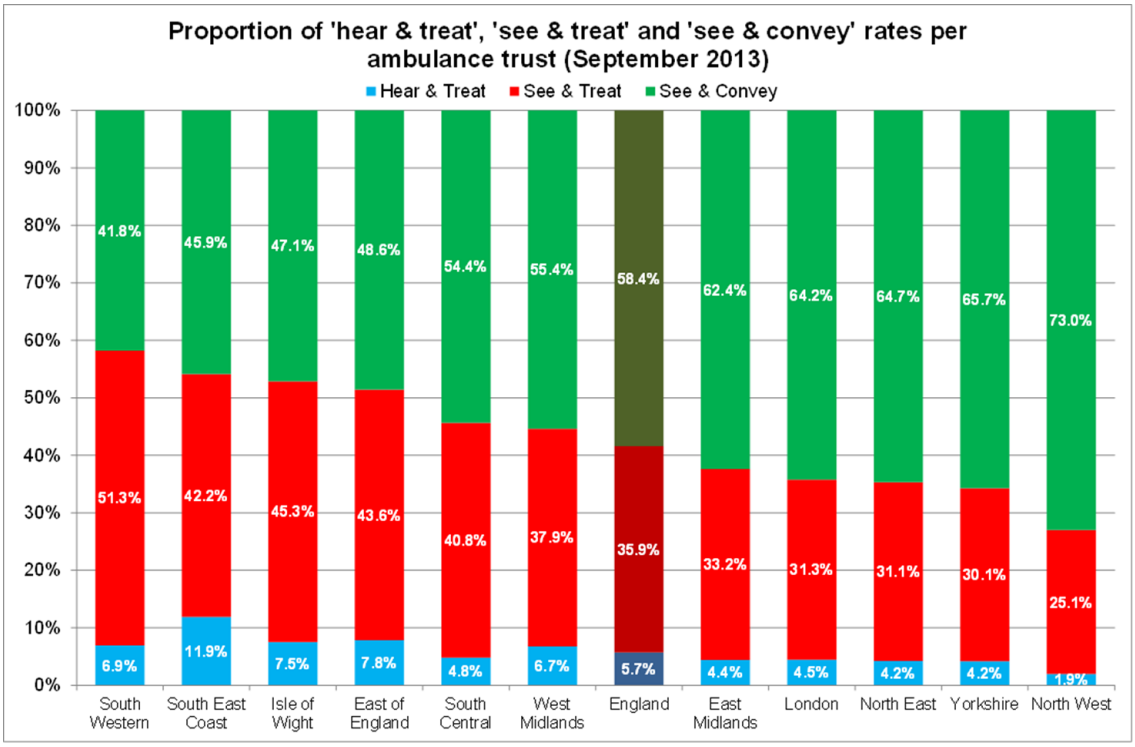
10. the CCG considers:

a) revised commissioning of ambulance services to formally monitor responses to non-life threatening but still serious incidents;
b) monitoring ambulance response performance at the Local Authority area-level in addition to CCG-level reporting
c) whether the current non-recurrent funding of demand over and above the contracted amount remains appropriate given the continuing pressures on ambulance services;

11. a)Healthwatch Stockton be requested to encourage feedback on individual experiences of the ambulance service and to report its findings to the Committee, and;
b) the Committee and regional health scrutiny committees undertake more regular monitoring ambulance services.

4.116 There is an opportunity to improve the performance of NEAS and the region in relation to the number of cases it 'sees and treats' on scene (where appropriate) without the need to convey to hospital or other care. This would be in line with the nationally recognised need to increase the awareness of ambulance services as highly skilled mobile response units, as opposed to the view of them being mainly transportation. For example, Trusts have developed a range of paramedic grades, and NEAS has already done some work to increase the number of its paramedics with 'Enhanced CARe' skills.

4.117 NHS England reports that half of 999 ambulance calls could be managed at the scene and the following information shows that this has been achieved by South Western Ambulance Trust:



4.118 This approach would also be in line with NEAS' Quality Account priorities for 2014-15. NEAS reported at the Regional Health Scrutiny Committee in April 2014 that one of its priorities would be 'where appropriate, drive up the use of treatment other than conveyance to an emergency department.' This may also include transport to minor injuries units rather than A and E were appropriate. The Committee support this work and recommend that:

12. North East Ambulance Service and CCGs consider how they can improve the proportion of ambulance call outs appropriately dealt with in the community ('at the scene').

4.119 Concerns had been raised last year about response to calls to NEAS by Cleveland Police, and the demands being placed on the police. Scrutiny work had taken place in Middlesbrough in 2013 to review pressures on the NHS in the South Tees area and this had considered evidence from NEAS and the police. The Committee considered a report by Middlesbrough's Health Scrutiny Panel that outlined some improvements had taken place to assist police officers understand the urgent care options available and likely response times, for example by using help cards that had been distributed to officers.

4.120 The Committee considered evidence from Cleveland Police when NEAS attended to inform the review. Members became aware that despite the dialogue described in Middlesbrough Council's report, issues continued to be raised in relation to the operational partnership between the two services.

4.121 This included police concerns about the number of police call outs to support ambulance crews when they had been called to properties flagged as housing

potentially dangerous individuals, and the response to police requests for assistance when they deal with injured and unwell members of the public.

4.122 NEAS stated that requests for police support should only be made when appropriate, and that the majority of ambulance requests from the police were for non-life threatening cases; c.75% of these were classed as Green 2 calls over the previous year and these have a recommended response time of within 30mins. Response times to these had improved from c.77% being responded to in 30mins in quarter 3 2012-13, to c.86% in quarter 2 2013-14. A number of case examples were provided by the police which NEAS were due to report back on in more detail.

4.123 The Committee requested a report back on the joint working between the two services as Members believe that it is essential that vital emergency services have effective partnership working for the benefit of the public they serve. The Committee requested a progress update in six months and furthermore recommend that:

13. as part of the monitoring of the results of this review, NEAS and Cleveland Police should report back to the Committee on operational relationships and partnership working.

