

Date: Tuesday 21 May 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 19
March 2024. (Pages 9 - 18)
- 5 Scrutiny Review of Access to GPs and Primary
Medical Care**
To consider and agree the draft final report. (Pages 19 - 88)
- 6 CQC / PAMMS Inspection Results - Quarterly
Summary (Q4 2023-2024)** (Pages 89 - 132)
- 7 Monitoring the Impact of Previously Agreed
Recommendations - Day Opportunities for Adults**
Progress report for the previously completed Day
Opportunities for Adults review. (Pages 133 - 144)
- 8 Regional Health Scrutiny Update** (Pages 145 - 172)

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| 9 | Tees, Esk and Wear Valleys NHS Foundation Trust: Governors response to latest CQC outcomes | (Pages 173 - 186) |
| 10 | Chair's Update and Select Committee Work Programme 2024-2025 | (Pages 187 - 188) |

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: Senior Scrutiny Officer, Gary Woods on email gary.woods@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 Adult Social Care and Health Select Committee was held on Tuesday 19 March 2024.

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

Officers: Sarah Bowman-Abouna, Emma Champley, Rob Papworth (A,H&W); Kerry Anderson, Gary Woods (CS).

Also in attendance: Emma Joyeux (North East and North Cumbria Integrated Care Board); Rebecca Denton-Smith, Fiona McEvoy (North Tees and Hartlepool NHS Foundation Trust).

Apologies: Cllr Stefan Barnes.

ASCH/58/23 Evacuation Procedure

The evacuation procedure was noted.

ASCH/59/23 Declarations of Interest

There were no interests declared.

ASCH/60/23 Minutes

Consideration was given to the minutes from the Committee meeting held on 20 February 2024.

AGREED that the minutes of the meeting on 20 February 2024 be approved as a correct record and signed by the Chair.

ASCH/61/23 North Tees and Hartlepool NHS Foundation Trust - Quality Account 2023-2024

Representatives of North Tees and Hartlepool NHS Foundation Trust (NTHFT) were in attendance to provide their annual presentation to the Committee on the organisation's Quality Account, a document which NHS Trusts had a duty to produce each year.

Beginning with a reminder of NTHFTs four key principles (putting our population first, transforming our services, valuing people, and health and wellbeing), the NTHFT Associate Director of Nursing, Effectiveness and Clinical Standards, supported by the NTHFT Associate Director of Nursing, Clinical Safety and Deputy DIPC, outlined highlights and developments in relation to the Trust's performance (aligned to some of its Quality Account priorities) over the course of 2023-2024 as follows:

Patient Safety

- Mortality Indicators: As of 1 April 2023, NTHFT no longer reported on the measure for in-hospital mortalities (Hospital Standardised Mortality Ratio (HSMR)) –

however, this was included for information, with an increase in the January 2022 to December 2022 ratio compared to the December 2020 to November 2021 ratio. In-hospital deaths plus those up to 30 days post-acute Trust discharge (Summary level Hospital Mortality Indicator (SHMI)) had decreased in 2022-2023 compared to the same reporting period (September to August) in 2021-2022 – a positive development considering the established inequalities within the local population and the associated challenges these create. As far as the SHMI measure was concerned, NTHFT continued to perform very well in comparison to other Trusts across the region and nationally. Trust raw mortality (people dying in hospital) data remained reasonably consistent when compared to previous years.

- Dementia: The number of patients admitted with a diagnosis of dementia / delirium was largely consistent between April 2023 and November 2023 (ranging between 301 and 334 per month), and broadly replicated monthly admissions for these conditions during the same reporting period for both 2021-2022 and 2022-2023. However, there had been a large drop in December 2023 (174), something the Trust was in the process of investigating.
- Infection Control: Within the context of a challenging national outlook around Clostridium difficile (C Difficile), both of the Trust's measures for this infection type had increased in 2023-2024 compared to the same reporting period (April to December) in 2022-2023 – cases detected in the hospital two or more days after admission (Hospital onset healthcare associated (HOHA)) had gone up by 11; cases that occurred in the community, or within two days of admission, when the patient had been an inpatient in the Trust reporting the case in the previous four weeks (Community onset healthcare associated (COHA)) was up by 5. Both measures were over the NTHFT threshold.

There was a mixed picture regarding cases of other healthcare-associated infections during 2023-2024 compared with the same reporting period (April to December) for 2022-2023. Methicillin-Resistant Staphylococcus Aureus (MRSA) (up from 1 to 2), Methicillin-Sensitive Staphylococcus Aureus (MSSA) (up from 29 to 37) and Escherichia coli (E.coli) (up from 63 to 68) cases had all increased during 2023-2024. However, cases of Klebsiella species (Kleb sp) bacteraemia (down from 20 to 18), Pseudomonas aeruginosa (Ps a) bacteraemia (down from 12 to 8) and catheter-associated urinary tract infections (CAUTI) (down from 165 to 139) had reduced.

Working against the backdrop of a general rise in the prevalence of infections within hospitals across the North East and North Cumbria Integrated Care Board (NENC ICB) footprint, assurance was given that NTHFT colleagues were attempting to reduce these incidents (e.g. skin cleansing to prevent MSSA), with work being undertaken on a regional basis to better understand potential links between infections and deprivation (e.g. underlying health issues, poor general health / hygiene). The decrease in CAUTI cases was encouraging given the similar level of catheters being used – that said, the Trust was trying to avoid the use of catheters in the first place where possible.

Given the increase in C Difficile cases, the Committee asked if the Trust had undertaken a deep cleanse of wards at any point. NTHFT officers stated that, despite space being at a premium, the difficulties in decanting patients and equipment to other parts of a hospital, and the priority given to clinical need / demand, deep cleans had been completed and there were plans in place for those areas yet to be attended to.

- 2023-2024 Flu Cases: Incidences of flu within the Trust had seen a marked decrease during 2023-2024 compared to 2022-2023. There had been two recent outbreaks which the Trust had managed to contain – as such, only small numbers of individuals were affected. Staff flu vaccine uptake was around 50% – given the events of the last few years, a possible sense of vaccine fatigue may explain this low rate.

Referencing the staff vaccination rate, Members felt that many people would have lost faith in directions / guidance from official authorities following high-profile stories in the national media. It was also noted that the SBC Executive Scrutiny Committee had enquired about the level of Council staff vaccine rates (numbers as well as percentages) at a recent meeting.

Effectiveness of Care

- Accessibility: A number of developments and improvements had been made as part of NTHFTs commitment to ensuring the accessible information standard was met, headlined by the launch of the Trust's updated website during 2023 which allowed users to make webpages more accessible. Other elements included the continuation of best practice training for when staff work with an interpreter, regular meetings of Accessibility Champions to receive training to support patients (volunteer services were crucial here), Patient and Carer Experience Council (PCEC) meetings dedicating time to the sharing of good practice / examples of reasonable adjustments in order to meet the accessibility needs of patients, and the identification of priority remedial work from the previously completed Disability Discrimination Act (DDA) access audit on the Trust's hospital sites.

Reference was also made to PLACE (patient-led assessment of the care environment) audits, the completion of the complaint process review to ensure equal access when raising a concern, complaint or providing feedback, and the appointment of a Co-Production and Lived Experience Lead whose remit was to increase shared decision-making, equality, diversity, reciprocity, patient and carer involvement, and accessibility.

Members commended the new website though drew attention to several out-of-date policies which were still showing. NTHFT officers stated that the Trust had a Quality Assurance Council which reviewed published policies – this observation would be raised with the group following the meeting.

- Violent Incidents: The total number of recorded violent incidents at NTHFT during 2023-2024 (401) had decreased when compared to the same reporting period (April to December) in 2022-2023 (460). However, whilst there had been a reduction in cases of abuse of staff by patients (down from 405 to 323), the number of incidents involving abuse of staff by another person increased (up from 55 to 78).

Categorisation of each violent incident showed significant increases (possibly as a result of better reporting mechanisms) in the 'need for use of control and restraint with patient' (up from 21 to 78), 'disruptive, aggressive behaviour – other' (up from 42 to 71), 'inappropriate behaviour and / or personal comments' (up from 18 to 28), and 'physical abuse, assault of violence – malicious' (up from 7 to 25). The number of incidents labelled 'sexual' had also gone up from 0 to 5. On a more positive note, there had been significant decreases in cases of 'verbal abuse or disruption' (down from 219 to 114), 'physical abuse, assault or violence – unintentional' (down from 105 to 58), and 'concerns to do with personal safety' (down from 40 to 12).

Members once again expressed alarm at the number of violent incidents towards staff, something which may, in part, explain the increased need for the use of control and restraint with a patient. NTHFT officers highlighted the work with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) around a softer-touch approach with regards restraint, and also noted security presence in the Accident and Emergency (A&E) department to support staff, particularly during evenings.

Patient Experience

- Friends and Family Test (FFT): April 2023 to December 2023 data from the FFT (received via both text and paper-based routes) continued to show a high level of satisfaction with NTHFT provision, with over 92% of respondents rating it either 'very good' or 'good'.

Conscious of the Trust's last published CQC report which focused on children / young people and maternity services, the Committee requested that the FFT results be broken down per NTHFT department and circulated. Members also asked about the latest results from the NTHFT staff survey as they were the backbone of the organisation and, alongside patients, shaped the delivery of services. Officers confirmed that the Trust was in the process of collecting feedback from the latest survey and could make this available if required.

- Complaints: The number of complaints received and dealt with at 'Stage 1 – Informal' had decreased in 2023-2024 compared to the same reporting period (April to December) in 2022-2023 (down 122: from 1,161 to 1,039), as did those which escalated to 'Stage 3 – Formal Response Letter' (down 21: from 82 to 61). However, the number of complaints reaching 'Stage 2 – Formal (meeting)' increased (up 18: from 68 to 86). The total number of complaints received in 2023-2024 (1,186) for this reporting period had gone down compared to 2022-2023 (1,311) and had returned to a level seen in 2021-2022 when 1,158 were received. NTHFT continued to work hard to reduce the requirement for formal response letters (Stage 3) and had found that outcomes tended to be better when informal face-to-face meetings were offered (where appropriate).

Analysis of the categorised complaint types showed a fall in the number of recorded cases of 'attitude of staff', though this remained the highest subject of complaints. 'Delays to diagnosis' complaints had risen in the first three-quarters of 2023-2024 and were now the second highest complaint type, with 'communication – verbal' rising to third. It was felt that these results may reflect the ongoing impact of COVID-related backlogs as well as staff strikes.

Responding to Member concerns about potential staff perceptions of being overworked / underpaid, NTHFT officers acknowledged the stresses involved in providing good quality care within the context of high demand. The Trust tried to support staff in carrying out their duties and also set expectations around conduct – however, in some cases, complaints about staff attitude could merely involve a difference of opinion between professional and patient.

In answer to a query on the number of complaints (53) about discharge arrangements, the Committee heard that NTHFT was nationally recognised for its strong performance around discharge and its low level of handover delays – this did mean that NTHFT picked up cases from neighbouring Trusts who were experiencing challenges in these

areas (further information could be provided around this if required). The ongoing Urgent Care tender was also noted, with efforts being made to ensure similar arrangements were in place across the Tees Valley which would ultimately benefit all areas.

- Compliments: There had been a significant rise in the number of compliments received by the Trust – 4,514 in 2023-2024 compared to 3,411 in 2022-2023 (April to December). NTHFT Team Support Workers (TSWs) were being used to ensure these were collected and relayed to individual services for recognition, with staff-to-staff compliments now also collected to further aid the wellbeing and morale of the workforce.

This year's presentation included a specific section on maternity which highlighted national safer care recommendations, the maternity and neonatal three-year delivery plan, and NTHFT developments involving community midwifery services, the Trust's Maternity and Neonatal Voice Partnership, and specific areas of good practice (one of which (QI and research) the maternity service was a high implementer of, with a Trust Nurse recognised nationally for their work in this field). The new NTHFT Associate Director of Midwifery post had made a significant impact on the planning and delivery of services, and whilst there were currently some vacancies within the Trust's maternity structure, it was expected that workforce capacity would be in a stronger position come April 2024.

Set within the context of the Trust's approach to quality and its existing strategic plan (Improving Together: Patient Quality Strategy 2023-2026), the NTHFT Quality Improvement Priorities 2024-2025 were outlined. Areas highlighted included the Trust's intention to publish and implement its Patient Safety Event Response Plan (PSERP) which incorporates four key priorities aligned to safety and culture learning, and ongoing dialogue with the NENC ICB regarding future arrangements involving the Commissioning for Quality and Innovation (CQUIN) framework. Members commented on the apparent absence of a priority around the retention of staff (a well-documented issue which impacted on the provision of quality care), as well as previous criticism that the Trust had too many plans. Regarding this latter point, the Committee heard that a lot of work had gone into reviewing NTHFT governance structures (strengthening the 'ward to Board' ethos), with an assurance framework which linked risks to strategic objectives.

The presentation concluded with the Quality Account timeline for 2023-2024, and Members were informed that the Trust's draft document would be circulated in May 2024. The Committee's third-party statement would need to be submitted by the end of May 2024 for inclusion in the final NTHFT Quality Account document (which had to be published by 30 June 2024).

In other matters, the Committee highlighted the location of the Trust's respiratory / lung health unit (being a significant distance away from the main reception area) and the poor state of the toilet / handbasin area. NTHFT officers agreed to check the current situation regarding the latter, though gave assurance that the former was being addressed as part of discussions on potential alternative entry points. Improvements had been made to communications for these patients in terms of clarity around access / support, though.

Finally, with regards the 'Patient Quality' dashboard example provided within the 'Strategic Plan' section, it was queried if NTHFT recorded whether a patient had a

particular condition (e.g. autism) and then measured outcomes against the care provided. Officers present stated that the Trust's Vulnerability Team may be better placed to respond to this.

AGREED that:

- 1) The update on performance and development of the North Tees and Hartlepool NHS Foundation Trust Quality Account be noted, and the requests for further information be submitted by the Trust.
- 2) A statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair.

ASCH/62/23 Monitoring the Impact of Previously Agreed Recommendations - Care at Home

Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Care at Home.

This was the first progress update following the Committee's agreement of the Action Plan in February 2023, with all approved actions for recommendations 1, 3, 8, 9, 14 and 15 marked as 'fully achieved'. Some actions (the responsibility of the Stockton-on-Tees Borough Council (SBC) Quality and Compliance Team) relating to recommendations 4, 5, 6 and 12 were recorded as 'on-track' as further evidence of implementation as part of the quality assurance process was required before these could be considered complete (officers noted that Care at Home providers were very much on board with these actions, though). Developments in relation to the following were then recorded:

- 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.): Whilst two Care at Home stories had been showcased in Stockton News since the Committee's review was completed, officers acknowledged there was more to do in terms of communicating developments about the sector, particularly as providers move into new contracting arrangements later in 2024.
- 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): The concept of Care at Home staff being regulated through the introduction of a national register would be raised at a forthcoming Association of Directors of Adult Social Services (ADASS) meeting.
- Recommendation 10 (The use of 15-minute welfare calls is minimised and used only when appropriate as part of a wider package of care): 10 people were currently on the tele-assist programme which had been developed to complement / proxy support for people accessing welfare calls, with work undertaken via SBC OneCall around training and education. Initial feedback from service-users was very positive, though further monitoring was required, with welfare calls being reviewed as part of the transfer to the new contracting arrangements.

- Recommendation 11 (SBC continue to explore and deploy other options to support welfare, including tele-assist and technology): Two of the monthly engagement sessions with Care at Home providers had focused on assistive technology, with options showcased and referrals into SBC OneCall subsequently received from providers – continuing to proactively explore and highlight available technology was key as this can add significant value to the sector (as an enabler of, not a replacement for, good quality care). Training had been undertaken on the Virtual Home concept, with SBC expected to go beyond the North East ADASS request for all Local Authorities to train 100 staff members during 2024-2025.
- 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): Consistency of feedback from people accessing the service had been included in the new framework under appendix 2 (voice of the person) which was a newly developed requirement for contracted providers. Further discussions at one of the Provider Forum meetings (in advance of the tender) were required around how this would work once it was implemented.
- 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): The Care at Home Framework Agreement was due to expire at the end of September 2023 and a variation to this had been put to providers in December 2022 covering other items. In view of that recent variation at the time of this Committee 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. However, 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 would therefore be included in the new contract commencing in October 2024.
- Recommendation 15 (Regarding the national ‘fair cost of care’ exercise: 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): Agreed fee uplifts for Care at Home providers for both the 2023-2024 (8.89%, plus an in-year uplift of a further 5.7% from November 2023 following the provision of additional funding to Local Authorities in summer 2023) and 2024-2025 (15.6% for ‘standard’ providers against April 2023 rates; 8.61% for all other Care at Home providers) financial years.

The Committee thanked officers for an excellent and very comprehensive update which was well evidenced. Members were particularly pleased by the number of positive developments which had seemingly emerged from the Committee’s recommendations and the subsequent associated actions.

With regards 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), the Committee asked how many people were currently doing the stated Stockton Riverside College Health and Social Care courses, how many had registered on these courses following attendance at an Employment

and Training Hub recruitment event, and how many places were available on these courses in total. Officers stated that details could be provided after the meeting.

Referencing one of the actions under recommendation 12 (review specification for 2024-2029 Care at Home contract to ensure there are relevant obligations for feedback from people accessing support and their families), the Committee queried if the standardised questionnaire to obtain feedback from people using the service and their families / informal carers had already been circulated to providers (the presumption being that this had happened given it was seemingly co-produced) – officers confirmed this had been done.

AGREED that:

- 1) the Care at Home progress update be noted and the stated assessments for progress be agreed.
- 2) further information be provided in relation to Stockton Riverside College Health and Social Care course uptake / capacity.

ASCH/63/23 Scrutiny Review of Access to GPs and Primary Medical Care

The fifth (and final) evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care focused on patient / public views which had been gathered in relation to the Borough's general practices.

In order to address several of the review's key lines of enquiry that involved ascertaining the experiences of the local population when contacting / accessing general practices, a number of organisations / entities had been approached including:

- Care Quality Commission (CQC): The CQC had been asked to provide a summary of compliments and complaints received in relation to Stockton-on-Tees general practices since the start of 2023. To date, no information had been received.
- North East and North Cumbria Integrated Care Board (NENC ICB): A request was made to the NENC ICB Primary Care Complaints Team for details of any recent issues raised in relation to Stockton-on-Tees general practices. To date, no information had been received.
- Healthwatch Stockton-on-Tees: The Healthwatch South Tees 'Top Tips for Accessing Your GP Practice' guide referenced during the Committee's October 2023 meeting was shared for information. Responses collected between February 2022 and February 2024 via Healthwatch Stockton-on-Tees' 'Share your views' platform were then considered, with familiar themes around long call-waiting times, a lack of appointments (particularly face-to-face), and difficulties in using technology (introduced to facilitate improved access) all highlighted. Other issues were also raised in relation to practice registration, problems with reception staff, and limited transport options, though several positive comments regarding local practices were also evident.
- GP Patient Survey 2023: A reminder of the summarised results from the latest national GP patient survey (initially relayed at the first evidence-gathering session in October 2023) was included – this incorporated national, Tees Valley and Stockton-on-Tees comparisons, as well as data broken down for each of the Borough's general

practices, for selected access- / patient satisfaction-related questions. It was noted that the 2024 survey results would be published around July / August 2024.

- Patient Participation Groups (PPGs): Further to the request / collection of the existing patient / public feedback above, the Committee also issued its own survey to each of the 21 local practices' PPGs. 11 completed surveys had been returned (covering a total of 10 practices) with responses colour-coded to indicate which Primary Care Network (PCN) the PPG was aligned to. It was noted that some surveys appeared to have been sent on behalf of a PPG, whereas others were individual views from a member of a PPG.

Similar to the Healthwatch Stockton-on-Tees 'Share your views' feedback, identifiable themes in relation to GP access included shortages of / challenges in getting appointments, delays in getting telephone calls answered, and technology challenges for patients (particularly older people). That said, PPGs had appeared to positively influence the development of practices' telephone systems and improvements in communications / website / signposting. Encouragingly, the large majority of respondents felt that their PPG was listened to by their practice.

When analysing responses to the question on how best practices could improve access to GP services, it was evident from the wide range of suggestions that each practice was experiencing different challenges – this confirmed the fact that practices were individual businesses which faced a variety of issues based on numerous system-wide and localised factors.

Reflecting on this latter point, the Committee questioned if Practice Managers shared / had the opportunity to share good practice. The NENC ICB representative in attendance confirmed that such mechanisms did exist, though the ICB (despite offering) did not tend to be present during these exchanges.

AGREED that patient / public feedback in relation to the Borough's general practices be noted.

ASCH/64/23 Chair's Update and Select Committee Work Programmes 2023-2024 & 2024-2025

Chair's Update

The Chair noted the following:

- Tees Valley Joint Health Scrutiny Committee: The latest meeting, and final one of the current municipal year, took place last week (15 March 2024) and considered a North East and North Cumbria Integrated Care Board (NENC ICB) update on the organisation's recent restructure, and Quality Account presentations from both Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North East Ambulance Service NHS Foundation Trust (NEAS). Support and chairing responsibilities for 2024-2025 would move to Hartlepool Borough Council as part of the agreed rotational arrangements.
- Care Quality Commission (CQC): The Chair had recently met with the local CQC Operations Manager to discuss future engagement between the Committee and the regulator. A named CQC lead for the Borough had since been identified and an informal meeting with this officer would be arranged in the near future.

- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Further to the request made at the last Committee meeting in February 2024, the TEWV Lead Governor had been approached to attend a future meeting to respond to the latest CQC report on the Trust from a Governor perspective. Confirmation of attendance was still awaited.

Work Programmes 2023-2024 & 2024-2025

Consideration was given to the Committee's current work programme (2023-2024), as well as the initial work programme for the next municipal year (2024-2025). The next meeting was due to take place on 16 April 2024 and would involve both a formal and informal element – the latter being used for a 'summary of evidence / draft recommendations' session in relation to the ongoing review of Access to GPs and Primary Medical Care.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programmes 2023-2024 and 2024-2025 be noted.

Adult Social Care and Health Select Committee

Scrutiny Review of Access to GPs and Primary Medical Care



DRAFT Final Report
May 2024

DRAFT

Adult Social Care and Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
Church Road
Stockton-on-Tees
TS18 1LD

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Select Committee - Membership

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- Sarah Bowman-Abouna (Director of Public Health) – Stockton-on-Tees Borough Council (SBC)
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- Moira Rowlett (Inspector – North Region) – Care Quality Commission
- Natasha Douglas (Project Lead) – Healthwatch Stockton-on-Tees

Plus:

- All those Patient Participation Groups (PPGs) across the Borough who responded to the Committee's survey that was conducted as part of this review.

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TBC



Cllr Marc Besford
Chair
Adult Social Care and Health
Select Committee



Cllr Nathan Gale
Vice-Chair
Adult Social Care and Health
Select Committee

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):

A place where people are healthy, safe and protected from harm

- 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.

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

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.

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 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?

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?

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?

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

- 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.

DRAFT

1.0 Executive Summary

- 1.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Access to GPs and Primary Medical Care.
- 1.2 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.
- 1.3 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, then announced a major new primary care access recovery plan which aimed to facilitate faster, more convenient care. Regionally, the North East and North Cumbria Integrated Care Board (NENC ICB) publicised a three-year programme in June 2023 bringing together the NHS and Councils with voluntary, community and social enterprise (VCSE) organisations to tackle long-standing inequalities and poor health. This investment included extra support for the 'Deep End' network of GP practices in the region's most deprived communities, and steps to attract and retain more GPs to work in deprived areas, with extra training and support to encourage trainee doctors to build their careers in these practices.
- 1.4 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.
- 1.5 The main aims of this review were to firstly understand the existing local 'access to GPs' landscape in the context of national / regional developments around this ongoing issue. The Committee then sought to ascertain current systems for accessing general practice services, how these were communicated to the public, and how effective they were. Finally, and most importantly, determining 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 was established.
- 1.6 The Committee heard that 'primary care' functions are the entrance to the healthcare system (acting as the 'front door' of the NHS), and include general practice, community pharmacy, dental, and optometry (eye health) services. General practices are the first point of contact with healthcare for many patients and act as gatekeepers to secondary care – they exist as individual businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Responsibility for

commissioning primary care services, including general practice, sits formally with NHS England – however, Integrated Care Boards (ICBs) have taken on full delegation of these commissioning requirements.

