

Date: Tuesday 19 March 2024 at 4.00 pm

Venue: Jim Cooke Conference Suite, Stockton Central Library, Church Road,
Stockton-on-Tees TS18 1TU

Cllr Marc Besford (Chair)
Cllr Nathan Gale (Vice-Chair)

Cllr Stefan Barnes
Cllr John Coulson
Cllr Lynn Hall
Cllr Vanessa Sewell

Cllr Carol Clark
Cllr Ray Godwin
Cllr Susan Scott

AGENDA

- 1 Evacuation Procedure** (Pages 7 - 8)
- 2 Apologies for Absence**
- 3 Declarations of Interest**
- 4 Minutes**
To approve the minutes of the last meeting held on Tuesday 20th February 2024 (Pages 9 - 16)
- 5 North Tees and Hartlepool NHS Foundation Trust - Quality Account 2023-2024**
Representatives of NTHFT will be in attendance in order to outline performance against the Trust's quality priorities for 2023-2024 and inform the Committee of the emerging priorities for the next year. (Pages 17 - 52)
- 6 Monitoring the Impact of Previously Agreed Recommendations - Care at Home**
Progress report for the previously completed Care at Home review. (Pages 53 - 72)
- 7 Scrutiny Review of Access to GPs and Primary Medical Care**

To consider patient / public views on this scrutiny topic. (Pages 73 - 118)

- 8 Chair's Update and Select Committee Work Programmes 2023-2024 & 2024-2025** (Pages 119 - 124)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Scrutiny Support Officer Rachel Harrison on email rachel.harrison@stockton.gov.uk

KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance



Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
 - (i) exercising functions of a public nature
 - (ii) directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

Jim Cooke Conference Suite, Stockton Central Library **Evacuation Procedure & Housekeeping**

If the fire or bomb alarm should sound please exit by the nearest emergency exit. The Fire alarm is a continuous ring and the Bomb alarm is the same as the fire alarm however it is an intermittent ring.

If the Fire Alarm rings exit through the nearest available emergency exit and form up in Municipal Buildings Car Park.

The assembly point for everyone if the Bomb alarm is sounded is the car park at the rear of Splash on Church Road.

The emergency exits are located via the doors between the 2 projector screens. The key coded emergency exit door will automatically disengage when the alarm sounds.

The Toilets are located on the Ground floor corridor of Municipal Buildings next to the emergency exit. Both the ladies and gents toilets are located on the right hand side.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when directed to speak by the Chair, to ensure you are heard by the Committee.

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Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 20 February 2024.

Present: Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Ray Godwin, Cllr Lynn Hall, Cllr Susan Scott, Cllr Vanessa Sewell

Officers: Sarah Bowman-Abouna, Angela Connor (A,H&W); Gary Woods (CS)

Also in attendance: Darren Best (Teeswide Safeguarding Adults Board)

Apologies: None

1	<p>Evacuation Procedure</p> <p>The evacuation procedure was noted.</p>
2	<p>Declarations of Interest</p> <p>There were no interests declared.</p>
3	<p>Minutes</p> <p>Consideration was given to the minutes from the Committee meeting held on 23 January 2024.</p> <p>AGREED that the minutes of the meeting on 23 January 2024 be approved as a correct record and signed by the Chair.</p>
4	<p>Teeswide Safeguarding Adults Board (TSAB) – Annual Report 2022-2023</p> <p>The Committee was presented with the latest TSAB Annual Report for 2022-2023 (full report and Strategic Business Plan for 2022-2025 was provided in advance) by the current TSAB Independent Chair. Supported by the Stockton-on-Tees Borough Council (SBC) Assistant Director – Adult Social Care / PSW, the following key elements were highlighted:</p> <ul style="list-style-type: none"> • <u>Context</u>: TSAB was a partnership of four Local Authorities, not an organisation. It remained vital that Local Authorities understood their role with regards safeguarding (a statutory responsibility that sits with Councils) – namely that they have an adult safeguarding Board, and that this produces an Annual Report and conducts safeguarding reviews in relation to serious incidents. <p>TSAB was a unique set-up as no other area had four Local Authorities coming together to form a Board (with SBC hosting the TSAB Business Unit). This was seen as a positive arrangement as it allowed for economies of scale in terms of resource costs (bolstered by contributions from health and police), and also fostered in-built independence with involved Local Authorities scrutinising each other as well as the input of key partners. The Independent Chair would be leaving in April 2024 after four years in the role.</p>

- **Partnerships:** The work of the six statutory Board partners (four Local Authorities plus Cleveland Police and the NHS North East and North Cumbria Integrated Care Board) was supported by 23 non-statutory organisations across Teesside and beyond. The involvement of prison / probation services and housing providers were particularly important elements, something which other parts of the country did not benefit from.

The Board's sub-groups led on key pieces of work in order to achieve the aims and objectives set out in the Board's Strategic Business Plan, with all Local Authorities playing their part in chairing and supporting one. A number of Task and Finish Groups had also convened during 2022-2023 to look at specific workstreams.

- **Safeguarding Data:** There had been a 10% increase in safeguarding concerns received, and a 6% increase in Section 42 enquiries carried out, during 2022-2023 compared to the previous year (2021-2022). Regarding the enquiries undertaken, the most common location of risk across Teesside remained a person's own home (46%), followed by care homes (36%). The top four areas of abuse were neglect and acts of omission (28%), physical (20%), self-neglect (12%), and financial and material abuse (12%), all of which had increased in comparison to 2021-2022 along with cases of sexual abuse and modern slavery.

As reflected within the appendix to the TSAB Annual Report, the anomalies highlighted during consideration of the previous report (2021-2022) in relation to the recording of Stockton-on-Tees safeguarding data had now been resolved (which accounted for the large jump in the number of safeguarding concerns reported for the Borough).

- **Performance Indicators:** All four of the Board's 2022-2023 performance indicators (PIs) were achieved. It was noted that there used to be a further PI around the conversion rate for the number of safeguarding concerns that led to a Section 42 enquiry – however, whilst it was previously deemed that a higher rate was positive, local partners felt that this figure could be interpreted in conflicting ways and may lead to the unnecessary initiation of Section 42 enquiries merely to increase the overall rate. That said, the conversion rate across Teesside was higher than the national average, a situation which presented resource challenges for the Board's statutory and non-statutory organisations.
- **Joint Working:** One of the Board's priorities was the development of a whole system approach to safeguarding adults which was responsive to individual needs, views and wishes. An element of how this was being addressed was engagement and collaboration with the Local Safeguarding Children Partnerships, an area of required focus which the Committee had previously felt was lacking. It was reported that progress in relation to adults and children's joint working continued to be slow, though a new protocol had now been developed reaffirming the commitment between these two areas to ensure individuals did not fall between any gaps.
- **Safeguarding Adult Reviews (SARs):** Eight SAR notifications were considered

during 2022-2023, six of which met the criteria for a SAR (the highest number since TSAB began). One of the published reports ('Molly') found the individual was significantly let-down by the criminal justice system, a situation which the Chair highlighted to the national safeguarding forum (though there had been little progress since). Whilst emphasising the importance of learning lessons, the cost and resources / time required to undertake SARs was stressed.

- Summary: Increasing volume and complexity of cases continued to be key elements within adult safeguarding, with partners trying to resolve significant issues within a system that was not always supporting this adequately. As explained in previous years, an increasing number of recorded cases could be seen both ways – concerning that there appeared to be more safeguarding issues, or encouraging that more people recognised, and then reported, these concerns. In an effort to seek coherent narrative around the statistics / data, Teesside would start using Power BI (a data visualisation tool that pulls together information to produce high quality performance reports) next year.

Expressing thanks for this latest Annual Report, the Committee wished the TSAB Independent Chair well for the future upon leaving his role in the coming weeks. Noting that the safeguarding concerns / Section 42 enquiries conversion rate was still being referenced within the report despite being dropped as a performance indicator, Members asked how this compared to similar national data. In response, it was stated that the national conversion rate was around 38% (lower than Teesside's 46%), and that whilst TSAB did want this as a target, it was still considered important to monitor – questions would be asked if there was suddenly a big drop in the rate. The Committee was reminded that decisions to undertake Section 42 enquiries had resource implications for already stretched Councils.

The significant presence and contributions of Stockton-on-Tees organisations throughout TSAB-related activity was commended by the Committee, and the developments in strengthening co-operation between adults and children's services was welcomed given the assurances that Members received last year. The TSAB Independent Chair commented that challenges remained in achieving progress on a joint basis.

Reference was made to the Stockton News article regarding self-neglect (key achievements over the past year: April – June 2022), with Members querying if this stimulated an increase in the reporting of such cases. The Committee heard that, whilst it was difficult to ascertain if such communication was the reason for people reporting concerns, an increase in self-neglect cases during 2022-2023 may indicate a greater awareness of the signs to look out for. Continuing the theme of communication, the Committee was pleased to see the number of TSAB annual survey responses (priority 3), particularly the large increase in 'Easy Read' returns. The need to ensure methods for gaining feedback on safeguarding matters were not long-winded (and therefore off-putting) was emphasised.

Returning to the safeguarding concerns / Section 42 enquiries conversion rate, the Committee asked if a higher rate was a positive development. Members were reminded that increases in safeguarding data could be interpreted in different ways, but noted that 90% of people were getting the outcome they

	<p>wanted (though this did not always mean that the individual was wholly protected). Importantly, TSAB and its various partners was improving its understanding of the legal framework in which to deal with cases and provide support.</p> <p>Mindful of the comments about ongoing pressures on Local Authorities (as well as other partners), Members questioned if there were the required resources available to address the level of safeguarding issues prevalent across Teesside (which was not necessarily the same as what affected individuals wanted to happen). It was stated that SBC had increased its capacity within the Safeguarding Team this year (though would always like more), and that having a dedicated team such as this was not always replicated within other Local Authorities. Whilst the present resourcing situation was felt comfortable, it was also stressed that dealing with safeguarding matters was not the sole preserve of Councils and could / should be assisted by its partners.</p> <p>Staying with staffing considerations, Members asked how TSAB and its various organisations supported personnel who were involved in often difficult cases. The Committee was assured that this was taken very seriously and that, as far as SBC was concerned, there was a positive open culture which included the option for staff to rotate roles if they needed relief following a challenging period of time dealing with safeguarding-related issues (the award won by SBC for efforts to support social workers was also noted). The TSAB Independent Chair commended the Committee's focus on protecting staff and agreed that it was critical to look after and support the safeguarding workforce.</p> <p>Bringing this item to a close, the Committee observed TSABs offer of a training course on abuse related to beliefs in witchcraft, and queried if this was an area of concern. The TSAB Independent Chair was not aware that this was a significant issue across Teesside but was part of a robust training offer for safeguarding practitioners.</p> <p>AGREED that the Teeswide Safeguarding Adults Board (TSAB) – Annual Report 2022-2023 be noted.</p>
<p>5</p>	<p>SBC Safeguarding Concerns - Analysis (including DoLS activity)</p> <p>A briefing report was presented by the Stockton-on-Tees Borough Council (SBC) Assistant Director – Adult Social Care / PSW giving some background to changes in the Council's safeguarding performance reporting and aiming to contextualise the increase in the number of safeguarding concerns this year.</p> <p>Reference was made to concerns raised by the Committee about the lower number of safeguarding concerns being reported by Stockton-on-Tees compared to other Tees Valley Local Authorities during the January 2023 presentation of the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2021-2022. It was explained that, in Stockton-on-Tees, all safeguarding concerns were triaged by the SBC First Contact Team, and concerns not requiring any further action were dealt with. The SBC Safeguarding Team took responsibility for cases where more investigation was needed or where the Section 42 enquiry threshold was met. The SBC Safeguarding Team captured data for the Council's safeguarding returns; any work undertaken by SBC First Contact was not being measured and</p>

there was therefore under-reporting of the total number of safeguarding concerns.

Since this time, performance recording had now been changed and all safeguarding concerns reported to SBC were now being measured (in alignment with the other Local Authorities involved with TSAB). This led to an anticipated increase in the number of concerns for the 2022-2023 year, though it was noted that the triaging of concerns had not changed. An assurance audit of safeguarding concerns triaged at SBC First Contact as 'No Further Action' was completed, showing effective and consistent decision-making. All referrals and decisions were recorded on the LAS system for Adult Social Care. The number of safeguarding concerns being reported should remain high from now, as data previously held only at SBC First Contact was being captured.

Specific analysis was included on Deprivation of Liberty Safeguarding (DoLS) activity, with national, regional and local data incorporated into the report for comparison. In 2022-2023, per 100,000 population, the number of individuals with a DoLS application, the number of applications, and the number of completed applications, were all higher than the national average – this was viewed as positive because it meant that the relevant people were afforded protection, and deprivations of liberty were lawful.

From a Stockton-on-Tees perspective, there were 10% more DoLS applications in 2022-2023 compared to the previous year – this appeared to be largely due to the Discharge to Assess process. Completed DoLS applications (per 100,000 population) during this period was the highest regionally and among Local Authority peers in England (and much higher than the national average). 70 DoLS applications were not yet signed off at the end of the reporting period (nationally, this was 126,000, indicating backlogs in the system), though were in the process of completion. There was no waiting list for DoLS in Stockton-on-Tees, and the average time between receipt of application and completion was 11 days across urgent and standard authorisations (significantly lower than the national average of 156 days) – this evidenced SBCs continued compliance with the DoLS framework. Any objections / challenges were also addressed in a timely fashion.

The Committee welcomed this briefing, particularly given the concerns raised in the past regarding the Council's DoLS data when compared to neighbouring Local Authorities. Members went on to ask whether difficulties were being encountered when trying to recruit Relevant Persons Representatives (RPRs) (an appointed friend or relative of a person who is subject to a DoLS authorisation), and whether those that fulfil the role were receiving appropriate support / training. In response, the Committee was informed that a family member would always be prioritised in the first instance for this position, and that three-monthly sessions for RPRs were available to assist people in the role (though it was acknowledged that only very small numbers attend).

Furthermore, SBC had recently changed the commissioning process around advocacy, and there was currently no waiting list for those requiring representation since the new contract had been put in place. It was noted that Local Authorities can face challenges trying to fill RPR (as well as Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocacy

	<p>(IMHA)) roles, and that whilst families remained the first port-of-call, this can be quite a daunting proposition for relatives.</p> <p>AGREED that the contents of the SBC Safeguarding Concerns - Analysis (including DoLS activity) report be noted.</p>
<p>6</p>	<p>Scrutiny Review of Access to GPs and Primary Medical Care</p> <p>The fifth (and final) evidence-gathering session for the Committee’s review of Access to GPs and Primary Medical Care (focusing on patient / public views) was due to take place at this meeting. However, it was explained that information was still awaited from identified contributors, whilst other elements were still being collected / collated. As such, and following consultation with the Chair prior to this meeting, the patient / public views session would therefore be deferred until the next Committee meeting in March 2024.</p> <p>In preparation for this concluding part of the evidence-gathering phase, information recently received from Healthwatch Stockton-on-Tees regarding feedback on the Borough’s general practices was circulated – Members were asked to bring this along to the March 2024 meeting for consideration alongside other anticipated material which would be presented.</p> <p>AGREED that the final evidence-gathering session (patient / public views) for the ongoing Access to GPs and Primary Medical Care review be deferred until the next Committee meeting in March 2024.</p>
<p>7</p>	<p>CQC / PAMMS Inspection Results – Quarterly Summary (Q3 2023-2024)</p> <p>Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Five inspection reports were published during this period (October to December 2023 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:</p> <p><i>Providers rated ‘Good’ overall (2)</i></p> <ul style="list-style-type: none"> • <u>Parkside Court Extra Care Scheme</u> had been upgraded from a previous overall rating of ‘Requires Improvement’. • <u>Alexandra House</u> had maintained its grading following a previous overall rating of ‘Good’. <p>The remaining three reports were in relation to non-contracted providers. A focused inspection of the home care agency, <u>Nightingales Community Care Limited</u> saw it maintain its overall rating of ‘Good’, whilst <u>Grace Dental Care</u> (dentist) required no actions (note: ratings not given for dentists). Finally, <u>Tees, Esk and Wear Valleys NHS Foundation Trust</u> (TEWV) received unannounced inspections of four of its inpatient mental health services, and short-notice (24 hours) announced inspections of two of its community services – the ‘well-led’ key question for the Trust was also inspected. TEWVs overall rating remained at ‘Requires Improvement’, though a number of concerns were found in relation to systems and processes at a senior level, a lack of suitably trained staff to deliver safe care in all services, estate issues presenting risks to quality and safety, a</p>

failure to reduce overall rates of restraint use, long waits to access services, supervision / appraisal shortfalls, an inability to consistently collate, analyse and present information about quality and performance to identify risk / challenge or support effective decision-making, and a backlog of 100 serious incidents requiring investigation.

Given the Committee's history in raising significant concerns about TEWV (culminating in a letter being sent to the Secretary of State for Health and Social Care in April 2022 calling for a public inquiry into the Trust), Members expressed alarm at the outcomes from this latest CQC inspection. Noting that TEWV were well into their much-quoted 'improvement journey', it was therefore deeply disappointing to read of continuing issues on a scale that had been similarly evident in other CQC publications over recent years.

Discussion ensued regarding the previous attempts to hold TEWV to account over these seemingly repeating problems, and reference was made to the early-2022 consideration of the Trust's response to a previous concerning CQC report by the Tees Valley Joint Health Scrutiny Committee. Despite reaching out to other represented Local Authorities for support, the Committee ended up submitting its call for a public inquiry in isolation.

Members drew attention to the repeated assurances previously given by TEWV that improvements were being made. However, whilst the CQC did indeed note some positive developments, it was clear that services were not working as they should be (indeed, it was observed that some of the findings appeared to demonstrate basic / fundamental skills shortages). The role of the Governors in terms of oversight was raised, and it was subsequently agreed that the Trust's Lead Governor should be invited to a future Committee meeting to respond to these latest concerns.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were 11 reports published during this period (October to December 2023 (inclusive)). Eight of these were for services given an overall rating of 'Good', with Millbeck, The Poplars Care Home, Stockton Lodge Care Home, and Care Matters (Homecare) Limited Stockton all being upgraded from their previous 'Requires Improvement' outcomes. Less encouragingly, Chestnut House was downgraded to 'Requires Improvement' from a previous overall rating of 'Good', and Oxbridge House and Beeches Care Home were still deemed 'Requires Improvement' following a similar overall rating from their previous inspection.

Concluding this item, the SBC Assistant Director – Adult Social Care / PSW notified the Committee of the imminent closure of Teesdale Lodge Nursing Home following issues in relation to its premises and lease agreement. Assurance was given that the Council was working with the families and staff affected during this difficult time, and that plans were in place for all residents to be appropriately re-located prior to the closure. Staff were also being transferred to other services, though would remain until all residents had moved to another provider.

AGREED that:

	<p>1) the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q3 2023-2024) report be noted.</p> <p>2) the TEWV Lead Governor be invited to a forthcoming Committee meeting to respond to the latest CQC report on the Trust from a Governor perspective.</p>
<p>8</p>	<p>Minutes of the Health and Wellbeing Board</p> <p>Consideration was given to the minutes of Health and Wellbeing Board meetings which took place in September 2023, October 2023 and November 2023.</p> <p>AGREED that the minutes of Health and Wellbeing Board meetings which took place in September 2023, October 2023 and November 2023 be noted.</p>
<p>9</p>	<p>Chair's Update and Select Committee Work Programme 2023-2024</p> <p><u>Chair's Update</u></p> <p>The Chair had no further updates.</p> <p><u>Work Programme 2023-2024</u></p> <p>Consideration was given to the Committee's current work programme. The next meeting was due to take place on 19 March 2024 where the annual presentation on the latest North Tees and Hartlepool NHS Foundation Trust (NTHFT) Quality Account would be provided. The deferred final evidence-gathering session for the ongoing Access to GPs and Primary Medical Care review would also be held, and the first progress update in relation to the Committee's previously completed review of Care at Home would be presented.</p> <p>Looking ahead to next year's work programme, Members were informed of two items which were likely to feature during 2024-2025 – the first was a briefing on the new Care and Health Innovation Zone (spring / summer), and the second would be a Community Spaces update (autumn) following a request made at the last SBC Executive Scrutiny Committee meeting in January 2024.</p> <p>Two additional health-related developments were also noted – the recently published Care Quality Commission (CQC) national maternity survey results 2023 (including NTHFT-specific data) which had been circulated to the Committee for information, and the Centre for Governance and Scrutiny (CfGS) health scrutiny training session held earlier in February 2024 which some Members attended (the recording of which had since been shared with the Committee).</p> <p>AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2023-2024 be noted.</p>

Adult Social Care and Health Select Committee

19 March 2024

NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (NTHFT): QUALITY ACCOUNT 2023-2024

Summary

Representatives of NTHFT will be in attendance to outline performance against the Trust's quality priorities for 2023-2024 and inform the Committee of the emerging priorities for the next year.

The Trust produces a Quality Account as part of this process. The Committee is invited to prepare a statement of assurance for inclusion in the final published version.

Recommendations

- 1) The Committee should consider and comment on the update on performance in 2023-2024 and the priorities for quality improvement in 2024-2025.
- 2) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Chair and Vice-Chair.