Conclusion

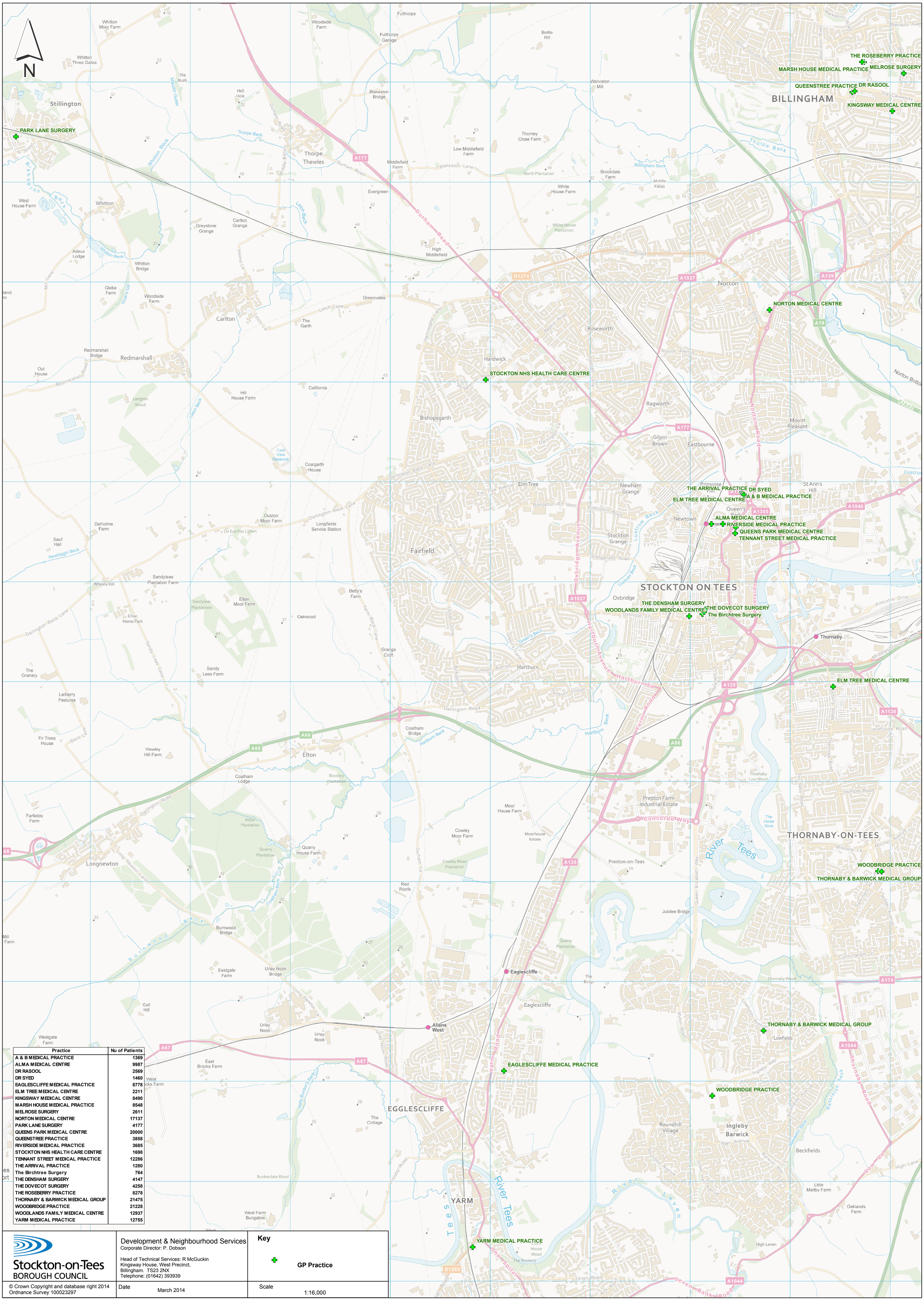
5.1 The Committee has found that demand on GPs, urgent care and emergency services continues to increase. This demand and the continuing pressure on budgets means it is more important than ever to make the most of available resources.

5.2 Equally, the public expects to have access to care when needed; whether this is the ability to register at a GP Practice and receive appointments in a timely manner, or when calling 999.

5.3 Often it is the case that patients could have been treated by more appropriate services to the ones they have used. Ultimately people will go to where they are confident they will be seen and receive the treatment they need, or believe they need.

5.4 In order to try and ensure that people use the right treatment at the right time, the system must be made as simple as possible to navigate with appropriate guidance communicated to local residents.

5.5 A great deal of work is taking place on this agenda and the Committee has made recommendations to assist with these efforts.



Practice	Nu of Patients
A & B MEDICAL PRACTICE	1369
ALMA MEDICAL CENTRE	9987
DR RASOOL	2569
DR SYED	1460
EAGLESCLIFFE MEDICAL PRACTICE	8778
ELM TREE MEDICAL CENTRE	2211
KINGSWAY MEDICAL CENTRE	8490
MARSH HOUSE MEDICAL PRACTICE	8548
MELROSE SURGERY	2611
NORTON MEDICAL CENTRE	17137
PARK LANE SURGERY	4177
QUEENS PARK MEDICAL CENTRE	20000
QUEENSTREE PRACTICE	3858
RIVERSIDE MEDICAL PRACTICE	3685
STOCKTON NHS HEALTH CARE CENTRE	1698
TENNANT STREET MEDICAL PRACTICE	12286
THE ARRIVAL PRACTICE	1280
The Birchtree Surgery	764
THE DENSHAM SURGERY	4147
THE DOVECOT SURGERY	4258
THE ROSEBERRY PRACTICE	8278
THORNABY & BARWICK MEDICAL GROUP	21475
WOODBRIDGE PRACTICE	21228
WOODLANDS FAMILY MEDICAL CENTRE	12937
YARM MEDICAL PRACTICE	12755

Stockton-on-Tees BOROUGH COUNCIL

Development & Neighbourhood Services
Corporate Director: P. Dobson

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Kingsway House, West Precinct,
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Key