- 1.7 GP contracts are complex, with three different types used by NHS commissioners in England. There are, however, core requirements for all general practices, one of which is an expectation for public and patient involvement in shaping service delivery. Whilst the existing GP contract stated that 'practices must provide essential services at such times, within core hours (8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays), as are appropriate to meet the reasonable needs of its patients', there was no precise definition as to what constituted 'essential' nor 'reasonable needs'. It was recognised that practices, as independent businesses, were able to (and indeed many did) meet their core contract requirements differently depending on registered population demographic needs and skill mix of staff (as well as enhance service provision depending on appetite to deliver additionally commissioned services), though this was not a standard offer across the Borough and could lead to the impression that some residents were getting better / worse services than others. From a practice perspective, frequent changes to contract expectations (often resulting in further pressures on financial and / or staffing resources) were not helpful.
- 1.8 The crucial issue of funding for general practice was explored, with providers able to supplement core 'Global Sum' payments (based on an estimate of a practice's patient workload and certain unavoidable costs, not on the actual recorded delivery of services) with several other potential income streams. Some of these can be accessed independently by a practice (e.g. Quality and Outcomes Framework (QOF)), whereas others involve collaboration as part of a wider Primary Care Network (PCN) (groups of practices working together which are led by a Clinical Director). There are four PCNs within Stockton-on-Tees which are expected to deliver nationally directed enhanced services (DES) in addition to what practices need to provide as part of core contracts – one of the requirements of the PCN DES since October 2022 is 'enhanced access' (evening and weekend) obligations.
- 1.9 21 general practices exist across Stockton-on-Tees providing a range of services, with an average list size of 9,808 (as at January 2023). The Committee heard that a list size of 7,000-8,000 was considered financially sustainable, though there were significant fluctuations across the Borough, with the largest list size being 21,555, and the smallest 2,303.
- 1.10 Despite the publication of the national Primary Care Access Recovery Plan (PCARP) in May 2023, it was important to recognise that the high-profile aim to tackle the '8.00am rush' did not translate verbatim into the existing GP contract, nor did it mean that an individual would get an appointment on the same day, despite some elements of the media interpreting this so (however, if there was a clinically urgent need, a person should be offered an appointment appropriate to that need, which could be on the same day). That said, several other national measures were in place to support providers, including the General Practice Improvement Programme (GPIP), the Additional Role Reimbursement Scheme (ARRS) which provided funding to recruit to 18 roles (June 2023 data showed an additional 61 headcount (58.04 WTE) across the Borough through this scheme), and cloud-based telephony / digital tools funding. Local providers had been proactive in seeking involvement in these, and other, initiatives.

- 1.11 Whilst practices themselves, supported by various health bodies, were trying to facilitate better access to services, there were several issues influencing these efforts. An overriding factor was the ongoing legacy of the COVID pandemic which, as had been well documented nationally, led to greater demands on the health system, with associated problems arising in terms of a backlog of patients requiring often increasingly complex care and staffing challenges (sickness and recruitment / retention difficulties) – this had, in turn, affected many patients' attitudes towards, and experiences of, contacting their local general practice, with frustrations growing about access limitations (e.g. higher call waiting times), and increases in reported abuse of practice staff. From a practice perspective, other external events were also at play, with cost-of-living / inflationary pressures (increasing staff wages) contributing significantly to a tough period for the sector.
- 1.12 As the representative body for all general practices and GPs within Tees, Cleveland Local Medical Committee (LMC) emphasised its focus on 'workforce' considerations (i.e. capacity, workload, ensuring patient safety) as opposed to 'access', with improvements to the latter being inextricably linked to progress on the former. However, ensuring an appropriate staffing resource across the Tees Valley was not aided by trainees preferring to work in larger city areas, nor the case that around 18% of GPs were over the age of 55 (a significant loss of expertise was therefore looming which, without action, would exacerbate existing workforce concerns). Interestingly, Cleveland LMC stated that there were a number of GPs seeking work / additional work within Teesside who practices could not afford to employ due to financial restrictions.
- 1.13 With regards care navigation, Cleveland LMC highlighted that call handlers did not like having to ask questions of those contacting services, and that this was causing problems in relation to the retention of reception staff who were seeking less stressful roles outside the sector. Given reports that patients often feel uncomfortable in having to discuss their (potentially sensitive) health condition to someone over the phone (albeit that this can aid the individual being directed to the most relevant health professional), health authorities and practices themselves should consider what can be done to relieve this burden on all parties.
- 1.14 Hartlepool & Stockton Health (H&SH) GP Federation provide a vital service in supporting local practices through a variety of initiatives, particularly its digital staffing pool which providers could tap into if experiencing workforce pressures (the acquisition of a bus to assist in taking healthcare into the community was another innovative development which may help engagement with hard-to-reach individuals). In terms of ongoing challenges, H&SH expressed concerns around nursing numbers (an issue raised by PCNs and Cleveland LMC), an element of the workforce which serviced many of the populations day-to-day needs rather than GPs.
- 1.15 The Borough's four PCNs provided their collective views on the current situation around access to services, and the Committee was encouraged by the broad acknowledgement that patients must not be digitally excluded and that practices must continue to think of those who may not be technologically minded / able when designing contact / access pathways. Echoing concerns raised by the Cleveland LMC, PCNs noted delays to secondary care resulting in patients contacting primary care providers for support in the interim, a situation which amplifies how pressures in one part of the healthcare system can impact on other elements. Of course, this can also work the other way round, with those

struggling to access general practices sometimes attending secondary services (e.g. A&E) when not necessarily appropriate.

- 1.16 Given concerns evident in the national media, it was perhaps not surprising to hear of local frustrations around a lack of face-to-face appointments from the public / patients, as well as issues in using technology (particularly for older residents) which had been brought in to enhance access to services. Worryingly, 2023 GP patient survey feedback showed significant difficulties for individuals trying to get through on the phone to a good proportion of local practices, an experience which data showed had become a deteriorating trend for many over recent years. On a more positive note, public / patient feedback also demonstrated a number of welcome developments that were acknowledged by those contacting / accessing services. As is often the case, experiences can be very individual, and what health bodies introduce / change can suit some whilst at the same time cause difficulties for others. Patient Participation Groups (PPGs) reporting that they felt listened to by their practices is therefore an encouraging and necessary finding, particularly when shaping current and future service delivery.
- 1.17 National leaders continue to wrestle with this highly charged scrutiny topic, and finding solutions to fundamental issues (headlined by the need for consensus around GP contract content / funding) at a local level is extremely difficult. However, this review has shone yet another light on a sector which remains under significant strain, principally due to the twin pressures of sustained high-level demand and ongoing workforce challenges (which could get worse). Despite this, stakeholders were being proactive in trying to ensure that local people could access general practice services in a timely fashion via multiple routes (both digitally and in-person), and the challenge remains to help the public understand who to contact and which services they should be trying to access depending on their presenting condition. Whether enough health staff are in place to meet that need is, however, a much more significant concern moving forward.

Recommendations

The Committee recommend that:

General

- 1) All relevant health bodies (NENC ICB, Cleveland LMC, H&SH, NHS Trusts, and general practices) engage regularly and constructively around the issues raised as part of this review to ensure that patients are approaching / receiving care from the most appropriate services based on need.**

Communications

- 2) All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the *Pharmacy First* initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced.**

(continued overleaf...)

Recommendations (continued)

The Committee recommend that:

- 3) Councillors be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community), and encourage positive feedback as well as concerns (to help share and spread learning and best practice).**
- 4) The value and importance of all general practice roles are highlighted and publicised by health bodies and practices themselves.**
- 5) Local practices be recognised for continuing to deliver primary medical care services safely in Stockton-on-Tees despite the ongoing challenges raised during this review.**

Operational

- 6) All general practices move towards providing the full use of digital telephony capabilities (including call-back functionality), with appropriate staff in place to support these arrangements.**
- 7) All general practices be encouraged to review and refresh care navigation processes, ensuring adequate training is in place to support implementation to ensure both staff and patients are comfortable with the approach.**
- 8) To ensure appropriate workforce capacity is in place to maximise the local general practice offer:**
 - a) NENC ICB continue to support / encourage uptake of the ARRS scheme, particularly amongst those PCNs which had not accessed this initiative.**
 - b) All relevant health bodies continue to explore further and develop options to increase GP recruitment and retention in the Borough.**
 - c) Options to increase nursing numbers (including strengthening training offers and uptake) be explored further.**
- 9) The Borough's four PCNs be encouraged and supported to work together collaboratively to share and adopt good practice.**

Public / patient feedback

- 10) Relevant health stakeholders be proactive in encouraging involvement of patients in practice Patient Participation Groups (PPGs), aim to ensure these are representative of a practice's patient list demographic, and consider fostering links between the Borough's PPGs to assist in identifying / addressing any access issues.**
- 11) NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level.**

2.0 Introduction

- 2.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Access to GPs and Primary Medical Care.
- 2.2 The main aims of this review were to firstly understand the existing local 'access to GPs' landscape in the context of national / regional developments around this ongoing issue. The Committee then sought to ascertain current systems for accessing general practice services, how these were communicated to the public, and how effective they were. Finally, and most importantly, determining 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 was established.
- 2.3 The Committee identified 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?

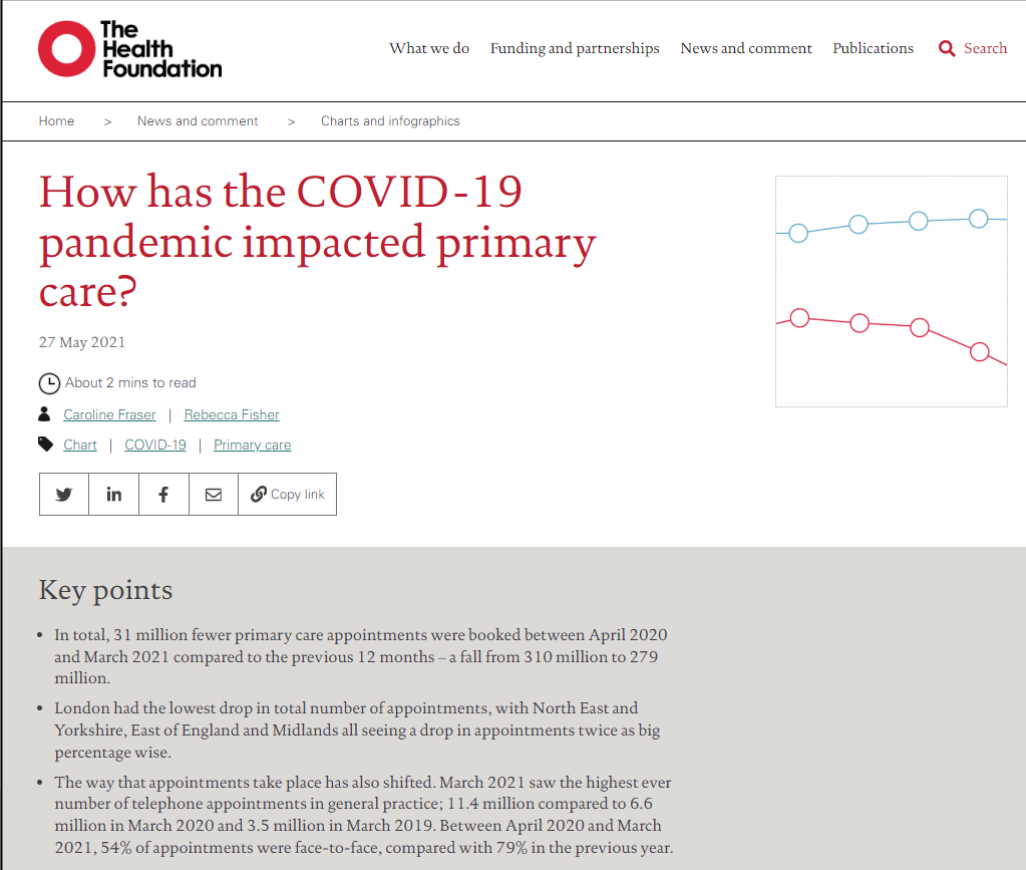
- What views do GPs and other practice staff have about access to their expertise? What contact is reasonable when balancing available resources with patient demand, and how has this changed over time?
- What are the key priorities within nationally published recovery plans for local stakeholders and how are these being implemented? What are the associated opportunities (e.g. reducing demand on hospitals) and challenges / risks?

2.4 The Committee took evidence from several relevant health bodies including the North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (LMC), Hartlepool & Stockton Health (H&SH) GP Federation, and the Borough's four Primary Care Networks (PCNs). To ascertain experiences of contacting / accessing local practices, public / patient views were sought and considered from a variety of sources including the Care Quality Commission (CQC), NENC ICB, Healthwatch Stockton-on-Tees, and Patient Participation Groups (PPGs) from the Borough's general practices. GP patient survey data was also reflected upon.

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3.0 Background

- 3.1 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.



The screenshot shows a webpage from The Health Foundation. The title is "How has the COVID-19 pandemic impacted primary care?" dated 27 May 2021. It includes a line chart with two lines: a blue line that is relatively flat and a red line that shows a downward trend. Below the chart is a "Key points" section with three bullet points:

- In total, 31 million fewer primary care appointments were booked between April 2020 and March 2021 compared to the previous 12 months – a fall from 310 million to 279 million.
- London had the lowest drop in total number of appointments, with North East and Yorkshire, East of England and Midlands all seeing a drop in appointments twice as big percentage wise.
- The way that appointments take place has also shifted. March 2021 saw the highest ever number of telephone appointments in general practice; 11.4 million compared to 6.6 million in March 2020 and 3.5 million in March 2019. Between April 2020 and March 2021, 54% of appointments were face-to-face, compared with 79% in the previous year.

- 3.2 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, then announced a major new primary care access recovery plan which aimed to facilitate faster, more convenient care.
- 3.3 Regionally, the North East and North Cumbria Integrated Care Board (NENC ICB) publicised a three-year programme in June 2023 bringing together the NHS and Councils with voluntary, community and social enterprise (VCSE) organisations to tackle long-standing inequalities and poor health. This investment included extra support for the 'Deep End' network of GP practices in the region's most deprived communities, and steps to attract and retain more GPs to work in deprived areas, with extra training and support to encourage trainee doctors to build their careers in these practices (<https://northeastnorthcumbria.nhs.uk/news/posts/35m-plan-to-improve-health-in-region-s-most-deprived-areas/>).

- 3.4 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.

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4.0 Findings

Primary Care & General Practice

4.1 The following key definitions pertinent to this review were established from the outset:

- **Primary Care:** Services providing the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
- **Primary Medical Care:** Refers to medical services provided under [Part 4](#) of the NHS Act 2006 by a general practice. This is sometimes referred to as a 'GP practice' or 'GP surgery'.
- **General Practices:** The small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Some practices are operated by an individual **General Practitioner (GP)** and some by provider organisations (e.g. IntraHealth) – most, though, are run by a GP partnership which involves two or more GPs working together as business partners, employing staff, and together owning a stake in the practice business. Every individual or partnership of GPs must hold an NHS GP contract. GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides.

4.2 General practice is the first point of contact with healthcare for many patients, and act as gatekeepers to secondary care. As generalists, practices see the whole patient and even whole patient's families. Responsibility for commissioning primary care services, including general practice, sits formally with NHS England – however, Integrated Care Boards (ICBs) have taken on full delegation of these commissioning responsibilities.

GP Contracts (<https://www.england.nhs.uk/gp/investment/gp-contract/23-24/>)

4.3 There are three different types of GP contract arrangements used by NHS commissioners in England:

- **General Medical Services (GMS) Contract:** The national standard GP contract to deliver 'core' medical services. This contract is negotiated nationally every year between NHS England and the General Practice Committee (GPC England) of the British Medical Association (BMA), the trade union representative of GPs in England. A GMS contract is held in perpetuity by the practice.



The screenshot shows the NHS England website page for 'GP Contract documentation 2023/24'. The page is titled 'GP Contract documentation 2023/24' and is categorized under 'Standard contract documentation'. It lists various documents and notices for August 2023 and April 2023. The August 2023 section includes: General medical services contract - August 2023, General medical services contract variation notice - August 2023, Personal medical services agreement - August 2023, Personal medical services agreement variation notice - August 2023, Alternative provider medical services contract - August 2023, and Alternative provider medical services contract variation notice - August 2023. The April 2023 section includes: General medical services contract - April 2023, General medical services contract variation notice - April 2023, Personal medical services agreement - April 2023, Personal medical services agreement variation notice - April 2023, Alternative provider medical services contract - April 2023, and Alternative provider medical services contract variation notice - April 2023. The left sidebar contains a navigation menu with items like 'General practice', 'Investment', 'GP Contract', 'GP Contract 2023/24 financial information', 'Network Contract Directed Enhanced Service (DES)', 'Quality and Outcomes Framework (QOF) guidance for 2023/24', 'Weight Management Enhanced Service 2023/24', 'Digital requirements guidance', 'COVID-19 vaccination service specifications and collaboration agreements', 'Seasonal influenza service specifications and collaboration agreement', and 'Briefing on Clinical'.

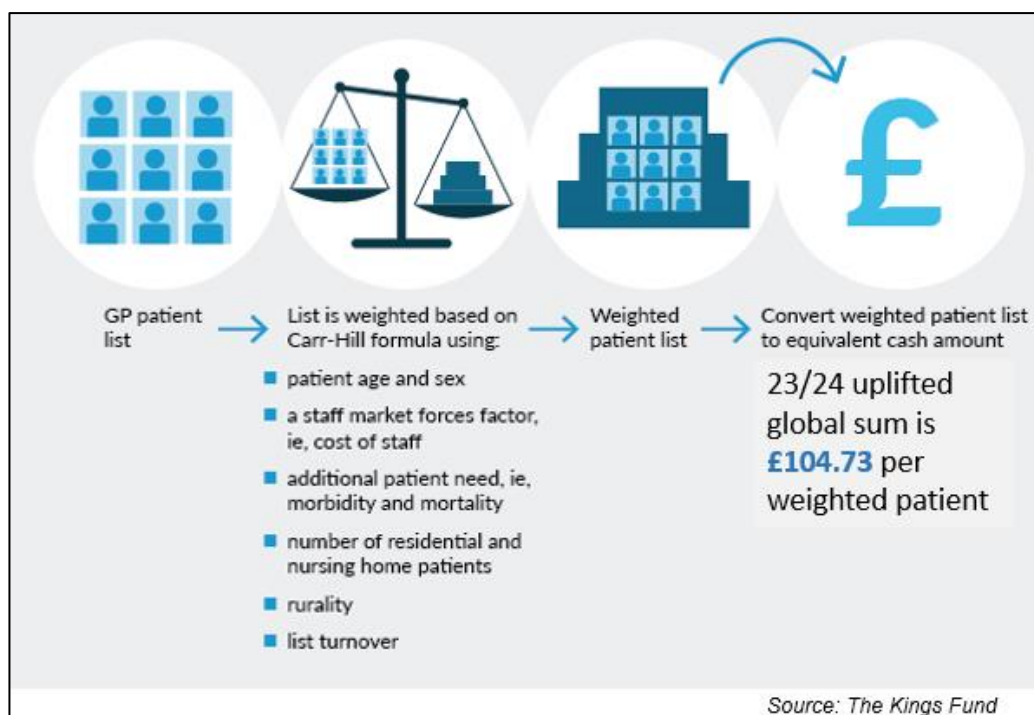
- **Personal Medical Services (PMS) Agreement:** Another form of core contract but, unlike the GMS contract, is negotiated and agreed locally by ICBs or NHS England with a practice or practices. This offers commissioners more flexibility to tailor requirements to local need while also keeping within national guidelines and legislation. The PMS agreement is again held in perpetuity but by individuals, not a partnership (six months' notice to terminate can be given). All PMS contracts transferred to GMS conditions.
 - **Alternative Provider Medical Services (APMS):** Offers greater flexibility than the other two contract types. The APMS framework allows contracts with organisations (such as private companies or third-sector providers) other than GPs / partnerships of GPs to provide primary care services. APMS contracts can also be used to commission other types of primary care service, beyond that of 'core' general practice. These contracts are time limited.
- 4.4 All three contract types set out mandatory requirements and services for all general practices. The core parts of the GP contract include:
- Agreeing a geographical or population area the practice will cover.
 - Maintaining of a list of patients for the area and setting out specific circumstances a patient might be removed from it.
 - Provision of essential medical services to registered patients.
 - Standards for premises and workforce and requirements for inspection and oversight.
 - Expectations for public and patient involvement.
 - Key policy requirements including indemnity, complaints, liability, insurance, clinical governance and contract termination conditions.
- 4.5 General practices must provide essential services at such times, within core hours (8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day, or bank holidays), as are appropriate to meet the reasonable needs of its patients. However, it was noted that there was no precise definition as to what constituted 'essential' nor 'reasonable needs' ('core hours' were specified, though).
- 4.6 Practices must also keep aside appointments for NHS 111 to book, and must offer and promote online consultations and video consultations. The current five-year contract was in its final year, and although the 2024-2025 contract was not yet published, a summary of contract changes for 2024-2025 were made available on 28 February 2024 (see 'Recent / Future Developments' section on page 43).

Regulation

- 4.7 The Care Quality Commission (CQC) is the regulator of primary medical care and is responsible for the inspection of general practices in England in order to monitor standards against set key areas. Each practice must be registered with the CQC and appoint a registered manager, and is expected to be able to evidence how it is run in considerable detail, helped by the prior preparation of a series of policy documents, protocols and procedures.

Funding

- 4.8 Much of a practice's income comes from its core contract agreements known as the [Global Sum](#) payment. This is based on an estimate of a practice's patient workload and certain unavoidable costs (e.g. the additional costs of serving a rural or remote area or the effect of geography on staff markets and pay), **not on the actual recorded delivery of services** (see graphic below).



The [Statement of Financial Entitlements \(SFEs\)](#) sets out what general practice can be reimbursed for (*note: most practice income is paid to the practice rather than to individual GPs*) and many practices also top up their NHS funding with fees for private services, such as medicals and travel prescribing that is outside of commissioned services.

- 4.9 In addition to the core funding via the Global Sum, practices rely on other forms of income to cover expenditure. Other potential income streams include:
- [Quality and Outcomes Framework \(QOF\)](#): A voluntary scheme that provides funding to support aspiration to, and achievement of, a range of quality standards by rewarding practices for the volume and quality of care delivered to their patients. Practices earn points according to their levels of achievement and payments are calculated on the points the practices achieve – the value of a QOF point in 2023-2024 is £213.43 (the scheme has 635 points). Whilst not part of the core contract, QOF can be beneficial for practices and is therefore rarely ignored.
 - [Directed Enhanced Services \(DES\)](#): Each DES attracts a separate payment amount as set out in the SFEs. The Network Contract DES offers practices further income opportunities through the formation of Primary Care Networks (PCNs), including (for the period 1 April 2023 to 31 March 2024):

- **Clinical Director Payment:** £0.72963 per registered patient per annum.
- **Core PCN Funding:** £1.50 multiplied by the PCN registered list size.
- **Enhanced Access Payment:** £7.578 multiplied by the PCNs adjusted population. From 1 October 2022, each Primary Care Network (PCN) is required to provide 60 minutes of additional general practice capacity per 1,000 adjusted population between 6.30pm-8.00pm on weekday evenings and 9.00am-5.00pm on Saturdays (see **Appendix 1** for Enhanced Access provision / utilisation across the Borough as of October 2023).
- **Care Home Premium:** Calculated on the basis of £120 per bed. The number of beds will be based on CQC data on beds within services that are registered as care home services with nursing (CHN) and care home services without nursing (CHS) in England. Primary Care Support England (PCSE) will make monthly payments based on care home bed numbers provided by commissioners. Payments are made at a rate of £10 per bed per month based on the number of relevant beds in the PCN's Aligned Care Homes.
- **PCN Leadership and Management Payment:** £0.684 multiplied by the PCNs adjusted population.
- **Capacity and Access Support Payment:** £2.765 multiplied by the PCNs adjusted population.

In addition, the **Investment and Impact Fund (IIF)** is a points-based scheme similar to QOF. Redesigned for 2023-2024 to focus on five indicators (vaccinations and immunisations (two), tackling health inequalities, cancer, and access), it is worth £59 million nationally.

- **Additional Role Reimbursement Scheme (ARRS):** PCNs can claim ARRS funding to bring in a new workforce to support primary care to ensure a multi-disciplinary team (MDT) approach. Staff funded through ARRS must be used to support the DES requirements and be in addition to current practice workforce. PCNs across Tees Valley have employed / engaged 303 ARRS staff (277.17 WTE) as at the end of Q1 (June 2023) from the roles available – June 2023 data shows an additional 61 headcount (58.04 WTE) across Stockton-on-Tees as follows:

| ADDITIONAL ROLES (as of June 23) | |
|--|------------------------------------|
| 12 x Clinical Pharmacists | 4 x Pharmacy Technicians |
| 18 x Social Prescribing Link Workers | 1 x Physician Associates |
| 1 x Children and Young Peoples Practitioner [Band 7] | 4 x First Contact Physiotherapists |
| 7 x Mental Health Practitioners [3 at Band 4, 4 at Band 7] | 5 x Trainee Nurse Associate |
| 1 x Care Co-ordinators | 6 x Health and Wellbeing Coaches |
| 2 x Digital and Transformation Lead | |

Primary Care Networks (PCNs)

- 4.10 Established in July 2019, PCNs are groups of practices working together to deliver nationally directed enhanced services (DES) which are offered to each individual practice as the legal entity agreeing participation. They are required to provide the following services (in addition to what practices are expected to deliver as part of core GMS contracts):

| Services | |
|--|---|
| Enhanced Access | Medication reviews and medicines optimisation |
| Enhanced Health in Care Homes | Early Cancer Diagnosis |
| Social Prescribing Service | Tackling neighbourhood health inequalities |
| Personalised Care [including reviewing shared decision-making audit] | Cardiovascular disease and prevention |

- 4.11 PCNs are not organisations or legal entities, and each PCN is led by a Clinical Director who represents the group of practices. PCNs have their own governance arrangements agreed through collaborative agreements across the grouping in relation to decision-making and operational arrangements, and there are four PCNs in Stockton-on-Tees. PCNs have taken a fundamental role in the COVID-19 vaccination programme, establishing local vaccination services as PCN groupings and the provision of enhanced access. PCNs have risen to these challenges, continuing to develop their relationships between practices and across the system to develop new ways of working.