Detail

1. NHS Trusts are under a duty to produce an annual 'Quality Account' – these are intended to set out:
 - What an organisation is doing well.
 - Where improvements in service quality are required.
 - What the priorities for improvement are for the coming year.
 - How the organisation has involved service-users, staff and others with an interest in that organisation in determining those priorities for improvement.
2. Quality in the NHS is defined under the headings of 'Patient Safety', 'Effectiveness of Care', and 'Patient Experience'. Being able to consider the Quality Account and associated information is a key way for Members to review the performance and quality of local health services. As such, each year, the Committee has the opportunity to review the quality performance of NTHFT.
3. Scrutiny committees also have the opportunity to provide a statement of assurance to be included in the published version of the Quality Account. Following the meeting, it is proposed that a draft statement of assurance is prepared and circulated to the Committee, with final agreement delegated to the Chair and Vice-Chair.

4. Ahead of the meeting, and for wider context, Members may wish to familiarise themselves with the following:
 - NTHFTs published Quality Account for the previous year (2022-2023) (***note: this includes the Committee's statement of assurance – see pages 145-146***).
<https://www.nth.nhs.uk/resources/quality-accounts-2022-2023/>
 - The slides and discussion points from last year's Quality Account presentation.
<https://moderngov.stockton.gov.uk/mgAi.aspx?ID=1236>
 - The latest Care Quality Commission (CQC) report regarding NTHFT (published on 16 September 2022) provided outcomes following an unannounced inspection of the Trust which was prompted by concerns about the quality and safety of services, and included an inspection of the 'well-led' key question for the Trust overall. The CQC also inspected maternity services at Hartlepool and North Tees hospitals, and services for children and young people at North Tees.
<https://api.cqc.org.uk/public/v1/reports/f877d342-ae10-48cc-9783-f99144e029fc?20221129062700>
5. Senior NTHFT representatives are scheduled to be in attendance at this meeting. A presentation has been prepared and is included within these meeting papers.

Contact Officer: Gary Woods

Post: Senior Scrutiny Officer

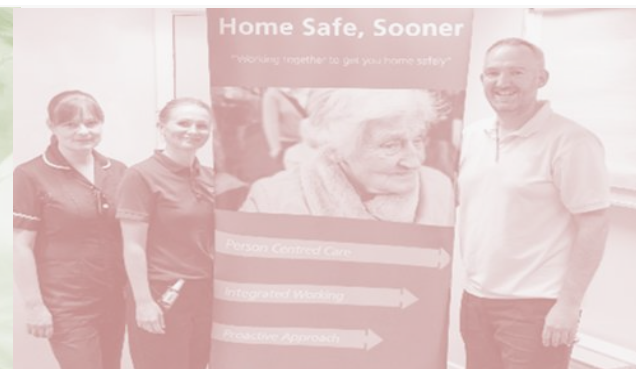
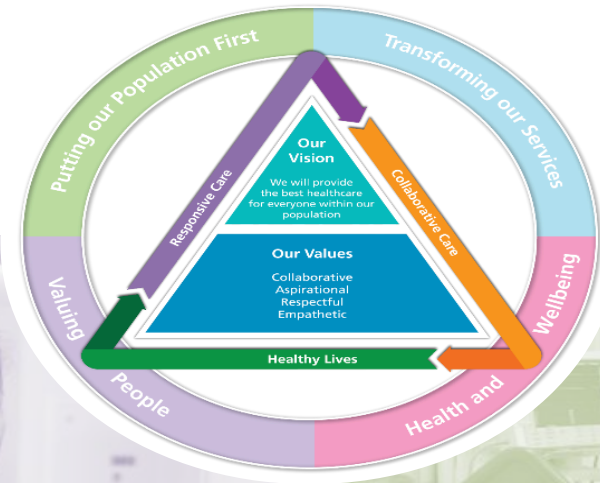
Tel: 01642 526187

Email: gary.woods@stockton.gov.uk

Quality Accounts 2023-24

Fiona McEvoy - Associate Director of Nursing, Effectiveness and Clinical standards

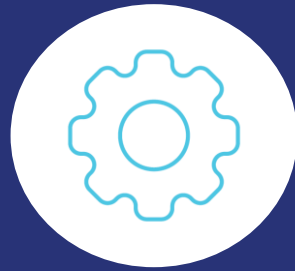
Rebecca Denton-Smith - Associate Director of Nursing, Clinical Safety and Deputy DIPC



Our four key principles



**Putting our
population first**



**Transforming
our services**

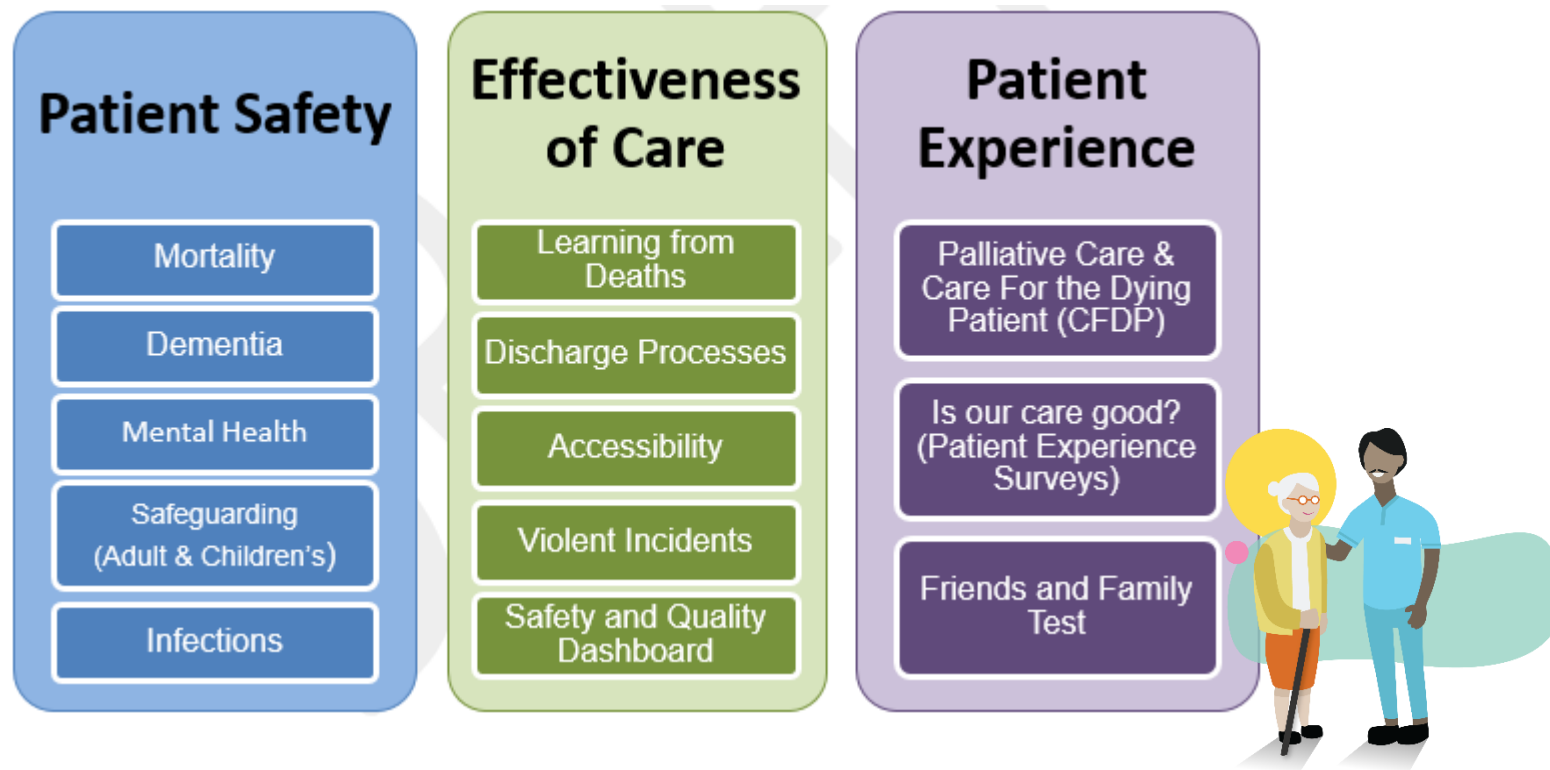


**Valuing
people**

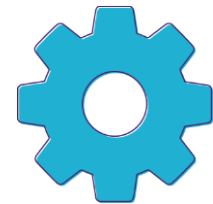


**Health and
wellbeing**

Quality Accounts Priorities 2023-24



Patient Safety



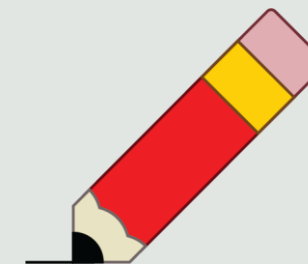
Mortality Indicators (HSMR and SHMI)

Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities
As of 1st April 2023 the Trust no longer reports on this indicator.

HSMR – **95.41** (January 2022 to December 2022)
HSMR reporting in 2021-2022 Quality Accounts **87.81** (December 2020 to November 2021) a increase of **7.60** points.

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

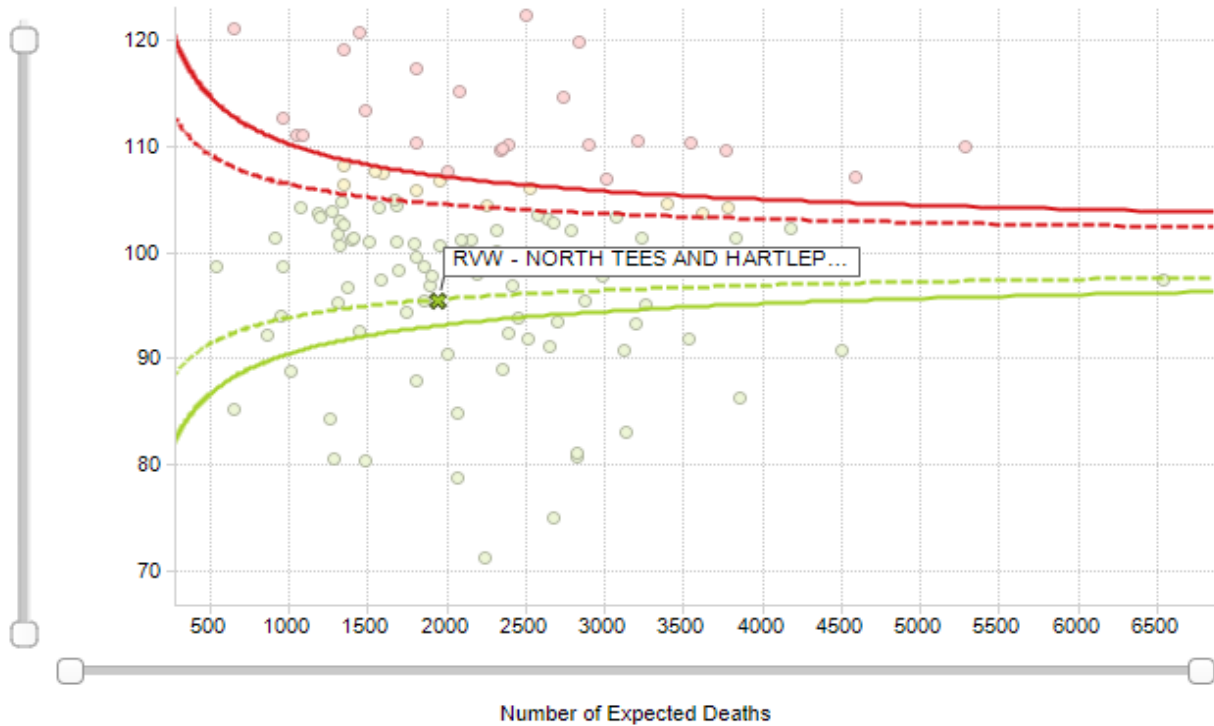
SHMI – **95.48** (September 2022 to August 2023)
SHMI reporting for **98.11** (September 2021 to August 2022) was 98.11 a decrease of **2.63** points.



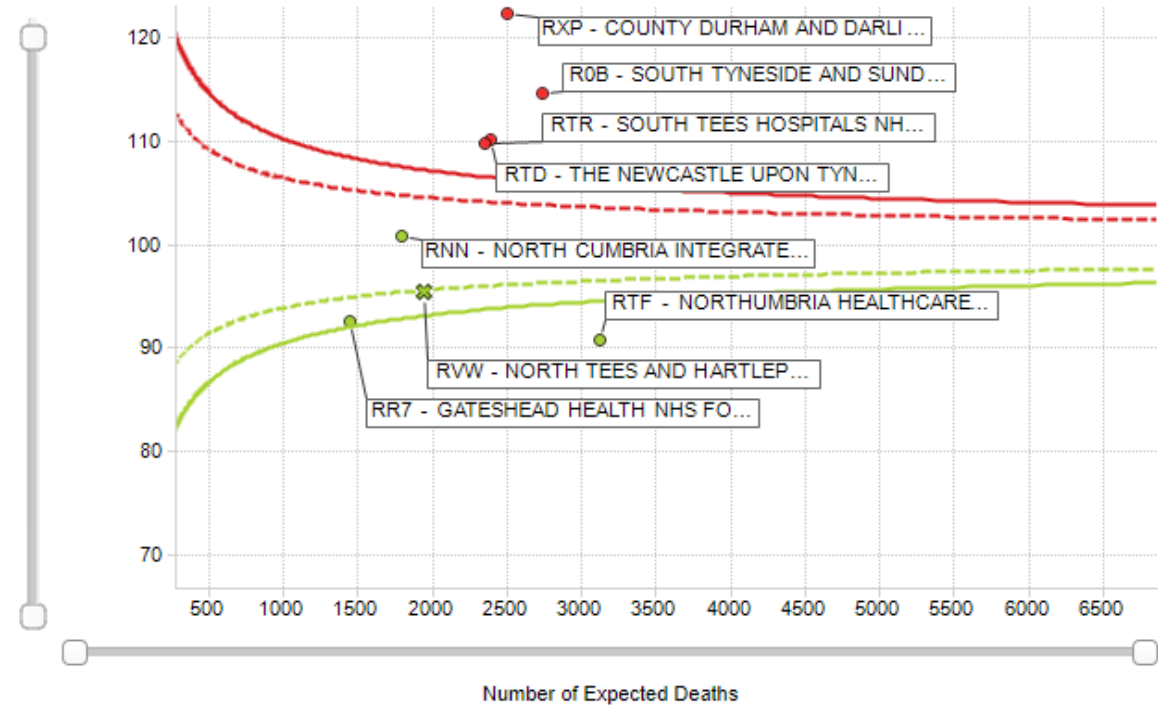
SHMI Indicator

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 95.48 (September 2022 to August 2023)



National Range – 71.26 to 122.20

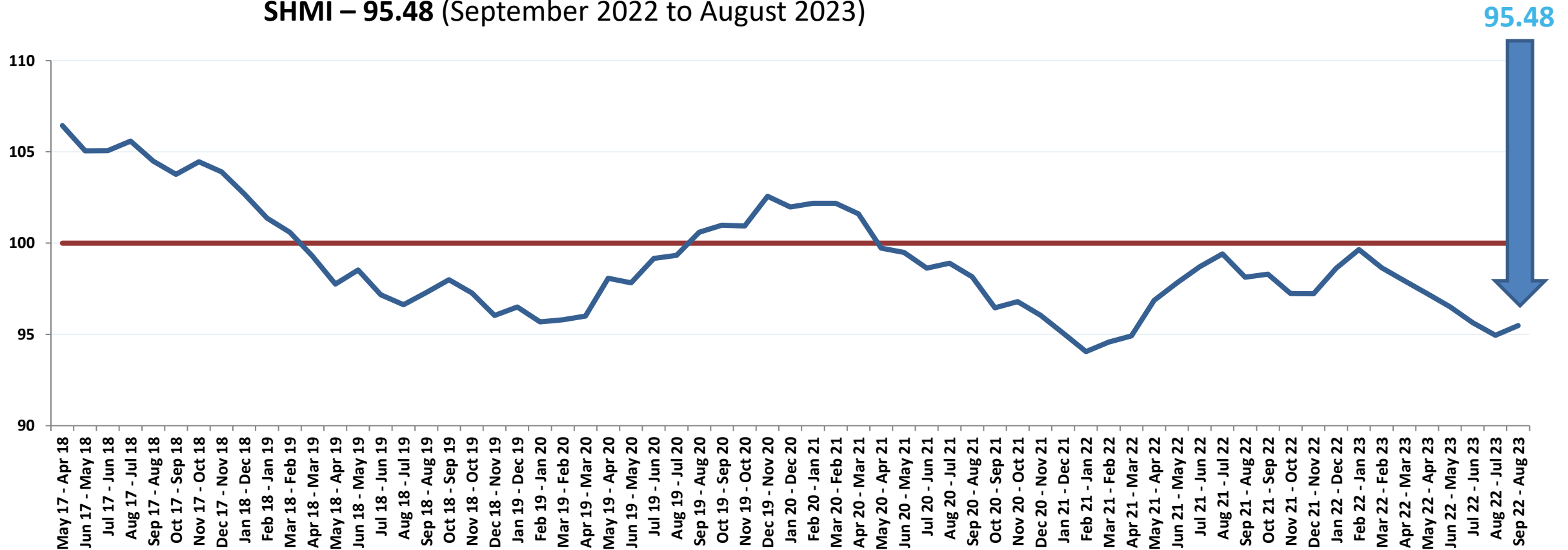


Regional Range – 90.85 to 122.20

SHMI Indicator

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 95.48 (September 2022 to August 2023)

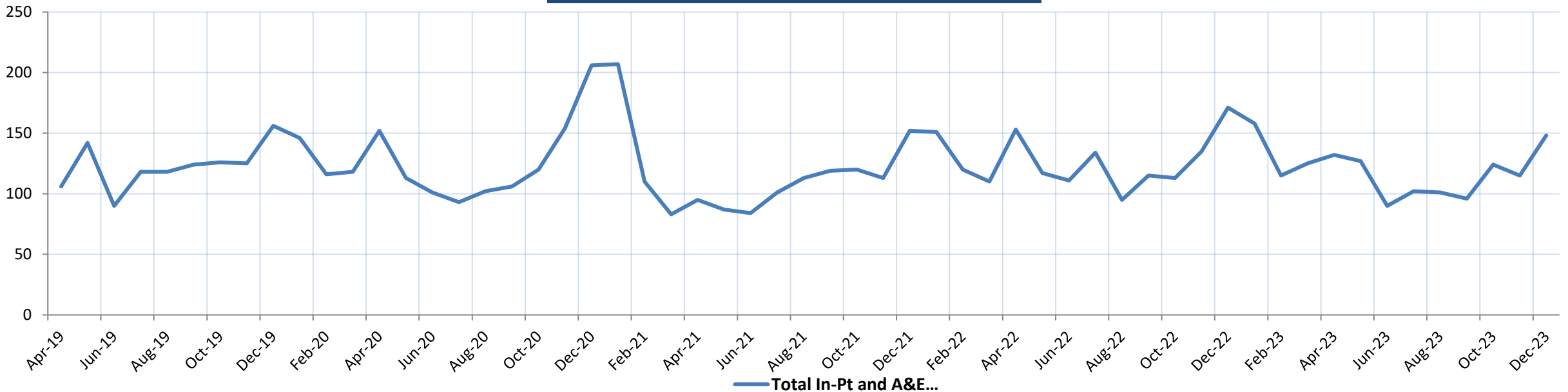


Trust Raw Mortality

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	119	124	103	92	99	119	95	124	134	134	135	142
2016/17	142	131	123	119	107	97	132	119	144	155	136	136
2017/18	126	128	103	104	105	120	121	129	182	194	138	163
2018/19	135	104	102	114	92	108	139	134	132	149	132	113
2019/20	106	142	90	118	117	124	126	125	157	146	116	118
2020/21	152	113	101	93	102	106	120	154	206	207	110	83
2021/22	95	87	84	100	113	112	120	113	152	151	120	110
2022/23	153	117	111	134	95	115	113	135	171	158	116	125
2023/24	132	127	90	102	101	96	124	115	148			

	Apr to Dec
2015/16	1009
2016/17	1114
2017/18	1118
2018/19	1060
2019/20	1105
2020/21	1147
2021/22	976
2022/23	1144
2023/24	1035

Raw Inpatient & ED Mortality Trend since Apr 19

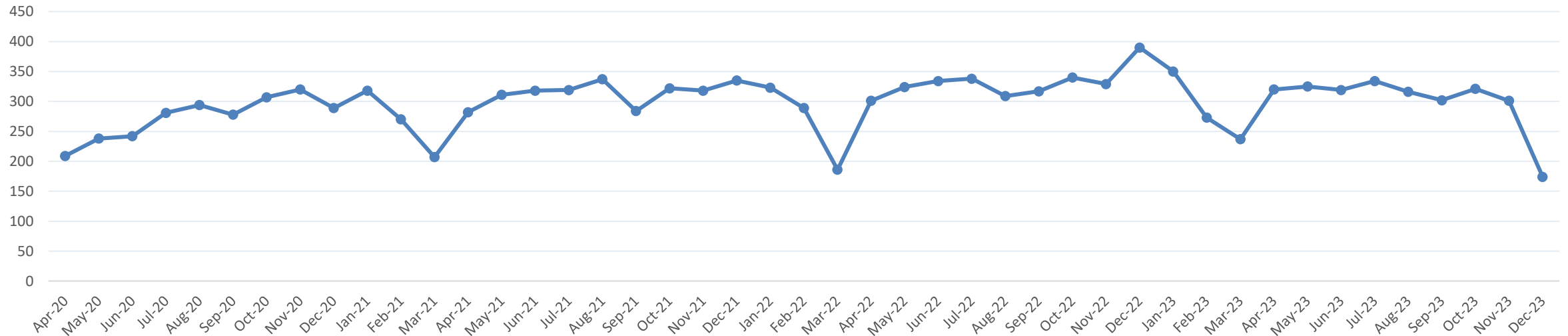


Dementia

The challenges the Trust faces regarding patients admitted with a diagnosis of Dementia/Delirium.