GP Practice

Date: March 2014

Scale: 1:16,000

Appendix 2 National GP Access Survey Results - December 2013

		Ease of getting through to someone at GP surgery on the phone	Able to get an appointment to see or speak to someone		Convenience of appointment				
Code	CCG / Practice Name	Very / Fairly Easy	% Yes	% Yes, but had to call back closer to or on the day they wanted the appointment	% Very convenient	% Fairly convenient	% Not very convenient	% Not at all convenient	% Convenient (total)
N/A	England Average	74%	73%	13%	46%	46%	7%	1%	92%
00K	NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG	71%	72%	12%	47%	46%	7%	1%	92%
00M	NHS SOUTH TEES CCG	77%	74%	13%	52%	43%	5%	1%	95%
A81001	THE DENSHAM SURGERY	56%	66%	25%	50%	17%	57%	8%	67%
A81002	QUEENS PARK MEDICAL CENTRE	80%	76%	8%	50%	24%	42%	8%	75%
A81006	TENNANT STREET MEDICAL PRACTICE	63%	69%	12%	50%	24%	47%	4%	74%
A81014	QUEENSTREE PRACTICE	93%	84%	4%	50%	28%	38%	7%	78%
A81017	WOODBRIDGE PRACTICE	45%	62%	11%	50%	19%	52%	9%	70%
A81025	THE DOVECOT SURGERY	72%	70%	10%	50%	21%	48%	9%	72%
A81027	YARM MEDICAL PRACTICE	68%	67%	20%	51%	22%	48%	7%	72%
A81034	THORNABY & BARWICK MEDICAL GROUP	65%	60%	19%	50%	14%	66%	7%	64%
A81036	NORTON MEDICAL CENTRE	72%	73%	10%	51%	21%	46%	10%	71%
A81039	EAGLESCLIFFE MEDICAL PRACTICE	79%	77%	9%	50%	19%	58%	4%	69%
A81040	MARSH HOUSE MEDICAL PRACTICE	74%	79%	11%	50%	20%	47%	13%	70%
A81046	WOODLANDS FAMILY MEDICAL CENTRE	65%	65%	14%	51%	15%	62%	6%	66%
A81056	MELROSE SURGERY	92%	93%	2%	50%	31%	33%	4%	81%
A81057	KINGSWAY MEDICAL CENTRE	92%	85%	5%	50%	22%	46%	9%	72%
A81066	PARK LANE SURGERY	88%	75%	17%	50%	26%	43%	5%	76%
A81067	ALMA MEDICAL CENTRE	80%	71%	13%	50%	28%	36%	8%	78%
A81602	DR RASOOL	96%	90%	5%	50%	35%	31%	0%	85%
A81608	ELM TREE SURGERY	93%	80%	8%	50%	26%	42%	5%	77%
A81609	A & B MEDICAL PRACTICE	96%	67%	7%	50%	26%	43%	4%	76%
A81610	THE ROSEBERRY PRACTICE	70%	74%	10%	50%	22%	42%	14%	72%
A81623	DR SYED	89%	79%	6%	50%	38%	25%	0%	88%
A81629	RIVERSIDE MEDICAL PRACTICE	94%	88%	3%	50%	26%	45%	3%	76%
A81632	LAWSON STREET PRACTICE	87%	49%	13%	100%	~	~	~	100%
A81634	THE ARRIVAL PRACTICE	77%	62%	19%	50%	24%	42%	10%	74%
Y00527	STOCKTON NHS HEALTH CARE CENTRE	95%	78%	5%	50%	33%	26%	7%	83%

Appendix 2 National GP Access Survey Results - December 2013

		Reason for not being able to get an appointment / the appointment offered was inconvenient					What did you do on that occasion?					
Code	CCG / Practice Name	% Weren't any appointments for the day wanted	% Weren't any appointments for the time wanted	% Couldn't see preferred GP	% Couldn't book ahead at GP surgery	% Another reason	% Went to the appointment offered	% Got an appointment for a different day	% Had a consultation over the phone	% Went to A&E / a walk-in centre	% Saw a pharmacist	% Decided to contact surgery another time
N/A	England Average	49%	17%	10%	13%	10%	38%	23%	5%	9%	3%	13%
00K	NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG	50%	13%	11%	14%	12%	33%	25%	4%	16%	2%	14%
00M	NHS SOUTH TEES CCG	51%	14%	10%	16%	10%	34%	22%	8%	12%	2%	11%
A81001	THE DENSHAM SURGERY	46%	33%	5%	10%	7%	31%	39%	3%	8%	6%	9%
A81002	QUEENS PARK MEDICAL CENTRE	59%	17%	7%	11%	6%	60%	13%	0%	25%	0%	7%
A81006	TENNANT STREET MEDICAL PRACTICE	55%	9%	14%	5%	17%	34%	21%	7%	9%	5%	16%
A81014	QUEENSTREE PRACTICE	~	~	~	~	~	~	~	~	~	~	~
A81017	WOODBRIDGE PRACTICE	59%	8%	2%	14%	17%	19%	20%	3%	41%	8%	7%
A81025	THE DOVECOT SURGERY	29%	46%	3%	22%	0%	31%	18%	0%	27%	4%	16%
A81027	YARM MEDICAL PRACTICE	47%	20%	0%	3%	30%	61%	32%	0%	5%	0%	12%
A81034	THORNABY & BARWICK MEDICAL GROUP	52%	12%	10%	7%	18%	26%	45%	0%	9%	0%	8%
A81036	NORTON MEDICAL CENTRE	25%	12%	31%	23%	9%	29%	6%	8%	29%	0%	20%
A81039	EAGLESCLIFFE MEDICAL PRACTICE	61%	0%	17%	17%	5%	25%	32%	0%	0%	9%	29%
A81040	MARSH HOUSE MEDICAL PRACTICE	34%	13%	27%	16%	10%	33%	31%	8%	6%	0%	15%
A81046	WOODLANDS FAMILY MEDICAL CENTRE	42%	14%	26%	3%	15%	26%	27%	0%	24%	0%	14%
A81056	MELROSE SURGERY	~	~	~	~	~	~	~	~	~	~	~
A81057	KINGSWAY MEDICAL CENTRE	57%	10%	23%	11%	0%	49%	17%	20%	0%	0%	4%
A81066	PARK LANE SURGERY	~	~	~	~	~	~	~	~	~	~	~
A81067	ALMA MEDICAL CENTRE	49%	0%	3%	16%	32%	34%	8%	10%	4%	0%	39%
A81602	DR RASOOL	~	~	~	~	~	~	~	~	~	~	~
A81608	ELM TREE SURGERY	~	~	~	~	~	~	~	~	~	~	~
A81609	A & B MEDICAL PRACTICE	~	~	~	~	~	~	~	~	~	~	~
A81610	THE ROSEBERRY PRACTICE	59%	19%	19%	0%	2%	44%	25%	6%	6%	7%	7%
A81623	DR SYED	~	~	~	~	~	~	~	~	~	~	~
A81629	RIVERSIDE MEDICAL PRACTICE	~	~	~	~	~	~	~	~	~	~	~
A81632	LAWSON STREET PRACTICE	~	~	~	~	~	~	~	~	~	~	~
A81634	THE ARRIVAL PRACTICE	~	~	~	~	~	~	~	~	~	~	~
Y00527	STOCKTON NHS HEALTH CARE CENTRE	~	~	~	~	~	~	~	~	~	~	~