Other Key Agencies

- 4.12 **Local Medical Committee (LMC):** A LMC is the body statutorily recognised by successive NHS Acts as the professional organisation representing individual NHS GPs and GPs as a whole in NHS England, including primary care organisations. A LMC is the only elected professional body that represents the views of local GPs and practice teams, at a national and local level, on issues of local interest in general practice, and NHS England and ICBs have a statutory responsibility to recognise local practitioner committees. A LMC is an independent, self-financing body (with statutory functions) funded via a levy paid by each practice. Representatives of LMCs meet at an annual conference which makes policy which the General Practitioners Committee is mandated to effect through negotiating with NHS Employers and the Departments of Health and Social Care (DHSC).
- 4.13 **GP Federations:** Groups of primary care providers which form a single organisational entity and work together as economies of scale to deliver services for their combined patient communities.
- 4.14 **Healthwatch:** The independent champion for people who use health and social care services. Funded by the DHSC through local Councils, they use patient feedback to better understand the challenges facing the NHS and other care providers nationally, make sure patient experiences improve health and care services for everyone, and also have a role helping patients to get information and advice, signposting patients to available support. As an independent statutory body, Healthwatch have the power to make sure NHS leaders and other decision-makers listen to patient feedback and improve standards of care.

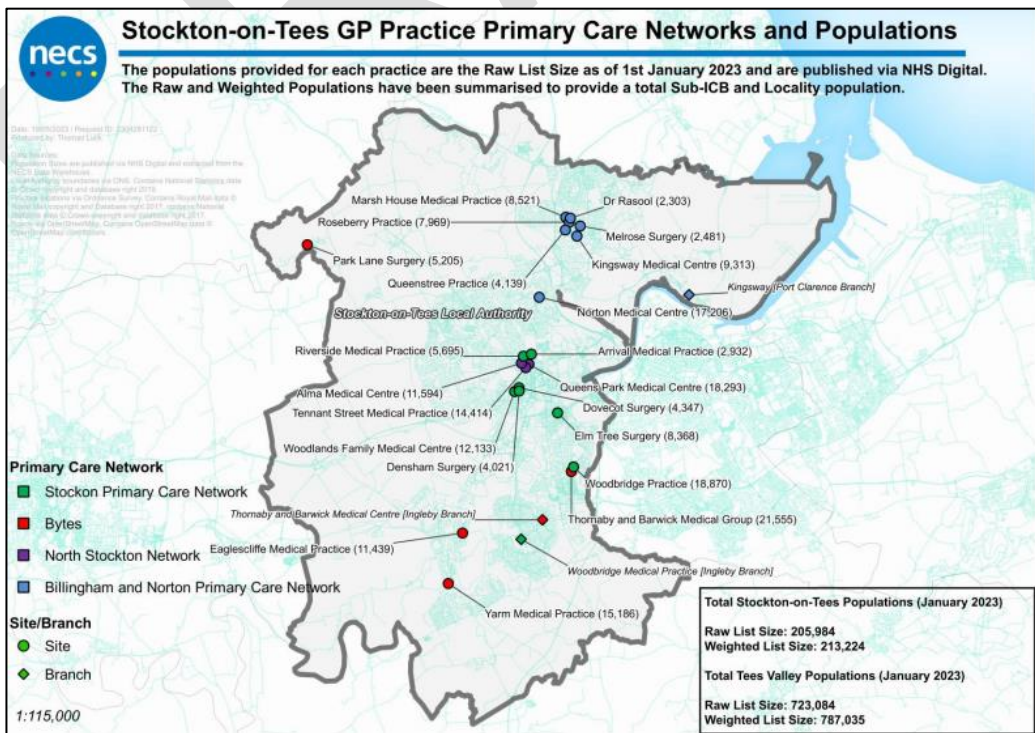
Stockton-on-Tees Provision

- 4.15 As of January 2023, 78 general practices (each affiliated to one of 14 Primary Care Networks (PCNs)) were operating across the five Tees Valley Local Authority areas:

| Locality | No. of practices | Smallest list size | Largest list size | Average list size | Number of PCNs |
|---------------|------------------|--------------------|-------------------|-------------------|----------------|
| Hartlepool | 11 | 3,806 | 18,728 | 8,865 | 3 |
| Stockton | 21 | 2,303 | 21,555 | 9,808 | 4 |
| Darlington | 11 | 4,718 | 15,302 | 10,185 | 1 |
| Middlesbrough | 20 | 751 | 20,117 | 8,125 | 3 |
| Redcar | 15 | 3,342 | 14,615 | 8,530 | 3 |

In Stockton-on-Tees, there were 21 practices covering a registered population of 205,984 (206,858 as of August 2023). A patient list size of around 7,000-8,000 was considered financially sustainable – locally, the average list size was 9,808 (the smallest being 2,303 and the largest 21,555). Four PCNs existed within the Borough:

| | |
|---------------------------|--------------------|
| Billingham and Norton PCN | North Stockton PCN |
| BYTES PCN | Stockton PCN |



- 4.16 A 'Stockton-on-Tees Data Pack' was provided to the Committee which included the previous map of the Borough's general practices, branch sites, and practice list sizes. Opening hours (as of August 2023) sourced from practice websites were also highlighted as follows:

| Practice | Opening Hours (August 2023) |
|----------------------------------|--|
| Marsh House Medical Practice | Monday to Friday: 08:00 - 18:00 |
| The Roseberry Practice | Monday to Friday: 08:00 - 18:00 (Closed between 13:00 - 14:00 on a Wednesday) |
| Dr Rasool's Practice | Monday: 08:00 - 20:00 Tuesday, Wednesday and Friday: 08:00 - 17:00 Thursday: 08:00 - 13:00 and 14:00 - 17:00 |
| Kingsway Medical Centre | Monday to Friday: 08:00 - 18:00 |
| Melrose Surgery | Monday & Wednesday: 08:00 - 18:00 Tuesday & Friday: 07:30 - 18:00 Thursday: 07:30 - 13:00 (emergencies only 13:00 - 18:00) |
| Queenstree Practice | Monday to Friday: 08:30 - 18:00 Monday to Thursday: 07:35 - 08:30 (pre-booked only) |
| Norton Medical Centre | Monday to Friday: 08:00 - 18:00 |
| Eaglescliffe Medical Practice | Monday to Friday: 08:00 - 18:00 |
| Park Lane Surgery | Monday to Friday: 08:00 - 18:00 |
| Thornaby & Barwick Medical Group | Monday to Friday: 08:00 - 18:00 |
| Yarm Medical Practice | Monday to Friday: 08:00 - 18:00 |
| Alma Medical Centre | Monday to Friday: 08:30 - 18:00 (Closed Wednesday 12:00 - 13:45 for staff training) |
| Tennant Street Medical Practice | Monday to Friday: 08:00 - 18:00 |
| Queens Park Medical Centre | Monday to Friday: 08:30 - 18:00 |
| Woodlands Family Medical Centre | Monday to Friday: 08:00 - 18:00 Thursday: 18:30 - 20:30 |
| Dovecot Surgery | Monday to Friday: 08:30 - 18:00 |
| Densham Surgery | Monday to Friday: 08:30 - 18:00 |
| Riverside Practice | Monday, Tuesday, Wednesday & Friday: 08:00 - 18:00 Thursday: 08:00 - 14:30 |
| Arrival Medical Practice | Monday to Friday: 08:30 - 18:00 |
| Elm Tree Surgery | Monday to Friday: 08:00 - 18:00 |
| Woodbridge Medical Practice | Monday to Friday: 08:00 - 18:00 |

- 4.17 Other relevant information of note included:

- CQC ratings:** Of the Borough's 21 general practices, 17 had an overall rating of 'Good', and 4 had an overall rating of 'Outstanding'. Whilst the CQC had reviewed the vast majority of practices during 2023, it had been several years since the latest inspection of most Stockton-on-Tees settings.
- Staffing levels & GP numbers (headcount and full-time equivalent as a ratio to patient list size):** According to August 2023 general practice workforce data ([General Practice Workforce - NHS Digital](#)) and August 2023 patient list sizes ([Patients Registered at a GP Practice - NHS Digital](#)), Stockton-on-Tees had a GP (headcount) to patient ratio of 1:1,360 patients (Tees Valley was 1:1,409 patients) compared to England which had a ratio of 1:1,288 patients.
- Directed Enhanced Services (DES):** 17 of the 21 practices in Stockton-on-Tees were signed up to the Minor Surgery, Learning Disability and Weight Management Direct Enhanced Services. Three of the 21 had signed up to the Out of Area DES, whilst one practice had only signed up to the Minor Surgery and Weight Management DES (see graphic below).

Direct Enhanced Services (DESs) are nationally agreed and must be offered to all GP practices in England. Practices can decide whether they sign up to a DES or not, but they must be offered the opportunity to do so.

Minor Surgery DES: Allows GPs to conduct minor surgical procedures, including injections and incisions or excisions, which helps increase patient satisfaction in general practice.

Learning Disabilities DES: Designed to encourage practices to identify patients aged 14 and over with learning disabilities, to maintain a learning disability 'health check' register, and offer an annual health check, which will include a health action plan.

Weight Management DES: The COVID-19 pandemic focused on obesity and weight management, which led to the introduction of a new DES in 2022-2023. The aim of this DES was to introduce new measures to tackle obesity.

Out of Area DES: All GP practices are free to register new patients who live outside their practice area without any obligation on the practice to provide home visits for such patients when the patient is at home, away from, and unable to attend, their registered practice. The purpose of the DES is for the practice to provide primary medical services to patients in their home area during core hours if they have an urgent care need and if they cannot reasonably be expected to attend their registered practice.

- **Appointment data (including Patient Online Management Information (POMI)):** Appointment rates per 1,000 (all appointments) between October 2022 and August 2023 were broadly consistent for the Borough's practices, with slightly higher levels in November 2022 and March 2023 (*note: general practice appointment data for individual practices was not published by NHS Digital until October 2022, therefore local appointment rates per 1,000 cannot be compared to pre-pandemic levels*). Further Stockton-on-Tees appointment activity for April 2023 to August 2023 was provided as follows:

| Primary care appointment activity | | | | | |
|---|------------|----------|-----------|-----------|----------|
| Stockton practices | April 2023 | May 2023 | June 2023 | July 2023 | Aug 2023 |
| Total number of appointments | 73,727 | 83,357 | 89,189 | 82,848 | 83,408 |
| Total appointments per 1,000 population | 357.1 | 403.7 | 431.7 | 400.7 | 403.2 |
| % of appointments where the time between booking and the date of the appointment was either same day or 1 day | 46% | 45.6% | 44.5% | 44.8% | 44.9% |
| % of appointments where the time between booking and the date of the appointment was up to 2 weeks | 38% | 38.5% | 38.6% | 39.4% | 38.4% |
| % of appointments where the time between booking and the date of the appointment was over 2 weeks | 12.7% | 12.9% | 13.1% | 12.0% | 12.7% |
| % of appointments categorised as face to face | 84.9% | 85% | 84.2% | 83.6% | 82.6% |
| % of appointments categorised as telephone or video | 12.4% | 12% | 12.9% | 13.3% | 14.2% |
| Number of appointments recorded as Did Not Attend (DNA) | 3,590 | 4,067 | 4,036 | 4,003 | 3,694 |

- 4.18 Reflecting on the list of Stockton-on-Tees practices, the Committee asked where the Lawson Street provision fitted into the local offer. It was confirmed that whilst there were two practices located within the Lawson Street premises, other services that were delivered from there were not part of general practice services.

- 4.19 A query was raised as to whether a register of the different services offered by each practice was kept (reported confusion as to which services offered flu and / or COVID vaccinations was relayed by Members). The Committee was reminded about the difficulty within the GP contract in articulating what 'essential services' included – as such, practice websites and patient leaflets were the main source of information.
- 4.20 Regarding the primary care appointment activity noted within the data pack, the data did not include 'dropped' calls which had previously been difficult to track – however, new telephony systems (as part of the phasing out of analogue phones) do collect this information, and the Borough's practices could be asked to supply this data if required. Statistics in relation to enhanced access utilisation (see **Appendix 1**) indicated that significantly less people used the Sunday service in Eaglescliffe (it was stated that patients should be offered appointments during core hours as well as enhanced access options).
- 4.21 The Committee drew attention to the Patient Online Management Information (POMI) statistics included within the data pack and noted the varying level of patients accessing their records remotely (which would be interesting to compare with any available regional / national figures). Members were informed that, from 31 October 2023, there was a new contract requirement that all people should have access to future (not past) records, though this had created some nervousness amongst practices with regards potential safeguarding issues – the ICB continued to work with providers on this. In terms of the different levels of online bookings / cancellations and repeat prescription ordering, variances in relation to the level of awareness / promotion of remote options may explain data fluctuations, and there was not an ambition to get this close or up to 100% – this was merely just a way of expanding patient choice.

Addressing Access Issues

- 4.22 The [Primary Care Access Recovery Plan \(PCARP\)](#) was published on 9 May 2023 and aimed to tackle the 8.00am rush and reduce the number of people struggling to contact their practice, as well as ensure patients know on the day they contact their practice how their request will be managed. The 2023-2024 focus was on:
- **Empowering patients to manage their own health:** improving information and NHS App functionality, increasing self-directed care, and expanding community pharmacy services.
 - **Implementing Modern General Practice Access (MGPA):** better digital telephony, simpler online requests, and faster navigation, assessment and response).
 - **Building capacity:** larger multi-disciplinary teams, more new doctors, and retention / return of experienced doctors).
 - **Cutting bureaucracy:** improving the primary-secondary care interface regarding onward referrals (e.g. for patients referred into secondary care who need another referral (for an immediate or a related issue), the secondary care provider should make this for them, rather than sending the

patient back to the GP to refer), call / recall systems, and clear points of contact.

4.23 The Committee heard that the high-profile aim to tackle the 8.00am rush did not translate verbatim into the existing GP contract, nor did it mean that an individual would get an appointment on the same day (despite some elements of the media interpreting this so). However, if there was a clinically urgent need, a person should be offered an appointment appropriate to that need, which could be on the same day.

4.24 Other national support measures were outlined as follows:

| | | | | |
|--|---|---|---|---|
| General Practice Improvement Programme | | | Transition cover and transformation funding | Additional role reimbursement scheme |
| Universal offer | Intermediate offer | Intensive offer | Practices will be able to receive an average of £13.5k in either 2023/24 or 2024/25 to enable them to pay for additional support to help clear existing work before they transition to a 'modern general practice access model' | Ongoing funding to recruit to 18 roles available under the scheme |
| <ul style="list-style-type: none"> • Fundamentals of change programme • Care navigation training • Digital and Transformation Leads programme | 12 facilitated sessions with Practices/ PCNs to agreed shared purpose | Delivered over 6 months practices will benefit from on-site support | | |
| Support Level Framework | | | Cloud based telephony funding/ High quality digital tools | Ongoing support |
| To support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve, they can undergo a support level framework discussion with the ICB Primary Care Place Team | | | <ul style="list-style-type: none"> • Non- recurrent funding to support practices on analogue telephony systems to move to a cloud-based system • Funding for high quality tools for online consultation, messaging, self-monitoring and appointment books | <ul style="list-style-type: none"> • Support from ICB Primary Care Team to access expert advice and guidance, interpret national guidance and liaising with system partners and regional/ national colleagues, where required • Implementation of key actions in the Primary Care Access Recovery plan e.g. cutting bureaucracy |

4.25 From a Stockton-on-Tees perspective, progress on strengthening access to services (as of October 2023) included:

- **Telephony:** Five practices had been identified for priority transfer from analogue to digital.
- **General Practice Improvement Programme (GPIP):** Five practices had signed up to the intensive 26-week programme.
- **National Care Navigation Training:** 13 practices had signed up to access the training.
- **Modern General Practice Access (MGPA):** 13 practices had indicated they intended to move to MGPA in the next two years and three practices felt that they had already implemented this.
- **Support Level Framework:** One practice had participated in a discussion to identify areas of focus when developing and redesigning practice processes and procedures.
- **Digital:** Seven practices were working with the ICB Digital Team to make improvements to websites.
- **Digital:** Improved use of social media and other communication methods to inform patients of the changes to practice and the benefits of these changes. Five practices in Stockton were enrolled with the 'register with a GP' online service.
- **PCN Capacity and Access Improvement Plans (CAIP):** Approved and being implemented for March 2024.

- 4.26 In addition, phase one of a six-month national public relations campaign to promote improvements in GP access was tentatively due to launch mid-October 2023. The campaign will focus on care navigation and the multi-disciplinary approach, with case studies from the most commonly occurring roles in the general practice team (clinical pharmacists, paramedics, physios, social prescribers, care coordinators, health and wellbeing coaches, mental health practitioners, physician associates and nurses).

Views of Health Bodies

North East and North Cumbria Integrated Care Board (NENC ICB)

- 4.27 Access challenges were outlined (see graphic right), with ways of working impacted by the COVID pandemic (i.e. digital / online offers significantly accelerated), and the appetite for medical training limited in the context of other career opportunities (something the ICB was trying to address). It was emphasised that GPs were 'generalists' and see people about anything and everything – however, some individuals with more urgent needs were trying to access them instead of more appropriate services.

Causes of access challenges

- Covid ways of working – total triage
- Staff sickness and isolations
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Public health concerns in press e.g. mpox, Strep A
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Recruitment and retention difficulties
- Estates limitations

- 4.28 The most significant challenge was arguably the ongoing recruitment and retention difficulties for both clinical and administrative roles. Practices were not an attractive place to work at present, and the abuse of staff was a real issue. Cost-of-living factors also added to the pressure on services, with increases in wages not covered by practice income. Ultimately, practices were limited in terms of changing their operations and financial reimbursements were not huge (despite practices giving very high value-for-money).
- 4.29 Assurance was given that local practices were proactively changing the way they delivered their services, and several examples of progress were highlighted (see 'Addressing Access Issues' theme above). In addition, a national campaign in association with Healthwatch had been initiated with regards access, and the ICB was in the process of contacting practices to verify the accuracy of their opening times on websites / public platforms.

Cleveland Local Medical Committee (LMC)

- 4.30 Fully recognising that GP access was currently a priority issue for the public, Cleveland LMC emphasised that the existing situation within Stockton-on-Tees was very much aligned to the national picture when it came to challenges associated with accessing services. During an overview of the differing strands of the overarching general practice offer, it was noted that the digital GP option was not hugely popular locally (compared to take-up within bigger cities such as London and Birmingham), and that private GP use was also low within the Borough due to a lack of demand (perhaps reflective of it being a less affluent area).

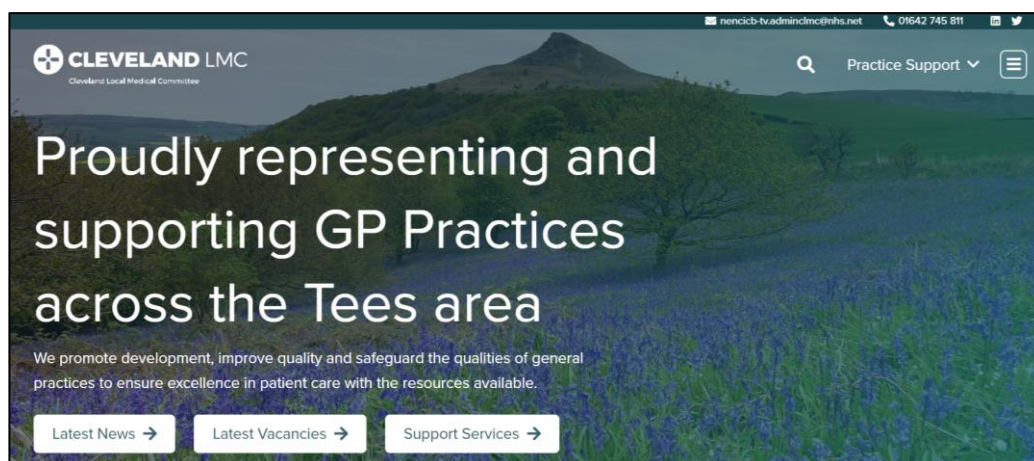
- 4.31 As the representative body for all general practices and GPs within Tees, having the authority to speak and negotiate on behalf of so many can present its own challenges. Cleveland LMC was funded solely by its practices on a voluntary basis and was independent of other organisations (there were no conflicts of interest) and any political party (though did take an interest in political developments).
- 4.32 Cleveland LMC supported its constituents in multiple ways, including the dissemination of formal guidance (e.g. another Local Authority area had experienced issues around people getting registered with practices), escalating concerns to national negotiators, and providing contract implementation advice. It also assisted with dispute resolution (which was currently a frequent occurrence), fed into the British Medical Association (BMA), and was linked-in with national communications teams. Cleveland LMC was well respected by the BMA, but its views were not as well received by the Government or NHS England – the imposition of contracts being a particular concern at present.
- 4.33 Also acting as a job advert service, it was normal to have more than 10 GP vacancies at any one time, with recruitment proving more challenging in Teesside than in other regions (young trainees had shown a tendency to want to work in Newcastle or York). As such, access was not seen as a huge priority for practices – the focus was much more on workload, workforce capacity, reducing regulation, financial stability / sustainability, and ensuring patient safety. Whilst it liaised with other LMCs across the country, Cleveland LMC would like to meet more frequently with regional / local stakeholders to ensure positive outcomes (not just for the sake of meeting).
- 4.34 National trends around GP access painted a very concerning picture. Population growth and a reduction in GP numbers had combined to put significant pressure on the sector, and many GPs had resorted to working three-day weeks (though very long days) to control stress levels within the context of a tough working environment. Retention of staff had also become a problem, and it was important to note that 18% of GPs were over the age of 55 – whilst some were working full-time into their 70s, a big gap was looming once they leave the profession, and though the ageing workforce issue had been known for some time, there remains no solution.
- 4.35 Awareness was raised around the national ‘Rebuild General Practice’ campaign which challenged the way things were sometimes portrayed in the media. Several concerning statements around risks to patients, inadequate time available to spend with patients, and recruitment and retention issues were highlighted, though it was acknowledged that the statistics reflected a national survey, and local data was not yet available (*note: it was subsequently confirmed that the LMC was not aware of any local statistics, and that the locality was not specifically collected within the national survey*). There was also a desire for more continuity regarding contact with patients (which the current contracting mechanism prohibited) as evidence suggested that better outcomes follow when people see the same GP each time they access services.
- 4.36 It was important to recognise that more appointments than ever were being delivered, with the average appointments per year for every registered patient (6) now 50% more than what the funding was intended for (4 per year). Ultimately, it was not safe to deliver more appointments, hence the push for a greater focus on patient safety – the move to 15-minute slots (rather than 10-

minute) was an attempt to assist in this regard, and also reflected the increasing complexity of cases that GPs were being approached about. As previously noted, the existing problem was not about access – it was more to do with capacity and demand. Expectations around GP capacity were not possible within the present funding envelope.

- 4.37 In terms of funding, media headlines tended to focus on primary care as opposed to general practice (which was only one part of the former). That said, primary care received just 8% of the NHS budget, with a greater focus now on investment into hospital services. Core GP funding did not take into account the increase in appointments, and overheads (which had been impacted by recent inflationary pressures) needed to be deducted from this income – this situation leads to workforce reductions as practices try to balance their books. The limitations of the Additional Roles Reimbursement Scheme (ARRS) were outlined, with funding in relation to this initiative unable to be spent on core staff and any underspends being lost (this was a particular issue across Teesside). Other funding issues concerned investment being focused on Primary Care Networks (PCNs) as opposed to individual practice needs (an arrangement which could see poor performance from a neighbouring practice impact on others), and the provision of enough computers to support additional staff.
- 4.38 Regarding care navigation, it was emphasised that call handlers did not like having to ask questions of those contacting services, and that it was hard for them to manage patient demand in light of existing capacity – indeed, this was causing problems in relation to the retention of reception staff who were seeking less stressful roles outside the sector. In related matters, the need for more non-GP roles within practices also created increased supervisory requirements – this in turn further limited patient contact time.
- 4.39 With regards the national recovery plan for GP access, Cleveland LMC felt this would have limited impact as it failed to address the underlying issues around funding and workload. Practices needed more staff but were prohibited from increasing their workforce due to financial restrictions – indeed, there were GPs currently seeking work / additional work within Teesside who practices could not afford to employ.

This latter claim was subsequently followed-up, where it was stated (in late-November 2023) that Cleveland LMC were aware of 16 GPs (across Tees) who had contacted the LMC in the past month or so looking for work and unable to find any, or were available for additional shifts on top of their regular work. This was a national problem that was impacting in Tees. A link to the LMCs job adverts page was provided (<https://clevelandlmc.org.uk/vacancies/>) – as of late-November 2023, there were two active vacancies in Stockton-on-Tees, and the LMC was aware of an additional two vacancies (in the Borough) not being currently advertised and another Stockton-on-Tees practice who was planning to recruit a GP in January 2024.

- 4.40 In addition, a greater focus on the interface with secondary care would be welcomed as much work was done in practices that should be undertaken by secondary providers (a recent audit of practices had shown that 170 hours per week were being lost across Teesside – this report was subsequently shared with the Committee for information).