Period	April	May	June	July	August	September	October	November	December	January	February	March	Apr to Dec
2021-22	282	311	318	319	337	284	322	318	335	323	289	186	2,826
2022-23	301	324	334	338	309	317	340	329	390	350	273	237	2,982
2023-24	320	325	319	334	316	302	321	301	174				2,712

Patients admitted with a diagnosis of Dementia/Delirium



Infection Control – C diff

The following demonstrates the total number of *Healthcare Associated* infections during 2023-2024 compared with 2022-2023.

- Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Infection Type	2022-23	2023-24	Year on Year
*Clostridium difficile (C Difficile) HOHA – Hospital onset Healthcare Associated	23	34	+11
*Clostridium difficile (C Difficile) COHA – Community onset Healthcare Associated	12	17	+5

Data is for April to December for both financial years

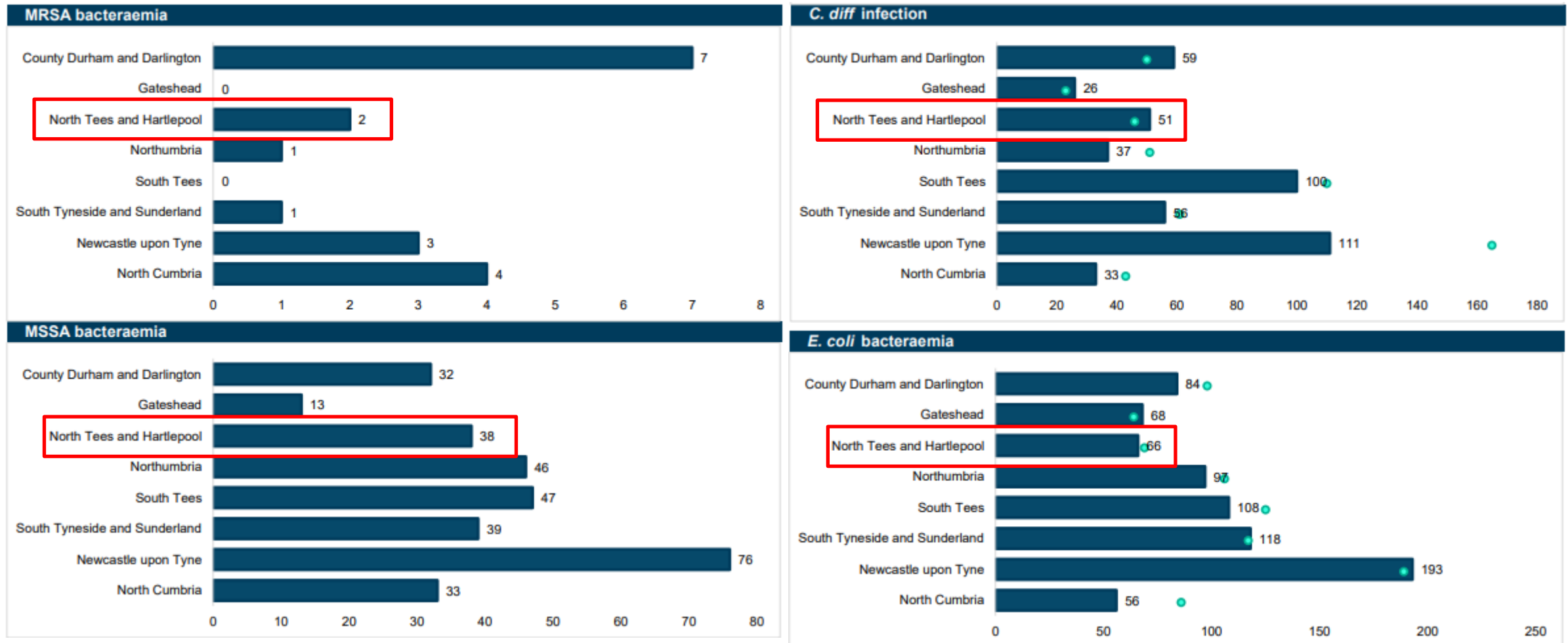
Infection Control

The following demonstrates the total number of Healthcare Associated infections during 2023-2024 compared with 2022-2023.

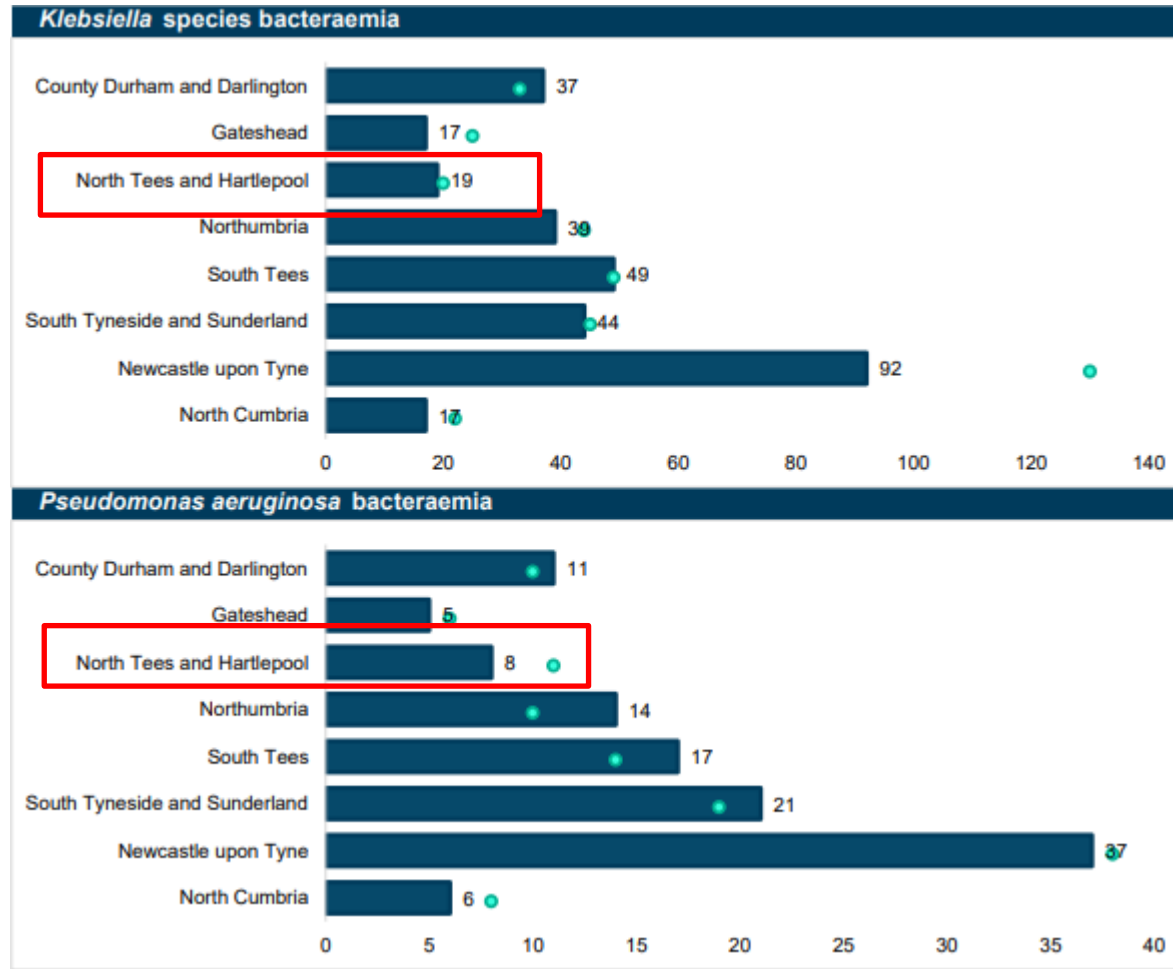
Infection Type	2022-23	2023-24	Year on Year
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	1	2	+1
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	29	37	+8
Escherichia coli (E.coli)	63	68	+5
Klebsiella species (Kleb sp) bacteraemia	20	18	-2
Pseudomonas aeruginosa (Ps a) bacteraemia	12	8	-4
CAUTI	165	136	-29

*Data is for April to December for both financial years

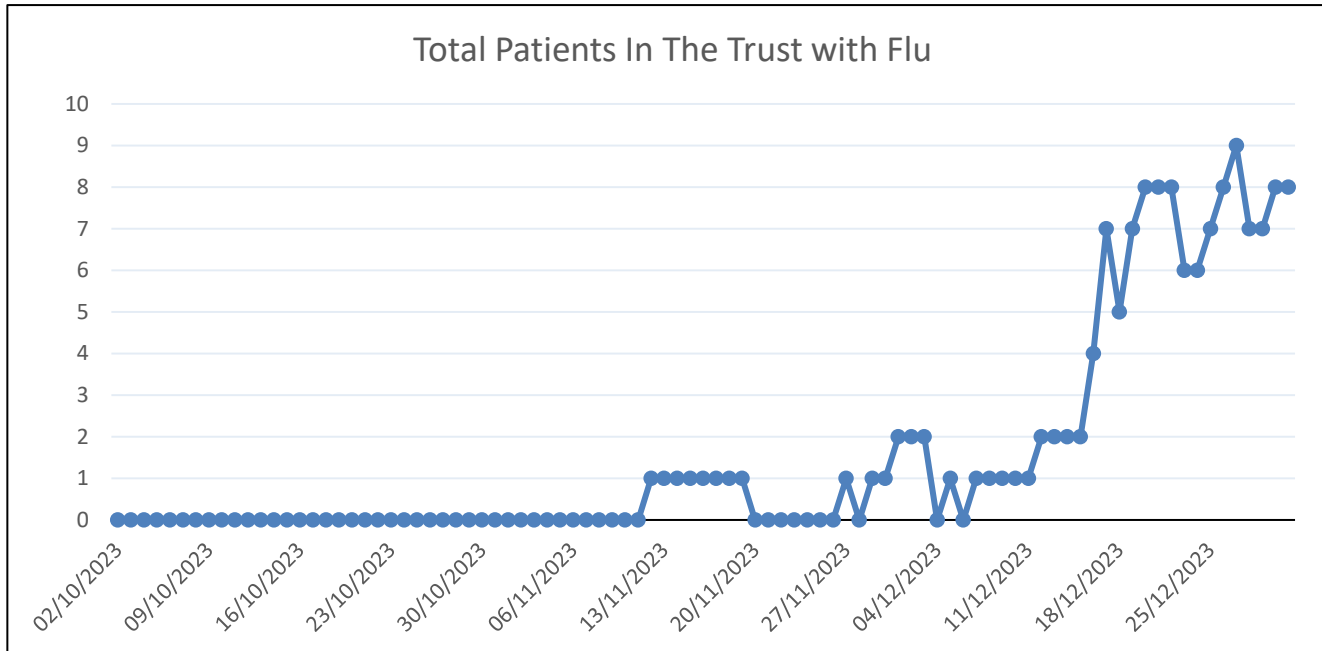
Healthcare associated infection by organisation



Healthcare associated infection by organisation



2023-2024 Flu Cases



On the 31 December 2023 there were **8** patients in the Trust with Flu.

The single day with the highest number of Flu admissions was the 27 December 2023 with 3.

Between 2 October 2023 to 31 December 2023 there have been **zero** cases in ITU with flu.

As of this presentation, there are **6** (ITU: 1, Other ward: 5) Flu cases in the Trust

Effectiveness of care



Accessibility

The trust is committed to ensuring that the Accessible information standard is met and all of the services we provide are able to make reasonable adjustments for those in need as required.

Developments and improvements 2023/2024:

The Trust updated webpage was launched during 2023 to make it as accessible as possible (with the exclusion of some older PDF documents). It is possible for users to make the webpage more accessible by use their browser to:

- Change colours, contrast levels and fonts
- Zoom in up to 300% without the text spilling off the screen
- Navigate most of the website using just a keyboard
- Access the website on desktop, mobile or tablet devices
- Navigate most of the website using speech recognition software
- Listen to most of the website using a screen reader

- The Trust contracted language service provider continues to provide virtual training sessions to Trust staff to give guidance on best practice when working with an interpreter. This improves staff awareness in relation to communication barriers and increases confidence in accessing interpreting services.
- Accessibility Champions meet regularly to receive training to support patients.
- The Patient and Carer Experience Council now dedicates 4 meetings a year to receive updates from Care Groups to share examples of good practice and reasonable adjustments when meeting patient's accessible needs.

Accessibility

The trust is committed to ensuring that the Accessible information standard is met and all of the services we provide are able to make reasonable adjustments for those in need as required.

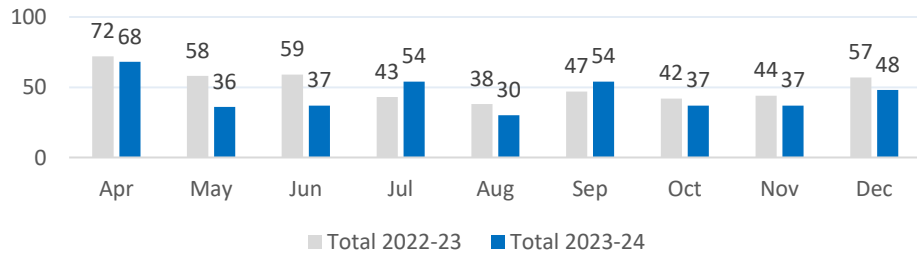
- The priority remedial work from the DDA access audit undertaken on North Tees, Hartlepool and Peterlee Hospital sites has been identified and will improve site accessibility.
- PLACE (patient-led assessment of the care environment) audits are in place. Members of the Healthcare User Group are an integral part of the audit process.
- The complaint process review, in line with the Parliamentary and Health Service Ombudsman's Complaint Standards Framework, is complete. The revised process is focused on identifying the issues and outcomes requested. It ensures equal access when raising a concern, complaint or providing feedback with a focus on quicker resolution. Patients and relatives are able to receive complaint feedback via email, telephone, meeting or a written response depending on their preference.
- A Co-production and Lived Experience Lead has been appointed. The objectives of the role are:
 - Implementation of the Patient, Public and People with Lived Experience Steering Group (PPPLE) strategy and promote accessibility standards across the Trust.
 - Support clinical teams and staff with the PPPLE work.
 - Promote good working relationships with our people and community.
 - Embed good practice and a strong culture of co-production.

The principles of the role are to increase shared decision making, equality, diversity, reciprocity, patient and carer involvement and accessibility.

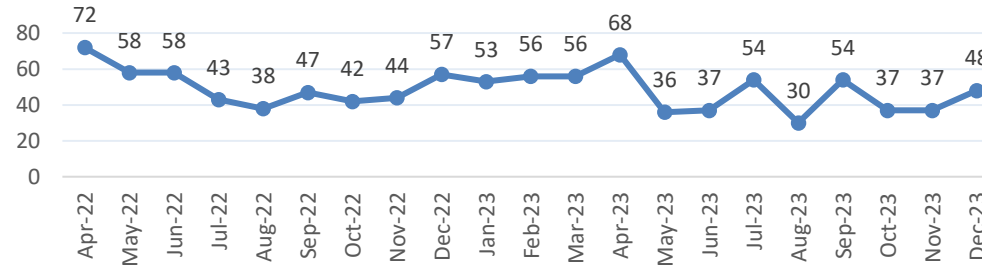
Violent Incidents

The following demonstrates the total number of Violent Incidents the Trust received during 2023-2024 compared with 2022-2023.

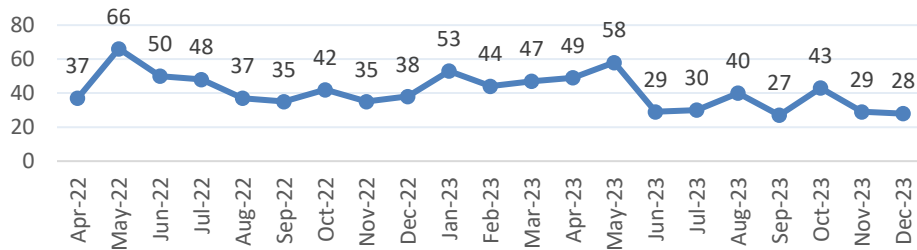
Violent Incidents since April 2023



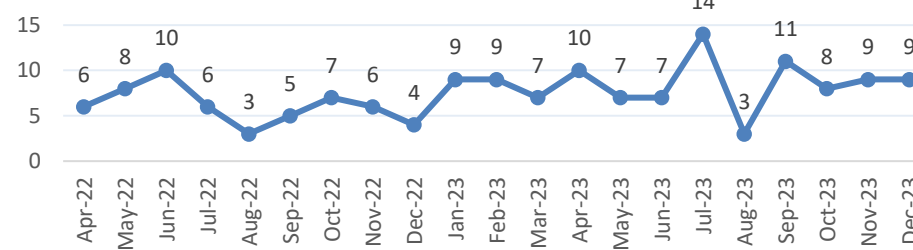
Violent Incidents since April 2022



Abuse of staff by Patients since April 2022



Abuse of staff by Other person since April 2022



Reporting Period	Total	Abuse of staff by patients	Abuse of staff by other person
Apr - Dec 2022-23	460	405	55
Apr - Dec 2023-24	401	323	78

Data is for Apr to Dec for both financial years

Violent Incidents - events

Adverse event	2022-23	2023-24	Difference
Assault etc with a weapon	4	5	1
Concerns to do with personal safety	40	12	-28
Disruptive, aggressive behaviour – other	42	71	29
Inappropriate behaviour and/or personal comments	18	28	10
Need for use of control and restraint with patient	21	78	57
Physical abuse, assault or violence – Malicious	7	25	18
Physical Abuse, assault or violence – unintentional	105	58	-47
Racial	4	5	1
Sexual	0	5	5
Verbal abuse or disruption	219	114	-105
Total	460	401	-59

Data is for Apr to Dec for both financial years

Patient experience



Friends and Family Test (FFT)



Data from April 2023 to December 2023

Total Responses	Month									
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	
FFT Response										
Very Good	1,547	1,778	1,858	1,878	2,079	1,906	1,975	1,918	1,251	
Good	294	342	339	318	360	358	360	349	241	
Neither Good nor Poor	57	73	79	86	81	85	83	81	71	
Poor	32	46	42	38	32	44	41	47	35	
Very Poor	35	34	39	51	53	46	42	34	37	
Don't know	12	10	13	11	13	18	13	7	14	
Total	1,977	2,283	2,370	2,382	2,618	2,457	2,514	2,436	1,649	

April 2023 to December 2023

Very Good/Good % **92.58%**

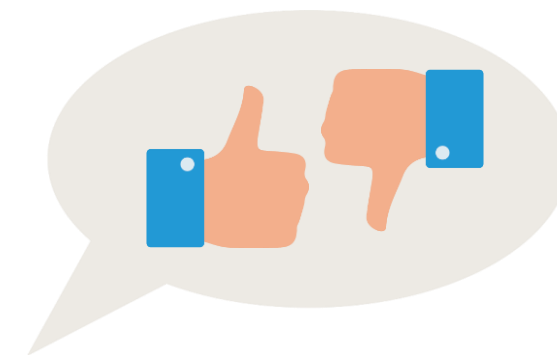
Very Poor/Poor % **3.52%**

Complaints

The following demonstrates the total number of **Complaints** the Trust received during 2023-2024 compared with 2022-2023 and 2021-2022.

Complaint Type	*2021-22	*2022-23	*2023-24	2022-23 v 2023-24
Stage 1 - Informal	1,006	1,161	1,039	-122
Stage 2 - Formal (meeting)	67	68	86	+18
Stage 3 - Formal Response Letter	85	82	61	-21
Total	1,158	1,311	1,186	

Data is for April to December for all financial years



Complaints

The following demonstrates the top 10 number of Complaints types so far for April to December.