Appendix 2 National GP Access Survey Results - December 2013

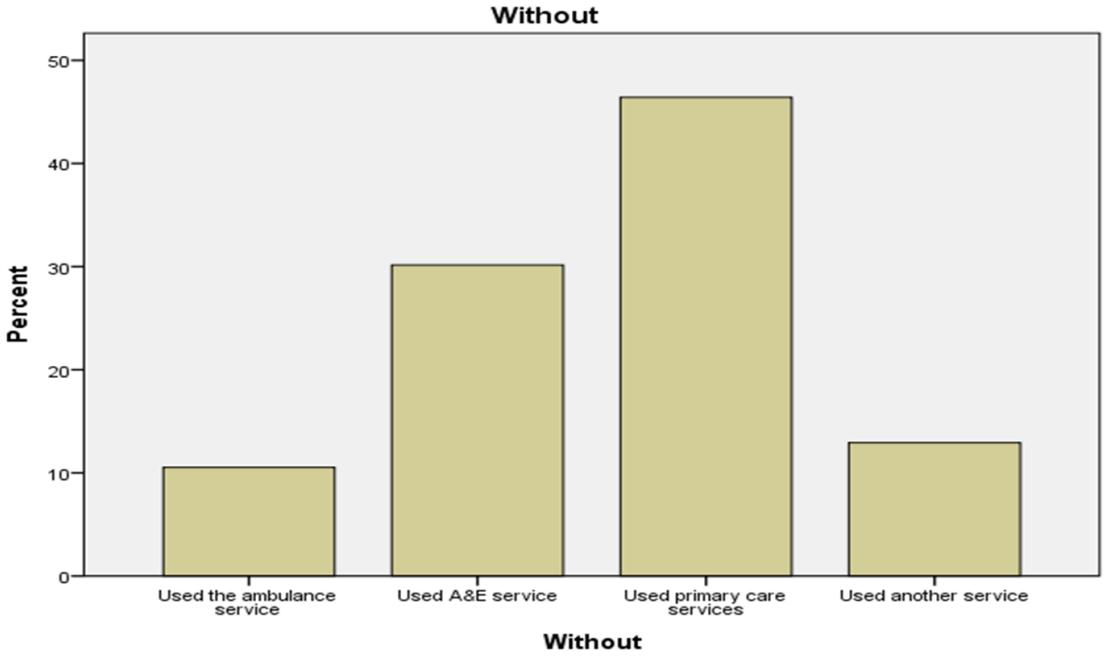
			Overall experience of making an appointment	Waiting times			Impression of waiting time at surgery				Satisfactio
Code	CCG / Practice Name	% Didn't see or speak to anyone	% Good / Fairly Good	% Less than 5 minutes	% 5 to 15 minutes	Less than 15 minutes	% Don't normally have to wait too long	% Have to wait a bit too long	% Have to wait far too long	% No opinion / doesn't apply	% Very satisfied
N/A	England Average	11%	75%	9%	57%	66%	59%	26%	9%	7%	38%
00K	NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG	8%	73%	12%	60%	71%	64%	22%	7%	7%	37%
00M	NHS SOUTH TEES CCG	13%	79%	10%	62%	72%	65%	22%	7%	6%	42%
A81001	THE DENSHAM SURGERY	3%	69%	15%	73%	88%	79%	16%	1%	4%	29%
A81002	QUEENS PARK MEDICAL CENTRE	0%	77%	21%	59%	80%	69%	16%	2%	13%	49%
A81006	TENNANT STREET MEDICAL PRACTICE	9%	69%	9%	68%	77%	66%	19%	11%	4%	39%
A81014	QUEENSTREE PRACTICE	~	85%	26%	57%	84%	88%	6%	3%	3%	48%
A81017	WOODBRIDGE PRACTICE	11%	59%	6%	69%	75%	60%	27%	7%	6%	34%
A81025	THE DOVECOT SURGERY	4%	70%	12%	53%	64%	54%	31%	9%	6%	35%
A81027	YARM MEDICAL PRACTICE	3%	69%	12%	63%	74%	63%	27%	3%	7%	36%
A81034	THORNABY & BARWICK MEDICAL GROUP	12%	60%	13%	62%	75%	57%	28%	5%	10%	29%
A81036	NORTON MEDICAL CENTRE	8%	71%	9%	56%	65%	65%	23%	5%	7%	38%
A81039	EAGLESCLIFFE MEDICAL PRACTICE	13%	80%	20%	65%	85%	77%	10%	0%	13%	31%
A81040	MARSH HOUSE MEDICAL PRACTICE	9%	72%	10%	52%	62%	56%	25%	15%	4%	47%
A81046	WOODLANDS FAMILY MEDICAL CENTRE	10%	68%	7%	52%	59%	61%	25%	13%	2%	44%
A81056	MELROSE SURGERY	~	93%	19%	63%	83%	78%	14%	0%	8%	52%
A81057	KINGSWAY MEDICAL CENTRE	10%	85%	2%	54%	56%	52%	27%	12%	9%	47%
A81066	PARK LANE SURGERY	~	85%	6%	61%	66%	60%	24%	13%	2%	40%
A81067	ALMA MEDICAL CENTRE	3%	76%	10%	41%	51%	52%	24%	13%	11%	52%
A81602	DR RASOOL	~	95%	51%	46%	97%	91%	4%	0%	5%	69%
A81608	ELM TREE SURGERY	~	88%	15%	61%	76%	68%	19%	6%	7%	44%
A81609	A & B MEDICAL PRACTICE	~	78%	18%	61%	79%	70%	19%	6%	5%	50%
A81610	THE ROSEBERRY PRACTICE	5%	73%	2%	64%	67%	52%	28%	7%	13%	40%
A81623	DR SYED	~	93%	15%	36%	51%	79%	9%	2%	11%	43%
A81629	RIVERSIDE MEDICAL PRACTICE	~	89%	24%	61%	85%	75%	19%	0%	6%	48%
A81632	LAWSON STREET PRACTICE	~	58%	11%	48%	59%	37%	32%	26%	5%	66%
A81634	THE ARRIVAL PRACTICE	~	84%	17%	54%	71%	55%	29%	5%	11%	43%
Y00527	STOCKTON NHS HEALTH CARE CENTRE	~	90%	16%	56%	72%	63%	27%	6%	5%	70%