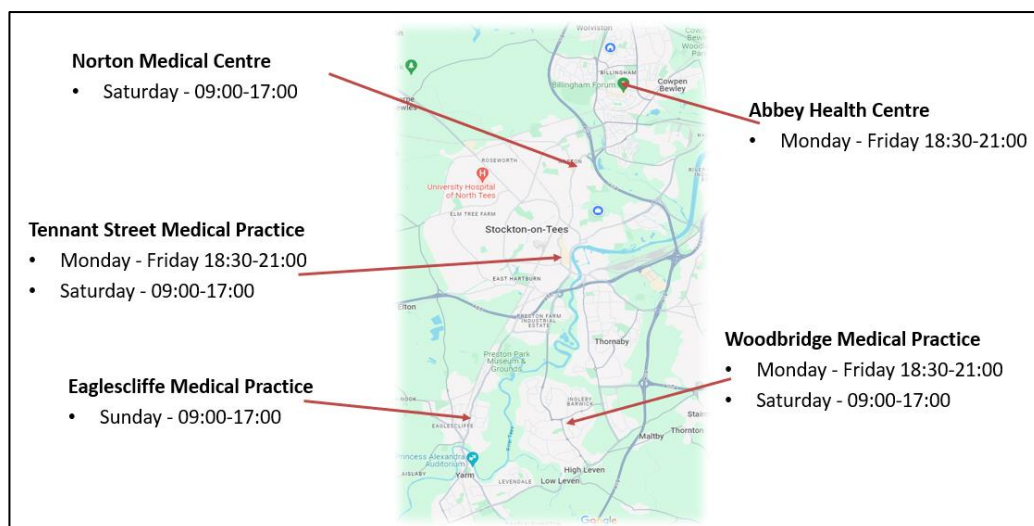
- 4.41 Reflecting on the presentation, the Committee expressed unease about the gloomy picture being portrayed and was particularly concerned about the call for more frequent dialogue with stakeholders as this appeared to indicate a communications issue. Cleveland LMC confirmed that other organisations had been cancelling planned meetings at short notice, with no meetings held with NHS Trusts for some time, and the North East and North Cumbria Integrated Care Board (NENC ICB) standing down previously scheduled engagements. A NENC ICB representative commented that meetings may be affected due to workload clashes and that there was an ongoing organisational restructure which may be impacting upon capacity – this would be taken back to colleagues to ensure any cancelled meetings were rearranged.
- 4.42 Members probed the increase in dispute resolution cases being dealt with by Cleveland LMC (hearing that these involved not only GPs but also nursing and reception staff), as well as the composition of its elected Board in terms of how the Borough was represented (there was presence from each of the four Local Authority areas and Stockton-on-Tees was generally over-represented).
- 4.43 Focus shifted to the reported appointment statistics, with the Committee querying the reference to '*more being delivered than ever before*'. It was explained that some of this increase could be attributed to an initial telephone appointment (which would be logged as one contact) being raised to a face-to-face consultation (which would be logged as another contact even though it concerned the same individual). When it came to the type of contact with patients, practices had the scope to deliver services in whichever way they felt was best (this was very much supported by Cleveland LMC), though whilst telephone consultations were quicker, there was often more value in an in-person appointment (which remained the standard option). The ICB added that it would be interested in knowing if there was a gap in services at any practice, and it was noted by the Committee that phlebotomy was a real challenge within the Borough (staffing provided by NHS Trusts, but issues around the arrangement of appointments for when staff were available).
- 4.44 Continuing the theme of appointment types, the Committee was reminded that, prior to the COVID-19 pandemic, there was a strategy regarding a telephone-first approach. Some practices had already adopted this option and therefore adapted to the impact of COVID more easily. Members highlighted their awareness of residents receiving call-backs from practices which was widely welcomed – this did, however, require dedicated staff to return calls.

- 4.45 The current funding landscape led the Committee to query if decisions on financial support for practices was pushing provision towards privatisation. It was acknowledged that some within the sector did indeed have that impression and felt that there was a policy to force GPs into a salaried role. In response to a question on incentives for greater access, it was stated that practices received 70% of the capacity and access improvement funding (see paragraph 4.9) upfront (an average of £11,500 per PCN), with the remaining 30% given upon delivery of their agreed plan covering patient experience of contact, ease of access and demand management, and accuracy of recording in appointment books – this was allocated as part of a PCN arrangement rather than on an individual basis.
- 4.46 The Additional Roles Reimbursement Scheme (ARRS) was explored further, with particular attention focusing on the stated underspend in previous years. Cleveland LMC noted that it was difficult to get clarity on spending as the funding for this initiative was held centrally rather than by the ICB. A NENC ICB representative advised that around 75% of available ARRS funding for this year had been spent in Stockton-on-Tees, and there had been an attempt to incentivise PCNs in relation to this scheme. It was acknowledged that some PCNs were more proactive than others with regards collective working and the sharing of best practice / learning, with Members reminded that practices were, ultimately, individual businesses.
- 4.47 Discussion ensued around access to / visibility of Practice Managers. It was stated that this role was one of the most pressurised within the sector and was the biggest pinch-point in terms of retention – as such, much resource was given to supporting them. Two Practice Managers were on Cleveland LMCs elected Board, as well as PCN Clinical Directors (who the Committee would also be attempting to engage with as part of this ongoing review).
- 4.48 The Committee was reminded by the NENC ICB that, despite the references to risks to patient safety within the presentation, all of the Borough's general practices were deemed safe by the Care Quality Commission (CQC).

Hartlepool & Stockton Health (H&SH)

- 4.49 Formed in 2016, H&SH was a traditional GP Federation set-up based upon the former Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) footprint. Some of its services were Stockton-on-Tees-specific, whilst others served the Tees Valley as a whole. Elected (bi-annually) by peers, three of its (minimum of) six Board Directors need to be GPs, and one must be a general practice manager. H&SH received no statutory funding, nor financial support from practices (all of which were members) – any funds it created were invested back into services / practices.
- 4.50 Holding itself to account to ensure it adds value rather than acts as a burden to the overarching health system, the vision of H&SH was to improve the health and wellbeing of local people. Key missions included the championing of general practice and supporting Primary Care Networks (PCNs) to continue their development – engagement as a trusted partner (via local NHS Trusts and Health and Wellbeing Boards) was also an important duty. In terms of its goals, H&SH was limited in its ability to pay high remuneration rates to its staff – the organisation therefore focused on staff wellbeing and creating a positive culture in which to work, thus aiding recruitment and retention.

- 4.51 Several services were provided as part of the overall H&SH offer, a key element of which was the 7Day Enhanced Access to general practice (contributing 217.5 hours-per-week and more than 32,000 appointments per year across Stockton-on-Tees) – indeed, this was a crucial driver behind the original formation of H&SH as practices did not want private companies providing out-of-hours access. Commissioned by PCNs (previously this was done through the CCG) who all engaged with H&SH, 7Day Enhanced Access had been operating since 2017 – within the Borough, the ‘core’ locations were Tennant Street Medical Practice and Woodbridge Medical Practice, with further weekend / evening access available at Abbey Health Centre, Eaglescliffe Medical Practice, and Norton Medical Centre (see graphic below).



- 4.52 Data showing the number of appointments for various health reasons / types across a typical month for the 7Day Enhanced Access offer was listed, as well as corresponding ‘did not attend’ (DNA) cases for each element. Access to see a GP was comfortably the highest (1,081, with 100 DNAs), followed by appointments for a treatment room (628) and a complex treatment room (459). The recent addition of a menopause clinic was highlighted (this was in response to PCNs being unable to cope with the level of demand for menopause support and was proving very popular), and it was noted that H&SH worked with PCNs to establish pressure points (e.g. there was significant demand for complex wound care). With regards DNAs, H&SH was relatively comfortable with current rates, though did try to identify specific sites where this was occurring and whether the way in which an appointment was booked impacted upon attendance (e.g. appointments booked too far in advance often resulted in more DNAs – the window to be able to book had therefore been reduced). It was also acknowledged that those accessing weekend / evening appointments would likely be attending a practice which was not normally their own.

- 4.53 H&SH was also responsible for / involved in a number of other services, including Footsteps (a nationally rare teen health one-stop-shop which was based within Eaglescliffe Medical Practice), the Integrated Urgent Care Service (GP-led from both Hartlepool and Stockton sites and currently up for recommissioning), and COVID vaccination services / clinics and oximetry@home. The Outreach Nursing Service (Public Health) was able to support those who found it difficult to engage with practices (H&SH aimed to build on the current model and had recently acquired a bus to assist in taking healthcare into the community), and PCNs were supported with regards human

resources and any background work in relation to the numerous roles practices could appoint to.

- 4.54 In terms of workforce, H&SH oversaw a digital staffing pool which comprised a bank of professionals (all of whom were checked / audited) that practices could access if required – this assisted around 5-10 practices per month and was particularly useful if there was any planned care. GP and Nurse Fellowships (career start schemes) were also highlighted, involving education, projects to run, peer support, and learning from older, more experienced practitioners – features designed to make the locality a great place in which to work. Other workforce initiatives included a GP retention scheme (Tees Valley RISE), PCN personalised care teams (for those without a clinical need), a primary care training hub, and delivery of healthcare apprenticeships (in particular, senior healthcare support workers).
- 4.55 Further to the digital staffing pool, H&SH supported access to GP services through the Operational Pressure Escalation Level (OPEL) framework, a mechanism by which practices rated themselves as to the level of pressure they were under, potentially leading to them being signposted to H&SH for assistance. The organisation had also put on extra appointments during the winter period (which it paid for itself on behalf of local practices), and a respiratory-specific service would be operating from Ingleby Barwick this year for a 10-week block (seven days-a-week) – this would provide 130 appointments per week, would be GP-led alongside a nurse, and was expected to support a high number of children. Access to services on Sundays had existed since 2017 and it was hoped that next year would see an increase in provision on this day of the week. A new contract for 7Day Enhanced Access was due to start in April 2024, though a key issue remained around the lack of places to put in additional services due to limits on space and funding.
- 4.56 The Committee questioned the existing, and future, workforce situation and heard that any GPs working locally had the option to support H&SH service provision (though had to go through rigorous checks). H&SH created opportunities for local practices to take on weekend / evening work and gave employment possibilities for medical students (e.g. shadowing work within the Urgent Care Centres in their final year), allowing the building of local relationships which may assist with them remaining within the area once they formally qualify.
- 4.57 Members asked what had been learnt from the recent vaccine rollout which had resulted in challenges around the availability and administration of the COVID and flu jabs during the same appointment (thereby impacting on the need to access services more than once). H&SH stated that the infrastructure / booking system behind the national NHS England vaccination programme was problematic and that, whilst most PCNs had opted-in to offering both vaccines at the same appointment, there had been issues in getting enough doses to the right places at the right times (particularly the COVID vaccine which had to be stored and handled differently). Assurance was given that most care home / housebound residents got both vaccines at the same time, and that views had been fed back to national bodies to ensure a more efficient process next year – indeed, the new vaccination strategy gave more opportunity for decisions on future rollout to be directed by local agencies, and the Enhanced Health in Care Homes (EHCH) framework provided further avenues to support the delivery of healthcare within care home settings.

- 4.58 Attention turned to the younger population and the unusual, yet highly valued, Footsteps service. The Committee heard that this was the idea of a local GP who was seeing an increase in eating disorder and anxiety cases among teenagers. An outreach 'council' for young people was created which had since won an award, and the service was accessible to any teenager within the Borough.
- 4.59 Referring to the 7Day Enhanced Access appointment data, Members highlighted the 'diabetes review' numbers and noted that some people had gone without a review since the emergence of COVID. H&SH confirmed that nursing numbers gave a particular cause of concern as it was this element of the workforce which serviced many of the populations day-to-day needs rather than GPs. The desire was for more specialist-trained long-term condition nurses, though ensuring sufficient workforce capacity and expertise was complicated by the forthcoming end to the PCNs first five-year contract in March 2024 – it was therefore hoped that future workforce arrangements could be more firmly planned once post-March 2024 PCN funding was established.
- 4.60 Discussion ensued around phlebotomy services and the feedback of results if bloods were taken in a setting outside a person's normal practice. A NENC ICB representative stated that results should go back to whoever requested the blood test (unless a shared care arrangement was in place).
- 4.61 The Committee praised H&SHs digital staffing pool and asking if there was any way in which this could support local services more. H&SH advised that practices were able to request the use of this pool at any time and that communications were sent out to practices reminding them of this option.

Views of Primary Care Networks (PCNs)

- 4.62 Contributions from the Borough's four Primary Care Networks (PCNs) were sought. Clinical Directors and / or Operational Leads for each PCN addressed the Committee in relation to their submitted responses (see **Appendix 2**) to the following key lines of enquiry:

Awareness of any access issues within your PCN area

- 4.63 Several elements were having an impact on GP access – these included a post-pandemic backlog (for both physical and mental health problems), long waits for secondary care which was resulting in patients contacting primary care providers for support in the interim, and the loss of experienced staff and the subsequent lag in training new staff to fill this void (who, in the short-term at least, were unable to work at the level of those older professionals who had left general practice). That said, PCN representatives also acknowledged improvements to access, some of which had come as a result of COVID-19 and the need to work in different ways – innovation, particularly through the use of technology, had led to the emergence of alternative pathways regarding access to services, though this in turn further increased demand which was very challenging to meet given the lack of an uplift in resources. As such, waiting times were further compromised.

All practices aware of the ongoing issues with many facing the same issues. Regardless of the size of the practice there has been an impact. Sickness is the biggest impact. One of the practices has recently changed to a total triage model and sickness has affected how this model works and the effectiveness of this.

Billingham and Norton PCN

The impact of the COVID pandemic on primary care is multifaceted. Productivity has increased as digital access has expanded with increased usage of virtual consulting, electronic messaging and self-care supported by home monitoring. However, the pandemic coincided with a period when training opportunities were restricted and, as a result, new staff in particular practice nursing teams have lost experienced staff. There is a lag in reskilling team members.

BYTES PCN

In terms of access, practices have increased the number of appointments offered by GPs and continue to monitor appointment systems to ensure the correct balance of same day and pre-bookable appointments.

North Stockton PCN

Patient demand does continue to grow. However, practices within our PCN area respond to this increased demand by reviewing data as to when the greatest patient demand occurs; for example, on the telephone, e-consultations, patient footfall within the practice, or through patient questionnaire responses in what services are being requested by patients at what times suitable to them. Consequently, in response, practices within our PCN area do alter staffing rotas to accommodate the changes in access demand to ensure additional non-clinical and clinical staffing at peak times (i.e. early morning or after school hours) to ensure the access to our services can be successfully managed.

Stockton PCN

- 4.64 Further to a Committee query, it was confirmed that all PCN areas used the OPEL system to monitor pressures which individual practices were under – this enabled any critical needs to be identified, something which the Hartlepool & Stockton Health (H&SH) GP Federation could assist with in terms of its digital staffing pool (it was noted that H&SH did not charge more for these staff to provide assistance). Members subsequently noted the focus on shortages of nursing staff.
- 4.65 Reflecting on the various access options outlined within the combined PCN submission, Members welcomed the range of mechanisms available, though also drew attention to the challenges faced by those who were not as technologically minded when it came to online services. Regarding waiting times, the Committee was reminded that this was a national issue, and efforts to mitigate the impact of delayed contact with health providers had resulted in the 'Waiting Well' initiative (a programme offering targeted support to certain groups of patients waiting for treatment).
- 4.66 Reference was made to a previous evidence session where Members were informed about the difficulties in attracting professionals to the Tees Valley area. One of the PCN Clinical Directors present, who was also a GP trainer, spoke of the challenges of getting practitioners with the right qualities into the region and noted that the training scheme was not overly appealing / rewarding (as such, it was stated that there had been a period when training places were undersubscribed). The Committee heard that those people who had qualified

were not always staying in the area, hence the need to look further afield for the skills required – it was subsequently reported that there was a higher level of international graduates in the North East than in other regions across England.

- 4.67 Members highlighted the services provided by pharmacies and the impact of this on general practices – there was, however, little mention of this in the PCNs responses to the questions posed by the Committee. PCN representatives gave assurance that practices worked closely with pharmacists as part of their clinical teams, and that pharmacies were very much embedded within the primary care offer. The Committee welcomed this assurance and pointed to the opportunities pharmacies provided to relieve pressure on the overall health system (particularly those based outside town centres), with Members encouraging all practices to value each one equally. In response, it was stated that a number of pharmacies were operating under great strain at present, and that caution was needed around the expectation that they would address access issues – this may lead to unintended consequences.

Management of patient contact (systems, prioritisation, triage)

- 4.68 PCNs highlighted a variety of in-person, telephone and digital tools / systems which were used to manage patient contact. The need to ensure (as far as possible) continuity of care was emphasised as this led to a more efficient service, with patients saved from having to repeat their story time and again to different professionals – key to this was administrative / reception staff within practices who develop knowledge of / rapport with patients. Whilst electronic options had evolved to further enable contact with practices, PCNs acknowledged that it was important to avoid digital exclusion, particularly in the context of an ageing population and the critical need to ensure access for all. In related matters, it was also vital that those who chose to use digital / online mechanisms were not prioritised over those who preferred alternative, non-electronic methods of communication.

A relatively new system called AccuRx, is used by all Stockton PCN practices and has further supported the management of communication to patients.

Stockton PCN

Prioritisation: reception is signposting patients, trying to work towards appointments being given on a need-basis, not just patient want – GP to spend time in reception helping reception team improve signposting and protected time to establish pathways. Huddles between GP / Nurse Practitioner / Reception Team Lead regarding any capacity access and advice to patients.

Billingham and Norton PCN

Electronic Triage and Online Appointments help to reduce the need to contact the practice and can be assessed prior to being assigned to a healthcare professional, helping to reduce avoidable appointments. But, some patients may face challenges using online systems or may not have access to the necessary technology.

BYTES PCN

Some practices have embedded the duty doctor in Reception with access to a PC. They can help triage difficult calls whilst being able to do their own work. It is improving access in terms of patients not always being offered same day when it isn't necessary. It has reduced the number of same-day appointments, but we think this is mitigated by improved appointing of patients.

North Stockton PCN

- 4.69 The continued focus on providing different forms of contact opportunities for patients was welcomed by the Committee, as was the desire to keep phonelines open (an important factor for elderly residents) – the call-back feature which had been introduced by a number of practices was also praised. Previous complications in achieving the dual rollout of COVID and flu vaccines within practices was noted – Members were reminded that these vaccines were commissioned and stored differently, hence the challenges in them being administered during the same appointment. However, health bodies would try to ensure future rollout was as streamlined as possible.
- 4.70 The Committee noted the recent national rise in reported cases of measles and asked if this was translating into increased contact with local practices. It was stated that, although there were yet to be any significant outbreaks of measles across Teesside, discussions had taken place at the Stockton-on-Tees Health and Wellbeing Board, and a UK-wide vaccination catch-up campaign was in the pipeline. One of the main issues was a lack of vaccination uptake within inner-cities, as well as the usual lower inoculation rates in areas of greater deprivation.

Mechanisms for the public to raise concerns about access issues and how this is communicated / managed / responded to

- 4.71 Again, multiple opportunities for patients to raise issues were outlined via written, verbal or online means. Patient Participation Groups (PPGs) within each practice were also highlighted. One PCN area had recently undertaken work to identify the best route for providing comments on practices – this was resulting in enhanced options for digital feedback, though not at the expense of more traditional ways.
- 4.72 Difficulties in being able to liaise with a Practice Manager were flagged by the Committee, though it was cautioned that getting involved in individual cases would be very time-consuming for these professionals and would add to the significant pressure they were already under. Assurance was given that practices tried to absorb feedback from as many sources as they can, including annual surveys (which are usually circulated to a small sample of patients), suggestion boxes, the Friends and Family Test, and PPGs. It was also emphasised that practices do not have to wait for negative feedback to take action in order to improve services.
- 4.73 The NENC ICB drew attention to the requirement to improve patient experience and contact within the national capacity and access improvement plans previously shared with the Committee – Members were informed that all practices continued to work on this. PCN representatives also confirmed that comments in relation to practices were available on publicly accessible platforms (e.g. Google reviews).

Do practices seek feedback around access and how has this informed arrangements?

- 4.74 All PCNs outlined the proactive measures in place to capture views from patients, and examples were given as to how this had led to changes in service delivery, including improvements to telephony systems and clarity around out-of-hours access provision.

Patient questionnaires were sent out in November and will send out a second one in February to a different group of patients. The first questionnaire did highlight access issues, particularly on the phone, but the problems raised had already been addressed with the advent of a new telephone system and various other processes, and the comments were from legacy access.

North Stockton PCN

[seeking views] helped inform our out-of-hours access provision as to what services at which locations patients wished to see open. This included patients wishing to access those practices out-of-hours, with good public transport links, car park, nurse treatment room procedures and GP appointments for working people.

Stockton PCN

Our practices have sought additional feedback from patients beyond FFT (Friends and Family Test) and the national GP survey. In addition to this data and feedback, to improve patient satisfaction and better understand the challenges that patients face, our practices carried out their own patient satisfaction surveys. The surveys aimed to gather more detailed feedback from patients on their experiences with the practice, as well as identify any areas where improvements may be necessary.

BYTES PCN

This could be better, but the reason behind not obtaining feedback frequently is fully understood. Constant negative feedback lowers staff morale and makes the teams feel that, even though they are working incredibly hard, this isn't good enough. Practices have introduced various improvements that allow for monitoring without negative feedback (i.e. telephony systems that are cloud-based and support patient call-back).

Billingham and Norton PCN

- 4.75 The issue of patients failing to attend their appointment was raised by the Committee, as were the difficulties that individuals could encounter when trying to cancel an appointment. The merits of following-up with those patients who do not attend was discussed – some practices did make contact, though it was also noted that this could be quite stressful for the patient and a decision to follow-up may need careful consideration based on an individual's case history. NENC ICB personnel added that many practices sent text message reminders prior to appointments which included cancellation options – however, did not attend (DNA) rates remained high.
- 4.76 Continuing the theme of non-attendance, it was felt that the ability to book appointments a long way in advance had the potential to lead to patients forgetting. Some practices were also placing more emphasis on providing positive statistics (i.e. the percentage of those who had attended as opposed to those who had not) within their waiting areas in the hope that this would further encourage attendance.

Summary of any planned changes within PCN practices to improve access or improve patient experience

- 4.77 A range of developments were taking place across all PCN areas to further improve access and, crucially, the overall patient experience. Technological advances in terms of cloud-based telephony systems, eConsultations and website strengthening were highlighted, as were considerations around triage, recruitment and estate expansion.

Views of Patients / Public

- 4.78 To address several of the review's key lines of enquiry that involved ascertaining the experiences of the local population when contacting / accessing general practices, a number of organisations / entities had been approached including:
- 4.79 **Care Quality Commission (CQC):** The CQC was asked to provide a summary of compliments and complaints received in relation to Stockton-on-Tees general practices since the start of 2023 – the following was submitted in March 2024:

The data used covers the period from January 2023 to 18 March 2024. As such, the analysis is split between enquiry records on CRM and case records on the Regulatory Platform, the latter replacing the former in July 2023.

Cases

There were 46 cases created at the specified GP practices between 18 July 2023 and 13 March 2024. Of these, 21 were from Elm Tree Medical Centre, with 20 coming under the 'Positive Feedback' case type (19 of these positive feedback cases were received between 28 February and 5 March 2024).

There were 16 cases across all sites with case type listed as 'Concerns about a service', with one further case as 'Complaints and concerns', and another as 'Safeguarding concerns' – of these 18 cases, five were reported at Riverside Medical Practice (more than any other individual location). For the priority level of these 18 cases, one was listed as 'High', 14 as 'Medium', and two as 'Low' (no priority level for 'Complaints and concerns' case).

Enquiries

There were 27 enquiries across all locations in the period, of which 16 were complaints about the provider, with the remaining 11 listed as 'Provision of Evidence'.

Marsh House Medical Centre received the most enquiries with nine, of which eight were positive examples of 'Provision of Evidence', all received between 5 July 2023 and 14 July 2023.

The locations with the most complaints were The Dovecot Surgery (four), followed by The Arrival Practice (three), with no other locations seeing more than one complaint.

- 4.80 **North East and North Cumbria Integrated Care Board (NENC ICB):** A request was made to the NENC ICB Primary Care Complaints Team for details of any recent issues raised in relation to Stockton-on-Tees general practices (note: primary care complaints transferred to the NENC ICB from NHS England in July 2023). A response was subsequently received in March 2024 with the NENC ICB stating that '*due to the volume of enquiries, complaints and emails received, we're not in a position at the moment to be able to provide breakdowns by geographical area but reporting of primary care complaints is something that we need to establish going forward and I'm sure we would be happy to share information with OSCs (overview and scrutiny committees)*'.

4.81 **Healthwatch Stockton-on-Tees:** Responses collected between February 2022 and February 2024 via Healthwatch Stockton-on-Tees' 'Share your views' platform were also considered, with familiar themes around long call-waiting times, a lack of appointments (particularly face-to-face), and difficulties in using technology (introduced to facilitate improved access) all highlighted. Other issues were also raised in relation to practice registration, problems with reception staff, and limited transport options, though several positive comments regarding local practices were also evident.



In related matters, the Healthwatch South Tees '[Top Tips for Accessing Your GP Practice](#)' guide (August 2023) was shared with the Committee for information. Nationally, Healthwatch also gave its views on the primary care recovery plan (see paragraph 4.22) which was published in May 2023 – see [what does it mean for you and your loved ones?](#)

4.82 **GP Patient Survey 2023:** Summarised results from the 2023 national GP patient survey were provided – this incorporated national, Tees Valley and Stockton-on-Tees comparisons (see graphic below), as well as data broken down for each of the Borough's general practices (see **Appendix 3**), for selected access- / patient satisfaction-related questions. It was cautioned that the response rate was limited and that this represented a mere snapshot at a given time – it was also noted that the 2024 survey results would be published around July / August 2024.

| 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

4.83 These statistics were probed by the Committee, though it was noted that the data represented a small sample (around 2,500) of the Borough's 200,000+ population. Focus was given to the percentage of patients who found it easy to get through to someone at their practice on the phone (52% in Stockton-on-Tees compared to 50% nationally), and Members expressed deep concern that most other types of business would not be in operation for long if customers were not answered on such a level (in related matters, Members also raised the problem of people attempting to cancel appointments which led to missed appointments if they failed to get through to notify the practice). In response, the limited sample size was reiterated, as was the fact that access had become an issue across the whole country, hence the national recovery plan. Despite the current situation, there was still a lot of good work going on by practices.