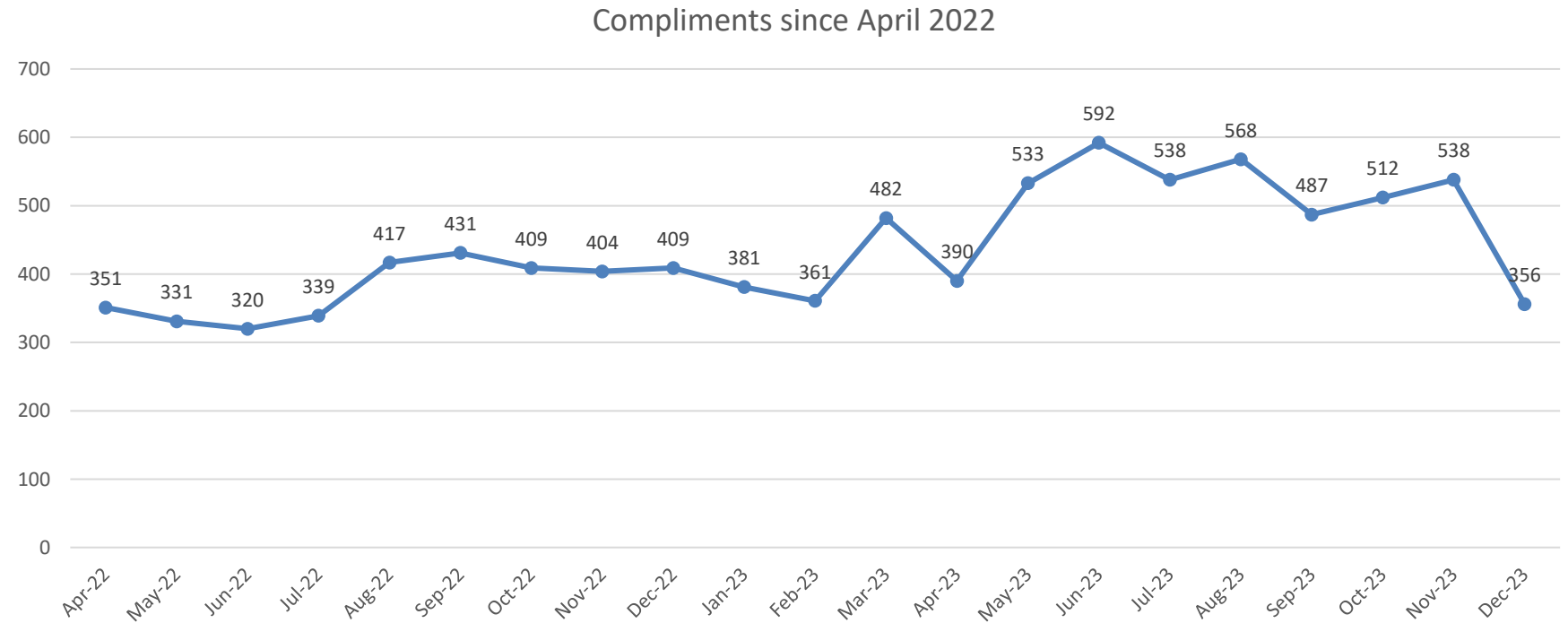
Sub-subject (primary)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Attitude of staff	5	18	13	9	12	15	7	12	8	122
Length of time to be given apt	5	9	11	9	14	12	20	8	13	108
Treatment and procedure delays	9	8	12	13	13	14	7	12	7	103
Care and compassion	4	7	2	7	9	6	12	6	9	76
Delay to diagnosis	4	2	5	10	12	12	8	6	6	74
Communication - Verbal	0	2	1	0	8	8	6	17	6	61
Communication - verbal / non verbal	27	18	4	4	0	0	0	0	0	53
Competence of staff member	3	6	3	10	9	5	5	4	2	50
Outpatient cancellation	6	7	8	8	3	1	7	6	1	50
Failure to monitor	5	3	4	4	10	3	5	5	2	47

Sub-subject (primary)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Attitude of staff	15	15	13	11	11	15	10	12	9	111
Delay to diagnosis	8	11	9	12	6	14	23	14	13	110
Communication - Verbal	6	7	16	15	6	14	10	13	14	101
Length of time to be given apt	7	6	16	17	16	15	6	8	8	99
Care and compassion	9	9	8	3	14	15	8	12	8	86
Treatment and procedure delays	6	8	10	7	6	5	10	6	6	64
Communication - Written	3	8	10	2	2	7	11	6	9	58
Discharge arrangements	3	7	8	9	8	7	3	6	2	53
Outpatient cancellation	7	7	1	14	4	11	4	2	3	53
Failure to monitor	7	4	5	8	6	6	3	3	8	50

Compliments

The following demonstrates the total Compliments received so far for April 2023 to December 2023 compared to April 2022 to December 2022.

	Total Apr to Dec
2022-23	3,411
2023-24	4,514



Maternity



National safer care recommendations

- Maternity Incentive Scheme year 5
 - Current monitoring period
 - 10 Safety Actions – nominated leads
 - Governance process
 - On track for compliance
- Ockenden Immediate & Essential Actions
 - 7 IEAS
 - Governance process
 - Insights visit led by ICB with peer review
 - On track for compliance

Maternity and Neonatal Three year Delivery Plan



Community Midwifery services

- External review
- Engagement sessions with staff
- Triangulated local intelligence: complaints and compliments
- Community hubs
- Engaged with MNVP

Maternity and neonatal Voice partnership

22/23 Workplan

Expanding the team

Co-production charter

Supporting communities in need

Communication development

Areas of Good Practice

- Bereavement pathway
- PNA & PMA development across perinatal service
- Introduction of Badgernet
- Implementation of maternity preceptorship programme
- Visit from Jess Read and Tracey Cooper
- Resources: CTG machines
- Post discharge neonatal feeding support
- BFI accreditation
- Recruitment and retention
- QI and research

2024-25 Priorities



Our approach to Quality





Improving together

Patient Quality Strategy 2023 - 2026



Patient Quality

Strategic Aim

Putting our population first

Strategic Objective

To deliver patient care that is safe, effective and person-centred.

We will achieve this by:

- Maximising the things that go right, minimising the things that go wrong
- Delivering good outcomes based on the best available evidence
- Care is shaped by what matters to people

Priorities

Deliver Safe Care

- No preventable deaths and delivering harm-free care
- Ensure staff feel secure in raising concerns
- Right skills, right place

Deliver Informed Care

- Improve outcomes through learning
- Learning from death, learning for life
- Evidencing compliance with fundamental standards of care

Deliver People-centred Care – “It starts with me”

- Proactively seek feedback
- Involve people at every stage
- Provide services that are accessible and inclusive for all (dementia, LD and autism, Mental Health)

How we will measure

- National/local survey results
- Compliance with fundamental standards
- Hospital Standard Mortality Ratio (HSMR/SHMI)
- National and local audit
- Structured Judgment Reviews
- Vacancies/turnover
- Training compliance
- Compliance with mandated surveillance of Infection Prevention control (IPC)
- Compliance with Clinical Negligence Scheme for Trusts (CNST)
- Internal and external accreditation performance (JAG, GIRFT, CQUIN)
- Compliance with Parliamentary and Health Service Ombudsman (PHSO)
- Learning from external partners

The results we want to achieve (Metrics/KPIs)

- No preventable deaths
- 10% reduction in the number of medication incidents
- 10% increase in harm-free care
- 20% increase in staff feeling secure raising concerns
- Increase training to have 30 Family Liaison Officers
- 25% reduction in Nursing, Midwifery and AHP vacancies
- 20% increase in response rates for FFT returns
- 50% increase audits evidencing improved outcomes
- Increase number of Patient Safety Partners and Patient Experience Partners
- 100% compliance with CNST

Enabling Strategic Plans

- Nursing, Midwifery and AHP Workforce
- Patient Safety
- Patient Experience
- Effectiveness and Clinical Standards
- Digital
- Quality and Shared Governance
- Leadership
- People Strategy
- Quality Improvement
- Risk Management
- Research and Development
- Population health
- Health and Wellbeing

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Excellence as our Standard

Quality improvement priorities 24/25

Maximising the things that go right, minimizing the things that go wrong

Delivering good outcomes based on best available evidence

Care is shaped by what matters to people

We will publish and implement the Trust PSERP

We will improve clinical quality through robust audit programmes against NICE guidance

We will proactively seek patient feedback and support patients and families through difficult circumstances

We will continue to develop a culture of safety where the focus is on learning, ensuring the right people with the right skills are involved at each and every level

We will continue to benchmark, learn and improve from national improvement programmes such as GIRFT and CQUIN

We will respond compassionately and implement improvements as a result of learning

2023-24 Timeline

- Engagement process between February 2024 to March 2024
- 2023-2024 document finalised end of April 2024
- Document sent to Stakeholders to produce their 3rd party statements in May 2024
- 3rd Party Statements back by end of May 2024
- The 2023-24 Quality Accounts to be published on the Trust website by 30 June 2024 deadline



Thank you

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Adult Social Care and Health Select Committee

19 March 2024

PROGRESS UPDATE ON PREVIOUSLY AGREED RECOMMENDATIONS – REVIEW OF CARE AT HOME

Summary

Members are asked to consider the evidence and assessments of progress contained within the attached Progress Update on the implementation of previously agreed recommendations in relation to the review of Care at Home (for the final report, see <https://moderngov.stockton.gov.uk/Data/Cabinet/202301191630/Agenda/att44044.pdf>).

Detail

1. Following the Cabinet consideration of scrutiny reports, accepted recommendations are then subject to a monitoring process to track their implementation.
2. Two main types of report are used. Initially this is by means of Action Plans detailing how services will be taking forward agreed recommendations. This is then followed by a Progress Update report approximately 12 months after the relevant Select Committee has agreed the Action Plan (unless requested earlier). Evidence is submitted by the relevant department together with an assessment of progress against all recommendations. Should members of the Select Committee agree, those recommendations which have reached an assessment of '1' are then signed off as having been completed.
3. If any recommendations remain incomplete, or if the Select Committee does not agree with the view on progress, the Select Committee may ask for a further update.
4. The assessment of progress for each recommendation should be categorised as follows:

1	Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2	On Track (but not yet due for completion)	The evidence provided shows that implementation of the recommendation is on track but the timescale specified has not expired.

3	Slipped	<p>The evidence shows that progress on implementation has slipped.</p> <p>An anticipated date by which the recommendation is expected to become achieved should be advised and the reasons for the delay.</p>
4	Not Achieved	<p>The evidence provided shows that the recommendation has not been fully achieved.</p> <p>An explanation for non achievement of the recommendation would be provided.</p>

5. To further strengthen the monitoring process, from August 2020, the Progress Update report will also include references on the evidence of impact for each recommendation.
6. For Progress Update reports following the completion of a review, the relevant Link Officer(s) will be in attendance.
7. **Appendix 1** (Review of Care at Home) sets out the recommendations for this Committee. Members are asked to review the update and indicate whether they agree with the assessments of progress.

Name of Contact Officer: Gary Woods
Post Title: Senior Scrutiny Officer
Telephone No: 01642 526187
Email Address: gary.woods@stockton.gov.uk

APPENDIX 1
PROGRESS UPDATE: Review of Care at Home

SCRUTINY MONITORING – PROGRESS UPDATE	
Review:	Care at Home
Link Officer/s:	Martin Skipsey
Action Plan Agreed:	February 2023

Updates on the progress of actions in relation to agreed recommendations from previous scrutiny reviews are required approximately 12 months after the relevant Select Committee has agreed the Action Plan. Progress updates must be detailed, evidencing what has taken place regarding each recommendation – a grade assessing progress should then be given (see end of document for grading explanation). Any evidence on the impact of the actions undertaken should also be recorded for each recommendation.

Recommendation 1:	Stockton-on-Tees Borough Council (SBC) ensures all registered Care at Home providers across the Borough are visible within the Stockton Information Directory (indicating if they are included in the SBC Framework Agreement), and that this list is accessible via the Council website.	
Responsibility:	Catherine Buller	Karen Shaw
Date:	July 2023	December 2023
Agreed Action:	Support the Communication Team to re-launch SID as required.	Review specification for 2024-2029 Care at Home contract to ensure there are relevant obligations for keeping SID (and other relevant websites) current and accurate.
Agreed Success Measure:	Provider information is current and valid on SID post re-launch.	Revised specification with appropriate clauses included.
Evidence of Progress (March 2024):	Discussions completed with the SID team around support for the launch and it has been agreed that a soft launch is being undertaken to test the functionality of the site. Support to be provided via Transformation Team when the site is ready for a more proactive promotion. New SID went live week commencing 12.2.24 Framework information requires updating following award of the new tender in October 2024.	Completed. Specification for the Care at Home 2024-29 contract includes an obligation for providers to include their information on SID and to ensure it is regularly reviewed and updated.
Assessment of Progress (March 2024): (include explanation if required)	1 (Fully Achieved)	1 (Fully Achieved)

APPENDIX 1 PROGRESS UPDATE: Review of Care at Home

Evidence of Impact (March 2024):	N/A.	N/A
Recommendation 2:	A regular feature is included within Stockton News regarding the local Care at Home sector (i.e. good news story, staffing opportunities, etc.).	
Responsibility:	Catherine Buller	
Date:	Dates as per diary, starting March 2023	
Agreed Action:	Establish regular item at the Care at Home and Leadership and Peer Support Network to identify and develop good new stories across the network.	Quarterly catch-up with Communications to identify potential stories and ensure these are agreed, developed and promoted through Stockton News as per procedure.
Agreed Success Measure:	Regular articles / good news stories in SID.	Communications reps to attend Strategy Team meeting on quarterly basis.
Evidence of Progress (March 2024):	<p>Care at Home and Care Homes added to the comms plan in March 2023.</p> <p>2 Care at Home stories have been showcased in Stockton News.</p> <p>A regional campaign funded by ADASS and working alongside the Department of Health and Social care was undertaken in 2023 and showcased case studies from Providers in Stockton. In conjunction with the ICB and regional NHS and Social Care colleagues as part of the Widening Participation programme has been running since November 2023 which promotes and show cases the sector.</p>	Strategy team meetings scheduled in the diary for 24/25 and comms colleagues are invited to attend these on a quarterly basis.
Assessment of Progress (March 2024): (include explanation if required)	2 (On-Track)	1 (Fully Achieved)
Evidence of Impact (March 2024):	Providers have been asked to feedback on the impact of media and recruitment campaigns however feedback has been minimal. 12 Providers uploaded vacancies across the sector to the DOHSC website through the course of the campaign.	

APPENDIX 1 PROGRESS UPDATE: Review of Care at Home

Recommendation 3:	SBC / Care at Home providers consider existing, and potentially new, mechanisms to engage with local colleges / schools to promote opportunities to work in the care sector.			
Responsibility:	Catherine Buller / Julie Nisbet			
Date:	December 2023			
Agreed Action:	Include partnership working with local Schools / Colleges as part of the Recruitment and Retention Programme for Care homes / Care at Home. Opportunities available via Shout Out Portal.			
Agreed Success Measure:	Implementation of Recruitment and Retention Programme as per plan. Numbers of School and College leavers who are supported into jobs with local Care at Home Providers.			
Evidence of Progress (March 2024):	<p>The Employment and Training Hub have attended 3 events at schools and colleges via the Shout out Portal since March 2023.</p> <p>There have been 5 recruitment events held at the Employment and training Hub which are attended by 400-700 members of the Public. At each event Adult Social Care services have an allocated space “care corner” to promote roles within the Care sector. These events are done in conjunction with Stockton Riverside college who bring learners from their Health and Social Care courses to meet with Providers and access opportunities to work within the sector.</p> <p>Two Care at Home providers support the colleges Health and social care courses (Level 1, 2 . T Levels and access to H&SC) by providing speakers who inform learners about the sector and promote opportunities to work for their organisations. The Transformation Team continues to promote the development of I Care ambassadors and are working with Skills for Care around their development and promotion of future engagement opportunities.</p>			
Assessment of Progress (March 2024): <small>(include explanation if required)</small>	1 (Fully Achieved)			
Evidence of Impact (March 2024):	Conversion of learners into employees in the sector continues to remain low. Evaluation of the impact on children of school age cannot be assessed at this time.			

Recommendation 4:	SBC reinforce with local providers the need to ensure service-users and their families / informal carers are fully (and repeatedly) aware of how to raise an issue / complaint regarding the care they are receiving (including directly to the provider themselves or to SBC) and that this is responded to in a timely manner.			
Responsibility:	Catherine Buller	Kerry Anderson	Quality and Compliance Team	Quality and Compliance Team

APPENDIX 1 PROGRESS UPDATE: Review of Care at Home

Date:	April 2023	April 2023	Ongoing	March 2024
Agreed Action:	Specific agenda item at Care at Home Leadership and Peer Support Network.	Write a letter to providers to remind them of their contractual responsibilities in relation to complaints.	Monitor through PAMMS assessment.	Monitor complaints.
Agreed Success Measure:	Agenda item for Care at Home Leadership and Peer Support meeting.	Letter sent to providers.	PAMMS Assessment scores for standards QB18, B03, F07.	Contract monitoring of complaints / issues raised direct to providers.
Evidence of Progress (March 2024):	Action completed as part of the Care at Home Provider forum, engagement sessions and one to one discussion with Providers.	Letter sent out to all contracted Care at Home providers who deliver care within the standard care at Home Framework Agreement.	6 Care at Home Providers are scheduled to have a PAMMS assessment by end of March 24. To date 3 providers have had their PAMMS completed.	All 6 Care at Home providers submit monthly performance dashboards that detail the number of complaints received each month
Assessment of Progress (March 2024): (include explanation if required)	1 (Fully Achieved)	1 (Fully Achieved)	2 (On-Track)	1 (Fully Achieved)
Evidence of Impact (March 2024):	<p>During PAMMS assessments providers complaints policy, procedure and handling of complaints is also reviewed.</p> <p>In the last year there have been 3 complaints to SBC regarding Care at Home services across 2 different Lots indicating this procedure is in place and providers report that most complaints are</p>	<p>This is covered within the contract specification and the letter reinforced the message of their contractual responsibilities.</p> <p>Quality Assurance & Compliance Officers have monitored this through annual PAMMS assessments and contract compliance meetings</p>	<p>Findings that we have evidenced through PAMMS:-</p> <p>'Service users spoken to advised they know how to contact the office to raise any complaints. Information on how to make a complaint is provided to service users at the time of assessment.'</p> <p>'A guide is given to the SUs on commencing their care package, and this includes contact details for</p>	<p>6 providers have collectively reported a total of 44 concerns / complaints that they have received for the period 3/23 to date. 3 complaints have been dealt with through SBC which indicates 41 have been resolved satisfactorily by their internal complaints processes. Complaints are discussed at our monthly QuAD</p>

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	<p>resolved in house.</p> <p>This has also been reinforced in the New Service specification of October 2024.</p>		<p>the Director, alongside local authority contacts, LGO, and CQC. Discussion with service users confirmed they would know how to make a complaint should the need to'</p> <p>'Within the audit file held in the office there was evidence of robust investigations into complaints with thorough documentation and a clear investigation overview attached.'</p> <p>Any areas that are scored as Requires Improvement (RI) on PAMMS would become an action that the provider would need to put additional measures in place to ensure service is delivered to a Good standard. Assurance for this progress would be evidenced through contractual meetings.</p>	<p>meetings and any raised risks or concerns would be picked up with the provider at contractual meetings.</p>
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Recommendation 5:	Providers ensure their back-office functions are adequately staffed and that appropriate mechanisms are in place to keep service-users updated on any changes to planned visits (whether these be in relation to timings or actual staff attending).	
Responsibility:	Kerry Anderson	Quality and Compliance Team
Date:	April 2023	Ongoing

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Agreed Action:	Write a letter to providers to remind them of their contractual responsibilities in relation to office cover and communication with service users.	Monitor through PAMMS assessment.
Agreed Success Measure:	Letter sent to providers.	PAMMS Assessment scores for standards S12, QF02, F03.
Evidence of Progress (March 2024):	Letter sent out to all contracted Care at Home providers who deliver care within the standard care at Home Framework Agreement.	6 Care at Home Providers are scheduled to have a PAMMS assessment by end of March 24. To date 3 providers have had their PAMMS completed.
Assessment of Progress (March 2024): (include explanation if required)	1 (Fully Achieved)	2 (On-Track)
Evidence of Impact (March 2024):	<p>This is covered within the contract specification and the letter reinforced the message of their contractual responsibilities.</p> <p>Quality Assurance & Compliance Officers have monitored this through annual PAMMS assessments and contract compliance meetings.</p>	<p>Findings that we have evidenced through PAMMS:-</p> <p>‘All office staff, including management and director, are care trained and are added to rota's in instance of shortages.’</p> <p>‘Rotas were viewed for the last two weeks and evidenced that there was sufficient staff on duty with the right knowledge, experience and training to meet the needs of the Service users.’</p> <p>‘A business continuity plan is in place and includes procedures to be followed for various situations such as: fire, flood, utility issues and staff shortages. Staff spoken with confirmed that they were aware of the document and a copy was available in the office.’</p> <p>Evidence of communication by providers to Service Users was seen in the form of email, letters and telephone logs detailing Services Users are given updates on planned care changes wherever possible.</p> <p>Any areas that are scored as Requires Improvement (RI) on PAMMS would become an action that the provider would need to put additional measures in place to ensure service is delivered to a Good standard. Assurance for this</p>