Appendix 2 National GP Access Survey Results - December 2013

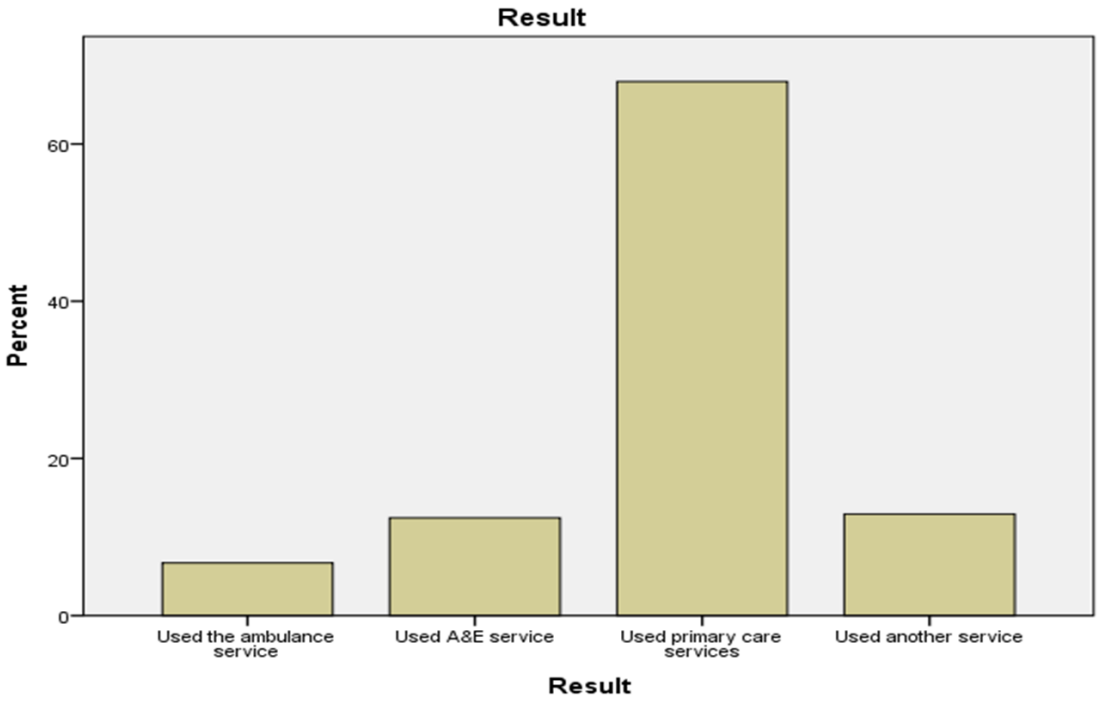
		ɔn with opening hours		GP surgery currently open at convenient times?	Additional opening times that would make it easier to see or speak to someone					experience of GP surgery	Recommending GP surgery
Code	CCG / Practice Name	% Fairly satisfied	% satisfied	Yes	% Before 8am	% At lunchtime	% After 6.30pm	% On a Saturday	% On a Sunday	% Very good/fairly good	% Yes
N/A	England Average	41%	79%	76%	34%	12%	70%	73%	35%	86%	79%
00K	NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG	41%	78%	76%	36%	14%	76%	73%	40%	89%	78%
00M	NHS SOUTH TEES CCG	36%	79%	81%	28%	11%	70%	72%	40%	89%	80%
A81001	THE DENSHAM SURGERY	42%	71%	74%	41%	8%	90%	75%	40%	98%	86%
A81002	QUEENS PARK MEDICAL CENTRE	28%	78%	73%	21%	19%	58%	53%	29%	92%	82%
A81006	TENNANT STREET MEDICAL PRACTICE	40%	79%	68%	35%	9%	91%	69%	46%	84%	78%
A81014	QUEENSTREE PRACTICE	34%	82%	83%	75%	0%	72%	85%	3%	91%	72%
A81017	WOODBRIDGE PRACTICE	40%	75%	69%	36%	17%	78%	78%	45%	72%	60%
A81025	THE DOVECOT SURGERY	37%	72%	73%	20%	18%	85%	74%	55%	84%	74%
A81027	YARM MEDICAL PRACTICE	36%	72%	70%	33%	24%	81%	59%	44%	88%	83%
A81034	THORNABY & BARWICK MEDICAL GROUP	45%	73%	73%	64%	7%	84%	80%	44%	84%	75%
A81036	NORTON MEDICAL CENTRE	35%	73%	73%	40%	18%	76%	73%	47%	86%	79%
A81039	EAGLESCLIFFE MEDICAL PRACTICE	39%	70%	60%	24%	8%	90%	77%	38%	88%	87%
A81040	MARSH HOUSE MEDICAL PRACTICE	41%	87%	81%	51%	0%	64%	90%	36%	91%	89%
A81046	WOODLANDS FAMILY MEDICAL CENTRE	36%	80%	81%	67%	2%	87%	72%	43%	83%	73%
A81056	MELROSE SURGERY	36%	88%	86%	~	~	~	~	~	93%	78%
A81057	KINGSWAY MEDICAL CENTRE	35%	81%	76%	16%	2%	54%	86%	30%	93%	89%
A81066	PARK LANE SURGERY	39%	79%	72%	37%	26%	82%	79%	30%	91%	91%
A81067	ALMA MEDICAL CENTRE	29%	81%	72%	22%	23%	63%	85%	25%	89%	83%
A81602	DR RASOOL	28%	97%	93%	~	~	~	~	~	97%	89%
A81608	ELM TREE SURGERY	37%	81%	82%	~	~	~	~	~	85%	72%
A81609	A & B MEDICAL PRACTICE	42%	92%	80%	~	~	~	~	~	88%	71%
A81610	THE ROSEBERRY PRACTICE	37%	78%	72%	29%	0%	72%	73%	44%	92%	89%
A81623	DR SYED	33%	76%	84%	~	~	~	~	~	91%	75%
A81629	RIVERSIDE MEDICAL PRACTICE	40%	88%	84%	~	~	~	~	~	88%	78%
A81632	LAWSON STREET PRACTICE	18%	84%	84%	~	~	~	~	~	67%	52%
A81634	THE ARRIVAL PRACTICE	47%	90%	86%	~	~	~	~	~	89%	71%
Y00527	STOCKTON NHS HEALTH CARE CENTRE	25%	95%	94%	~	~	~	~	~	87%	80%