4.84 **Patient Participation Groups (PPGs):** Further to the request / collection of the existing patient / public feedback above, the Committee also issued its own survey to each of the 21 local practices' PPGs (entities that general practices must establish and maintain (comprising some of its registered patients) for the purposes of obtaining the views of patients who have attended the contractor's practice about the services delivered by the contractor, and enabling the contractor to obtain feedback from its registered patients about those services). Responses to the following questions were sought:

- 1) *As a PPG, do you feel listened to by your practice?*
- 2) *In the last year, what are the main issues that the PPG has identified / raised in relation to access to GP services?*
- 3) *Have any changes been made as a result of the PPG bringing issues regarding access to the practice's attention?*
- 4) *In your view, how best could your practice improve access to GP services?*
- 5) *How, and how often, does the PPG seek new members?*

4.85 11 completed surveys were received (covering a total of 10 practices) with some surveys appearing to have been sent on behalf of a PPG, whereas others were individual views from a member of a PPG (see **Appendix 4** – responses colour-coded to indicate which PCN the PPG was aligned to).

| | |
|--|---|
| Billingham and Norton PCN 7 practices – responses from 4 PPGs* | North Stockton PCN 3 practices – responses from 1 PPG |
| BYTES PCN 4 practices – responses from 2 PPGs | Stockton PCN 7 practices – responses from 3 PPGs |

* two received from same PPG

4.86 Similar to the Healthwatch Stockton-on-Tees 'Share your views' feedback, identifiable themes in relation to GP access included shortages of / challenges in getting appointments, delays in getting telephone calls answered, and technology challenges for patients (particularly older people). That said, PPGs had appeared to positively influence the development of practices' telephone systems and improvements in communications / website / signposting. Encouragingly, the large majority of respondents felt that their PPG was listened to by their practice.

- 4.87 When analysing responses to the question on how best practices could improve access to GP services, it was evident from the wide range of suggestions that each practice was experiencing different challenges – this confirmed the fact that practices were individual businesses which faced a variety of issues based on numerous system-wide and localised factors.
- 4.88 Reflecting on this latter point, the Committee questioned if Practice Managers shared / had the opportunity to share good practice. A NENC ICB representative confirmed that such mechanisms did exist, though the ICB (despite offering) did not tend to be present during these exchanges.

Recent / Future Developments

Pharmacy revolution (Jan 24)

- 4.89 A recent proposal allowing pharmacies to treat seven common conditions hopes to free up 10 million GP appointments a year. It will allow pharmacists to treat sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections. This comes in an effort to reduce waiting NHS waiting lists and end the “8am scramble” for GP appointments.

<https://practicebusiness.co.uk/news-pharmacy-first-revolution-changing-patient-care#:~:text=The%20plans%20aim%20to%20enable,on%20referrals%20for%20minor%20illness.>

Arrangements for the GP contract in 2024-2025

- 4.90 Although the 2024-2025 contract was not yet published, a summary of contract changes for 2024-2025 were communicated on 28th February 2024 as follows:
- 1) **Cut bureaucracy for practices** by suspending and income protecting 32 out of the 76 Quality and Outcomes Framework (QOF) indicators. The Investment and Impact Fund (IIF) indicators will be reduced from five to two and the Capacity and Access Payment (CAP) will increase by £46m to £292m by retiring three Investment and Impact Fund (IIF) indicators.
 - 2) **Help practices with cash flow and increase financial flexibilities** by raising the QOF aspiration payment from 70% to 80% in 2024/25 and the Capacity and Access Improvement Payment (CAIP) will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment.
 - 3) **Give Primary Care Networks (PCNs) more staffing flexibility** by including enhanced nurses in the Additional Roles Reimbursement Scheme (ARRS) and giving PCNs and GPs more flexibility by removing all caps on all other direct patient care roles.
 - 4) **Support practices and PCNs to improve outcomes** by simplifying the Directed Enhanced Service (DES) requirements.

- 5) **Improve patient experience of access** by reviewing the data that digital telephony systems generate to better understand overall demand on general practice in advance of winter.
- <https://www.england.nhs.uk/publication/arrangements-for-the-gp-contract-in-2024-25/>
 - <https://www.england.nhs.uk/publication/update-to-the-gp-contract-agreements-2024-25-financial-implications/>
 - <https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/>

Delivery plan for recovering access to primary care: update and actions for 2024-2025

- 4.91 The NHS is determined to make it easier and quicker for patients to see their GP and members of the primary care team. That is why in May 2023, along with the Department of Health and Social Care (DHSC), it published a two-year delivery plan for recovering access to primary care while taking pressure off general practice.

The second year of the delivery plan for recovering access to primary care (published in April 2024) is about realising the benefits to patients and staff from the foundations it has built since launch in the originally identified four priority areas (see paragraph 4.22).

<https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/>

5.0 Conclusion & Recommendations

- 5.1 Widespread commentary on the challenges in accessing GPs in England has been prevalent for some time, further heightened as a result of the lingering aftermath of the COVID pandemic which emerged in 2020. This review aimed to understand the existing local 'access to GPs' landscape in the context of national / regional developments and identify 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.
- 5.2 'Primary care' functions are the entrance to the healthcare system (acting as the 'front door' of the NHS), and include general practice, community pharmacy, dental, and optometry (eye health) services. General practices are the first point of contact with healthcare for many patients and act as gatekeepers to secondary care – they exist as individual businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Responsibility for commissioning primary care services, including general practice, sits formally with NHS England – however, Integrated Care Boards (ICBs) have taken on full delegation of these commissioning requirements.
- 5.3 GP contracts are complex, with three different types used by NHS commissioners in England. There are, however, core requirements for all general practices, one of which is an expectation for public and patient involvement in shaping service delivery. Whilst the existing GP contract stated that 'practices must provide essential services at such times, within core hours (8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays), as are appropriate to meet the reasonable needs of its patients', there was no precise definition as to what constituted 'essential' nor 'reasonable needs'. It was recognised that practices, as independent businesses, were able to (and indeed many did) meet their core contract requirements differently depending on registered population demographic needs and skill mix of staff (as well as enhance service provision depending on appetite to deliver additionally commissioned services), though this was not a standard offer across the Borough and could lead to the impression that some residents were getting better / worse services than others. From a practice perspective, frequent changes to contract expectations (often resulting in further pressures on financial and / or staffing resources) were not helpful.
- 5.4 The crucial issue of funding for general practice was explored, with providers able to supplement core 'Global Sum' payments (based on an estimate of a practice's patient workload and certain unavoidable costs, not on the actual recorded delivery of services) with several other potential income streams. Some of these can be accessed independently by a practice (e.g. Quality and Outcomes Framework (QOF)), whereas others involve collaboration as part of a wider Primary Care Network (PCN) (groups of practices working together which are led by a Clinical Director). There are four PCNs within Stockton-on-Tees which are expected to deliver nationally directed enhanced services (DES) in addition to what practices need to provide as part of core contracts – one of the requirements of the PCN DES since October 2022 is 'enhanced access' (evening and weekend) obligations.

- 5.5 21 general practices exist across Stockton-on-Tees providing a range of services, with an average list size of 9,808 (as at January 2023). The Committee heard that a list size of 7,000-8,000 was considered financially sustainable, though there were significant fluctuations across the Borough, with the largest list size being 21,555, and the smallest 2,303.
- 5.6 Despite the publication of the national Primary Care Access Recovery Plan (PCARP) in May 2023, it was important to recognise that the high-profile aim to tackle the '8.00am rush' did not translate verbatim into the existing GP contract, nor did it mean that an individual would get an appointment on the same day, despite some elements of the media interpreting this so (however, if there was a clinically urgent need, a person should be offered an appointment appropriate to that need, which could be on the same day). That said, several other national measures were in place to support providers, including the General Practice Improvement Programme (GPIP), the Additional Role Reimbursement Scheme (ARRS) which provided funding to recruit to 18 roles (June 2023 data showed an additional 61 headcount (58.04 WTE) across the Borough through this scheme), and cloud-based telephony / digital tools funding. Local providers had been proactive in seeking involvement in these, and other, initiatives.
- 5.7 Whilst practices themselves, supported by various health bodies, were trying to facilitate better access to services, there were several issues influencing these efforts. An overriding factor was the ongoing legacy of the COVID pandemic which, as had been well documented nationally, led to greater demands on the health system, with associated problems arising in terms of a backlog of patients requiring often increasingly complex care and staffing challenges (sickness and recruitment / retention difficulties) – this had, in turn, affected many patients' attitudes towards, and experiences of, contacting their local general practice, with frustrations growing about access limitations (e.g. higher call waiting times), and increases in reported abuse of practice staff. From a practice perspective, other external events were also at play, with cost-of-living / inflationary pressures (increasing staff wages) contributing significantly to a tough period for the sector.
- 5.8 As the representative body for all general practices and GPs within Tees, Cleveland Local Medical Committee (LMC) emphasised its focus on 'workforce' considerations (i.e. capacity, workload, ensuring patient safety) as opposed to 'access', with improvements to the latter being inextricably linked to progress on the former. However, ensuring an appropriate staffing resource across the Tees Valley was not aided by trainees preferring to work in larger city areas, nor the case that around 18% of GPs were over the age of 55 (a significant loss of expertise was therefore looming which, without action, would exacerbate existing workforce concerns). Interestingly, Cleveland LMC stated that there were a number of GPs seeking work / additional work within Teesside who practices could not afford to employ due to financial restrictions.
- 5.9 With regards care navigation, Cleveland LMC highlighted that call handlers did not like having to ask questions of those contacting services, and that this was causing problems in relation to the retention of reception staff who were seeking less stressful roles outside the sector. Given reports that patients often feel uncomfortable in having to discuss their (potentially sensitive) health condition to someone over the phone (albeit that this can aid the individual being directed to the most relevant health professional), health authorities and practices themselves should consider what can be done to relieve this burden on all parties.

- 5.10 Hartlepool & Stockton Health (H&SH) GP Federation provide a vital service in supporting local practices through a variety of initiatives, particularly its digital staffing pool which providers could tap into if experiencing workforce pressures (the acquisition of a bus to assist in taking healthcare into the community was another innovative development which may help engagement with hard-to-reach individuals). In terms of ongoing challenges, H&SH expressed concerns around nursing numbers (an issue raised by PCNs and Cleveland LMC), an element of the workforce which serviced many of the populations day-to-day needs rather than GPs.
- 5.11 The Borough's four PCNs provided their collective views on the current situation around access to services, and the Committee was encouraged by the broad acknowledgement that patients must not be digitally excluded and that practices must continue to think of those who may not be technologically minded / able when designing contact / access pathways. Echoing concerns raised by the Cleveland LMC, PCNs noted delays to secondary care resulting in patients contacting primary care providers for support in the interim, a situation which amplifies how pressures in one part of the healthcare system can impact on other elements. Of course, this can also work the other way round, with those struggling to access general practices sometimes attending secondary services (e.g. A&E) when not necessarily appropriate.
- 5.12 Given concerns evident in the national media, it was perhaps not surprising to hear of local frustrations around a lack of face-to-face appointments from the public / patients, as well as issues in using technology (particularly for older residents) which had been brought in to enhance access to services. Worryingly, 2023 GP patient survey feedback showed significant difficulties for individuals trying to get through on the phone to a good proportion of local practices, an experience which data showed had become a deteriorating trend for many over recent years. On a more positive note, public / patient feedback also demonstrated a number of welcome developments that were acknowledged by those contacting / accessing services. As is often the case, experiences can be very individual, and what health bodies introduce / change can suit some whilst at the same time cause difficulties for others. Patient Participation Groups (PPGs) reporting that they felt listened to by their practices is therefore an encouraging and necessary finding, particularly when shaping current and future service delivery.
- 5.13 National leaders continue to wrestle with this highly charged scrutiny topic, and finding solutions to fundamental issues (headlined by the need for consensus around GP contract content / funding) at a local level is extremely difficult. However, this review has shone yet another light on a sector which remains under significant strain, principally due to the twin pressures of sustained high-level demand and ongoing workforce challenges (which could get worse). Despite this, stakeholders were being proactive in trying to ensure that local people could access general practice services in a timely fashion via multiple routes (both digitally and in-person), and the challenge remains to help the public understand who to contact and which services they should be trying to access depending on their presenting condition. Whether enough health staff are in place to meet that need is, however, a much more significant concern moving forward.

Recommendations

The Committee recommend that:

General

- 1) **All relevant health bodies (NENC ICB, Cleveland LMC, H&SH, NHS Trusts, and general practices) engage regularly and constructively around the issues raised as part of this review to ensure that patients are approaching / receiving care from the most appropriate services based on need.**

Communications

- 2) **All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the *Pharmacy First* initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced.**
- 3) **Councillors be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community), and encourage positive feedback as well as concerns (to help share and spread learning and best practice).**
- 4) **The value and importance of all general practice roles are highlighted and publicised by health bodies and practices themselves.**
- 5) **Local practices be recognised for continuing to deliver primary medical care services safely in Stockton-on-Tees despite the ongoing challenges raised during this review.**

Operational

- 6) **All general practices move towards providing the full use of digital telephony capabilities (including call-back functionality), with appropriate staff in place to support these arrangements.**
- 7) **All general practices be encouraged to review and refresh care navigation processes, ensuring adequate training is in place to support implementation to ensure both staff and patients are comfortable with the approach.**

(continued overleaf...)

Recommendations (continued)

The Committee recommend that:

- 8) **To ensure appropriate workforce capacity is in place to maximise the local general practice offer:**
 - d) **NENC ICB continue to support / encourage uptake of the ARRS scheme, particularly amongst those PCNs which had not accessed this initiative.**
 - e) **All relevant health bodies continue to explore further and develop options to increase GP recruitment and retention in the Borough.**
 - f) **Options to increase nursing numbers (including strengthening training offers and uptake) be explored further.**
- 9) **The Borough's four PCNs be encouraged and supported to work together collaboratively to share and adopt good practice.**

Public / patient feedback

- 10) **Relevant health stakeholders be proactive in encouraging involvement of patients in practice Patient Participation Groups (PPGs), aim to ensure these are representative of a practice's patient list demographic, and consider fostering links between the Borough's PPGs to assist in identifying / addressing any access issues.**
- 11) **NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level.**

APPENDIX 1: Enhanced Access provision / utilisation across Stockton-on-Tees (Oct 23)

Enhanced Access

| Patients registered at GP practice | Opening times and location of Enhanced Access provision | | |
|--|---|---------------|--|
| Marsh House Medical Centre Kingsway Medical Centre Roseberry Practice Queenstree Practice Melrose Medical Centre Dr Rasool Norton medical Centre | Monday to Friday | 18:30 - 21:00 | Abbey Health Centre |
| | Saturday | 09:00 – 17:00 | Norton Medical Centre |
| Eaglescliffe Medical Practice Park Lane Surgery Yarm Medical Practice Thornaby & Barwick Medical Group Queens Park Medical Centre Tennant Street Medical Practice Alma Street Medical Practice Woodlands Family Medical Centre Dovecot Surgery Densham Surgery Riverside Practice Arrival Medical Practice Elm Tree Surgery Woodbridge Medical Practice | Monday to Friday | 18:30- 21:00 | Tennant Street and Woodbridge (Ingleby Barwick site) |
| | Saturday | 09:00-17:00 | Tennant Street and Woodbridge [Ingleby Barwick site) |
| | Sunday | 09:00 – 17:00 | Eaglescliffe |

Enhanced access utilisation

| PCN Name | Site | Day and time offered | April Booked Utilisation | May Booked Utilisation | June Booked Utilisation | July Booked Utilisation | August Booked Utilisation |
|---------------------|------------------------------|--|--------------------------|------------------------|-------------------------|-------------------------|---------------------------|
| Stockton | Woodbridge (Ingleby Barwick) | Monday – Friday: 6:30-9pm Saturday: 9-5pm | 78.50% | 82.00% | 81.70% | 86.60% | 93.10% |
| | Tennant Street | Monday – Friday: 6:30-9pm Saturday: 9-5pm | 83.20% | 81.20% | 85.10% | 81.90% | 90.70% |
| | Eaglescliffe | Sunday: 9-5pm | 56.60% | 55.90% | 69.60% | 58.10% | 77.20% |
| North Stockton | Woodbridge (Ingleby Barwick) | Monday – Friday: 6:30-9pm Saturday: 9-5pm | 71.90% | 71.10% | 73.40% | 77.50% | 81.80% |
| | Tennant Street | Monday – Friday: 6:30-9pm Saturday: 9-5pm | 86.30% | 83.10% | 89.90% | 87.10% | 91.70% |
| | Eaglescliffe | Sunday: 9-5pm | 61.80% | 55.60% | 71.20% | 48.50% | 69.80% |
| BYTES | Woodbridge (Ingleby Barwick) | Monday – Friday: 6:30-9pm Saturday: 9-5pm | 85.50% | 84.50% | 80.70% | 86.40% | 87.80% |
| | Tennant Street | Monday – Friday: 6:30-9pm Saturday: 9-5pm | 77.10% | 83.40% | 85.00% | 81.70% | 83.30% |
| | Eaglescliffe | Sunday: 9-5pm | 68.10% | 68.70% | 64.70% | 63.80% | 77.60% |
| Billingham & Norton | Abbey | Monday – Friday: 6:30-9pm | 88.60% | 87.40% | 93.10% | 92.50% | 88.60% |
| | Norton | Saturday 9-5pm | 87.00% | 72.40% | 82.40% | 79.70% | 93.60% |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)

| 1. Awareness of any access issues within your PCN area (pressure points at different times of the week / day, impact of COVID, staffing). | |
|---|--|
| Billingham & Norton | <p>All practices in PCN report on OPEL weekly.</p> <p>All practices aware of the ongoing issues with many facing the same issues. Regardless of the size of the practice there has been an impact. Sickness is the biggest impact. One of the practices has recently changed to a total triage model and sickness has affected how this model works and the effectiveness of this.</p> |
| BYTES | <p>Workforce Constraints: There is a shortage of primary care workers, both clerical and clinical nurses, and this has a significant impact on the ability of practices to provide timely and effective care to all patients. Additionally, the PCN struggles with recruitment and retention, particularly in rural and underserved areas. This is compounded by issues that practices experience in the affordability of recruitment and the inability to compete with other service providers' salaries. Furthermore, the capacity for training and supervision is restricted, both financially and in relation to accessibility, without further reducing access to appointments.</p> <p>Demand and Capacity Constraints: Many practices are struggling to keep up with growing patient demand, particularly in areas with rapidly growing populations. This can lead to increased wait times for routine appointments and delays in getting patients the care they need. Additionally, many practices are operating at or near capacity, which can make it difficult to accommodate new patients and expand services.</p> <p>Estates Facilities: Expanding services is often hindered by estates and facilities which pose challenges and can also be a barrier to recruitment. Many practices are working with limited room availability and some outdated or inadequate facilities, which can impact the quality of care they are able to provide. Additionally, maintaining and upgrading facilities can be costly, which can strain already limited resources.</p> <p>Signposting: Patients accessing signposting often bring with them a set of expectations shaped by their unique needs and personal circumstances. These expectations may include timely access to relevant information, clear guidance on navigating the healthcare system, and efficient referrals to appropriate services. However, the challenge lies in aligning these expectations with the capacity of the healthcare system to meet them. Limited resources, long waiting times, and complex administrative processes can create a mismatch between patient expectations and the system's ability to deliver timely and comprehensive signposting.</p> <p>Winter pressures: Significantly impact the capacity and access within practices. During the colder months, there is a notable surge in patient demand due to seasonal illnesses, flu outbreaks, and an increase in chronic conditions exacerbated by the cold weather. This heightened demand places strain on the already limited resources of GP practices, leading to longer waiting times for appointments and potential delays in accessing necessary healthcare services.</p> <p>Erosion of Funding: Inflation has had a profound impact on capacity to provide essential healthcare services. As costs rise due to inflation, the real value of funding allocated to GP practices diminishes, making it increasingly challenging to maintain operational efficiency and meet growing patient demands.</p> |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)

(continued)

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| | <p>Demand for appointments is highest at the start of the week; practices increase staffing to reflect this. At times of higher demand, more appointments will be available and same day appointments will also be increased.</p> <p>The impact of the COVID pandemic on primary care is multifaceted. Productivity has increased as digital access has expanded with increased usage of virtual consulting, electronic messaging and self-care supported by home monitoring. However, the pandemic coincided with a period when training opportunities were restricted and, as a result, new staff in particular practice nursing teams have lost experienced staff. There is a lag in reskilling team members.</p> |
| North Stockton | <p>The usual 8.30 rush of phone calls, but this is managed quite well internally by having multiple staff taking calls for the first hour across the practices.</p> <p>COVID is still impacting on staffing at times.</p> <p>Recruitment across the PCN remains very difficult given the inability of practices to offer a meaningful salary to admin staff.</p> <p>In terms of access, practices have increased the number of appointments offered by GPs and continue to monitor appointment systems to ensure the correct balance of same day and pre-bookable appointments.</p> |
| Stockton | <p>Patient demand does continue to grow.</p> <p>However, practices within our PCN area respond to this increased demand by reviewing data as to when the greatest patient demand occurs; for example, on the telephone, e-consultations, patient footfall within the practice, or through patient questionnaire responses in what services are being requested by patients at what times suitable to them. Consequently, in response, practices within our PCN area do alter staffing rotas to accommodate the changes in access demand to ensure additional non-clinical and clinical staffing at peak times (i.e. early morning or after school hours) to ensure the access to our services can be successfully managed.</p> <p>Collaboration with PCN practices' Patient Participation Groups is also a very useful tool to understand direct from patients how they find accessing practices services and improving where necessary. There have been many success stories (e.g. improving hearing loops and disabled access, large print posters and plain English letters).</p> <p>The impact of COVID is an example of practices within our PCN area still delivering the best possible patient journey to accessing primary care services in a national climate of fear and uncertainty. Practice emergency contingency plans were employed which ensured access to primary care services were not unduly affected, with clinical facetime technology introduced and practice environments adapted with one-way systems, personal protective equipment issued, and hygiene stations assembled.</p> <p>The fortitude and determination from Stockton PCN practices was further exemplified when collaboration of staff was used to deliver the COVID vaccination programme, whilst still delivering access to primary care services.</p> |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)

(continued)

| 2. Management of patient contact (systems, prioritisation, triage) – communication to patients / are these effective / any issues? | |
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| Billingham & Norton | <p>Volume of patients on a Monday impact on telephone systems – challenging despite heavy loading of reception and clinical staff on those days. The accumulation of lab results and prescriptions can be overwhelming. S1 and HasH apps book up very quickly and unable to access.</p> <p>HASH Acute Respiratory Clinic is helpful to signpost patients to, but in Ingleby Barwick or Hartlepool, difficult for patients to attend with transport issues. Staffing issues with clinicians at one practice due to absence. Prioritisation: reception is signposting patients, trying to work towards appointments being given on a need-basis, not just patient want – GP to spend time in reception helping reception team improve signposting and protected time to establish pathways. Huddles between GP / Nurse Practitioner / Reception Team Lead regarding any capacity access and advice to patients.</p> |
| BYTES | <p>Care Navigation: By recording their care navigation efforts, administrative staff and front-facing staff help to increase insight into where patients are booked / signposted, etc.</p> <p>Online Booking: Where possible, our practices utilise online appointment systems, allowing patients to schedule appointments at their convenience – this reduces the need for phone calls and queues, whilst helping to streamline the booking process. However, this also brings challenges and is sometimes misused by patients.</p> <p>Phone and Digital Appointments: In addition to face-to-face appointments, phone and digital appointments provide an alternative for patients with non-urgent concerns, making the most of time for both patients and healthcare professionals.</p> <p>Electronic Triage Tools: All our practices use electronic healthcare systems to triage patients based on the information they provide, helping prioritise cases according to urgency and book with alternative healthcare professionals as appropriate.</p> <p>Urgent vs. Non-Urgent: Prioritising patients based on the urgency of their medical needs ensures that critical cases are addressed promptly. This might involve same-day appointments for acute issues or chronic conditions that require immediate attention.</p> <p>Chronic Disease Management: Implementing systems for regular follow-ups and management of long-term conditions to help prevent exacerbations and improves long-term outcomes.</p> <p>SMS and Email Reminders: Automated reminders for appointments help to reduce DNA (did not attend) rates and increase appointment utilisation.</p> <p>Patient Portals: Providing access to a secure online portal allows patients to view their medical records, test results, and communicate with healthcare providers. Practices are actively encouraging the use of these systems (e.g. ordering prescriptions via the NHS app).</p> <p>Social media and websites: Are increasingly used for the management of patient contact, employing various systems, prioritisation techniques, and triage mechanisms. Through these platforms, practices communicate important information to patients, offer appointment scheduling, and share other health-</p> |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)

(continued)