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		progress would be evidenced through contractual meetings.
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Recommendation 6:	As far as possible, providers set a multiple-week rolling staff rota and that this is shared on a weekly basis with service-users (and, where relevant, families / informal carers).		
Responsibility:	Catherine Buller	Kerry Anderson	Quality and Compliance Team
Date:	March 2023	April 2023	Ongoing
Agreed Action:	Specific agenda item at Care at Home Leadership and Peer Support Network (followed up by correspondence for those who do not attend).	Follow up letter to providers to remind them of their contractual responsibilities in relation to staff rotas and communication with service users.	Monitor through PAMMS assessment.
Agreed Success Measure:	Agenda item for Care at Home Leadership and Peer Support meeting.	Letter sent to providers.	PAMMS Assessment scores for standards S1, QB02.
Evidence of Progress (March 2024):	Action completed as part of the Care at Home Provider forum, engagement sessions and one to one discussions with Providers.	Letter sent out to all contracted Care at Home providers who deliver care within the standard care at Home Framework Agreement.	6 Care at Home Providers are scheduled to have a PAMMS assessment by end of March 24. To date 3 providers have had their PAMMS completed.
Assessment of Progress (March 2024): (include explanation if required)	1 (Fully Achieved)	1 (Fully Achieved)	2 (On-Track)
Evidence of Impact (March 2024):	Providers reported that rotas are shared with clients/ families on a weekly basis either electrically via an app or email or sent out through the post. Any changes to this will be communicated to the Client prior to a visit taking place. One provider stated that there practice is to always have a new carer attend a visit alongside a regular carer in order to	This is covered within the contract specification and the letter reinforced the message of their contractual responsibilities. Quality Assurance & Compliance Officers have monitored this through annual PAMMS assessments and contract compliance meetings.	Findings that we have evidenced through PAMMS:- 'Paperwork was in place to ensure service users have been provided with appropriate information i.e. copy of service user guide, complaints information and that they had been involved in their care planning. Rotas are published and sent out to SU in advance on a weekly basis'

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	<p>make introductions before that person will deliver care.</p> <p>Weekly meeting held between Brokerage and SBC service leads, no issues identified.</p>		<p>'Service users spoken with confirmed they are kept up to date with rotas on a weekly basis and informed where unexpected changes occur (such as lateness)'</p> <p>Any areas that are scored as Requires Improvement (RI) on PAMMS would become an action that the provider would need to put additional measures in place to ensure service is delivered to a Good standard. Assurance for this progress would be evidenced through contractual meetings.</p>
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Recommendation 7:	SBC, in conjunction with local providers, continues in its efforts to raise the profile of the care sector within the Borough. To boost the status of care workers and give reassurance to those individuals / families seeking support, this should include lobbying for Care at Home staff to be regulated through a national register (e.g. inclusion within the Health and Care Professions Council) and investigating the feasibility of a local register.	
Responsibility:	Catherine Buller	Rob Papworth
Date:	October 2023	July 2023
Agreed Action:	Communications, with the Care at Home Provider Network to collaborate and identify opportunities to promote the sector through appropriate channels.	Liaise with NE ADASS and neighbouring LAs to identify best route to advocate for a Care at Home National Register.
Agreed Success Measure:	Care at Home Provider meeting minutes. Examples of PR, events and publicity surrounding Care at Home.	Communication / Correspondence with DHSC.
Evidence of Progress (March 2024):	<p>As outlined above regional, national and local campaigns to raise the profile of the sector have been undertaken via DOHSC and Widening participation.</p> <p>As well as the Recruitment events held at the employment and training Hub there have also been specific Care at Home recruitment events held</p>	Work towards having Care at Home services registered via the HPCP has not been completed at this stage but will be raised at the Regional ADASS forum.

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	<p>at the E&T Hub. The E&T Hub staff also promote the sector when engaging with members of the Public who attend the Hub.</p> <p>Providers have also conducted individual pieces of work to promote the sector however this is not consistent across all providers.</p>	
<p>Assessment of Progress (March 2024): (include explanation if required)</p>	2 (On-Track)	2 (On-Track)
<p>Evidence of Impact (March 2024):</p>	<p>2 Provides across the network have been nominated for awards around their leadership and service provision and this has been promoted nationally.</p> <p>Providers report engaging with their clients, families and staff members around activities to promote the sector, make quality improvements and service provision and to deliver activities.</p>	

Recommendation 8:	Linking-in with the push for the integration of care, SBC act as a conduit to foster closer links between local Care at Home providers and NHS Trusts.	
Responsibility:	Catherine Buller	Rob Papworth / Catherine Buller
Date:	May 2023	August 2023
Agreed Action:	Review existing fora to understand how this is supporting partnership working between SBC and Health.	Where gaps are identified, agree and implement solutions to deliver the engagement required to support effective communication and decision making.
Agreed Success Measure:	Map of current meetings and evaluation of impact on effectiveness.	Revised meeting schedule.
Evidence of Progress (March 2024):	<p>Links between Care at Home services and the NHS are continuing to develop. North Tees and Hartlepool Foundation Trust is represented at each Provider Forum.</p> <p>Work has been undertaken by the Trust and with Care Providers to educate and provide them access to</p>	<p>2024/25 Care at Home meeting schedule has been developed and put in place reflecting the tender and new framework that will come in place in October 2024.</p>

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	<p>initiatives such as the Virtual Frailty ward and Urgent Care response to help maintain and treat people in their own homes. Providers have also been engaged in the Discharge to assess process to support health discharge patients to a safe and supportive environment.</p> <p>A joint engagement session with Providers and the NHS to define responsibilities of health and social care was undertaken. This has now been reflected in the design of the new Care at Home framework for 2024 and the roles and responsibilities of social care and health have been set out within the new specification.</p>	
<p>Assessment of Progress (March 2024): (include explanation if required)</p>	1 (Fully Achieved)	1 (Fully Achieved)
<p>Evidence of Impact (March 2024):</p>	<p>Virtual Frailty wards and Urgent Care response data shows an increase in the use of these services and Providers have reported positivity to these new initiatives.</p> <p>Providers have mechanisms within the Local Authority to raise concerns around Health Processes and actively participate in this.</p>	

Recommendation 9:	SBC continue to provide a platform for local providers to come together and share ideas / learning / concerns, and that those not engaging are encouraged wherever possible to join the ongoing conversation.	
Responsibility:	Catherine Buller / Karen Shaw / Zoe Flood	
Date:	March 2024	
Agreed Action:	Maintain and continue to promote the Care at Home Leadership and Peer Support Network to all registered providers across Stockton-on-Tees.	
Agreed Success Measure:	Meeting minutes. Evidence of improving attendance across the sector.	
Evidence of Progress (March 2024):	Engagement sessions have been held monthly, with Care at Home services which have been generally well attended. During these Providers have been	

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	<p>given the opportunity to raise concerns and to be part of the design of the new Framework.</p> <p>One to one face to face meetings have also been conducted with Providers by the Transformation Team to give Providers and opportunity to highlight any issues or provide feedback to the LA.</p> <p>Information has also been sent out to Providers following the engagement events to allow those who have not attended and opportunity to review and feedback their views. Providers have also been provided with a number of mechanisms to contact the Local Authority via the Quality Assurance Team, Brokerage Team, Transformation Team and Contracting Team.</p>
<p>Assessment of Progress (March 2024): (include explanation if required)</p>	<p>1 (Fully Achieved)</p>
<p>Evidence of Impact (March 2024):</p>	<p>Relationships, opportunities and mechanisms for Providers to come together or engage on a one to one basis are very robust. Providers have fed back positively about their relationships with the Local Authority and development of the new Framework. Opportunities for Providers to come together on Teams and Face to face have been provided over the last year.</p>

Recommendation 10:	The use of 15-minute welfare calls is minimised and used only when appropriate as part of a wider package of care.	
Responsibility:	Shaun Taylor / Catherine Buller	
Date:	March 2024	September 2023
Agreed Action:	Develop the Teleassist offer to complement / proxy support for people accessing welfare calls.	Implement the activity monitoring pilot to identify how the solution can provide better intelligence on needs of people and act as a tool to manage a person's daily living.
Agreed Success Measure:	Numbers registered with One Call on Teleassist. Feedback from people accessing the service.	Evaluation of the pilot phase.
Evidence of Progress (March 2024):	<p>There are currently 10 people who are on the Tele Assist Programme.</p> <p>Work has been undertaken via OneCall around training and education.</p>	<p>Pilot conducted across Reablement and Rosedale. 17 people had Activity monitoring installed with several clients maintaining it longer term. Plans for progression to phase 2 are currently underway.</p>
Assessment of Progress (March 2024): (include explanation if required)	2 (On-Track)	1 (Fully Achieved)
Evidence of Impact (March 2024):	Feedback from service users that have Tele Assist in place is very positive.	Evaluation conducted and feedback from clients and family has been positive.

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Recommendation 11:	SBC continue to explore and deploy other options to support welfare, including tele-assist and technology.	
Responsibility:	Shaun Taylor / Catherine Buller	Rob Papworth / Krasen Saltikov
Date:	December 2023	April 2023
Agreed Action:	SBC to explore assistive technology newly available to the market and evaluate potential impact.	Test and evaluate the opportunity for the Virtual Home, as part of the NE ADASS assessment of the training and provider development hub.
Agreed Success Measure:	Quarterly review meetings. Evidence of assessment and evaluation with internal stakeholders.	NE ADASS review.
Evidence of Progress (March 2024):	<p>Monthly engagement sessions have been completed with Providers over the last year and 2 of these have focused on the use of assistive technology. During these sessions available technology was showcased providers fed back positively and subsequently made referrals into One Call.</p> <p>Under the new Framework the use of assistive technology is central to supporting care providers and clients of services.</p> <p>One Call and ISD continue to attend events and webinars which showcase emerging technologies and innovative practice in using assistive technology and the offer within Stockton continues to develop.</p>	<p>Virtual house training has been completed by 59 members of adult social care.</p> <p>NE ADASS have approved further funding across the North East and we have agreed to roll the training out more widely across the directorate.</p> <p>NE ADASS have asked for all LAs to train 100 staff members during 2024/25.</p>
Assessment of Progress (March 2024): (include explanation if required)	2 (On-Track)	2 (On-Track)
Evidence of Impact (March 2024):	We have seen an increased awareness and knowledge of availability of assistive technology across the Adult Social Care Teams and Provider networks.	

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Recommendation 12:	Consideration be given to standardised questions for providers to issue to their clients in order to evaluate quality and performance, and for responses to be submitted to SBC as contract managers.		
Responsibility:	Catherine Buller / Carol Devine Wilson / Darren Boyd / Communications	Quality Assurance and Compliance Team	Karen Shaw
Date:	July 2023	Ongoing	December 2023
Agreed Action:	Engage with Care at Home Providers through the Leadership and Peer Support Network (with Communications colleagues) to agree a standard form of words and process for recording feedback.	Monitor through PAMMS assessment.	Review specification for 2024-2029 Care at Home contract to ensure there are relevant obligations for feedback from people accessing support and their families.
Agreed Success Measure:	Standard questionnaire plus agreed process for recording and review.	PAMMS Assessment scores for standards S1, QB03, S14, QF04.	Revised specification with appropriate clauses included.
Evidence of Progress (March 2024):	<p>Consistency of feedback from people accessing the service has been included in the new framework under appendix 2 (voice of the person) which is a newly developed requirement for providers on the framework.</p> <p>This will need to be scheduled on one of the provider forum meeting in advance of the tender to begin to discuss how this will work once it is implemented.</p>	6 Care at Home Providers are scheduled to have a PAMMS assessment by end of March 24. To date 3 providers have had their PAMMS completed.	Completed. Specification for the next contract includes a requirement that providers use a standardised questionnaire to obtain feedback from people using the service and their families/ informal carers. Providers are also required to establish and facilitate focus groups and to use other ways to consult with people using the service as appropriate, including exit interviews/ forms, forums/ information sharing events, stakeholder groups/ meetings, and service user newsletters. The results of all consultation is to be shared with the Council and will form part of the contractual assessment of the services being provided.

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Assessment of Progress (March 2024): (include explanation if required)	2 (On-Track)	2 (On-Track)	1 (Fully Achieved)
Evidence of Impact (March 2024):		<p>Findings that we have evidenced through PAMMS:-</p> <p>‘Service users spoken with confirmed that they receive calls from the office to check that they are happy with the service they receive. A "voice of the customer" survey is carried out 6 monthly by a Field carer or Care Co-ordinator. Finding from these discussions feed into an improvement plan and information is used to enhance outcomes for the individual Service users.’</p> <p>‘Service Users are encouraged to provide feedback through satisfaction surveys and are given prepaid envelopes to return these.’</p> <p>Any areas that are scored as Requires Improvement (RI) on PAMMS would become an action that the provider would need to put additional measures in place to ensure service is delivered to a Good standard. Assurance for this progress would be evidenced through contractual meetings.</p>	New contract will start in October 2024.

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Recommendation 13:	SBC varies the Call Scheduling and Monitoring element of the specification for a Care at Home and Domestic Support Service to ensure local providers offer (and issue where requested) non-electronic logbooks to document visits to an individual’s home, and that this option is reflected within their service-user information packs.	
Responsibility:	Kerry Anderson	Catherine Buller / Karen Shaw
Date:	March 2023	December 2023
Agreed Action:	Vary the current service specification to improve clarity around visit recording.	Engage with Care at Home Providers through the Leadership and Peer Support Network (with Communications colleagues) to agree new specification for 2024-2029 Care at Home contract.
Agreed Success Measure:	Revised specification with updated clauses included.	Revised specification with updated clauses included.
Evidence of Progress (March 2024):	The Care at Home Framework Agreement was due to end at the end of September 2023. A variation to this had been put to the providers in December 2022 covering other items. In view of that recent variation at the time of this recommendation and that this was covered within the current specification it was decided to ensure that this was tightened up within the new contract due to commence in October 2023. Due to unforeseen provider failure in March 2023 it was deemed in the best interests of the market to take up an optional extension and minimise any further changes to the specification. This recommendation will be included in the new contract commencing in October 2024.	Monthly engagement sessions have been completed with Provider throughout 2023 and into 2024 and were well attended for the most part. View of Providers gathered regarding the development and changes to the new specification.
Assessment of Progress (March 2024): (include explanation if required)	3 (Slipped)	1 (Fully Achieved)
Evidence of Impact (March 2024):	Within the current contract section Section 19.3 states – Records: The Service Provider must maintain in the Service User’s home, a detailed record which shall contain relevant information concerning the Service User’s Care and Support Plan and actions taken in its delivery, and be updated on a daily basis recording the start and end times of service	Good engagement and feedback from Providers. Changes made to the specification.

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	<p>delivery and the name of the Care and Support Worker. Records will be secure, up to date and in good order and constructed, maintained and used in accordance with the Data Protection Act 1998, and other statutory requirements and are kept for the requisite length of time.</p> <p>Monitored through general contract management reviews.</p>	
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Recommendation 14:	A joint letter from the SBC Cabinet Member for Adult Social Care and Chair of the Adult Social Care and Health Select Committee is sent to the relevant care minister and local MPs regarding the key findings of this review, reiterating the need for appropriate future support of the sector.
Responsibility:	Gary Woods
Date:	February 2023
Agreed Action:	Liaise with Cabinet Member and Chair of ASH Select and appropriate officers of the Council to draft, approve and Issue appropriate letter as agreed.
Agreed Success Measure:	Letter issued.
Evidence of Progress (March 2024):	<p>Letter sent (via email and post) to the Minister of State (Helen Whately MP) at the Department of Health and Social Care (DHSC) on 20 February 2023. Electronic copy also shared with MPs for Stockton North and Stockton South.</p> <p>MP for Stockton North issued subsequent correspondence to Helen Whately MP on 20 February 2023 referencing the Committee's review.</p> <p>Response received from the DHSC on 20 March 2023 thanking the Committee for sharing its work and stating that the '<i>submission has been shared with the department's social care policy officials for careful consideration</i>'.</p>
Assessment of Progress (March 2024): (include explanation if required)	1 (Fully Achieved)
Evidence of Impact (March 2024):	No further correspondence received since DHSC response in March 2023.

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Recommendation 15:	Regarding the national ‘fair cost of care’ exercise:	
	a) Outcomes of this be presented back to the Adult Social Care and Health Select Committee once published, along with the Council’s response to the key findings.	b) SBC reviews the balance of costs it pays both care home and Care at Home providers to ensure this remains a fair allocation in light of ever-changing demand.
Responsibility:	Rob Papworth / Martin Skipsey / Lisa Tague	Martin Skipsey / Lisa Tague
Date:	May 2023	March 2023
Agreed Action:	Report back on the final submissions to DHSC for Appendix A, B and the MSP.	Fee setting for 2023/24 reflects local and national picture and Council’s resource commitments.
Agreed Success Measure:	Report to ASCH.	Budget Report to CMT / Cabinet.
Evidence of Progress (March 2024):	<p>In March 2022 the Government published details of the <i>Market Sustainability and Fair Cost of Care Grant</i>. The grant conditions included a requirement to produce the following:</p> <ul style="list-style-type: none"> • a cost of care exercise – produced by surveying local providers for 65+ residential and nursing care and 18+ homecare to determine a sustainable fee rate for different care settings. The exercise was to accurately reflect local costs such as staff pay and travel time and provide for an appropriate return on capital or return on operations. • a spend report – a document showing how the Council intended to use the 2022/23 grant. • a provisional market sustainability plan setting out local strategy for the next 3 years (2022 to 2025). <p>The deadline for submission to DHSC was 14 October 2022. Final versions of the Annex B & C were published on the Council website by the required deadline in March 2023. Documents can be accessed here;</p>	<p>Council approved the 2023/24 MTFP in February 2023. Included within the MTFP was funding for a fee uplift to Care at Home Providers of 8.89% in line with agreed contract mechanisms. A new “Market Sustainability and Improvement – Workforce Fund”, was allocated to Local Authorities in Summer 2023. This funding has been utilised for an in year fee uplift to Care at Home providers of 5.7%, applicable from November 2023.</p> <p>Council approved the 2024/25 MTFP in February 2024. Included within the MTFP was funding for a fee uplift to Care at Home Providers from April 2024. (Standard) Care at Home Providers will receive an increase of 15.6% (against April 23 rates). This is a significant increase, enabling providers to deal with recruitment and retention issues. All other Care at Home Providers will receive an increase of 8.61% in line with the contracted fee increase mechanism.</p>

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	<p>Annex B - Cost of Care Report-Homecare-January-2023</p> <p>Annex C - Final Market Sustainability Plan-March-2023</p> <p>The grant allocation in 2022/23 was £570,536. An element of this funding was utilised to fund an in year fee uplift to Care at Home providers of 6.5% applicable from December 2022. This enabled providers to bring forward the NLW increase for their carers.</p>	
<p>Assessment of Progress (March 2024): (include explanation if required)</p>	1 (Fully Achieved)	1 (Fully Achieved)
<p>Evidence of Impact (March 2024):</p>	Positive feedback from providers.	Positive feedback from providers.

Assessment of Progress Gradings:	1 Fully Achieved	2 On-Track	3 Slipped	4 Not Achieved
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SCRUTINY REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE

Summary

The fifth (and final) evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care will consider a range of public / patient views in relation to the Borough's general practices.

Detail

1. During the scoping phase for this review, the Committee identified the following key lines of enquiry:
 - What do we know about issues within the Borough – are these confined to specific areas? Do experiences vary when contact is made with practices at different times of the day?
 - Is there a variation in access according to population characteristic (e.g. disproportionate impact on more deprived, those with disabilities, different ethnic groups, older people)?
 - How is the public encouraged to raise concerns about access? What mechanisms are in place to report issues and how are these communicated?
 - Do practices actively seek feedback from its registered patients around access – if so, how has this informed arrangements?
2. In an attempt to find answers to the above and ascertain the experiences of the local population when contacting / accessing general practices, a number of organisations have been approached to gather previously submitted feedback. These include:
 - **Care Quality Commission (CQC)**: Compliments and complaints received in relation to Stockton-on-Tees general practices.
 - **North East and North Cumbria Integrated Care Board (NENC ICB)**: Compliments and complaints received in relation to Stockton-on-Tees general practices.
 - **Healthwatch Stockton-on-Tees**: Responses collected via the 'Share your views' platform (<https://www.healthwatchstocktonontees.co.uk/share-your-views>) (tabled at the last meeting). The Healthwatch South Tees 'Top Tips for Accessing Your GP Practice' guide referenced during the Committee's October 2023 meeting is included for information (see **Appendix 1**).
 - **GP Patient Survey 2023**: Overview of results given at the Committee's October 2023 meeting, with results per practice provided within the supplementary data pack for selected questions (see **Appendix 2**). Data from the survey is being further analysed via <https://www.gp-patient.co.uk/analysistool>.
3. Further to the collection of existing feedback, the Committee has also issued its own survey to **Patient Participation Groups (PPGs)** within each of the 21 local practices. Responses to this are included within these meeting papers (see **Appendix 3**).

4. A copy of the agreed scope and plan for this review is included for information.

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“I need to see a doctor!”

Top Tips for Accessing Your GP Practice

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Introduction

More people are contacting us about GP appointments and can be confused about:

- How can they access this service?
- Who can they see?
- Who are the different professionals working in their practice?

We have worked in collaboration with a range of professionals to gather information in response to questions and issues raised by local people. We present the most common questions and answers in this document.

Relevant QR codes and links in the digital document are provided for you to access additional information about your chosen subject. On our printed document scan the QR code, on the digital version click the QR code.