Appendix 3 NHS111 Survey and Outcomes

Without NHS111 Patients would have used…

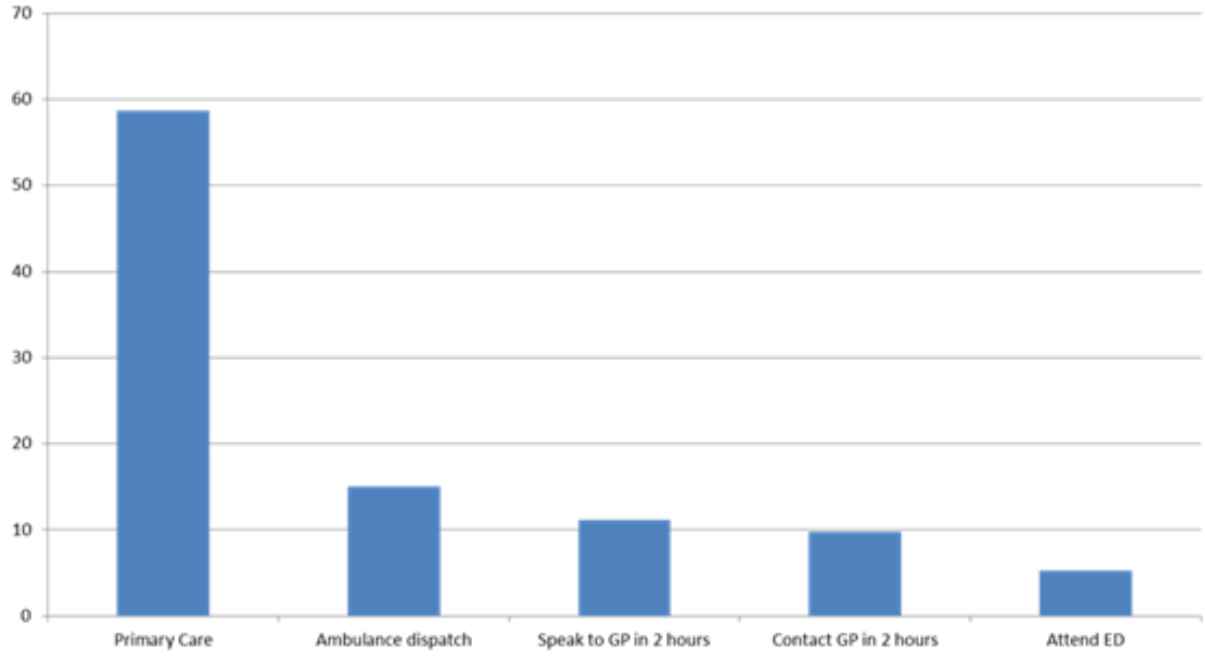


As a result of NHS111, they actually used…



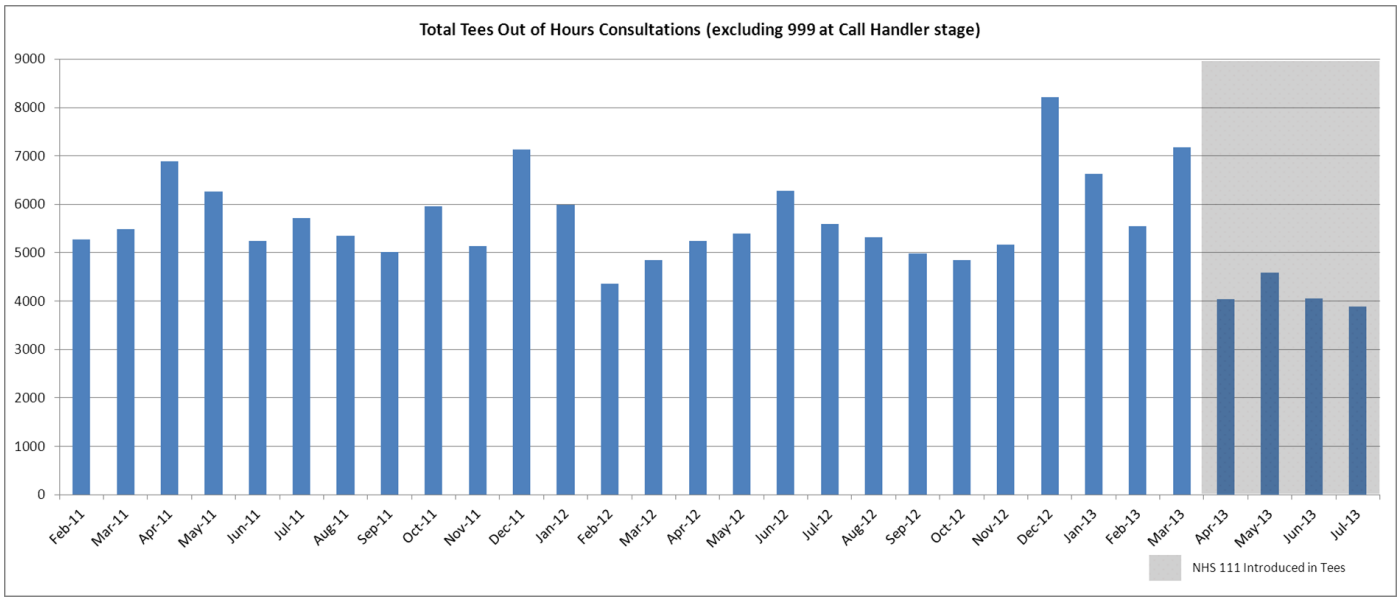
Appendix 3 NHS111 Survey and Outcomes