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| | <p>related updates. We have also created a centralised hub as a PCN for patient resources. However, disparities in digital access among patients may pose challenges, potentially excluding some individuals from benefiting.</p> <p>Incentive schemes: In primary care, this can sometimes create a delicate balance between promoting effective patient management and maintaining optimal service delivery. While incentive programmes are designed to encourage healthcare providers to meet specific performance targets or prioritise certain aspects of patient care, there is a risk of unintended consequences. Providers may become overly focused on meeting incentivised metrics, potentially leading to a shift away from patient-centred care. Mismatch between incentives and patient management / service delivery.</p> <p>Each of the components all play a part in making practices more effective whilst each presenting challenges. For example, online booking and electronic communication methods enhance accessibility, making it easier for patients to access healthcare, but sometimes these are misused by patients, sometimes having an effect that is contrary to its intended use.</p> <p>In addition, Electronic Triage and Online Appointments help to reduce the need to contact the practice and can be assessed prior to being assigned to a healthcare professional, helping to reduce avoidable appointments. But, some patients may face challenges using online systems or may not have access to the necessary technology.</p> |
| North Stockton | <p>Offer of every available option for contact is working well:</p> <ul style="list-style-type: none"> • eConsults • telephone • walk-ins • online booking (for specific appointments slots) <p>Use of AccuRx automated booking has been revolutionary in terms of not only making it easy for patients to make appointments without contacting the practice at all, but has improved response for QOF-related work without using precious admin time.</p> <p>Some practices have embedded the duty doctor in Reception with access to a PC. They can help triage difficult calls whilst being able to do their own work. It is improving access in terms of patients not always being offered same day when it isn't necessary. It has reduced the number of same-day appointments, but we think this is mitigated by improved appointing of patients.</p> <p>AccuRx in general has also revolutionised patient contact and we use this to send out advice and information, including self-help leaflets. We are also about to adopt the TPP equivalent of eConsults (launches around end of January 2024) because this is much improved, less 'clunky' and, because it is embedded within S1, it automatically adds appropriate codes and is a massive improvement on eConsults.</p> <p>We use bulk SMS messaging as much as possible. The ability for bulk responses was taken away when MJOG was decommissioned, but AccuRx has a facility that is not dissimilar, and we have used that with some success. However, a better notice period for the decommissioning of MJOG would have been useful rather than the 10 days we were given to change from MJOG to AccuRx – this required some setting-up work at practice level with no support from the ICB.</p> |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)*(continued)*

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| Stockton | <p>The management of patient contact is effectively managed within our PCN area. A relatively new system called AccuRx, which is an electronic platform where patients and healthcare professionals communicate, is used by all Stockton PCN practices and has further supported the management of communication to patients. Reception staff are all aware of the prioritisation and triage of patients, which ensures any emergency patients are seen the same day.</p> <p>Overall, the effectiveness is very good, as witnessed through patient questionnaire feedback. The main issues have been ensuring full training occurs in respect of AccuRx, as not all staffing generations are computer savvy. This has resulted in many hours of additional training to reaffirm learning.</p> |
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APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)

(continued)

| 3. Mechanisms for the public to raise concerns about access issues and how this is communicated / managed / responded to. | |
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| Billingham & Norton | <p>Patients will raise concern to reception via telephone or f2f and discussed with reception supervisor. If not resolved, directed to the PM – offered to either put in writing or speak via telephone or F2F. We review the complaints at CG meetings and look to potential action points. Raise at PPG and ask for ideas.</p> <p>All patients attending appointments are asked for feedback routinely; electronic communication sent to patient. Feedback is discussed internally.</p> |
| BYTES | <p>Patient Feedback Forms: Practices provide patient feedback forms, either in physical or electronic formats, where patients can express their concerns regarding access issues, such as difficulty scheduling appointments or delays in receiving care.</p> <p>Online Platforms: Practices use online platforms or portals where patients can submit feedback and concerns outside of opening times.</p> <p>Information Campaigns: Practices run information campaigns to educate patients about the available channels for expressing concerns. This can include posters in waiting areas, information on the practice's website, or announcements through social media.</p> <p>Clear Guidelines: Practices have well-defined procedures outlining how patients can raise concerns, the steps involved, and the expected timelines for responses.</p> <p>Complaints Officer: Designating a specific staff member responsible for managing and responding to patient concerns helps streamline the process.</p> <p>Front Desk Engagement: Reception staff play a crucial role in addressing immediate concerns. They can help gather information about the issue and guide patients on the appropriate steps to formally submit their concerns.</p> <p>Continuous Improvement: Feedback is used for, and contributes to, continuous improvement and reinforces the practice's commitment to providing quality care.</p> <p>External Bodies: In case concerns are not adequately addressed within the practice, patients are made aware of external bodies (such as the CQC) who they can approach for further assistance.</p> <p>Patient Participation Groups (PPGs): Forums for responding to patient issues rather than solely relying on these groups to raise concerns – addressing constructive feedback, demonstrating transparency, and providing the ability to implement improvements based on patient feedback.</p> |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)*(continued)*

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| North Stockton | <p>Practices have complaints forms at Reception; patients are provided with the generic email and there is a facility for feedback on the practice websites.</p> <p>Most practices have a Facebook page, and some allow feedback / comments.</p> <p>The managers will also meet any patient on request face-to-face in the practice.</p> <p>All such feedback is treated as a complaint, and we follow the established complaints process to address them.</p> <p>Google reviews are also responded to by some practices.</p> |
| Stockton | <p>Patients are able to raise concerns direct to individual practices for investigation by an independent clinician who will formulate a written response. This procedure is communicated within practice leaflets, when patients join a practice, on practice websites, and through practices Patient Participation Group newsletters (to act as a reminder).</p> |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)

(continued)

| 4. Do practices seek feedback around access – how has this informed arrangements? | |
|---|---|
| Billingham & Norton | <p>Yes. Telephone waiting systems have been changed by practices (variety). One practice has move to consult triage.</p> <p>This could be better, but the reason behind not obtaining feedback frequently is fully understood. Constant negative feedback lowers staff morale and makes the teams feel that, even though they are working incredibly hard, this isn't good enough. Practices have introduced various improvements that allow for monitoring without negative feedback (i.e. telephony systems that are cloud-based and support patient call-back).</p> |
| BYTES | <p>Yes – Our practices have sought additional feedback from patients beyond FFT (Friends and Family Test) and the national GP survey. In addition to this data and feedback, to improve patient satisfaction and better understand the challenges that patients face, our practices carried out their own patient satisfaction surveys. The surveys aimed to gather more detailed feedback from patients on their experiences with the practice, as well as identify any areas where improvements may be necessary.</p> <p>The survey helped to provide practices with deeper insights into what patients experienced and what areas of appointments they felt needed improvement. The feedback received has been used in assessing changes and improvements to the services provided by the practice, ultimately resulting in a better overall patient experience. Adding to this, the number of respondents to the practice level satisfaction surveys was much greater than those who responded to the Friends and Family Test and included a greater level of detail than other surveys, aiding practices with actionable feedback.</p> <p>By gathering feedback from patients and making improvements based on that feedback, practices can ensure that they are providing the best possible care to their patients and improving patient outcomes.</p> <p>Practices also have Patient Participation Groups which provide a forum for discussion and feedback.</p> |
| North Stockton | <p>Patient questionnaires were sent out in November and will send out a second one in February to a different group of patients.</p> <ul style="list-style-type: none"> The first questionnaire did highlight access issues, particularly on the phone, but the problems raised had already been addressed with the advent of a new telephone system and various other processes, and the comments were from legacy access. <p>Use of Mjog for Friends and Family questionnaires, which as you are aware is a stipulation of our capacity and access plan, and it did take some work to get this set up in Accurx.</p> |
| Stockton | <p>Yes, we are obliged to consult with our patients to seek their views on our services. This is achieved through questionnaires, focus groups, patient access data and external sources (i.e. Healthwatch).</p> <p>The above helped inform our out-of-hours access provision as to what services at which locations patients wished to see open. This included patients wishing to access those practices out-of-hours, with good public transport links, car park, nurse treatment room procedures and GP appointments for working people.</p> |

APPENDIX 2: Primary Care Networks (PCNs) – collated responses (Jan 24)

(continued)

| 5. Summary of any planned changes within PCN practices to improve access or improve patient experience (e.g., linked to capacity and access plan, modern general practice access models, etc.). | |
|--|--|
| Billingham & Norton | <p>Adoption of cloud-based telephony systems – including for some practice call-back. Review of the consult triage experience. In consult re FC physio to increase apps. Wish list – pharmacists to do med reviews and change patients to repeat dispensing.</p> <p>KMC is trying to increase use of digital tools to free-up phone lines (i.e. work on website to simplify for patients). Work on increasing use of NHS app to request telephone appointment, request medication, view results to not have to contact the surgery unnecessarily. KMC granted online registration for patients to save them coming down to the surgery to register, and working on General Practice Improvement Programme working to streamline processes and improve patient experience / journey by reducing duplicating, making every contact count, and improving efficiency.</p> <p>New telephone systems have helped but demand is still high. One of the practices has adopted the total triage model which has generated positive feedback from the patients and the practice team. Practices are constantly aware of the access issues and the patient experience. Great ARRS team (Pharmacy, FCP, MHP, Personalised Care) to support the patients and teams in practice.</p> |
| BYTES | <ul style="list-style-type: none"> • Increased recruitment efforts • Scope out business models such as incorporation to reduce risk to practices • Improving our digital front door • Improving awareness of / access to digital solutions (addressing inequalities and digital poverty) • Optimising the effectiveness of existing systems • Explore additional estates solutions |
| North Stockton | <ul style="list-style-type: none"> • As stated, we are about to begin to use the new TPP version of eConsultations. We have worked tirelessly in the last 6 months to improve access for patients, and I can report a much-improved service. • One practice has re-purposed two rooms into clinical rooms to accommodate extra appointments via an HCA apprentice and an FCP, but this has hit a brick wall because the ICB is refusing to provide new IT equipment, and we are expected to pay the over-inflated prices of IT equipment from NECS ourselves. |
| Stockton | <p>Stockton PCN has an exciting array of changes to improve access or improve patient experience – this is seen via the capacity and access plan and modern general practice access models. A selection of our targets are:</p> <ul style="list-style-type: none"> • To create stronger PCN Patient Participation Group links to inform global patient journey feedback. • To promote the Friends and Family Tests throughout all practices. • To migrate to cloud-based telephony which includes call-back and call queuing functionality. • To review and update any unmapped and inconsistent mapping in all practices. • To enhance and update their websites with signposting and patient journey advice (this includes triage online). • To further promote Electronic Repeat Dispensing and AccuRx text messaging in all member practices. |

APPENDIX 3: GP Patient Survey 2023 – results per Stockton-on-Tees general practice for access-related questions (Sep 23)

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

| 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 | 85% | 86% | -20% | 48% | 51% | -3% | 79% | 71% | 8% | 54% | 53% | 1% | 48% | 68% | -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% | 66% | 70% | -5% | 67% | 87% | -10% |
| A81017 | Woodbridge Practice | 64% | 50% | 13% | 47% | 27% | 20% | 74% | 52% | 22% | 59% | 35% | 24% | 50% | 30% | 21% |
| A81025 | The Dovecot Surgery | 80% | 70% | -10% | 23% | 37% | -14% | 80% | 76% | -16% | 45% | 52% | -7% | 42% | 64% | -22% |
| A81027 | Yarm Medical Practice | 77% | 87% | 10% | 27% | 31% | -4% | 72% | 72% | 0% | 40% | 47% | -7% | 61% | 46% | 6% |
| A81034 | Thornaby & Barwick Medical Group | 74% | 87% | 8% | 23% | 21% | 2% | 72% | 59% | 13% | 56% | 47% | 9% | 46% | 51% | -6% |
| A81036 | Norton Medical Centre | 51% | 62% | -10% | 9% | 7% | 2% | 61% | 49% | 12% | 23% | 23% | 0% | 26% | 23% | 3% |
| A81039 | Eaglescliffe Medical Practice | 90% | 87% | 2% | 63% | 62% | 1% | 86% | 82% | 6% | 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% | 66% | 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% | 6% | 61% | 55% | 6% | 84% | 71% | 13% | 70% | 62% | 8% | 64% | 80% | 3% |
| A81066 | Park Lane Surgery | 94% | 95% | -1% | 83% | 94% | -11% | 83% | 91% | -8% | 79% | 84% | -1% | 76% | 80% | -3% |
| A81087 | Alma Medical Centre | 88% | 80% | 9% | 32% | 26% | 6% | 86% | 81% | 5% | 80% | 58% | 3% | 55% | 56% | -1% |
| A81802 | Dr Rasool | 99% | 98% | 1% | 98% | 98% | 2% | 98% | 99% | -3% | 96% | 91% | 5% | 90% | 84% | 6% |
| A81808 | Elm Tree Surgery | 91% | 91% | 0% | 93% | 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% | 38% | 46% | -7% |
| A81629 | Riverside Medical Centre | 92% | 96% | -5% | 92% | 92% | -2% | 99% | 89% | -4% | 89% | 89% | -1% | 89% | 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 | | | | |
| A81001 | The Densham Surgery | 73% | 65% | 85% | 88% | 59% | 48% | 51% | 56% | 78% | 79% | 71% | 86% | 65% | 54% | 53% | 48% | 66% | 58% | | |
| A81002 | Queens Park Medical Centre | 84% | 73% | 82% | 89% | 28% | 26% | 24% | 49% | 78% | 73% | 82% | 88% | 56% | 51% | 36% | 66% | 50% | 41% | 43% | 64% |
| A81006 | Tennant Street Medical Practice | 84% | 89% | 75% | 88% | 28% | 27% | 16% | 39% | 78% | 75% | 86% | 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 | 72% | 64% | 50% | 73% | 59% | 47% | 27% | 53% | 78% | 74% | 62% | 79% | 65% | 59% | 36% | 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% | 87% | 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% | 79% | 72% | 59% | 81% | 62% | 56% | 47% | 62% | 61% | 46% | 51% | 62% |
| A81036 | Norton Medical Centre | 76% | 51% | 62% | 76% | 55% | 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% | 88% | 82% | 86% | 62% | 67% | 68% | 81% | 61% | 70% | 56% | 74% |
| A81040 | Marsh House Medical Practice | 76% | 70% | 75% | 82% | 58% | 37% | 38% | 75% | 75% | 54% | 80% | 82% | 61% | 43% | 46% | 69% | 58% | 40% | 59% | 64% |
| A81046 | Woodlands Family Medical | 72% | 55% | 61% | 76% | 59% | 30% | 42% | 46% | 78% | 60% | 63% | 77% | 65% | 42% | 40% | 59% | 63% | 43% | 54% | 63% |
| A81056 | Melrose Surgery | 76% | 93% | 89% | 94% | 56% | 96% | 92% | 97% | 75% | 96% | 92% | 91% | 87% | 83% | 90% | 58% | 83% | 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% | 68% |
| A81066 | Park Lane Surgery | 84% | 94% | 95% | 94% | 49% | 83% | 94% | 96% | 79% | 93% | 91% | 97% | 62% | 83% | 84% | 94% | 61% | 76% | 80% | 85% |
| A81067 | Alma Medical Centre | 84% | 88% | 80% | 96% | 28% | 32% | 28% | 55% | 78% | 88% | 81% | 92% | 56% | 60% | 58% | 81% | 50% | 56% | 56% | 83% |
| A81802 | Dr Rasool | 76% | 99% | 98% | 97% | 56% | 98% | 96% | 100% | 75% | 99% | 99% | 91% | 61% | 96% | 91% | 99% | 58% | 91% | 84% | 95% |
| A81808 | Elm Tree Surgery | 73% | 91% | 91% | 96% | 59% | 97% | 93% | 96% | 78% | 98% | 93% | 91% | 65% | 94% | 91% | 96% | 63% | 83% | 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% | 98% | 59% | 90% | 92% | 92% | 78% | 89% | 93% | 88% | 65% | 88% | 89% | 90% | 63% | 84% | 90% | 91% |
| A81634 | The Arrival Practice | 73% | 87% | 83% | 88% | 59% | 81% | 82% | 86% | 78% | 83% | 81% | 86% | 65% | 76% | 78% | 87% | 63% | 80% | 87% | 78% |

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

APPENDIX 3: GP Patient Survey 2023 – results per Stockton-on-Tees general practice for access-related questions (Sep 23) (continued)

| | | 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% |
| Practice Code | Practice | 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% | 76% | 73% | 57% | 61% | 55% | 41% |
| A81006 | Tennant Street Medical Practice | 74% | 89% | 49% | 27% | 75% | 75% | 57% | 56% | 55% | 53% |
| A81014 | Queenstree Practice | 74% | 79% | 49% | 60% | 76% | 74% | 57% | 66% | 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% | 76% | 72% | 57% | 40% | 55% | 51% |
| A81034 | Thornaby & Banwick 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% | 76% | 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% | 76% | 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% | 76% | 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% | 76% | 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.

APPENDIX 4: Patient Participation Group (PPG) Survey – collated responses (Mar 24)

| 1. As a PPG, do you feel listened to by your practice? (please explain your answer) | |
|---|---|
| 1 | 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. |
| 2 | Yes, very much so, I receive regular emails & SMS messages regarding changes & services available. |
| 3 | 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. |
| 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. 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 | 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. |
| 6 | 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 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. |

APPENDIX 4: Patient Participation Group (PPG) Survey – collated responses (Mar 24)

(continued)

| | |
|----|--|
| 8 | Yes, we advised that XXXXXXXXXXXXX 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. |

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 | During holiday periods there has been a shortage of GP appointments & its difficult when trying to contact the Surgery by telephone. |
| 3 | 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. |
| 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. |

APPENDIX 4: Patient Participation Group (PPG) Survey – collated responses (Mar 24)

(continued)

| | |
|----|---|
| 5 | 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. |
| 6 | None, for the reasons explained in 1. above. |
| 7 | The main issues at XXXXXXXXXX, 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. |
| 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 XXXXXXXXXX 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 | 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). |

APPENDIX 4: Patient Participation Group (PPG) Survey – collated responses (Mar 24)

(continued)

| 3. Have any changes been made as a result of the PPG bringing issues regarding <u>access</u> 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> |
| 6 | <p>No, for the reasons explained in 1 above.</p> |
| 7 | <p>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.</p> |

APPENDIX 4: Patient Participation Group (PPG) Survey – collated responses (Mar 24)

(continued)

| | |
|----|---|
| 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. |

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

| | |
|---|---|
| 1 | 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. |
| 2 | On discussion the only improvement that could be made is employing a female Doctor. |
| 3 | 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. [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.] |

APPENDIX 4: Patient Participation Group (PPG) Survey – collated responses (Mar 24)

(continued)

| | |
|----|---|
| 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> |
| 6 | <p>Without sufficient information about the priorities, constraints, policies and demands placed on the practice, it is not possible to develop opinions on this.</p> |
| 7 | <p>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.)</p> |
| 8 | <p>Hopefully the new prescription system will improve the telephone access and patients will also use the skills of the Advanced Nurse Practitioners.</p> |
| 9 | <p>More online appointment slots. That they be given resource in line with the local population.</p> |
| 10 | <p>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.</p> |
| 11 | <p>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.</p> |

APPENDIX 4: Patient Participation Group (PPG) Survey – collated responses (Mar 24)

(continued)

| 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 | This has been continually done since 2011, when the group was created, and it's done in a variety of ways:- 1) The electronic notice board / screen. 2) The notice board. 3) The practice website. 4) Newsletters. 5) 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. |
| 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. |

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**CARE QUALITY COMMISSION (CQC) INSPECTION OUTCOMES
&
STOCKTON-ON-TEES BOROUGH COUNCIL (SBC)
PROVIDER ASSESSMENT AND MARKET MANAGEMENT SOLUTIONS
(PAMMS) ASSESSMENT REPORTS**

QUARTER 4 2023-2024

The CQC is the national inspectorate for registered health and adult care services. Inspection reports are regularly produced, and these are published on a weekly basis.

The CQC assesses and rates services as being 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'. Where providers are found to be in need of improvement or inadequate, the CQC make recommendations for improvement and / or enforcement action. Specific actions taken in each case can be found in the relevant inspection report.

Where inspections are relevant to the Borough, a summary of the outcome is circulated to all Members each month. An update from Adult Services is included which summarises the position in relation to service provision and any actions taken at that time.

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between January and March 2024 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **4** inspection results were published. Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 3 Adult Services were reported on (2 rated 'Good'; 1 rated 'Requires Improvement')
- 0 Primary Medical Care Services were reported on
- 1 Hospital / Other Health Care Services was reported on (1 rated 'Good')

A summary of each report and actions taken (correct at the time the CQC inspection report was published) is outlined below. Links to the full version of the reports, and previous ratings where applicable, are also included.

PAMMS Assessment Reports

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

- Involvement and Information
- Personalised Care and Support
- Safeguarding and Safety
- Suitability of Staffing
- Quality of Management

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **15** reports published between January and March 2024 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 8 rated 'Good'
- 6 rated 'Requires Improvement'

APPENDIX 1

ADULT SERVICES

(includes services such as care homes, care homes with nursing, and care in the home)

| | | |
|--|---|----------------------------|
| Provider Name | Moon Rise 24hr Recruitment Ltd | |
| Service Name | Moon Rise 24hr Recruitment Ltd | |
| Category of Care | Homecare / Supported Living | |
| Address | Moonrise House, 22 Falcon Court, Preston Farm Industrial Estate, Stockton-on-Tees TS18 3TX | |
| Ward | n/a | |
| CQC link | https://api.cqc.org.uk/public/v1/reports/f911646c-f2d4-46f2-9be6-ee61de5d84a?20240213130000 | |
| | New CQC Rating | Previous CQC Rating |
| Overall | Good | Good |
| Safe | Good | Good |
| Effective | Not inspected | Good |
| Caring | Not inspected | Good |
| Responsive | Not inspected | Good |
| Well-Led | Good | Good |
| Date of Inspection | 22nd November, 18th December 2023, 9th & 16th January 2024 (focused inspection) | |
| Date Report Published | 13th February 2024 | |
| Date Previously Rated Report Published | 12th July 2018 (full inspection) | |
| Further Information | | |
| <p>Moon Rise 24hr Recruitment Ltd is a domiciliary care agency, providing personal care to children and adults in their own homes. Some people who use the service are autistic or have a learning disability. At the time of the inspection, there were three people receiving personal care (<i>note: not everyone who used the service received personal care (the CQC only inspects where people receive personal care) – this is help with tasks related to personal hygiene and eating; where they do, the CQC also consider any wider social care provided</i>).</p> <p>The CQC expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. <i>Right support, right care, right culture</i> is the statutory guidance which supports the CQC to make assessments and judgements about services providing support to people with a learning disability and / or autistic people. This short-notice inspection was prompted by a review of the information the CQC held about this service.</p> | | |

Right support

- People received safe care and support in their own homes. Staff received training in safeguarding and knew how to protect people from the risk of abuse. People and relatives were happy with the care and support provided. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life, as much as possible. Staff communicated with people in ways that met their needs.
- People said they were supported by a consistent staff team, which made them feel safe. Staff had a good understanding of people's needs and how they wished to be supported.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff were recruited safely.
- Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People had good relationships with staff and were happy with the way staff supported them. Medicines were managed safely and administered by staff who had completed relevant training and were deemed competent.

Right culture

- The registered manager encouraged an open and positive culture. The service was well managed and provided good quality, consistent care to people in their own homes. People were supported to be as active and independent as possible.
- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management team and staff. The provider regularly sought feedback from people who used the service, their relatives and health and social care professionals to continually improve the service. There were effective quality monitoring systems in place.

This report only covers the CQCs findings in relation to the key questions 'safe' and 'well-led'. For those key questions not inspected, ratings awarded at the last inspection were used to calculate the overall rating. The overall rating for the service remains 'Good'.

| | | |
|---|---|----------------------------|
| Provider Name | Avalon Group (Social Care) | |
| Service Name | Avalon Teesside Services | |
| Category of Care | Homecare / Supported Living | |
| Address | Lysander House, Falcon Court, Preston Farm Business Park, Stockton On Tees TS18 3TX | |
| Ward | n/a | |
| CQC link | https://api.cqc.org.uk/public/v1/reports/c4d89774-e751-415e-8565-4d9df1704243?20240307130000 | |
| | New CQC Rating | Previous CQC Rating |
| Overall | Good | Good |
| Safe | Good | Good |
| Effective | Not inspected | Good |
| Caring | Not inspected | Good |
| Responsive | Not inspected | Good |
| Well-Led | Good | Outstanding |
| Date of Inspection | 17th & 24th November, 15th December 2023 & 22nd January 2024 (focused inspection) | |
| Date Report Published | 7th March 2024 | |
| Date Previously Rated Report Published | 14th August 2018 | |
| Further Information | | |
| <p>Avalon Teesside Services is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. The CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, the CQC also consider any wider social care provided. At the time of inspection, 10 people were receiving personal care.</p> <p>The CQC carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act) which was prompted by a review of the information held about the service. As a result, they decided to undertake a focused inspection to review the key questions of 'safe' and 'well-led' only, and gave the service a short period of notice of the inspection. Unlike the standard approach to assessing performance, the CQC did not physically visit the office of the location. This is a new approach they have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location, the CQC use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.</p> <p>Relatives and an advocate were happy with the service and the care people received. They were complimentary about staff, calling them 'kind', 'caring' and 'helpful'. Comments included, 'Staff are very, very caring, and treat [person] like a family member' and, 'They are all most attentive. [Person] always smiles and is happy to see them. I would know 100% if my [family member] was not happy'.</p> | | |

There were systems in place to keep people safe. Staff safeguarded people from abuse. Risks to people's health, safety and wellbeing were managed. There were enough staff to meet people's needs and safe recruitment processes were followed. A relative told us, 'There are enough staff. In all the years they've helped us, I've never had a problem. I think they must have a very robust interview process because the staff we've had are so good'. Medicines were safely administered and managed. The provider learned from previous accidents and incidents to reduce future risks. The provider and staff protected people from the risk or spread of infection.