How to scan a QR code

- 1 Open the camera on your phone or tablet.
- 2 Focus the camera on the QR code
- 3 Gently tap the yellow box that appears on your screen.
- 4 This will take you to the relevant website for more information.

Before we begin, here are some of the terms we have used in this document:

'Primary Care' describes the first point of contact for health services. These are part of the NHS and include your doctor, pharmacies and more.

Your doctor is often referred to as your General Practitioner or GP. When we talk about **'general practice'**, or **'GP Practice'** we are referring to all the services provided by your GP surgery and not just those from a GP.

'Triage' is a term that is used to describe an assessment of needs to help direct a patient to the right health care professional within primary care. This is usually done over the telephone.

GP Practice services have changed to meet increasing demand and respond to local health care needs. They have done this by expanding the workforce, to include more specialist roles that work alongside GPs in general practice and improve the offer for patients.



Responding to Your Queries

The following sections are in response to what the public regularly ask us:

What we hear from the public:

“Why should I tell the receptionist what my problem is?”

Reception staff have access to a range of health care professionals and services as GP Practices now have more roles working in practices that can help patients. The information you provide will be treated professionally and confidentially to help the practice team book the best appointment for you, with the most appropriate person, as this isn't always the GP. You can help by providing as much information as you can whether this is over the phone or using an on-line service.

You can still request an appointment specifically with your GP rather than take an appointment with the most suitable member of the primary care team. If this is your preference, you are likely to wait longer.

Additional Roles in Practices

Groups of GP Practices decide what additional roles will benefit their patients and these are shared between GP Practices, but not all roles will be available. This means there will be more choice of health care professionals that you can access, and your appointment may be offered at a different location from your usual surgery.

Advanced Practitioners

Advanced practitioners can be nurses, pharmacists, paramedics, physiotherapists, occupational therapists, dieticians, or podiatrists. They have a wide range of skills and knowledge that increases the offer of support to patients registered with your GP Practice.

Care Coordinators

Care coordinators are personalised care professionals who help to provide capacity, and expertise to support patients. They work closely with the practice team to make sure that appropriate support is made available to the patient and their carers and ensure that their changing needs are addressed.

Health and Wellbeing Coaches

Health and wellbeing coaches predominately use health coaching skills to support people to develop the knowledge, skills, and confidence to manage existing issues. They work alongside people to coach and motivate them to implement their personalised health and care plan.

Social Prescribing Link Workers

Social prescribing link workers connect people to community groups and agencies for practical and emotional support.

Clinical Pharmacists

Clinical pharmacists work in the GP Practices in a patient facing role to clinically assess and treat patients. They work with and alongside the general practice team, taking responsibility for patients with chronic diseases. Some pharmacists can also prescribe and manage prescriptions.

Pharmacy Technicians

Pharmacy technicians compliment the work of clinical pharmacists, and where appropriate, advise patients and members of the workforce.

First Contact Physiotherapists

First contact practitioner physiotherapists can assess, diagnose, treat, and manage musculoskeletal problems and undifferentiated conditions. They can be accessed directly by patients, or via referral from other members of the practice team.



Paramedic

A paramedic in the GP Practice can provide a rapid response to deteriorating patients and patients with long-term conditions, minor injuries, and minor illness. They can also supply a range of medicines and support patients who require wound care, have fallen, have musculoskeletal problems, and have urinary tract or respiratory infections.

Podiatrists

Podiatrists have been trained to diagnose and treat foot and lower limb conditions. They provide assessment, evaluation, and foot care for a wide range of patients.

Dietitians

Dietitians diagnose and treat diet and nutritional problems. They work in a variety of settings with patients of all ages, to support changes to food intake to address diabetes, food allergies, coeliac disease, and metabolic diseases.

Nursing Associates

Nursing associates deliver hands-on, person-centred care. Their roles include performing and recording clinical observations (for example, blood pressure, temperature, respirations, and pulse), and performing clinical health checks.

Mental Health Practitioner

Mental health practitioners support adults whose needs cannot be met by local talking therapies, but who may not need ongoing care from secondary mental health services.

Mental health practitioners for children and young people can support early identification and intervention to more targeted or intensive support and interventions as part of a joined-up approach with children and young people's community mental health services.

They will act as bridge between primary care and secondary mental health services and can facilitate onward referral to a range of services to meet patients' needs.

Physician Associates

Physician associates are healthcare professionals, with a generalist clinical education, who work alongside GPs. They provide care for a patient from the initial appointment through to diagnosis, treatment, and evaluation. They cannot prescribe medication, but they can prepare prescriptions for GPs to sign.

General Practice Assistants

General practice assistants deliver a combination of routine administrative tasks and some basic clinical duties. Their focus is on managing patients and providing administrative support.

Digital and Transformational Leads

Digital and transformation leads support increased access to care for patients, through the adoption of new technology and other initiatives.

For further information about these roles please scan or click this QR code



Registering at a Practice

What we hear from the public:

“I don’t have a fixed address so how can I register with a doctor?”

Anyone in England can register for free at a GP Practice and you don’t need to have a fixed address to do so.

Scan or click this QR code to find out more about how to register with a GP Practice.



Scan or click this QR code to find a GP Practice.



If you have problems registering with a GP:

- call the NHS England Customer Contact Centre on 0300 311 22 33
- or contact Healthwatch South Tees on 0800 118 1691

Making an Appointment

What we hear from the public:

“I am unable to get through to my GP Practice using the telephone!”

There are many ways to make an appointment. These include:

By telephone

Some patients prefer to contact their practice by telephone and phone lines can be extremely busy. When the need is urgent, the patient or their representative will want to call as soon as possible on a morning (8am–9am) but this is one of the busiest times. You will usually have to wait in a queue, please be patient as you will get through eventually.

If you don't need an urgent appointment, you can help by phoning later in the day which may be less busy.

Some practices state preferred times for things like test results or prescription requests, so find out your practice preferences and try to stick to the times given. This frees up phone lines during busy times when people are wanting to make urgent appointments.

In person

You can walk into GP Practices and speak directly to reception staff who can help with your query.

Using Online Health Services

All GP Practices will have online/digital access, but different practices may use different systems.

Online systems will enable you to:

- Book / cancel / review appointments.
- Request repeat prescriptions.
- Access parts of your health record including test results, vaccinations, appointment records and communications between your GP and other health services such as hospitals.

You are also able to request access to your full GP records online.

“Check your surgery website to find out what online systems they use and choose one with a system that suits you.”

Digital services are generally for people who don't need urgent face-to-face appointments. Photos can be uploaded to help the practitioner identify what course of action to take or inform their decision to see you in person.

Should the information you submit into the electronic system, indicate the possibility of something more serious, you will be instructed by the system to get urgent or emergency care. The system may also signpost you to self-care or alternative services e.g. pharmacy if those are more appropriate.

Some of the more common systems are:

eConsult

This online system takes the patient or their representative, through a series of questions about the symptoms or condition and is sent directly to the GP Practice. The GP Practice will review this information and respond accordingly. eConsult may at times be turned off by your practice or limited (for example to practice open hours) to help with the management of patient submissions.

SystemOnline

SystemOnline gives access to a patients' healthcare records, enables the booking of appointments and the management of medication.

If your GP Practice uses this platform, you will need to tell your practice reception team that you would like to use it. You will usually need to provide ID and your practice will supply you with a personal username and password details. This service incorporates a practice capping function which means the number of available appointments per day is entered into the system.

NHS App

This system is available to all patients who can sign up to the App without having to request this through the GP Practice. This gives the patient access to their healthcare records, management of appointments and medication and provides helpful information and advice.

Scan or click the QR code for more information about the range of digital services.

You will need access to a computer, tablet, or Smart Phone for digital

healthcare access. You can also contact your local Healthwatch for information (contact details are at the back of this resource).



Self-referral

You may be able to self-refer to local services including mental health, physio and more. Information may be found on the practice website. Alternatively, reception staff may be able to provide this information over the phone. Try calling on an afternoon when phone lines may not be as busy.

What we hear from the public:

“How long will I wait for an appointment?”

If your need is urgent, most practices will provide 'same day' appointments. If an urgent appointment can't be provided you may be recommended to call 111, go to an urgent care centre or A&E. If your need isn't urgent, you will be offered an appointment at another time. This is sometimes referred to as a pre bookable or routine appointment.

It is important to remember that general practice is not an emergency service. You should call 999 in an emergency, to avoid delay.

What we hear from the public:

“If I'm not sure I need an appointment, what else could I do?”

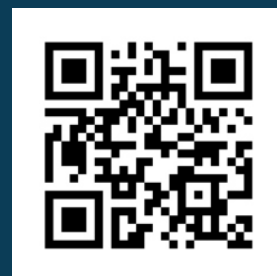
Your local pharmacy can help with many health problems such as sore throats, coughs, colds, urinary tract infections (UTIs) and routine aches and pains. You can visit them directly or ask for advice over the phone.

If you are unsure about what you might need, your practice team can help direct you. They will tell you if you need to speak to a doctor or another health practitioner or help you find out if your need could be more urgent.

You could also consider viewing 111 online (find out more by scanning or clicking this QR code) or use the eConsultation service on your practice's website for more self-help guidance.



Scan or click this QR code to access A-Z of conditions, symptoms and treatments and your NHS account.



If your need is urgent and your GP Practice has no more appointments available that day, you may be advised to call 111. If your needs are not urgent you should be offered an alternative appointment.

What we hear from the public:

“Why is my appointment not face-to-face?”

All practices will give you a face-to-face appointment when your health condition needs assessing and one is available. You may initially be offered a telephone or video appointment because it may be the quickest way to get you the care you need. If you prefer face-to-face, please tell the practice team of your preference, especially if this reduces barriers to effective communication, for example, if you have hearing difficulties.

What we hear from the public:

“I no longer need my appointment, what should I do?”

If you cannot make your appointment or no longer need it, please contact the practice to cancel it as soon as you can. Many practices have the ability for patients to cancel appointments via text message or via the surgery online system. Appointments that are cancelled are offered to someone else who needs it rather than the appointment being wasted.

During April 2023

6,076

**GP appointments were wasted
as a result of patients not attending
across South Tees**

Making an Appointment

Enhanced Access

Enhanced Access offers appointments between 6.30pm and 8pm weekdays and between 9am and 5pm Saturdays. This appointment may not be at your usual GP Practice. Enhanced access appointments can be booked through your GP Practice.

What we hear from the public:

“Why, when I get through to the practice are there no appointments left?”

GP Practices can only safely provide a certain number of appointments per day depending on the staff they have available. Each practice will decide how those appointments are given throughout the day to ensure there is a mix of same day and pre-bookable appointments.

The NHS has made some recent changes to increase the number of appointments available to include weekday evenings and Saturday appointments, which will help alleviate this issue to some extent.

Reasonable Adjustments

Reasonable adjustments are things that need to be in place for an individual to have equal access to healthcare. They are sometimes referred to as personalised services because they should be tailored to a person's specific needs.

If you have specific needs or develop specific needs that require adjustments, it is best to discuss these with your GP Practice as soon as possible. Do this prior to needing an appointment, so the practice can make the necessary adjustments in advance.

Reasonable adjustments can include interpreters, hearing loops, sign language, physical adaptations, changing places etc. They can also include changes to the way appointments are usually delivered such as longer appointments, quiet spaces and specific or supported means of communication.

Communication

What we hear from the public:

“How might the practice communicate with me?”

GP Practices communicate via letters or telephone calls, through the NHS App or the online consultation system on their website. Text messages are often used to convey important information and appointment reminders. Please ensure all your contact details, including name, address, and telephone numbers, are correct, are kept up to date and if relevant, your preferred method of communication.

GP Practice notice boards, social media and websites are also used to communicate information to patients.

Accessible Information Standards

All organisations that provide health or care services must work within the Accessible Information Standards framework by law. This means your health or care provider must find out what your communication needs are and meet them. Scan or click the QR code to find out more about Accessible Information Standards.



What we hear from the public:

“How do I give feedback?”

All GP Practices have a website with details of how to contact them. It is not possible to supply direct email addresses for your practice due to patient safety and the risk of messages not being read due to high volume.

Many practices will have a suggestion box in reception areas for feedback.

Ensure you share your views on NHS annual patient surveys or any practice surveys you are invited to complete.

All practices have patient participation groups and welcome new members. Ask at reception for details if you would like to become involved and help improve delivery and patient experience for yourself and others.

Comments, Compliments and Complaints

All GP Practices have a Comments, Compliments and Complaints process.

Comments and Compliments

These are as equally important. Please tell your GP Practice what they are doing well or if something they did was particularly helpful, let your practice know so they can try to do more of this for you and for others.

Complaints

Your local Healthwatch has information about how to make a complaint and you can find more information by scanning or clicking this QR code.



People First can also help support you to make a complaint through their free Independent Complaints Advocacy Service. For further information about People First, please scan or click this QR code.



All GP Practices will have a complaints process and you can get this information by contacting them directly or on their website. In the first instance, it is usually best to try to find a resolution to your problem directly with the practice by speaking to a member of the practice management team. This ensures your complaint receives the full consideration and response it requires.

Patient Record Keeping

What we hear from the public:

“How do I know that my records are correct and up to date and information sharing, necessary for my continued wellbeing, is properly flagged and shared with other health providers?”

There are strict national guidelines for the upkeep and sharing of patient records. All GP Practices have policies and procedures in place to ensure patient records are kept up to date including records of clinical and non-clinical consultations and any actions undertaken. The policies and procedures also cover how and when information is shared with other health providers to ensure patients receive the care they need.

You can access your health records by using online services such as the NHS App or by speaking to your GP Practice. Scan or click the QR code to find out more information about accessing your NHS health records.



Carers

What we hear from the public:

“I can’t register as a carer at my practice because the person I care for doesn’t go to the same doctor!”

Registering as a carer is about supporting your own health and wellbeing needs. The person you care for doesn’t need to be a patient at the same GP Practice for you to register as a carer at your own. Scan or click this QR code to find out more information.



All GP Practices hold a Carers Register for unpaid carers. Practices in the South Tees area are being encouraged to become carer friendly. This means:

- They use NHS carers quality markers to improve services.
- Personalise services by considering individual needs using carers’ passports.
- Actively seek hidden carers.
- Undergo training and appoint carer ambassadors within the practice.

Some practices have carer noticeboards, carer engagement events, and specified carer appointments.

If you provide unpaid care for someone, even if it is a family member, it is important that you register yourself as a carer at your GP Practice. You can do this by speaking to the practice management team or visiting reception. Alternatively, you can access a form by scanning or clicking this QR code to be completed and handed in at your GP Practice.



It is important for you to consider if the person you care for requires you to be involved in their care and health decisions. If they do and you require access to their health records, prior formal consent is needed. Practice staff cannot divulge confidential information without express consent recorded in the patient record. You may also be interested in applying for Lasting Power of Attorney for health and care, for the person you care for which you can find out more about by scanning or clicking this QR code.



For more information about local unpaid carers support services, carers rights etc please scan or click this QR code.



Patients with Learning Disability and/or Autism

Your practice should offer an Annual Health Check (AHC) to all patients aged 14+ with a learning disability. If you have a learning disability or care for somebody who does, make sure the GP Practice is aware of this because not everyone may be on the practice's Learning Disability register. To find out more about this, scan or click the QR code.



Young people between 14 and 25 are frequently not taking up the opportunity to attend their health checks locally. It is important to consider accepting this invite because people with learning disability can have poorer physical and mental health than the general population, as well as reduced life expectancy due to treatable and preventable ill health.

An AHC is an ideal opportunity to discuss any concerns you may have about your health and wellbeing, and to get checks, vaccines, screening, treatments and health advice etc. A Health Action Plan should be provided as part of this process, which outlines the details for your personal health and wellbeing plan going forward. For easy read information about AHCs please scan or click this QR code.



Although GP Practices will provide an AHC for those with Learning Disability and Autism, there is no requirement to provide AHCs for autistic people without learning disability. However, if you are autistic, or care for someone who is, you can have this flagged on the patient records and ensure the practice is aware of any reasonable adjustments needed.

“Not all people who have a learning disability are on their practice's Learning Disability register. If you are unsure, speak to your practice about registration and ask about Annual Health Checks and Health Action Plans.”

“When making an appointment, whether this be for an AHC or not, mention the person's learning disability/autism as you can be offered a longer appointment, and any other reasonable adjustments that are needed.”

Prescriptions

What we hear from the public:

“What is the best way to order prescriptions?”

Repeat prescriptions can be ordered via the NHS App, your patient online account or your GP Practice website. However, if you do not have access to the internet then some surgeries have dedicated prescription telephone lines. Many practices also have a prescription request box in their reception areas. To find out more about this, please scan or click the QR code.



It is really important that you order your medication at least a week before you need it. This will allow enough time for your GP Practice to process your request as well as time for the pharmacy to order your medication if required. It ensures you get your medication when you need it, so you do not run out. You do not normally need an appointment unless advised otherwise.



What we hear from the public:

“How do I get the medications or medical aids I need with an NHS prescription?”

Prescriptions are sent electronically from your GP Practice to a community pharmacy. To find out how you can nominate a specific community pharmacy to collect your prescriptions please scan or click the QR code.



Repeat prescriptions are regularly reviewed and your GP Practice will discuss this if it affects you. If you have any queries about what you have been prescribed, you must take this up with your practice as your community pharmacy is unable to make any changes to prescriptions.

You can speak to community pharmacies directly for more information about the specific treatments and services they offer as each one can differ or, scan or click this QR code to find out more about your local community pharmacies.



Community pharmacies can supply most medications if you need them in an emergency outside of GP Practice hours. Scan or click this QR code to find out how you may do this depending on your circumstances.



Some medications or suitable alternatives may be cheaper when bought over the counter so do discuss this at your community pharmacy.

We hope you find this document informative and use it as a resource to access information when required. All the online links are from reputable sources, which are updated as necessary. If you are unable to use the QR codes, please contact Healthwatch South Tees who will provide you with the relevant information.

Use the Right Service



Self Care

Care for yourself at home

Minor cuts & grazes | Minor bruises
Minor sprains | Coughs and colds



Pharmacy

Local expert advice

Minor illnesses | Headaches
Stomach upsets | Bites & stings



NHS 111

Non-emergency help

Feeling unwell? | Unsure? | Anxious?
Need help?



GP Advice

Out of hours call 111

Persistent symptoms | Chronic pain
Long term conditions | New prescriptions



UTCs

Urgent Treatment Centres

Breaks & sprains | X-rays
Cuts & grazes | Fever & rashes



A&E or 999

For emergencies only

Choking | Chest pain | Blacking out
Serious blood loss

Healthwatch South Tees

Information & Signposting

The information provided in this document is in response to queries received from the public across Middlesbrough and Redcar & Cleveland over the past year.

If you are a member of the public and have any queries about any aspect of health and care across South Tees area, please contact our Information & Signposting service #JustAsk.

Contact us

Freephone: 0800 118 1691

(automated voicemail that we respond to regularly throughout each working day only – Mon–Fri)

Text Only service: 07451 288 789

Email: healthwatchsouthtees@pcp.uk.net

Our service is covered weekdays between 9am and 5pm.

Visit our websites, by scanning or clicking these QR codes, for more information:

www.healthwatchmiddlesbrough.co.uk



www.healthwatchredcarandcleveland.co.uk



Scan or click this QR code and sign up to our monthly Ebulletin to:

- find out more about our work;
- receive updates about local health and care services;
- join in with local consultations;
- hear about local community activities.



Acknowledgements

We are grateful to members of the public who have shared their experiences with us and thankful to the following partners for their support in creating this resource, including:

Cleveland Local Medical Committee (CLMC)

MIND – Primary Care Link Worker (Carer Support)

NHS Digital Services

NHS North East and North Cumbria Integrated Care Board

South Tees Health Improvement Group – Learning Disability and Autism

Tees Local Pharmaceutical Committee

You can also get involved with us

Community Champions

You can be our vital link to all communities across South Tees. Through your professional role, you understand the needs of the people you support so why not share their experiences of local health and social care services with us. It will help us to identify gaps in service or highlight factors in our area that are contributing to poor health and wellbeing that we will share with those that make decisions about these services in our area. To find out more scan or click this QR code or click the link here.