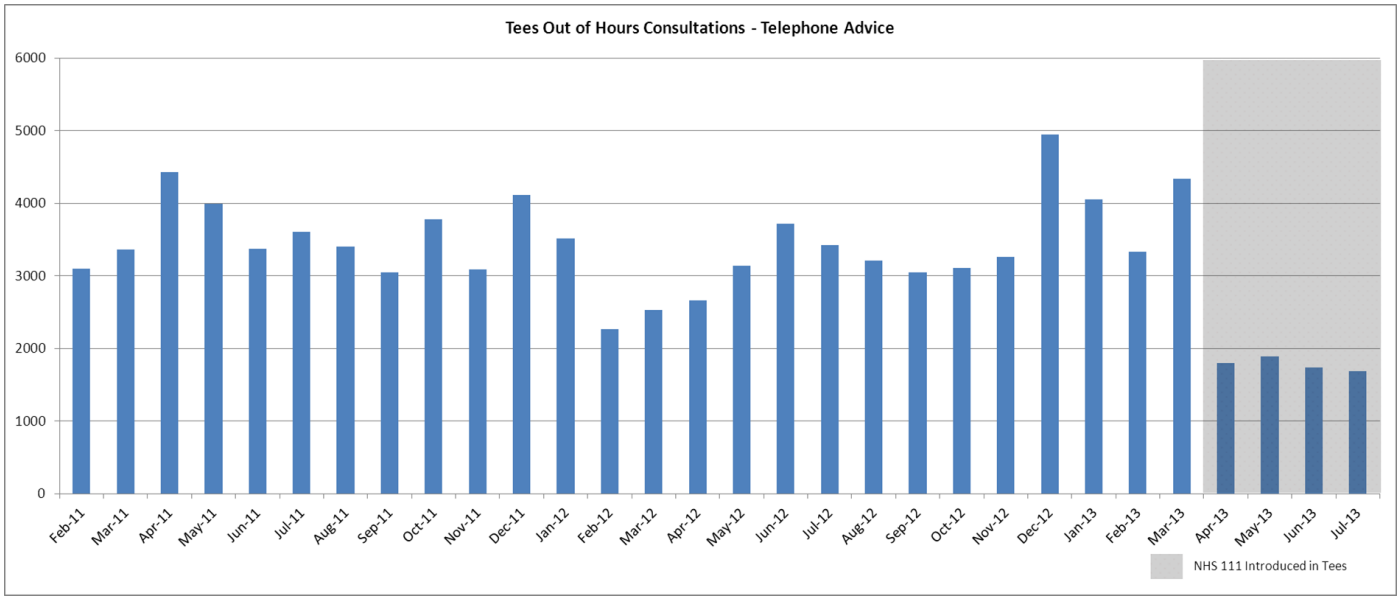
NHS 111 Outcomes – Aug 2013 – Jan 2014

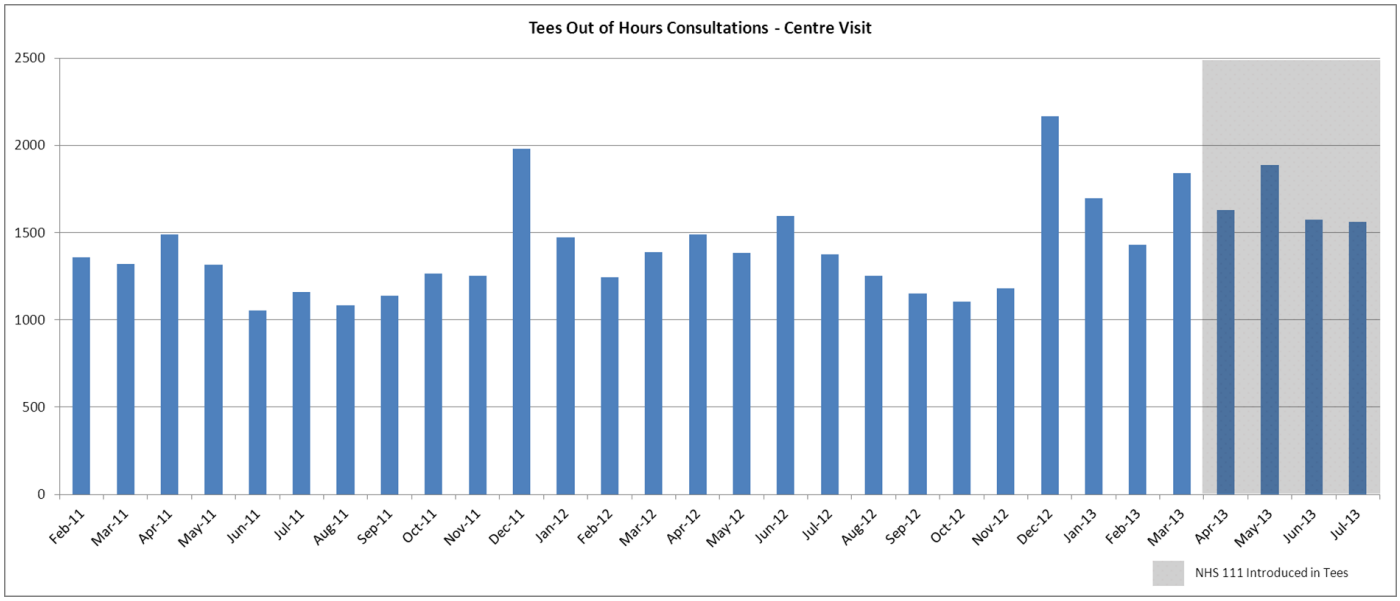


Source - NEAS

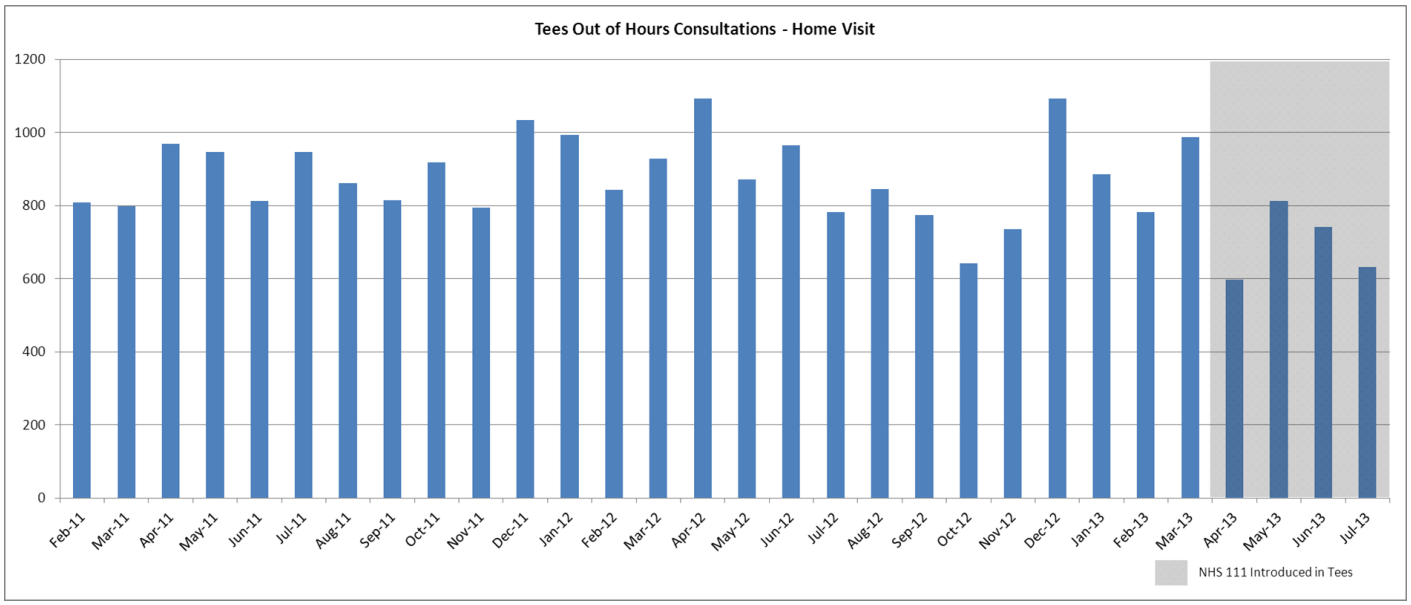
Appendix 4 - Tees Out of Hours Contacts from February 2011 to July 2013 (NECS)