The service was well managed. The provider, Registered Manager and staff promoted a positive culture in the service. Relatives and an advocate were complimentary about staff and the care people received. The provider had an effective quality assurance process in place which included regular audits and spot-checks. People, relatives and staff were regularly consulted about the quality of the service through regular communication, surveys and reviews.

| | | |
|--|---|----------------------------|
| Provider Name | Willow View Care Limited | |
| Service Name | Willow View Care Home | |
| Category of Care | Residential / Residential Dementia | |
| Address | 1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL | |
| Ward | Norton South | |
| CQC link | https://api.cqc.org.uk/public/v1/reports/f2b99bb8-a924-44ef-a0d7-136c6ca8d607?20240322130000 | |
| | New CQC Rating | Previous CQC Rating |
| Overall | Requires Improvement | Inadequate |
| Safe | Inadequate | Inadequate |
| Effective | Requires Improvement | Requires Improvement |
| Caring | Good | Requires Improvement |
| Responsive | Good | Requires Improvement |
| Well-Led | Requires Improvement | Inadequate |
| Date of Inspection | 30 th January & 8 th February 2024 | |
| Date Report Published | 22 nd March 2024 | |
| Date Previously Rated Report Published | 12 th July 2023 | |
| Breach Number and Title | | |
| <p><u>Regulation 12 (Safe care and treatment)</u> of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> <p><u>Regulation 17 (Good governance)</u> of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> | | |
| Level of Quality Assurance & Contract Compliance | | |
| Level 3 – Major Concerns (Enhanced Monitoring) | | |
| Level of Engagement with the Authority | | |
| <p>Willow View have continued to work closely with the authority including social care teams, transformation managers and Quality Assurance and Compliance Team. They continue to engage well with the Responding to and Addressing Serious Concerns (RASC) process, with acknowledged improvements since the current manager has been in post.</p> | | |
| Supporting Evidence and Supplementary Information | | |
| <p>Following the inspection in May 2023, the provider completed an Action Plan to show what they would do, and by when, to improve dignity and respect, consent, safe care and treatment, good governance and oversight, and staffing levels and deployment. Whilst it was evidenced during this inspection that improvements have been made, it was found that the provider remained in breach of some regulations and further improvements are needed.</p> | | |

Risks to people's safety were assessed and recorded, however, risk assessments had not always been updated when changes occurred and some care plans contained contradictory information. Environmental risks had not always been identified and mitigated where possible. New recruitment processes were in place, but they had not always been fully followed and gaps in recruitment records remained.

Improvements had been made to medicine management, however, records did not always reflect the prescriber instructions. Medicines prescribed to assist with bowel movements had not always been given in a timely manner. Overall, some improvements had been made in relation to infection prevention and control, however, Covid guidance was not being followed and dirty items were found in communal areas. People had not always been provided with sufficient fluids and recommended modified diets had not always been followed. Quality assurance processes were now in place, though they failed to identify some of the shortfalls found during this inspection. Provider oversight had improved and audits were being completed, though there was a lack of recorded evidence of action taken to address the shortfalls identified.

An effective dependency tool was now in place and used to help calculate safe staffing levels, and there were enough staff on duty to meet people's needs. Staff have received additional training since the last inspection and advised that they felt very well supported by the new manager. Staff were working effectively with other professionals and referrals had been made in a timely manner. Professionals spoke positively of the improvements made to the service since the new manager was appointed in December 2023. People and relatives told us staff were kind and caring and treat them like family, they had been asked to provide feedback on the service, and felt their views were listened to and acted upon. A new process was in place to ensure complaints were recorded and acted upon appropriately. Accidents and incidents were now fully recorded and appropriate post-falls checks were in place.

People were supported to have maximum choice and control of their lives, and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Appropriate signed consent was now in place.

Improvements are required to address breaches in relation to medicine management, infection prevention and control, assessing risk, and good governance. Willow View will remain under review with the CQC and they plan, if they do not propose to cancel the provider's registration, to re-inspect within six months to check for significant improvements.

| | | |
|---|-------------------|-----------------------------|
| Participated in Well Led Programme? | No | |
| PAMMS Assessment – Date (Published) / Rating | 19/12/2022 | Requires Improvement |

PRIMARY MEDICAL CARE SERVICES

None

HOSPITAL AND COMMUNITY HEALTH SERVICES

(including mental health care)

| | | |
|--|---|----------------------------|
| Provider Name | South Tees Hospitals NHS Foundation Trust | |
| Service Name | The James Cook University Hospital (Maternity Services) | |
| Category of Care | Hospitals | |
| Address | Marton Road, Middlesbrough TS4 3BW | |
| Ward | n/a | |
| CQC link | https://api.cqc.org.uk/public/v1/reports/419819e7-8fa6-40bb-aea9-7d2105de4f04?20240119010511 | |
| | New CQC Rating | Previous CQC Rating |
| Overall | Good | Good |
| Safe | Good | Good |
| Effective | Not inspected | Good |
| Caring | Not inspected | Good |
| Responsive | Not inspected | Good |
| Well-Led | Good | Good |
| Date of Inspection | 21st & 22nd August 2023 (focused inspection) | |
| Date Report Published | 19th January 2024 | |
| Date Previously Rated Report Published | 24th May 2023 (full inspection) | |
| Further Information | | |
| <p>The CQC inspected the maternity service at The James Cook University Hospital as part of its National Maternity Inspection Programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help the CQC understand what is working well to support learning and improvement at a local and national level.</p> <p>The James Cook University Hospital provides maternity services to the population of Middlesbrough, Redcar and Cleveland, and Northallerton. Maternity services include an early pregnancy unit, maternal and fetal medicine, outpatient department, maternity assessment unit, antenatal ward (ward 19), central delivery suite, midwifery-led birthing centre (ward 16, Marton suite), two maternity theatres, and a postnatal ward (ward 17). Between April 2021 and March 2022, 4,630 babies were born at The James Cook University Hospital.</p> <p>The CQC carried out a short-notice announced focused inspection of the maternity service, looking only at the 'Safe' and 'Well-Led' key questions. This location was last inspected under the maternity and gynaecology framework in 2015. Following a consultation process, the CQC split the assessment of maternity and gynaecology in 2018 – as such, the historical maternity and gynaecology rating is not comparable to the current maternity inspection and is therefore retired. This means that the resulting rating for 'Safe' and 'Well-Led' from this inspection will be the first rating of maternity services for the location.</p> | | |

Maternity services were rated 'Requires Improvement' because:

- The service was not always able to staff areas to the desired levels. Staffing levels did not always match the planned numbers, putting the safety of women and birthing people and babies at risk.
- There were various aspects of the environment that were not fit for purpose. This had implications for safety, efficiency, privacy and dignity.
- Staff assessed risks to women and birthing people but did not always act on them to remove or minimise risks.
- Leaders did not consistently operate effective governance systems. They did not always manage risk, issues and performance well. They did not consistently monitor the effectiveness of the service, identify and escalate risks and issues and manage these. Though staff wanted to improve services, they did not always have the opportunities and resources to do so.

However:

- Leaders ran services using information systems that were generally reliable, considering the new installation, and supported staff to develop their skills. Staff had training in key skills and worked together for the benefit of women and birthing people.
- The service had a draft vision and values document and was working with staff to gain feedback. Staff understood how to protect women and birthing people from abuse. The service generally managed infection risks well and had enough equipment to keep women and birthing people safe.
- Staff were clear about their roles and accountabilities.
- The service engaged with women and birthing people and the community to plan and manage services. Managers generally made sure staff were competent, and staff were focused on the needs of women and birthing people receiving care.

This 'Requires Improvement' rating for maternity services in both the 'Safe' and 'Well-Led' domains does not affect the overall Trust-level rating of 'Good'.

Actions the Trust MUST and SHOULD take to improve are detailed on page 29 of the CQCs report.

APPENDIX 2

PAMMS ASSESSMENT REPORTS (for Adult Services commissioned by the Council)

| | | |
|--|---|------------------------------|
| Provider Name | T.L. Care Limited | |
| Service Name | Ingleby Care Home | |
| Category of Care | Residential / Residential Dementia | |
| Address | Lamb Lane, Ingleby Barwick, Stockton-on-Tees TS17 0QP | |
| Ward | Ingleby Barwick South | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Requires Improvement |
| Involvement & Information | Requires Improvement | Requires Improvement |
| Personalised Care / Support | Good | Requires Improvement |
| Safeguarding & Safety | Good | Requires Improvement |
| Suitability of Staffing | Good | Requires Improvement |
| Quality of Management | Good | Good |
| Date of Inspection | 23 rd October 2023 | |
| Date Assessment Published | 3 rd January 2024 | |
| Date Previous Assessment Published | 31 st January 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>There is no evidence within the care plans of service-user / family involvement, and no documents to evidence review meetings / 1:1s taking place. In the care plans reviewed, there was no reference to a service-user's capacity to sign paperwork. A MUST assessment had not been carried out for all service-users, and those that were in place had not been consistently reviewed. Nutritional care plans did not always reflect the most recent MUST score and recommendations.</p> <p>All interactions observed around the home were friendly and welcoming. Staff always spoke in a polite manner and clearly had very good relationships built with service-users. Knocking on service-user's doors, seeking permission before entry and throughout care, and constant explanations of tasks taking place all helped to add to a relaxed environment. Staff were able to describe a range of ways that they ensure dignity and privacy are maintained for service-users. Examples such as giving time to respond, allowing choice, and closing doors / curtains to prevent others overseeing intimate care.</p> <p>Staff were able to identify different types of abuse and confidently explain to whom they would raise concerns. They confirmed they would feel able to raise concerns with internal management but, should the need arise to raise concerns externally, they advised they would feel comfortable in whistleblowing and referenced raising concerns to CQC. Appropriate safeguarding information was on display around the home with correct contact details.</p> | | |

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Medication front-sheets were in place for all service-users, were completed to a good standard, and included a current photograph. Medication was given as prescribed and no gaps in administration recording were identified. Time-sensitive medication was administered in line with directions and the time recorded for all administrations. The correct codes were seen to be used when medication was not administered, with full details noted. PRN protocols were in place, however some could include more service-user-specific information – for example, signs you would look for to make an informed decision to administer. TMARs were in place with clear directions for staff to follow when applying topical preparations.

Recruitment records were viewed for four members of staff with varying lengths of service. Application forms had been completed, documenting qualifications and employment history, and interview notes had been taken. Two forms of identification were present in three of the files but, in the fourth, a birth certificate had been used without a national insurance number. DBS checks were in place before employment commenced except for an international recruit – however, a comprehensive risk assessment was in place. Files contained job descriptions, signed contracts of employment, a confidentiality declaration and confirmed receipt of staff handbook during induction. There was a lack of evidence in the staff files to support that regular 1:1 supervisions and an annual appraisal were taking place. It is a contractual requirement that staff receive six supervision meetings a year together with an annual appraisal, to support performance management.

The manager completes a range of appropriate audits covering care delivery, staff, and the suitability of the premises and equipment. Any issues identified feed into an Action Plan with clear responsibilities and deadlines. The regional manager reviews these Action Plans and is also responsible for carrying out additional audits. The maintenance and servicing file had a covering list of when certificates needed renewing and their frequency. All appropriate certificates were evidenced and in date.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified as requiring improvement – progress will be monitored and validated.

Level of Quality Assurance & Contract Compliance Monitoring

Level 3 – Major Concerns (Enhanced Monitoring)

Usually an overall 'Good' PAMMS rating would have Level 1 monitoring, but the service has recently been in the Responding to and Addressing Serious Concerns (RASC) process and organisational support to sustain improvements has not been evident. Current occupancy is at a concerning level and the home is without a Registered Manager. This is reflected in the above monitoring level.

Level of Engagement with the Authority

The manager in post at the time of the assessment had participated in the 'Well Led' course and attended the Provider Forums. At present there is no Registered Manager in post and the regional manager is overseeing the running of the service. The provider engages well with the IPC nurse and the NECS Medicine Optimisation Team.

Current CQC Assessment - Date / Overall Rating

04/08/2018

Good

| | | |
|--|---|------------------------------|
| Provider Name | HC-One Limited | |
| Service Name | Victoria House Nursing Home | |
| Category of Care | Residential / Residential Dementia / Nursing | |
| Address | Bath Lane, Stockton-on-Tees TS18 2DX | |
| Ward | Stockton Town Centre | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Requires Improvement |
| Involvement & Information | Good | Requires Improvement |
| Personalised Care / Support | Good | Requires Improvement |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Good | Good |
| Quality of Management | Good | Requires Improvement |
| Date of Inspection | 12th December 2023 | |
| Date Assessment Published | 14th February 2024 | |
| Date Previous Assessment Published | 30th November 2022 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans and risk assessments were seen to be person-centred and contained detailed information regarding the residents; there was evidence of regular reviews. The care plans evidenced family involvement where relevant. Care plans were seen to reflect resident's needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident couldn't complete a task without support, staff would always engage them as much as possible.</p> <p>Feedback from family was positive. Family members spoke highly of the staff and the organisation; they felt their loved ones were cared for well. Families felt they were involved and kept up-to-date with any changes and information.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Identified improvements were for staff to ensure all documentation was completed fully, and PRN and safe administration protocols to be documented and implemented correctly. The home has already arranged for an internal team to support with issues raised. Further visits are to be arranged by Meds Optimisation Team.</p> <p>The premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. Overall, the environment was to a good standard. The manager has a range of audits in place with an overarching Action Plan to track and monitor actions identified.</p> | | |

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|---|-------------------|-------------|
| Plans and Actions to Address Concerns and Improve Quality and Compliance | | |
| The QuAC Officer will monitor and review compliance through contractual visits. | | |
| Level of Quality Assurance & Contract Compliance Monitoring | | |
| Level 1 – No Concerns / Minor Concerns (Standard Monitoring) | | |
| Level of Engagement with the Authority | | |
| The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives. | | |
| Current CQC Assessment - Date / Overall Rating | 29/09/2017 | Good |

| | | |
|---|---|------------------------------|
| Provider Name | HC-One Limited | |
| Service Name | Highfield (Stockton) | |
| Category of Care | Residential / Residential Dementia | |
| Address | Highfield Care Centre, The Meadowings, Yarm, Stockton-on-Tees TS15 9XH | |
| Ward | Yarm | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Requires Improvement |
| Involvement & Information | Good | Requires Improvement |
| Personalised Care / Support | Good | Requires Improvement |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Good | Requires Improvement |
| Quality of Management | Good | Good |
| Date of Inspection | 13th November 2023 | |
| Date Assessment Published | 15th February 2024 | |
| Date Previous Assessment Published | 2nd September 2022 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans and risk assessments were seen to be person-centred and contained detailed information regarding the residents, and there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident's needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident couldn't complete a task without support, staff would always engage them as much as possible.</p> <p>Feedback from residents and family was positive.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The only identified improvements were for staff to complete documentation in full, including the detail of how covert medications should be administered, and to consult / involve the pharmacist / GP.</p> <p>Overall, the premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. The overall environment was to a good standard.</p> | | |
| Plans and Actions to Address Concerns and Improve Quality and Compliance | | |
| <p>The provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contract visits.</p> | | |

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| Level of Quality Assurance & Contract Compliance Monitoring | | |
| Level 1 – No Concerns / Minor Concerns (Standard Monitoring) | | |
| Level of Engagement with the Authority | | |
| The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives. | | |
| Current CQC Assessment - Date / Overall Rating | 10/10/2022 | Good |

| | | |
|--|---|------------------------------|
| Provider Name | Partners4Care Limited | |
| Service Name | Partners4Care Limited | |
| Category of Care | Care at Home (Standard) | |
| Address | Suite 40, Durham Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GA | |
| Ward | n/a | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | Requires Improvement |
| Involvement & Information | Good | Requires Improvement |
| Personalised Care / Support | Good | Requires Improvement |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Requires Improvement | Good |
| Quality of Management | Poor | Good |
| Date of Inspection | 24th January 2024 | |
| Date Assessment Published | 20th February 2024 | |
| Date Previous Assessment Published | 13th July 2021 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were seen to be person-centred, contained sufficient details, and evidenced family involvement where relevant. Care plans were seen to reflect service-users' needs and abilities to be independent, or where family / friends support. This was supported by observations of care workers supporting service-users to be as independent as possible. Care plans were not seen to be reviewed consistently and in line with the contract, however, were seen to be updated as and when care needs change.</p> <p>A service-user guide is given to clients on commencing their care package, and this details P4Cs commitment to their care, how they will manage rotas, finance, personal care needs and tasks, and staff conduct and identification. There are contact details for the Director, alongside Local Authority contacts, LGO, and CQC. Service-users confirmed they have been provided with information and contact details should they want to provide feedback or make a complaint, and confirmed complaints were handled for them.</p> <p>Staff were observed to speak in a friendly manner to service-users, asking them for consent to complete tasks while also talking to the service-user around the tasks they are completing, and why, where relevant. Those that had more capabilities to manage independently, such as with dressing, were seen given the privacy and freedom to do so while staff completed other tasks, remaining alert and responding to requests for assistance. Service-users spoken with confirmed they were happy with the care provided.</p> <p>The provider has an activities programme from the Extra Care facility that Care at Home service-users can also access.</p> <p>Overall, service-users spoken to were happy with their care and rotas provided, however, some concerns were raised around quality of some of the newer staff due to the high level of</p> | | |

international students recruited – this has impacted on communications in relation to certain personal care needs and preparation of food.

Safer recruitment practices are in place, however, require some improvements to be more robust. Staff’s induction documentation was seen not to be completed in full and / or signed off. Improvements are also required for staff support such as regular supervision and team meetings.

Medications were observed to be handled, administered, and stored appropriately within service-users’ homes. Medication competency assessments are completed regularly, and medication audits are completed monthly, however, there was no evidence of any follow-up on actions identified. However, controlled drug audits were poor – many of the controlled drugs count sheets were miscounted, with large margins of missing counts and no explanation as to why.

The provider records compliments and complaints in full, however, more recent complaints were seen not to have the complaint acknowledgement, investigation report / paperwork, and final letters. There is no log of actions to be taken following complaint, completion of actions, or lessons learn. There was no evidence of complaint investigations being shared with the Local Authority / CQC.

Although the provider has a thorough system for audits which provides graded actions (i.e. high / medium / low) and allocated a deadline for completion, there was no evidence of follow-up of these actions, tracking of completion, or further discussions with staff around trends, etc. Discussion was had with the manager around creating a filing system at the front of audit files that tracks actions consistently to show progress. Due to the lack of evidence of completing actions identified in audit, this has contributed to the ‘Quality of Management’ domain being rated ‘Poor’.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An Action Plan will be developed from the PAMMS assessment, and the Quality Assurance and Compliance (QuAC) Officer will monitor and review all the evidence for improvement and compliance through contractual visits.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.

Current CQC Assessment - Date / Overall Rating

23/06/2023

Requires Improvement

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|--|--|------------------------------|
| Provider Name | T.L. Care Limited | |
| Service Name | Mandale Care Home | |
| Category of Care | Residential | |
| Address | 136 Acklam Road, Thornaby, Stockton-on-Tees TS17 7JR | |
| Ward | Mandale & Victoria | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | Requires Improvement |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Requires Improvement | Requires Improvement |
| Suitability of Staffing | Good | Requires Improvement |
| Quality of Management | Requires Improvement | Requires Improvement |
| Date of Inspection | 3rd January 2024 | |
| Date Assessment Published | 26th February 2024 | |
| Date Previous Assessment Published | 2nd August 2022 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were comprehensive in detailing needs, suggesting that a thorough assessment had taken place – however, there was no evidence of service-user / family involvement. Care plans give details of desired outcomes, personal preferences, and how staff can support the service-user's choices.</p> <p>All interactions observed around the home were friendly and welcoming. Staff always spoke in a polite manner and clearly had very good rapport with people they were providing care for. Staff were always encouraging to service-users and would give positive reinforcements to encourage as much ownership of the care process as possible.</p> <p>DoLS authorisations had been requested as applicable and copies of the relevant documentation was held in a file in the Manager's office. DoLS care plans were in place with dates of authorisation and expiry, details of any RPR, and any conditions attached to the authorisation. Mental capacity assessments were in place to evidence 'best interest decisions' made on behalf of a service-user, past and present wishes, feelings and beliefs were noted, together with input from any RPR. Staff understood the importance of giving service-users choice wherever possible and knew that the MCA is to support the service-user if they are unable to make some decisions.</p> <p>Food, fluid and bowel charts were not consistently completed, and there was no evidence of actions being taken when inconsistencies occurred. Best practice would be to complete any required charts consistently and accurately, and following this up with the GP. Protocols need to be in place to ensure consistency of treatments as it was not clear what treatment plans or protocols were in place.</p> <p>Staff confirm that they complete infection control training, and this is refreshed annually. PPE is in use in the home and staff were able to describe the types of PPE required, including donning and doffing techniques and appropriate waste management (yellow bins, etc.). Staff were aware</p> | | |

of the importance of handwashing and sanitising, as well as maintaining a clean environment. PPE was available throughout the home for staff to use – the cleaning staff were seen to check and replenish it regularly.

Cleaning schedules for service-user's rooms and communal areas were viewed and found to be comprehensive, with minimal gaps in recording. During the assessment, a mal odour was observed throughout the home, tables were found to be unclean on their underside and touchpoints were visibly dirty. Metal ware on sinks was compromised making effective cleaning impossible, and bath chairs and toilet frames had signs of corrosion.

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Not all time-sensitive medications were administered in line with instructions. One service-user's Lansoprazole was not always administered 30 minutes before food, and aspirin dispersible were not always administered with or after food. The quality of PRN protocols was not consistent – some were not in place, and others viewed had missing medications and were not service-user specific. There was no detail as to how staff would make an informed decision on which order to give multiple medicines for the same indication (e.g. laxatives for constipation).

Rotas are produced a month in advance and are formulated using a dependency tool. Staff numbers have recently been increased on the Dementia Unit due to increased dependency levels. Staff numbers reflected what was on the rota for the days we were doing the PAMMS. Staff report that any unexpected absence is usually covered by off-duty staff and agency staff are occasionally used to ensure that required staff numbers are met.

There was a lack of evidence in the staff files to support that regular 1:1 supervisions and an annual appraisal were taking place. It is a contractual requirement that staff receive six supervision meetings a year, together with an annual appraisal, to support performance management.

There is a comprehensive range of audits in place covering care delivery, staff, and the suitability of the premises and equipment, together with an annual planner detailing when these should be carried out. The completion of these audits has not been consistent, and those completed were not of a standard to identify issues or trends. The home requires consistent adherence to the quality assurance system to identify areas of concern or non-compliance. Findings should be analysed, and Action Plans developed to include timescales, who will carry out the action, and should be signed-off upon completion.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified as requiring improvement – progress will be monitored and validated by the QuAC Team during contractual meetings.

Level of Quality Assurance & Contract Compliance Monitoring

Level 3 – Major Concerns (Enhanced Monitoring)

Usually an overall 'Requires Improvement' PAMMS rating would have Level 2 – Moderate Concerns (Supportive Monitoring), but the service has recently been in the RASC process and organisational support to sustain improvements has not been evident. Current occupancy is at a concerning level and the home has a new manager in post. This is reflected in the above monitoring level.

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| Level of Engagement with the Authority | | |
| The new Manager is engaging well with the IPC nurse and the NECS Medicine Optimisation team. The completion of NEWS observations has also improved in recent months. The Transformation Managers have visited the new Manager, and she is engaging well with them. | | |
| Current CQC Assessment - Date / Overall Rating | 25/02/2023 | Requires Improvement |

| | | |
|---|--|------------------------------|
| Provider Name | Teesside Healthcare Limited | |
| Service Name | Churchview Nursing and Residential Home | |
| Category of Care | Nursing / Residential | |
| Address | Thompson Street, Stockton-on-Tees TS18 2NY | |
| Ward | Stockton Town Centre | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Requires Improvement |
| Involvement & Information | Good | Requires Improvement |
| Personalised Care / Support | Good | Requires Improvement |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Good | Requires Improvement |
| Quality of Management | Good | Requires Improvement |
| Date of Inspection | 16th January 2024 | |
| Date Assessment Published | 28th February 2024 | |
| Date Previous Assessment Published | 21st February 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>An online care planning system is used, and care plans were seen to be up-to-date and person-centred. A welcome pack is provided to residents upon admission, and this was noted to be available in accessible formats. Relationships between staff and residents were observed to be positive and respectful, with staff providing encouragement to maintain independence and dignity, and requesting consent from individuals. Mental Capacity Assessments were in place where required to support individuals with decisions and consent, a DoLS matrix was held, and records included contact details of any LPA or RPRs that were in place. Service-users spoken with advised they felt happy with the home and spoke highly of the staff. The home displayed activity schedules on both the ground and first floor, and this was in both written and pictorial format.</p> <p>Service-users confirmed their involvement in care planning and decisions made about their care, and there was evidence of family involvement where appropriate. Evidence of involvement of other relevant professionals was also seen within care records. Key workers were in place and this information was displayed in residents' rooms; families and residents confirmed they were aware of who their key worker was. Observation of interactions between staff and residents demonstrated safe care delivery, and care records clearly documented individuals' strengths and abilities. The provider was seen to meet the nutritional needs of service-users, however, advice was given to review the menu format as this was displayed in very small font, though residents were approached individually to discuss the menu and obtain their meal choices daily.</p> <p>The NECS Medicines Optimisation Team completed an audit at the time of the PAMMS assessment and reported good practice on observation, but some improvement required to medication-related documentation.</p> <p>Appropriate risk assessments (both person-centred and environmental) were noted to be in place and reviewed regularly. Residents spoken with confirmed they feel safe, secure, and well looked after and would have no reservations in raising any concerns they may have with staff or</p> | | |

management. The environment was noted to be clean, tidy, and free from malodour. The premises was observed to be safe and secure both internally and externally. Appropriate infection prevention and control measures were seen to be in place, and staff confirmed receipt of training on the same.