Volunteering

You can help your local community get health and care services in a way that they need them? Build confidence, meet people and learn new skills. We have a range of flexible volunteering opportunities from home or in the community for people of all ages and backgrounds. To find out more scan or click this QR code or click the link here



Freephone: 0800 118 1691

Text Only service: 07451 288 789

Email: healthwatchsouthtees@pcp.uk.net



Healthwatch have been amazing at helping me understand who to speak to and how to deal with problems I have been having. It has made a huge difference knowing that someone really wants to know about my experience and for the first time it feels like something is actually getting done, I would have been completely in the dark, now I'm aware of what the problems are I know where to start tackling them. Healthwatch has helped open the door to people who wouldn't have listened otherwise.



healthwatch

GP Patient Survey - 2023 results

Survey question	National average	Tees Valley	Stockton	Practice ranges
% of patients surveyed found it easy to get through to someone at their GP practice on the phone	50%	49%	52%	9% - 98%
% of patients surveyed found the receptionists helpful	82%	85%	89%	70% - 99%
% of patients surveyed were satisfied with the GP appointment times available to them	53%	55%	59%	26% - 93%
% of patients surveyed were satisfied with the appointment(s) offered	72%	75%	77%	54% - 96%
% of patients surveyed would describe their experience of making an appointment as good	54%	57%	62%	41% - 96%
% of patients surveyed would describe their overall experience of their GP practice as good	71%	75%	78%	51% - 99%

Key: indicates better than national average; indicates worse than national average

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Key: **indicates better than national average**; **indicates worse than national average**

GP Patient Survey results

Data Source: [GP Patient Survey \(gp-patient.co.uk\)](http://gp-patient.co.uk)

101

Practice Code	Practice	Q32. Overall, how would you describe your experience of your GP practice?			Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?			Q16. Were you satisfied with the type of appointment you were offered?			Q21. Overall, how would you describe your experience making an appointment?			Q6. How satisfied are you with the general practice appointment times that are available to you?		
		National Average 2023		71%	National Average 2023		50%	National Average 2023		72%	National Average 2023		54%	National Average 2023		53%
		2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve
A81001	The Densham Surgery	65%	85%	-20%	48%	51%	-3%	79%	71%	8%	54%	53%	1%	48%	66%	-18%
A81002	Queens Park Medical Centre	73%	62%	12%	26%	24%	3%	73%	62%	11%	51%	36%	14%	41%	43%	-1%
A81006	Tennant Street Medical Practice	89%	75%	14%	27%	16%	11%	75%	66%	10%	56%	39%	16%	53%	36%	17%
A81014	Queenstree Practice	79%	84%	-5%	60%	77%	-17%	74%	71%	3%	65%	70%	-5%	57%	67%	-10%
A81017	Woodbridge Practice	64%	50%	13%	47%	27%	20%	74%	52%	22%	59%	35%	24%	50%	30%	21%
A81025	The Dovecot Surgery	60%	70%	-10%	23%	37%	-14%	60%	76%	-16%	45%	52%	-7%	42%	64%	-22%
A81027	Yarm Medical Practice	77%	67%	10%	27%	31%	-4%	72%	72%	0%	40%	47%	-7%	51%	46%	6%
A81034	Thornaby & Barwick Medical Group	74%	67%	8%	23%	21%	2%	72%	59%	13%	56%	47%	9%	46%	51%	-6%
A81036	Norton Medical Centre	51%	62%	-10%	9%	7%	2%	81%	49%	12%	23%	23%	0%	26%	23%	3%
A81039	Eaglescliffe Medical Practice	90%	87%	2%	63%	62%	1%	86%	82%	5%	67%	68%	0%	70%	56%	14%
A81040	Marsh House Medical Practice	70%	75%	-5%	37%	36%	2%	54%	60%	-6%	43%	46%	-3%	40%	58%	-18%
A81046	Woodlands Family Medical Practice	55%	61%	-6%	30%	42%	-12%	63%	63%	3%	42%	49%	-7%	43%	54%	-11%
A81056	Melrose Surgery	93%	89%	4%	96%	92%	3%	96%	88%	8%	87%	83%	4%	92%	77%	14%
A81057	Kingsway Medical Centre	83%	75%	9%	61%	55%	6%	84%	71%	13%	70%	62%	8%	64%	60%	3%
A81066	Park Lane Surgery	94%	95%	-1%	83%	94%	-11%	83%	91%	-8%	83%	84%	-1%	76%	80%	-3%
A81067	Alma Medical Centre	88%	80%	9%	32%	26%	6%	86%	81%	5%	60%	58%	3%	55%	56%	-1%
A81602	Dr Rasool	99%	98%	1%	98%	96%	2%	96%	99%	-3%	96%	91%	5%	90%	84%	6%
A81608	Elm Tree Surgery	91%	91%	0%	97%	93%	4%	96%	93%	2%	94%	91%	2%	93%	82%	11%
A81610	The Roseberry Practice	58%	63%	-6%	33%	43%	-9%	60%	74%	-14%	41%	56%	-15%	39%	46%	-7%
A81629	Riverside Medical Centre	92%	96%	-5%	90%	92%	-2%	89%	93%	-4%	88%	89%	-1%	84%	90%	-5%
A81634	The Arrival Practice	87%	83%	4%	81%	82%	0%	83%	81%	2%	76%	78%	-2%	80%	87%	-7%

The table above is a comparison of the results from 2023 to 2022.

Practice Code	Practice	Q32. Overall, how would you describe your experience of your GP practice?				Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?				Q16. Were you satisfied with the type of appointment you were offered?				Q21. Overall, how would you describe your experience making an appointment?				Q6. How satisfied are you with the general practice appointment times that are available to you?			
		National Average 2023		71%		National Average 2023		50%		National Average 2023		72%		National Average 2023		54%		National Average 2023		53%	
		PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021
A81001	The Densham Surgery	73%	65%	85%	88%	59%	48%	51%	56%	78%	79%	71%	86%	65%	54%	53%	66%	63%	48%	66%	58%
A81002	Queens Park Medical Centre	84%	73%	62%	89%	28%	26%	24%	49%	78%	73%	62%	88%	56%	51%	36%	66%	50%	41%	43%	64%
A81006	Tennant Street Medical Practice	84%	89%	75%	88%	28%	27%	16%	39%	75%	75%	66%	84%	56%	56%	39%	64%	50%	53%	36%	69%
A81014	Queenstree Practice	76%	79%	84%	91%	56%	60%	77%	87%	75%	74%	71%	91%	61%	65%	70%	88%	58%	57%	67%	86%
A81017	Woodbridge Practice	73%	64%	50%	73%	59%	47%	27%	53%	78%	74%	52%	79%	65%	59%	35%	63%	63%	50%	30%	51%
A81025	The Dovecot Surgery	73%	60%	70%	82%	59%	23%	37%	56%	78%	60%	76%	87%	65%	45%	52%	64%	63%	42%	64%	67%
A81027	Yarm Medical Practice	84%	77%	67%	88%	49%	27%	31%	68%	79%	72%	72%	87%	62%	40%	47%	80%	61%	51%	46%	67%
A81034	Thornaby & Barwick Medical Group	84%	74%	67%	79%	49%	23%	21%	42%	67%	72%	59%	81%	62%	42%	56%	79%	61%	46%	51%	62%
A81036	Norton Medical Centre	76%	51%	62%	78%	56%	9%	7%	47%	75%	61%	49%	79%	61%	23%	23%	57%	58%	26%	23%	64%
A81039	Eaglescliffe Medical Practice	84%	90%	87%	86%	49%	63%	62%	78%	79%	86%	82%	86%	62%	67%	68%	81%	61%	70%	56%	74%
A81040	Marsh House Medical Practice	76%	70%	75%	82%	56%	37%	36%	75%	75%	54%	60%	82%	61%	43%	46%	69%	58%	40%	56%	64%
A81046	Woodlands Family Medical	73%	55%	61%	75%	59%	30%	42%	45%	78%	66%	63%	77%	65%	42%	49%	59%	63%	43%	54%	63%
A81056	Melrose Surgery	76%	93%	89%	94%	56%	96%	92%	97%	75%	96%	88%	92%	61%	83%	96%	90%	58%	92%	77%	85%
A81057	Kingsway Medical Centre	76%	83%	75%	90%	56%	61%	55%	80%	75%	84%	71%	82%	61%	70%	62%	82%	58%	64%	60%	69%
A81066	Park Lane Surgery	84%	94%	95%	94%	49%	83%	94%	98%	79%	83%	91%	97%	62%	83%	84%	94%	61%	76%	80%	85%
A81067	Alma Medical Centre	84%	88%	80%	95%	28%	32%	26%	55%	86%	81%	92%	92%	56%	60%	58%	81%	50%	55%	56%	83%
A81602	Dr Rasool	76%	99%	98%	97%	56%	98%	96%	100%	75%	96%	99%	99%	61%	96%	91%	99%	58%	90%	84%	95%
A81608	Elm Tree Surgery	73%	91%	91%	95%	59%	97%	93%	95%	75%	96%	93%	91%	61%	94%	91%	96%	63%	93%	82%	90%
A81610	The Roseberry Practice	76%	58%	63%	80%	56%	33%	43%	56%	75%	60%	74%	74%	61%	41%	56%	64%	58%	39%	46%	55%
A81629	Riverside Medical Centre	73%	92%	96%	90%	59%	90%	92%	92%	78%	89%	93%	88%	65%	88%	89%	90%	63%	84%	90%	91%
A81634	The Arrival Practice	73%	87%	83%	89%	59%	81%	82%	95%	78%	83%	81%	85%	65%	76%	78%	87%	63%	80%	87%	79%

The table above is a heat map of the GP Patient survey results from 2021 to 2023 for Stockton-on-Tees.

Page 108 Practice Code	Practice	Q32. Overall, how would you describe your experience of your GP practice?		Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?		Q16. Were you satisfied with the type of appointment you were offered?		Q21. Overall, how would you describe your experience making an appointment?		Q6. How satisfied are you with the general practice appointment times that are available to you?	
		National Average 2023	71%	National Average 2023	50%	National Average 2023	72%	National Average 2023	54%	National Average 2023	53%
		TV Av. 2023	2023	TV Av. 2023	2023	TV Av. 2023	2023	TV Av. 2023	2023	TV Av. 2023	2023
A81001	The Densham Surgery	74%	65%	49%	48%	75%	79%	57%	54%	55%	48%
A81002	Queens Park Medical Centre	74%	73%	49%	26%	75%	73%	57%	51%	55%	41%
A81006	Tennant Street Medical Practice	74%	89%	49%	27%	75%	75%	57%	56%	55%	53%
A81014	Queenstree Practice	74%	79%	49%	60%	75%	74%	57%	65%	55%	57%
A81017	Woodbridge Practice	74%	64%	49%	47%	75%	74%	57%	59%	55%	50%
A81025	The Dovecot Surgery	74%	60%	49%	23%	75%	60%	57%	45%	55%	42%
A81027	Yarm Medical Practice	74%	77%	49%	27%	75%	72%	57%	40%	55%	51%
A81034	Thornaby & Barwick Medical Group	74%	74%	49%	23%	75%	72%	57%	56%	55%	46%
A81036	Norton Medical Centre	74%	51%	49%	9%	75%	61%	57%	23%	55%	26%
A81039	Eaglescliffe Medical Practice	74%	90%	49%	63%	75%	86%	57%	67%	55%	70%
A81040	Marsh House Medical Practice	74%	70%	49%	37%	75%	54%	57%	43%	55%	40%
A81046	Woodlands Family Medical Practice	74%	55%	49%	30%	75%	66%	57%	42%	55%	43%
A81056	Melrose Surgery	74%	93%	49%	96%	75%	96%	57%	87%	55%	92%
A81057	Kingsway Medical Centre	74%	83%	49%	61%	75%	84%	57%	70%	55%	64%
A81066	Park Lane Surgery	74%	94%	49%	83%	75%	83%	57%	83%	55%	76%
A81067	Alma Medical Centre	74%	88%	49%	32%	75%	86%	57%	60%	55%	55%
A81602	Dr Rasool	74%	99%	49%	98%	75%	96%	57%	96%	55%	90%
A81608	Elm Tree Surgery	74%	91%	49%	97%	75%	96%	57%	94%	55%	93%
A81610	The Roseberry Practice	74%	58%	49%	33%	75%	60%	57%	41%	55%	39%
A81629	Riverside Medical Centre	74%	92%	49%	90%	75%	89%	57%	88%	55%	84%
A81634	The Arrival Practice	74%	87%	49%	81%	75%	83%	57%	76%	55%	80%

The table above show the Stockton-on-Tees practices' results in 2023 compared to the Tees Valley average.

PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

1. As a PPG, do you feel listened to by your practice? (please explain your answer)

1	<p>Yes, the Practice Manager and clinical representative attends every PPG Meeting and they do listen and act very quickly upon with any concerns we have. XXXXXXXX Practice is very caring and proactive practice and works very closely with the PPG members.</p>
2	<p>Yes, very much so, I receive regular emails & SMS messages regarding changes & services available.</p>
3	<p>It is too early for me to make a yes or no decision on this as only joined at end of last year and I have attended a group meeting. The GP and Practice manager noted suggestions me and the other member made and verbally responded to them as well.</p>
4	<p>Most definitely. I have family and friends who are patients at the practice and whenever an issue is raised (which is rare), I know I can speak with the practice manager to discuss the issue. Also when I have highlighted an area for improvement the practice have listened and over time improved the patient experience. An example being contacting the practice on the telephone to make an appointment. The line used to be constantly engaged and a patient had to redial to make the call. Now it is a queuing system which also gives an option for the patient to get a call back when it is their turn in the queue.</p> <p>Online prescriptions have been introduced, thus eliminating the need to attend the practice. Plus this is managed extremely timely with the prescription being electronically sent to the nominated pharmacist.</p> <p>An ongoing issue is access to appointments at times of high demand. The practice is aware and has informed me this is being addressed. Access hasn't helped with one of the doctors being on long term sick leave, however locums have helped.</p> <p>As an ex Police Inspector with Cleveland, I was responsible for authorising drug destruction which included prescribed medication recovered from sudden deaths. At one of my meetings with the practice manager I highlighted this. To reduce patients stockpiling un-needed drugs the practice has a pharmacist that reviews medication which is reported back to the GP. I have personally had a review whereby my medications were reduced thus saving the NHS money.</p>
5	<p>Having been a member of this PPG since its creation many years ago I can say, with confidence, that issues discussed and suggestions advanced have, as appropriate and possible, been listened to and acted upon. Dialogue between the Gps and Management and the PPG has never been a problem. Consequently there is co-operation in both directions.</p>
6	<p>It depends what is meant by "listened to". The PPG staff are very polite and friendly, and appear to be both open and receptive. However, I have formed the opinion so far that they are merely going through the motions. Before Covid the PPG agreed to hold meetings every two months, to give some continuity. However there have only been two meetings since then, one at such short notice that I was unable to attend. We last met in October, and the next meeting was due in December, but because of Christmas etc. this was put off until January. It is now February and there is still no word of a meeting. I do get the feeling that the practice considers that, at best, the meetings are a waste of time, and at worst a potential source of interference in the running of the practice. It seems they would be happy with one or two meetings a</p>

PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

	year and only bother at all because they have a contractual obligation. Attempts have been made to request management and statistical information about the general running of the practice, but so far these requests have fallen on stony ground. The practice has provided access to a social media site called 'Slack' which I assume they hope PPG members will use. It may be useful in some ways, but does not permit the PPG as a whole to discuss and reach meaningful conclusions.
7	After much consideration / debate the group believe that the practice do listen but they're often not in a position to resolve 'things' at that point in time and as such it may appear that they're not interested. One possible way in which communication could be improved would be if a clinician attended our meetings more frequently, we fully appreciate their workloads so they'd only have to stay a short while. However we'd also like to add that if something was raised and some months down the line nothing appeared to have been progressed we would certainly feel 'safe' in raising the issue again.
8	Yes, we advised that XXXXXXXXXXXXXXX should promote the role of the Advanced Nurse Practitioner, what they are able to treat and that they can prescribe medications. An area on the display board in the Practice waiting area was allocated with information about the Advanced Nurse Practitioner on it. The practice was responsive to our suggestions.
9	Yes as a member of the PPG I feel listened to. A request for agenda items is made to all members prior to the meeting. A recent example is that we suggested that a group member could chair the meeting rather than one of the GP's, this would allow the GP's to take part in the meeting better and be totally impartial. This was tried out at our last meeting and worked successfully.
10	Yes. At our regular meetings, everyone has opportunity to contribute to discussions on practice activities and any proposed changes. Where possible, suggestions are acted upon and results fed back to the group. Any concerns raised are also dealt with by appropriate staff members. Some newer members are not sure how much GPS take note of the PPG concerns and opinions.
11	Yes. Issues raised at PPG meetings have been addressed where possible. Bearing in mind of course that some issues cannot be for many reasons, but issues have been explained.

Themes:

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PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

2. In the last year, what are the main issues that the PPG has identified / raised in relation to access to GP services?

1	<ul style="list-style-type: none"> • The current telephone system is outdated and needs an update, so patients can have a call back, rather than waiting. • Giving patients a choice of a face-to-face or telephone appointment. • Having in-house created posters in bigger fonts, so patients can see more clearly how to access GP services. • Updating the practice website with more clinical/signposting information, so patients can access GP services, knowing which clinician they need to speak to.
2	<p>During holiday periods there has been a shortage of GP appointments & its difficult when trying to contact the Surgery by telephone.</p>
3	<p>I only became a member of the PPG at the end of last year so have only had one meeting so I am unable to say anything about meetings earlier in year. The lack of Face-to-Face appointments was the main subject as many people are not happy about having to discuss over the phone or fully able to describe symptoms. And feel more reassured when able to see a GP or Nursing staff. Also, the telephones are always busy so looking into the booking of appointment online [patient access] or ability to cancel by email.</p>
4	<ul style="list-style-type: none"> • Following COVID the Phlebotomy Service was moved from the practice to another surgery. Concerns were raised regarding the new venue and now the service has returned to the practice. • As mentioned at 1 above, the telephone contact service has been improve significantly. • Access to appointments sometimes is problematic due to high demand. Mostly you can be seen or spoken to that same day however when this is not possible the reception team will do their best to accommodate the patient on the second or third day of calling. • Calls are triaged by the trained reception team to ensure the most appropriate member of the clinical service deals with the patient.
5	<p>This PPG has been through a rocky time in terms of membership. Age and ill health has carried away many of our most active members and Covid created a stagnant period where member replacement did not get off the ground. The result was a reduction in the range of subject discussion and those two concerns common to the nation were on the table. 1. Telephone answering delay and 2. Timely access to a GP appointment. 3. Membership. Any other issues were small by comparison and were easily dealt with However, membership is now starting to climb meaning that the scope of discussion can be broadened.</p>
6	<p>None, for the reasons explained in 1. above.</p>
7	<p>The main issues at XXXXXXXXXXXX, probably like many other practices, are: 1) The ability to 'book' an appointment. This is a constant concern for patients. 2) The phone system, always in a queue for ages.</p>

PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

8	<ul style="list-style-type: none"> The main issue that has been raised is access to the Practice via the telephone line. Patients are having to call multiple times to get through to the Practice once they do get through, they are happy with the service. The Practice has increased its clinicians by recently recruiting 2 Advanced Nurse Practitioners (ANP) therefore increasing appointments for acute problems. The PPG gave feedback on the role of the ANP, not all members were aware of this role and it was agreed that patients should have more information and understanding on what they can consult the ANP with.
9	<ul style="list-style-type: none"> Appointment availability Getting through on the telephone The topic of access to appointments is discussed at most meetings and the practice continually tried different ways of improving access. This is not always 100% successful but my take on this is that the increase in population around the XXXXXXXXXXXXX area has not been matched by the same level of resource. When I first moved to the area 10 years ago it was easy to access Primary care appointments, its now very difficult.
10	<ol style="list-style-type: none"> Difficulties in getting through to the practice on the telephones. Lack of appointments if patients can get through to reception Difficulty using e-consult Practice changed to Total Triage system to try and combat the access issues. The practice reported this has improved the process at their end but we frequently receive reports from the community that they cannot contact the practice. The e-consult closes very quickly and patients have to keep trying until they can complete a form. They have 3 access points but we think more communication with the patients on how to navigate the systems is needed. Telephone bookings are almost impossible. We have received reports that older patients in particular have given up trying to get an appointment and are not accessing GP services which is concerning.
11	<p>PPG meetings stopped when Covid struck, and only started again recently. At the last PPG meeting a full explanation was given about the Extended Hours service, how to access it, and why the GP surgery was being used on a Sunday, and that appointments were needed for that. Also the work of H&SH in different appointments within the PCN (and what a PCN was, and which we were in).</p>

Themes:

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PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

3. Have any changes been made as a result of the PPG bringing issues regarding access to the practice's attention?

1	<p>Yes, as follows:</p> <ul style="list-style-type: none"> • The current telephone system is outdated and needs an update, so patients can have a call back rather than waiting. A new telephone system is being installed soon with this functionality and the PPG are working with the practice to publicise. • Giving patients a choice of a face-to-face or telephone appointment. The practice has altered its rotas so there is now patient choice of how they access the GP services. • Having in-house created posters in bigger fonts, so patients can see more clearly how to access GP services. Bigger posters have been created by the practice. • Updating the practice website with more clinical/signposting information, so patients can access GP services, knowing which clinician they need to speak to. The website has been fully redesigned and now offers a lot more information.
2	<p>The telephone system was updated and now cloud based telephone system is in situ. Extra appointments were added to each session moving from 12 to 16 appointments including daily consultations. The practice is also developing a facebook page with the aim to receive more real time contact.</p>
3	<p>There have been some changes to the website which I raised. And the email cancellation situation is being investigated.</p>
4	<p>The PPG highlighted the telephone introduction service was slightly outdated in relation to COVID and masks. This is to be rectified.</p> <p>As mentioned previously, the contact telephone number used to be continually engaged. The new system was introduced which is significantly improved the process of making an appointment.</p> <p>A HCA is now taking blood at the practice thereby saving patients from going to another premises.</p>
5	<p>Over time the number of Registrars has been increased thus increasing the number of appointments available. Another advantage of having Registrars is that they have a longer consulting period allotted which can be seen as a benefit by the patient.</p> <p>The telephone problem is one which the Practice has had for a long time and has its roots in the history of the XXXXXXXXXXXX as it was set up at the outset. The PPG has constantly nagged about the situation and whenever possible the system has been tweaked to improve but these tweaks have had little overall effect. At long last, a solution appears to be in place to be implemented in March 2024. An astounding cost is tied up in improving the system and is one of the main reasons for there being a delayed solution.</p>

PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

6	No, for the reasons explained in 1 above.
7	The practice appreciate patients concerns and in an attempt to improve the patients perception they wanted to explain the various ways in which they could be contacted / they could 'speed up' advice and or assistance. This was done via notice boards, electronic screen and newsletters (produced by XXXXXXXX). This course of action was decided upon as it would hopefully give a more instant improvement in not only perception but more importantly service. As for the phone system they continually look at it in order to look at ways to improve its overall effectiveness, this is something that will (I'm sure) continually have to be done in order to make sure that it's the best for all concerned.
8	From April 2024 the Practice are ceasing to accept prescription requests over the telephone. Patients have been given a newsletter regarding this and assistance has been given to patients to register for online services so that they can order their prescriptions this way. Hopefully this will reduce the number of telephone calls going through to the Practice and patients will be able to get through to make appointments and seek advice.
9	Different ways of managing slots have been tried. We have suggested publicising the different methods of access which I understand has been done. The group suggested that a way of leaving a voice message to cancel an appointment could be used, this is now an option on the voice system. On the back of this and also not releasing appointment slots too early the DNA rate has been reduced. Its regrettable that more online appointments are not available for patients to book but I understand this is because the limited slots need to be closely managed to ensure that they are used efficiently and available for urgent needs.
10	See above re: Total Triage. Some communications have improved e.g. changing the introductory messaging and looking at the website. However, after initial meetings to look at the options with ICB staff, the website has not improved and the changes we expected have not come about. This is to be raised at the next meeting. Local reports about the new system will also be raised at the next meeting.
11	It is a long time, pre covid, since the last regular PPG meetings, but issues raised there must have made a difference, as there are much better systems for appointments, and with the help of a PPG member the website is now much clearer and usable in explaining the appointment systems. At the very last pre covid meeting a full explanation was made and questions answered about e-consult, which proved to be invaluable for some during covid.