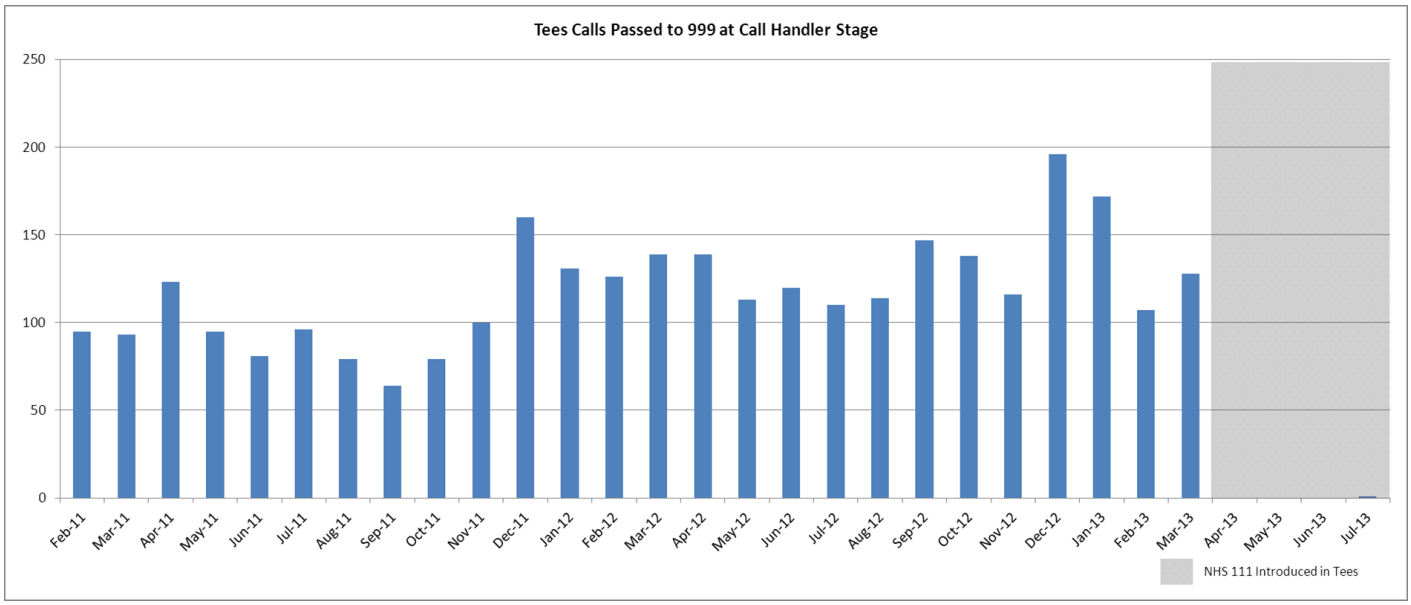






Appendix 4 - Tees Out of Hours Contacts from February 2011 to July 2013 (NECS)





Appendix 5 - Attendance at A and E

Stockton patients attending A and E departments in the region	**Year to Date**
2012/13	62,400
April 13 - December 13	47,215
Forecast for the year 2013/14	62,953

Age band	**April 13 - Dec 13 Number of attends**
0-4	3,787
5-14	5,767
15-18	2,585
19-24	4,975
25-34	6,491
35-44	4,929
45-54	5,039
55-64	3,798
65-74	3,085
75-84	3,169
85-94	1,714
95+	107
-	1,769
Total	47,215

Provider	**April 13 - Dec 13 Number of attends**
North Tees and Hartlepool NHS Foundation Trust	36,947
South Tees Hospitals NHS Foundation Trust	7,437
County Durham And Darlington NHS Foundation Trust	880
The Newcastle Upon Tyne NHS Foundation Trust	233
York Hospitals NHS Trust	188
City Hospitals Sunderland NHS Foundation Trust	119
South Tyneside NHS Foundation Trust	98
Northumbria Health Care NHS Trust	71
North Cumbria NHS Trust	60
Leeds Teaching Hospitals NHS Trust	60
Other	1,122
Total	47,215

Source - NECS

Appendix 5 - Attendance at A and E

North Tees A and E – Total Attendances and Waiting Times - Recent

Type of A&E Department NTHFT		Type 1 Departments - Major A&E		Type 3 Departments Other type of A&E/Minor Injury		North Tees & Hartlepool NHS Foundation Trust Total	
Year	**Period Name**	Number of A&E Attendances	Percentage waiting 4 hours or less from arrival to admission, transfer or discharge	Number of A&E Attendances	Percentage waiting 4 hours or less from arrival to admission, transfer or discharge	Number of A&E Attendances	Percentage waiting 4 hours or less from arrival to admission, transfer or discharge
2011-12	**April**	7967	98.3%	0	-	7967	98.3%
2011-12	**May**	7958	98.0%	0	-	7958	98.0%
2011-12	**June**	9606	98.1%	0	-	9606	98.1%
2011-12	**July**	7753	97.9%	0	-	7753	97.9%
2011-12	**August**	4832	97.8%	1478	100.0%	6310	98.3%
2011-12	**September**	6531	97.8%	1961	99.9%	8492	98.3%
2011-12	**October**	5121	98.4%	1407	99.9%	6528	98.7%
2011-12	**November**	5002	98.0%	1505	100.0%	6507	98.5%
2011-12	**December**	6276	98.1%	1637	99.9%	7913	98.5%
2011-12	**January**	4759	98.2%	1416	99.9%	6175	98.6%
2011-12	**February**	5019	97.4%	1424	99.8%	6443	97.9%
2011-12	**March**	6907	96.8%	2120	99.6%	9027	97.4%
2011-12	**YTD**	77731	97.9%	12948	99.9%	90679	98.2%
2012-13	**April**	5059	96.0%	1470	100.0%	6529	96.9%
2012-13	**May**	6618	96.9%	1865	99.9%	8483	97.6%
2012-13	**June**	5353	96.1%	1577	99.9%	6930	96.9%
2012-13	**July**	5364	96.9%	1662	99.9%	7026	97.6%
2012-13	**August**	6635	96.6%	2069	100.0%	8704	97.4%
2012-13	**September**	5301	96.6%	1711	99.8%	7012	97.4%
2012-13	**October**	5302	96.7%	1528	99.8%	6830	97.4%
2012-13	**November**	6342	96.1%	1762	99.9%	8104	96.9%
2012-13	**December**	5258	94.5%	1298	99.8%	6556	95.6%
2012-13	**January**	6158	97.3%	1644	100.0%	7802	97.9%
2012-13	**February**	5100	95.2%	1340	100.0%	6440	96.2%
2012-13	**March**	5171	94.5%	1356	100.0%	6527	95.6%
2012-13	**YTD**	67661	96.2%	19282	99.9%	86943	97.0%
2013-14	**April**	5544	93.9%	1420	99.7%	6964	95.1%
2013-14	**May**	6842	96.7%	1918	99.5%	8760	97.3%
2013-14	**June**	5523	97.3%	1663	99.9%	7186	97.9%
2013-14	**July**	5755	95.5%	1812	99.9%	7567	96.6%
2013-14	**August**	6603	93.4%	1925	100.0%	8528	94.9%
2013-14	**YTD**	30267	95.4%	8738	99.8%	39005	96.4%

Source - NECS