Themes:



PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

4. In your view, how best could your practice improve access to GP services?

1	<p>The PPG know XXXXXXXXXXXX is doing all it can to improve access to GP services. They continually ask the PPG how their access to GP services can be improved during the day, evening, and weekend.</p>
2	<p>On discussion the only improvement that could be made is employing a female Doctor.</p>
3	<p>More face-to-face appointments rather than the triage phone call. Even if each of the GPs had an allotted day for face to face it would be more helpful than current system. Not everyone has access to the internet especially older people and so are missing eConsult etc that are on the website. Many try to be independent and do not want to rely on a relative or friend to do things for them and of course do not want to discuss private matters.</p> <p>[If you look on any social media, no matter which local surgery it is. The main complaint is still why can't I see my GP face to face like it was before lockdown. And until this is sorted there will be criticism of access to the GP. I still find it strange that I can have 5 minutes or so on the phone to GP and then I am requested to go to the surgery for them to examine me thus taking another 5-10 minutes. Surely a better use of their time would be to see any patient who requests a face to face.]</p>
4	<p>Possible introduction of an online booking service for some routine appointments which will improve access. However, this could be detrimental to patients who are unable to use the online service for a variety of reasons.</p> <p>Probably as for the vast majority of practices, there continues to be an issue with recruitment of trained practitioners. I am aware the practice is actively looking at this area.</p> <p>With regard to staff retention, I am aware that most of the staff at the practice have been in post for a number of years, which is reassuring for the patients.</p> <p>From a personal point of view, the service I get from this practice is exceptional. If I ring at 8am I may be in a queue, however, I have never not been able to get a call-back appointment from a doctor to deal with the matter or an appointment with the nurse.</p> <p>I have been involved in the PPG for a number of years and have confidence that the practice listens to and acts upon my raised concerns with a view to improving the patient experience.</p> <p>One of the doctors has been on sick leave for a considerable period of time. The same locums have been employed to cover this absence and have been retained for this period for continuity of the patients.</p>
5	<p>I cannot answer that question. The Practice is doing what it can to the best of its ability within the parameters currently obtaining. Now, if individuals learned more about health and followed the well advertised health guidance then perhaps their need for medical intervention would be vastly reduced. So, my best advice is not aimed at the hard working Practices but at the patients who present so often with self inflicted health problems.</p>

PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

6	Without sufficient information about the priorities, constraints, policies and demands placed on the practice, it is not possible to develop opinions on this.
7	As previously stated we believe that getting an appointment is one of the major concerns for our patients, as we assume is a familiar story at other practices. Therefore the practice needs to make the most of what is already in place and as such must continually look for ways in which to improve what currently exists, in other words they need to be innovative as far as is possible. (note: I feel I must say that I'm convinced that all the staff, immaterial of role, want to make sure XXXXXXXXXXXX provide an excellent service.)
8	Hopefully the new prescription system will improve the telephone access and patients will also use the skills of the Advanced Nurse Practitioners.
9	More online appointment slots. That they be given resource in line with the local population.
10	More staff are needed. They meet minimum requirements, but demand is greater on the service. Need to increase the number of full-time GPs. Too many part-timers, meaning no continuity of medical care. Also need to recruit at least an extra .5 GP. Need to be more responsive to phone calls.
11	Wider dissemination of the information on the website on how to book an appointment, and also the different additional staff that are able to see patients with specific needs. We appreciate and raised at the last PPG meeting that this is difficult when so many patients are not internet enabled and not all that are realise that there is a lot of useful information on the website. Maybe some borough wide publicity on where to find information would be helpful, if all GP practices had good and usable information.

Themes:

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PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

5. How, and how often, does the PPG seek new members?

1	There is a constant advert for new members displayed in the practice on the patient call board.
2	<ul style="list-style-type: none"> • Continuous verbal invitation through appointments. • New patient registration forms. • Website. • Information posters at reception & waiting areas.
3	<ul style="list-style-type: none"> • They have it permanently on the ticker “appointment screen “asking for people to join. . • They also have it on the website and have had a poster on the reception desk. • Mine was by seeing the poster on the reception desk when making an appointment and asking the receptionist about it. My details were passed on and I was contacted within a few hours of this.
4	There is a notice in the waiting room asking people if they would be interested in joining the PPG plus new patients are given an information sheet. I am aware that take-up is poor and this is something which could be improved upon in future.
5	This is and has always been an ongoing endeavour. Word of mouth, running invitations on the Practice video, newsletters, invitations to be an email member, moving meeting times. The catchment area of this Practice contains a large number of individuals who have little or no interest in health matters or who do not have time to spare to attend a PPG. At this time we appear to have gained a few interested people for which we are very grateful. I believe this has been by word of mouth.
6	There is a rather obscure mention on the practice website, which is how I heard about it.
7	<p>This has been continually done since 2011, when the group was created, and it’s done in a variety of ways:-</p> <ol style="list-style-type: none"> 1) The electronic notice board / screen. 2) The XXXXXXXX notice board. 3) The practice website. 4) XXXXXXXX newsletters. 5) XXXXXXXX minutes.
8	There is a notice in the patient waiting room and also a link on XXXXXXXX website to recruit patients onto the PPG.
9	New members are always encouraged.

PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES

10	There is a permanent notice on the board in reception inviting patients to join. We also put out occasional extra calls on the website to join. We also put it on social media.
11	Currently, since the covid break, there is a campaign to get more members for the PPG. There are notices in the waiting room, and a link on the website to encourage new members to join. At the last meeting a lot (maybe about 40) people came along in addition to the half dozen or so existing members.

Themes:

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Primary Care Network (PCN)	
Billingham & Norton PCN (7 practices – responses from 4 PPGs*)	* two received from same PPG
BYTES PCN (4 practices – responses from 2 PPGs)	
North Stockton PCN (3 practices – responses from 1 PPG)	
Stockton PCN (7 practices – responses from 3 PPGs)	

Adult Social Care and Health Select Committee
Review of Access to GPs and Primary Medical Care
Outline Scope

Scrutiny Chair (Project Director): Cllr Marc Besford	Contact details: marc.besford@stockton.gov.uk
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<p>Which of our strategic corporate objectives does this topic address?</p> <p>The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):</p> <p><i>A place where people are healthy, safe and protected from harm</i></p> <ul style="list-style-type: none"> • Support people to live healthy lives and address health inequalities through a focus on early prevention, long-term conditions, substance misuse, smoking, obesity, physical activity and mental health. • ... continue to collaborate with the NHS to ensure health and care services work effectively together. • Work with our communities and partners to develop our approach to healthy places, in the context of regeneration plans and the Health and Wellbeing Strategy.

<p>What are the main issues and overall aim of this review?</p> <p>Accessing the help and advice of General Practitioners (GPs) and other professionals working in primary care general medical practices within the UK has long elicited a range of experiences and, indeed, opinions. Exacerbated by the recent COVID-19 pandemic and its subsequent knock-on effect to all health and care providers, the ability to make contact with and then use such services in the context of changed systems, working practices and workforce capacity has further sharpened views on this topic.</p> <p>Conscious of the ongoing debate around these existing challenges, the Government released a new plan in May 2023 to make it easier for patients to see their GP and, in collaboration with the NHS, recently announced a major new primary care access recovery plan which aims to facilitate faster, more convenient care. Regionally, the North East and North Cumbria Integrated Care Board (NENC ICB) publicised a three-year programme bringing together the NHS and Councils with voluntary, community and social enterprise (VCSE) organisations to tackle long-standing inequalities and poor health, an investment which included extra support for the 'Deep End' network of GP practices in the region's most deprived communities, and steps to attract and</p>

retain more GPs to work in deprived areas, with extra training and support to encourage trainee doctors to build their careers in these practices.

Locally, this scrutiny topic was proposed back in February 2022 (though was unable to be undertaken during the 2022-2023 municipal year due to competing work programme demands). At that point, several related concerns were highlighted around processes involved in accessing general practice, including call wait times, the need to complete online questionnaires, and the initial requirement to tell call-handlers of very personal issues before receiving an appointment. Whilst it is acknowledged that work will have taken place in relation to this topic since early-2022, recent national and regional announcements regarding primary care (general practice) access demonstrates the ongoing high-profile nature of what is a key frontline health service.

The aim of this review will be to:

- Understand the existing local 'access to GPs' landscape in the context of national / regional developments around this ongoing issue.
- Ascertain current systems for accessing general practice services, the communication of these to the public, and how effective they are (including any variations across the Borough's providers).
- Determine any areas which may assist in improving the experience of the local population, and practices themselves, when individuals wish to contact and / or access general practice services.
- Share any identified good practice within the Borough's Primary Care Networks (PCNs).

The Committee will undertake the following key lines of enquiry:

What is meant by 'primary care' (including definitions of terminology to be used within the review such as general practice, primary medical care, general practitioners (GPs), etc.)?

How does primary care (general practice) work – how is it commissioned / paid for; what are the contractual mechanisms / expectations? Who are the key stakeholders around the issue of general practice access and what role do they play (individually and in partnership)?

What is, and who decides on, the population density, spread and location of the Borough's practices? How are professionals allocated to practices? Who are practices accountable to / regulated by?

How has access to general practice changed since the COVID-19 pandemic emerged (as a result of either national policy or local decisions)? What systems can the public use to contact their practice; how are these communicated (by who, how, how often)? Do these create barriers to access?

When are practices accessible / open, and how do they manage patient contact (prioritisation / triage)? How effective is this?

What do we know about issues within the Borough – are these confined to specific areas? Do experiences vary when contact is made with practices at different times of the day?

Is there a variation in access according to population characteristic (e.g. disproportionate impact on more deprived, those with disabilities, different ethnic groups, older people)?

How is the public encouraged to raise concerns about access? What mechanisms are in place to report issues and how are these communicated?

Do practices actively seek feedback from its registered patients around access – if so, how has this informed arrangements?

<p>What views do GPs and other practice staff have about access to their expertise? What contact is reasonable when balancing available resources with patient demand, and how has this changed over time?</p> <p>What are the key priorities within nationally published recovery plans for local stakeholders and how are these being implemented? What are the associated opportunities (e.g. reducing demand on hospitals) and challenges / risks?</p>	
<p>Who will the Committee be trying to influence as part of its work?</p> <p>Council, Cabinet, North East and North Cumbria Integrated Care Board (NENC ICB), Primary Care Networks (PCNs), GP Federation, local practices, public.</p>	
<p>Expected duration of review and key milestones:</p> <p>6 months (report to Cabinet in April 2024)</p>	
<p>What information do we need?</p> <p>Existing information (background information, existing reports, legislation, central government documents, etc.):</p> <ul style="list-style-type: none"> • NHS England: Delivery plan for recovering access to primary care, including <i>Implement 'Modern General Practice Access'</i> (May 2023) • Healthwatch: Primary care recovery plan – what does it mean for you and your loved ones? (May 2023) • Royal College of General Practitioners: General practice in crisis: An action plan for recovery. 	
<p><i>Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)</i></p> <p>North East and North Cumbria Integrated Care Board (NENC ICB)</p> <p>Local Medical Committee (LMC)</p> <p>Hartlepool & Stockton Health GP Federation</p> <p>Primary Care Networks (PCNs)</p> <p>Individual Practices</p> <p>Healthwatch</p>	<p><i>What specific areas do we want them to cover when they give evidence?</i></p> <ul style="list-style-type: none"> ➤ National / regional context (recovery plans) ➤ Existing Primary Care arrangements ➤ Borough's current GP provision / contracts ➤ Patient feedback / complaint handling ➤ Current / future challenges re. GP access <p> } <ul style="list-style-type: none"> ➤ Views / input on published recovery plans ➤ Engagement with NENC ICB and local PCNs / practices re. access to GPs </p> <ul style="list-style-type: none"> ➤ Current systems for contact / access to GPs (and changes since COVID-19) ➤ Existing issues / opportunities re. GP access ➤ Patient feedback / complaint handling (e.g. Patient Participation Group (PPG)) ➤ Local population feedback re. GP access

Residents of the Borough	<ul style="list-style-type: none"> ➤ Experiences of contacting / accessing local practices ➤ Awareness / understanding of local services and ways to report access issues
<p>How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)</p> <p>Committee meetings, reports, research, reviewing existing service feedback.</p>	
<p>How will key partners and the public be involved in the review?</p> <p>Committee meetings, information submissions, analysis of historical feedback on services.</p>	
<p>How will the review help the Council meet the Public Sector Equality Duty?</p> <p>The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.</p>	
<p>How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?</p> <p><u>Stockton Joint Strategic Needs Assessment (JSNA)</u>: The review outcomes will support context and action on access to primary care. Access to services forms part of the JSNA process, in informing the Joint Health and Wellbeing Strategy.</p> <p><u>Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023</u>: The review outcomes will support and inform delivery of the Strategy through informing work on access to primary care. Primary care is an important part of the health and wellbeing system.</p>	
<p>Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:</p> <ul style="list-style-type: none"> • Better understanding of primary care / GP pressures. • Helping optimise appropriate use of primary care by the public. • Encouraging that feedback on general practice access is done in a respectful / informed way. • Understanding and addressing inequitable access across communities. • Input of communities to work on improving access to general practice. 	

Project Plan

Key Task	Details / Activities	Date	Responsibility
Scoping of Review	Information gathering	August 2023	Scrutiny Officer, Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	25.08.23	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	19.09.23	Select Committee
Publicity of Review	Determine whether Communications Plan needed	TBC	Link Officer, Scrutiny Officer
Obtaining Evidence	<ul style="list-style-type: none"> • NENC ICB • Cleveland Local Medical Committee • Hartlepool & Stockton Health GP Federation • Primary Care Networks • Patient / Public Views 	24.10.23 21.11.23 19.12.23 23.01.24 19.03.24	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	16.04.24	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	April 2024	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	TBC	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	21.05.24	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	[09.07.24]	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	13.06.24	Cabinet / Approving Body

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**ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2023-2024**

Date (4.00pm unless stated)	Topic	Attendance
20 June (1.00pm) (informal)	Scrutiny Training	Scrutiny Team
18 July	Overview Report: SBC Adults, Health and Wellbeing CQC / PAMMS Quarterly Update: Q4 2022-2023 Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (February & March 2023)	Cllr Ann McCoy / Cllr Steve Nelson / Carolyn Nice / Emma Champley / Sarah Bowman-Abouna Darren Boyd
19 September	Healthwatch Stockton-on-Tees: Annual Report 2022-2023 CQC / PAMMS Quarterly Update: Q1 2023-2024 Monitoring: Progress Update – Care Homes for Older People Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Background Briefing • (Draft) Scope & Project Plan 	Peter Smith Rob Papworth Sarah Bowman-Abouna / Emma Joyeux
24 October	Well-Led Programme Update Monitoring: Progress Update – Day Opportunities for Adults PAMMS Annual Report (Care Homes): 2022-2023 Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • North East and North Cumbria Integrated Care Board Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (May, June & July 2023)	Julie Nisbet / Ben Brown / Sarah Stokes Rob Papworth Darren Boyd Emma Joyeux
21 November	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Cleveland Local Medical Committee North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update CQC / PAMMS Quarterly Update: Q2 2023-2024	Rachel McMahon Lindsey Robertson / Stephanie Worn Darren Boyd

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2023-2024

Date (4.00pm unless stated)	Topic	Attendance
19 December	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Hartlepool & Stockton Health GP Federation SBC Winter Planning Update (referred to SBC Executive Scrutiny Committee)	Fiona Adamson / Carl Gowland
23 January 2024	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Primary Care Networks (PCNs) <ul style="list-style-type: none"> ○ Billingham & Norton PCN ○ BYTES PCN ○ North Stockton PCN ○ Stockton PCN SBC Director of Public Health: Annual Report 2022 Regional / Tees Valley Health Scrutiny Update	Felicity Brown Dr Nick Steele / Daniel Hallsworth Dr Barnaby Morgan Dr Dharendra Garg / Ian Forrest Sarah Bowman-Abouna
20 February	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2022-2023 Safeguarding Concerns – Analysis (including DoLS activity) CQC / PAMMS Quarterly Update: Q3 2023-2024 Minutes of the Health and Wellbeing Board (September, October & November 2023)	Darren Best / Carolyn Nice Angela Connor
19 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2023-2024 Monitoring: Progress Update – Care at Home Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Patient / Public Views 	Nikki Clasper, Fiona McEvoy, Rebecca Denton-Smith Martin Skipsey / Kerry Anderson / Rob Papworth

2023-2024 Scrutiny Reviews

- Access to GPs and Primary Medical Care
- Adult Safeguarding

Monitoring Items

- Day Opportunities for Adults (Progress Update) – April 2024
- Care at Home (Progress Update) – March 2024

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2023-2024

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports

- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

Other Reports (as required)

- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)

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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2024-2025

Date (4.00pm unless stated)	Topic	Attendance
16 April	<p>Tees, Esk and Wear Valleys NHS Foundation Trust: Governors response to latest CQC report (TBC)</p> <p>Monitoring: Progress Update – Day Opportunities for Adults</p> <p>Regional / Tees Valley Health Scrutiny Update</p>	Rob Papworth
16 April (informal - after formal meeting ends)	<p>Review of Access to GPs and Primary Medical Care</p> <ul style="list-style-type: none"> • Summary of evidence / draft recommendations 	Sarah Bowman-Abouna / Emma Joyeux
21 May	<p>Care and Health Innovation Zone (TBC)</p> <p>CQC / PAMMS Quarterly Update: Q4 2023-2024</p> <p>Minutes of the Health and Wellbeing Board (January & March 2024)</p>	
18 June	SBC Director of Public Health: Annual Report 2023-2024 (TBC)	
23 July	<p>PAMMS Annual Report (Care Homes): 2023-2024 (TBC)</p> <p>CQC / PAMMS Quarterly Update: Q1 2024-2025</p> <p>Regional / Tees Valley Health Scrutiny Update</p>	
17 September	<p>Healthwatch Stockton-on-Tees: Annual Report 2023-2024</p> <p>SBC Community Spaces</p>	<p>Peter Smith / Natasha Douglas</p> <p>TBC</p>
22 October	Regional / Tees Valley Health Scrutiny Update	
19 November	<p>North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update (TBC)</p> <p>SBC Winter Planning Update (TBC)</p> <p>CQC / PAMMS Quarterly Update: Q2 2024-2025</p>	
17 December		

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE Work Programme 2024-2025

Date (4.00pm unless stated)	Topic	Attendance
21 January 2025	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2023-2024 (TBC) Regional / Tees Valley Health Scrutiny Update	
18 February	Overview Report: SBC Adults, Health and Wellbeing (TBC) CQC / PAMMS Quarterly Update: Q3 2024-2025	
18 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 (TBC)	

2024-2025 Scrutiny Reviews

- Reablement Service

Monitoring Items

- Day Opportunities for Adults (Progress Update) – April 2024
- Care at Home (Progress Update) – TBC

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports

- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

Other Reports (as required)

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