Documentation in relation to recruitment requires improvement and some improvement is also required in relation to recruitment checks. Staffing levels appeared to be appropriate and proportionate in relation to the dependency tool. Staff reported a good working environment with good support from management. Staff confirmed receipt of regular supervisions and appraisals, and the manager holds a matrix for the same. A training matrix was in place, however, this required attention as there were unexplained gaps in training and the formatting of the matrix itself could be improved upon.

An annual quality assurance report is completed by the provider – this reports on data gathered through audits, incidents, compliments / complaints and surveys. The report is displayed in the reception area of the home, as are procedures relating to complaints, whistleblowing and safeguarding, which are also displayed in other areas of the home. There is a complaints procedure in place which also records any lessons learnt from complaints.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the few areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Due to financial risk / not being on SBC framework.

Level of Engagement with the Authority

At the time of the assessment, the provider was not receiving new placements from the older people’s accommodation framework – however, engagement with the authority continued to remain positive. The provider engages well with the Transformation Team and QuAC Team.

Current CQC Assessment - Date / Overall Rating

02/03/2023

Requires Improvement

| | | |
|---|--|------------------------------|
| Provider Name | Action for Care Limited | |
| Service Name | Springwood | |
| Category of Care | Residential – Learning Disabilities | |
| Address | 66 Darlington Back Lane, Stockton-on-Tees TS19 8TG | |
| Ward | Bishopgarth & Elm Tree | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | n/a |
| Involvement & Information | Good | n/a |
| Personalised Care / Support | Requires Improvement | n/a |
| Safeguarding & Safety | Good | n/a |
| Suitability of Staffing | Requires Improvement | n/a |
| Quality of Management | Requires Improvement | n/a |
| Date of Inspection | 8 th & 9 th January 2024 | |
| Date Assessment Published | 29 th February 2024 | |
| Date Previous Assessment Published | n/a | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans are extremely detailed and person-centred, however the electronic system used for this is something which the provider is struggling to find beneficial. The provider is in communication with the wider organisation to address these concerns. Observation of interactions between staff and residents evidenced a relaxed and open environment in which service-users were able to laugh and joke with staff. The environment was a homely one in which service-users needs and personalities were considered, and independence is promoted. Staff were responsive to needs and appropriate risk assessments and adaptations were largely in place. An emergency grab bag was not in place at the property which was of concern, however this was due to company policy (to keep grab bags at another service) and the manager rectified this immediately once identified.</p> <p>A medicines optimisation audit took place on 6th December 2023 and identified several areas of concern. Improvements were noted at the time of this assessment, and a further audit from the Medicines Optimisation Team has since been completed and acknowledged further improvements. Otherwise, residents were seen to be appropriately safeguarded with staff being appropriately aware of MCA / DoLS procedures. The premises and environment were noted to be safe and secure; the home was clean and tidy with appropriate IPC measures observed.</p> <p>There was little assurance available around suitability of staffing due to poor recruitment procedures and records. The manager was already aware of some of the issues identified at the time of the assessment and, having recently returned from a period of secondment to support another service, is looking to address this. There has been no staff recruited whilst the current manager has been in post. A DBS matrix was not in place and poor oversight of these checks meant that a member of staff had been working without the appropriate checks in place, this person was removed from duties until the appropriate certification was received. Inductions were not always completed / evidenced by both agency and non-agency staff. Supervisions and appraisals were not regularly taking place and adequate oversight of staff training was not</p> | | |

evidenced. Staff did report an excellent culture within the home and spoke highly of the current management.

Whistleblowing and safeguarding policies were not displayed in appropriate areas, though staff were aware of how to access them. The provider did not have a mechanism in place for recording low level grumbles; there had been no formal complaints received to review, however there were mechanisms in place to follow should any be received. Whilst feedback from staff was very positive toward management, this domain did receive a 'requires improvement' score. This is largely based upon the quality of records; whilst audits were in place, they were clearly not robust enough to identify issues and follow through for assurance of remedial actions.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address areas identified for improvement to ensure full compliance which will be monitored by the Quality Assurance & Compliance (QuAC) Officer.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider engages well with the QuAC Officer and Transformation Team. The Transformation Team report a high level of engagement with activities from the provider and that they are open to opportunities and peer support, as well as having completed the Well-Led Programme.

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|---|-------------------|-------------|
| Current CQC Assessment - Date / Overall Rating | 11/12/2021 | Good |
|---|-------------------|-------------|

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|---|--|------------------------------|
| Provider Name | St Martin's Care Limited | |
| Service Name | Woodside Grange Care Home (Older People's service only) | |
| Category of Care | Residential / Nursing / Dementia | |
| Address | Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP | |
| Ward | Stainsby Hill | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | Requires Improvement |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Good | Requires Improvement |
| Safeguarding & Safety | Good | Requires Improvement |
| Suitability of Staffing | Requires Improvement | Requires Improvement |
| Quality of Management | Requires Improvement | Requires Improvement |
| Date of Inspection | 25th January 2024 | |
| Date Assessment Published | 7th March 2024 | |
| Date Previous Assessment Published | 2nd March 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were found to be personalised and consider individual needs and preferences. Care plans clearly identified strengths, weaknesses, behaviours on good and bad days and what might impact this. Care plans also detail family involvement, who visits, how often and what they like to do while visiting. Relevant risk assessments were in place such as MUST tool, Braden Scale, PEEPs. Care plans and risk assessments were found to be reviewed and updated monthly.</p> <p>Observation of staff's interactions with residents demonstrated good relationships which promoted dignity and respect. Residents spoken to confirmed they knew how to make complaints, with one resident confirming they had raised a complaint previously and was happy with the resolution. Feedback from residents spoken to was they were very happy with the home and the care they receive, with one stating they felt safe and secure.</p> <p>Overall, staff had good knowledge and understanding required for the role, however some care assistant knowledge and MCA and DoLS was poor; senior staff members had good knowledge. Although staff stated the management was supportive, staff were unable to detail the frequency formal staff support was available to them such as supervisions, appraisal and team meetings.</p> <p>Safer recruitment checks were seen to be in place, however a member of staff was seen to have commenced in their role without a DBS certificate in place and associated risk assessment. Induction and ongoing training were seen to be in place for staff, with compliance for mandatory training at the time of the assessment at 92%.</p> <p>The home environment requires attention – areas of damage were observed, generally the lower parts of the walls and related to moving and handling equipment, and bathrooms continue to have rusty radiators, etc., which is not in line with infection control requirements.</p> | | |

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Management of medications was found to be poor; some MAR Charts were found to have incorrect balances, some medications were found to have been missed due to stock issues; the provider has identified issues with obtaining medications from supplying pharmacy and have followed safeguarding procedures. Not all time-specific medication was administered in line with instructions. There were several entries in the controlled drugs book that did not have a witness signature, discrepancies in the balance of two controlled drugs, and a staff member was observed to witness sign the controlled drugs register without observing the administration.

Audits were not completed consistently at the required frequency and clear actions were not always identified from the findings. The manager has systems in place to assess and monitor the quality-of-service provision including staff, resident and family / friends' surveys, and complaints are investigated and lessons learned identified.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address all areas identified as requiring improvement; progress will be monitored by the QuAC Officer.

Support and follow-up visit booked in with the Medicines Optimisation Team.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider engages with the QuAC Team, provides information requested, and submits performance indicators in a timely manner. The provider has limited engagement with the Transformation Managers and initiatives.

The provider's NEWS target is below target. The provider has been involved in pilots with the Trust such as I Stumble and the Falls Head Injury Pathway.

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| Current CQC Assessment - Date / Overall Rating | 27/01/2021 | Good |
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| Provider Name | Real Life Options | |
| Service Name | Real Life Options – 96 Bishopton Road | |
| Category of Care | Residential Care Home – Learning Disabilities | |
| Address | 96 Bishopton Road, Stockton-on-Tees TS18 4PA | |
| Ward | Newtown | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Requires Improvement |
| Involvement & Information | Good | Excellent |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Good | Requires Improvement |
| Suitability of Staffing | Good | Requires Improvement |
| Quality of Management | Good | Good |
| Date of Inspection | 31st January 2024 | |
| Date Assessment Published | 7th March 2024 | |
| Date Previous Assessment Published | 7th March 2022 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans and risk assessments were seen to be highly person-centred and contained highly detailed information regarding the residents, and there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident's needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident wasn't able to complete a task without support, staff would always engage them as much as possible. The home has begun to create learning videos for staff to be able to support a resident to become more independent.</p> <p>Feedback from family was very positive. Family members spoke very highly of the staff and the organisation; they felt their loved ones were cared for very well and that they were given all the opportunities they could be. Family was very involved and kept up-to-date with any changes and information.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The only identified improvements were ensuring staff recorded incidents correctly and MAR charts being signed before medication had been administered; this was addressed on the day with staff on shift and subsequently addressed with the whole staff group. Medications were managed, stored, and administered safely.</p> <p>The premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. Overall, the environment was to a good standard. The manager has a range of audits in place with an overarching Action Plan to track and monitor actions identified.</p> | | |

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| <p>Staff interviews identified that staff were not able to recall relevant information regarding their understanding of the meaning, purpose and principals of MCA and reporting of safeguarding's outside of the organisation. This was acted upon immediately by the manager through a staff meeting; staff were given information regarding MCA. Further information/training is to be given to staff.</p> | | |
| <p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p> | | |
| <p>An Action Plan will be developed from the PAMMS assessment, and the QuAC Officer will monitor and review all the evidence for improvement and compliance through contractual visits.</p> | | |
| <p>Level of Quality Assurance & Contract Compliance Monitoring</p> | | |
| <p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p> | | |
| <p>Level of Engagement with the Authority</p> | | |
| <p>The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.</p> | | |
| <p>Current CQC Assessment - Date / Overall Rating</p> | <p>13/11/2019</p> | <p>Good</p> |

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|---|--|------------------------------|
| Provider Name | Stockton Care Limited | |
| Service Name | Cherry Tree Care Centre | |
| Category of Care | Residential / Residential Dementia | |
| Address | South Road, Norton, Stockton-on-Tees TS20 2TB | |
| Ward | Norton South | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | Requires Improvement |
| Involvement & Information | Requires Improvement | Requires Improvement |
| Personalised Care / Support | Requires Improvement | Good |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Requires Improvement | Good |
| Quality of Management | Requires Improvement | Requires Improvement |
| Date of Inspection | 5th – 7th February 2024 | |
| Date Assessment Published | 14th March 2024 | |
| Date Previous Assessment Published | 22nd February 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>An electronic care planning system is in place; review of this evidenced that care plans were person-centred, however, whilst a wide range of needs was covered, they would benefit from recording of further detail. Resident / relative involvement was not always evidenced. It was not advertised that information was available in accessible formats, however, the provider advised that this would be available upon request. Welcome packs are provided to residents and contain good detail, however, attention to detail was lacking in other areas of documentation within the home. Residents spoken with advised that they are given choice over their care and visitors are welcomed into the home at any time. During inspection, there was no evidence of any activities taking place. The activity co-ordinator role was vacant and efforts were being made to recruit. Whilst the provider advised that staff from sister homes attend the home to support with activities where possible, the communal areas did not appear to be in a usable state. The home was decorated in a dementia friendly manner, with images of local landmarks used as an alternative to stock images.</p> <p>Whilst observation and discussions with both staff and residents evidenced that staff have a good understanding of consent, documentation relating to mental capacity was not always completed. Care records were not always completed or reviewed on time and did not offer a lot of detail – this includes daily notes, risk assessments and care plans. Observation of interactions between staff and residents evidenced that residents are treated with dignity and respect. Staff were seen to be responsive to residents' needs, to provide choice and to promote independence. A key worker system is in place and staff had a good understanding of the role of the key worker.</p> <p>Improvement is required to food hygiene / storage when external to the main kitchen, otherwise management of nutrition was satisfactory with up-to-date MUST scores recorded and appropriate liaison with involved professionals such as SALT. Whilst there were some areas requiring attention, general infection prevention and control measures were seen to be in place with appropriate use of PPE and hand hygiene. The home appeared safe and secure; there</p> | | |

were some areas of the home which were visibly tired, but the provider is aware of this and actioning priority areas first. The lift remains out of use, however, a new engineering company has been identified to take over the repairs due to difficulties with the previous company. The provider has made contact with emergency services to advise them of the status of lift, and the residents affected, in advance of any emergencies. Equipment was seen to be maintained with appropriate checks and service certification in place.

The NECS Medicines Optimisation Team completed a quality assurance visit alongside the PAMMS assessment. Medicines were found to be handled safely and a score of 89% was awarded.

Residents and relatives spoken with confirmed they feel safe and would have no apprehensions on raising concerns with the provider. Safeguarding and whistleblowing information was displayed around the home, and staff were able to describe a good understanding of their role in keeping people safe.

Some improvement is required to the recruitment process and records relating to the same, as well as records of appropriate checks for visiting professionals. The home does not use agency staffing. Staffing levels were seen to be appropriate with staff advising that they feel the team work well together and have the appropriate skill mix. A training matrix was in place which identified some gaps and did not give assurance of overall training compliance. A supervision / appraisal matrix was in place and evidenced completion regularly.

An annual quality assurance report is completed by the provider – this reports on data gathered through audits, incidents, compliments / complaints and surveys. The report is displayed in the reception area of the home. There is a complaints procedure in place which also records any lessons learnt from complaints; as with other documentation within the home, this requires better attention to detail. Staff confirmed that they felt confident and comfortable in raising any concerns and were aware of how to do so, both internally and externally. There were examples shared of the provider responding to concerns raised in the past and staff advised there was an open door policy within the home. Resident meetings were not previously taking place but have now been scheduled. Relative meetings are scheduled three-monthly. Staff meeting minutes evidenced discussion of appropriate topics, however, some discussions did come across unsupportive and feedback was provided on this.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate. As this is the second PAMMS assessment in which the provider has received a 'Requires Improvement' rating, they have been advised that the Action Plan must be completed within three months.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

Cherry Tree actively engage and respond well to the QuAC Officer and Transformation Team. An Action Plan was created following discussion between the Transformation Manager and the Registered Manager to utilise support offered through this mechanism. They have attended the Well Led Programme, DoLS training, taken part in the 'proactive community matrons' pilot, and have recently become 'dementia friendly care home' accredited. Following feedback from this inspection, they have begun engaging with the activities co-ordinator

network. They have not yet attended medication related training but do plan to attend upcoming sessions. Where possible, the manager does attend both leadership meetings and provider forums.

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| Current CQC Assessment - Date / Overall Rating | 06/01/2023 | Requires Improvement |
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| Provider Name | Annfield Care Limited | |
| Service Name | Longlast | |
| Category of Care | Residential – Learning Disabilities | |
| Address | Thorpe Road, Carlton, Stockton-on-Tees TS21 3LB | |
| Ward | Northern Parishes | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Excellent | Excellent |
| Involvement & Information | Excellent | Excellent |
| Personalised Care / Support | Excellent | Excellent |
| Safeguarding & Safety | Excellent | Good |
| Suitability of Staffing | Excellent | Good |
| Quality of Management | Good | Good |
| Date of Inspection | 12th & 13th February 2024 | |
| Date Assessment Published | 22nd March 2024 | |
| Date Previous Assessment Published | 20th November 2020 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were very well written and included staff's intimate knowledge of residents. Each plan was individualised and had great details reflecting specific needs and preferences. Plans contained 'a day in the life of' story which described in detail how to support each resident successfully, and there was thorough information on life history. Plans evidenced that the residents and their families had been included. All information shared was seen to also be provided in easy read formats, utilising picture guides and Makaton.</p> <p>The home was well-kept with a homely feel. Bedrooms ensured resident needs, alongside their likes and their personalities, were considered. Observations of interactions around the home demonstrated a welcoming and relaxed environment in which residents were able to laugh and joke with staff.</p> <p>Residents are involved in many decisions around the home, and those who are able are encouraged to be as independent as possible. Care plans clearly describe individual strengths and abilities, with risk assessments in place to ensure independence can be promoted safely. Monthly resident meetings are held, with a clear focus on empowering residents to have choice. Levels of engagement is documented, including body language and verbatim responses.</p> <p>There was good evidence of an effective and supportive keywork structure. Monthly keyworker meetings encourage the residents to set goals, review what went well the last month, and asks for feedback on activities and events. There was evidence during the assessment of these goals being worked towards. The home makes every effort to capture feedback from all residents, and Makaton is used frequently to aide discussions.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and</p> | | |

findings. An audit by the NECS Medicines Optimisation Technician in July 2023 found the overall score was 90%. All areas of the report were marked as substantially met or higher. There were no identified areas of improvement following the Meds Optimisation report, and no follow-up visit was recommended. An observation was carried out by the QuAC Officer. Staff were observed using good hand hygiene, following the correct procedures, and administering in a person-centred manner. The staff member knew without prompting how each resident's medications were taken, when, and expected behaviours often displayed. No controlled drugs or covert medications are used, but procedures are in place if this were to change. Medication competencies for staff who administer are refreshed quarterly. No near-misses or incidents were recorded since the Meds Optimisation audit and the time of assessment.

Staffing levels around the home are good, with little concern of staff turnover and no agency usage. Supervisions and appraisals are carried out regularly and staff spoke highly of the support received by management. Staff are appropriately trained; training is monitored, and RAG-rated by management with 97.54% 'green'. Staff were able to confidently describe the MCA principles and DoLS without prompting and give examples of how this is put into practice. Staff were equally confident with safeguarding and health and safety procedures. Staff meeting frequency has recently been increased and is now scheduled as bi-monthly.

Residents are encouraged to be a part of the community and there was ample evidence of social activities taking place, including clubs, village parties, and days out. There was evidence of support in maintaining relationships with family and friends, both through details in care planning and via feedback received from families. Family members were keen to provide feedback to contribute to the assessment, and those spoken with were happy with the care residents received and the place in which they live, and spoke highly of how happy their family member was living there.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No areas were identified for improvement to ensure full compliance.

Level of Quality Assurance & Contract Compliance Monitoring

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority

The provider engages well with the QuAC and Transformation Teams. The provider engages with forums, commissioning, initiatives, and training that is offered.

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| Current CQC Assessment - Date / Overall Rating | 14/03/2018 | Outstanding |
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| Provider Name | The Five Lamps Organisation | |
| Service Name | Five Lamps Home Care (Eldon Street) | |
| Category of Care | Care at Home (Standard) | |
| Address | Eldon Street, Thornaby, Stockton-on-Tees TS17 7DJ | |
| Ward | n/a | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | Good |
| Involvement & Information | Requires Improvement | Requires Improvement |
| Personalised Care / Support | Requires Improvement | Good |
| Safeguarding & Safety | Requires Improvement | Good |
| Suitability of Staffing | Requires Improvement | Good |
| Quality of Management | Requires Improvement | Good |
| Date of Inspection | 4th – 6th March 2024 | |
| Date Assessment Published | 26th March 2024 | |
| Date Previous Assessment Published | 28th July 2021 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were well structured and contained appropriate details to the individual, though the paperwork was not always completed in full or correctly. Care plans did reflect service-user needs, preferences, abilities for independence, what is important to them, and life history. Evidence was found of duplicated paperwork for married service-users. Pictures were included, though not dated, and when no picture was on file it did not specify if this was by service-user choice. Risk assessments were in all care plans, however, required improvement as, though the template structure was good and prompted for thorough detail, it was not utilised fully and not all risks were considered.</p> <p>Care plans detailed the date of the last assessment and the next planned review, which are scheduled three monthly, however, there was no audit trail of previous reviews. There was no evidence of service-user involvement other than a signature sheet which was only used at initial assessment.</p> <p>Staff were observed to speak in a friendly manner to service-users. Mostly, staff were observed asking for consent to complete tasks and talking to the service-user around the tasks they are completing, though some moving and handling tasks were completed with no communication. Hand hygiene was not always appropriately followed at calls, with gloves only being changed once after personal care. From reviewing daily notes following observation, it was noted that these were not completed accurately, including recording of food and fluids, and the reporting of incidents during calls.</p> <p>All staff gave good examples of how to respect the privacy, dignity, and choice of service-users, however, were not able to recall having specific training in relation to MCA, DoLS, or safeguarding. Most staff had brief knowledge around how and when to raise concerns, how to identify signs of abuse, and could define whistleblowing.</p> | | |

Most service-users spoken with confirmed they were happy with the care provided and that they have been given relevant information and contact details should they want to provide feedback. A service-user guide is given on commencing a care package, and this details Five Lamps' mission and values, rotas, finance, personal care needs and tasks, and staff conduct. Relevant contact details the service-user may need are included, such as CQC, though no Local Authority contacts are given. Paperwork was not seen to be offered in alternative formats or to advise how to obtain this should it be required.

Overall, service-users spoken to were happy with their carers and the care received. One service-user reported feeling that feedback was listened to and handled well, with communication of progress and outcomes, however, another felt that the communication was poor from office staff, who do not handle their concerns or complaints effectively and have 'given up trying'. Communication was felt to be poor in respect of rotas.

Medications were observed to be handled, administered, and stored appropriately within service-users' homes. Medication competency assessments for staff are completed six-monthly and were seen to be comprehensive. A matrix is in place for monitoring, though does not provide a clear structure to space appropriately, nor does this evidence compliance with the six-monthly timescale set.

Recruitment checks and staff files are in place, however, require some improvements to be more robust. Some files had concerns noted on employment checks, with no evidence this was followed-up. There was an inconsistent approach to the checking and recording of DBS certificates, and to the verifying of references. All photocopied paperwork was certified with a headed stamp, which was then signed and dated to verify that original copies had been seen.

There was an audit matrix to specify the audits management are to complete, which were scheduled monthly. There was little evidence of this structure being followed, and minimal audits completed in the latter months of 2023, and at the time of assessment, no schedule for 2024. Recording was inconsistent and difficult to determine if completed or missed.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An Action Plan will be created by the provider to address the identified areas for improvement. The QuAC Officer will monitor and review all the evidence for compliance through contractual visits.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider engages well with the QuAC and Transformation Teams. The provider engages with all forums, commissioning, initiatives, and training that is offered.

Current CQC Assessment - Date / Overall Rating

14/07/2021

Good

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| Provider Name | Allison House Thornaby Limited | |
| Service Name | Allison House | |
| Category of Care | Dementia Residential and Nursing | |
| Address | Fudan Way, Thornaby, Stockton-on-Tees TS17 6EN | |
| Ward | Mandale & Victoria | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Requires Improvement |
| Involvement & Information | Good | Requires Improvement |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Good | Requires Improvement |
| Suitability of Staffing | Requires Improvement | Requires Improvement |
| Quality of Management | Good | Requires Improvement |
| Date of Inspection | 7 th March 2024 | |
| Date Assessment Published | 27 th March 2024 | |
| Date Previous Assessment Published | 29 th March 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans and risk assessments were seen to be person-centred and contained detailed information regarding the residents; there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident couldn't complete a task without support, staff would always engage them as much as possible.</p> <p>Feedback from family was very positive. Family spoke very highly of the staff team and were highly complementary of the whole service.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Improvements to be made were in relation to covert medication care documentation; staff are to complete documentation in full, including the detail of how covert medications should be administered, and to consult / involve the pharmacist / GP. Recommendation was made to triangulate all information into one protocol.</p> <p>Staff files were not up-to-date; not all files had a signed contract, and DBS checks had not been obtained for two staff members (checks made by previous employers were being relied upon). Staff training in relation to safeguarding was out of date, and there was a lack of evidence of supervisions and annual appraisals having taken place.</p> <p>The building has undergone major refurbishment lately, and due to this, areas of disrepair are evident. Overall, the premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. The overall environment was to a good standard.</p> | | |

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| Plans and Actions to Address Concerns and Improve Quality and Compliance | | |
| The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer through contractual visits. | | |
| Level of Quality Assurance & Contract Compliance Monitoring | | |
| Level 1 – No Concerns / Minor Concerns (Standard Monitoring) | | |
| Level of Engagement with the Authority | | |
| The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives. | | |
| Current CQC Assessment - Date / Overall Rating | 30/07/2022 | Good |

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|---|--|------------------------------|
| Provider Name | Prioritising People's Lives Ltd | |
| Service Name | Prioritising People's Lives Ltd | |
| Category of Care | Care at Home (Standard) | |
| Address | Suite 6, Durham Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GD | |
| Ward | n/a | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Good |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Good | Good |
| Quality of Management | Good | Good |
| Date of Inspection | 12th February 2024 | |
| Date Assessment Published | 27th March 2024 | |
| Date Previous Assessment Published | 21st April 2022 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were seen to be person-centred, contained sufficient details, and evidenced family involvement where relevant. Care plans were seen to reflect service-users' needs and abilities to be independent or where family offer support; this was supported by observations of care workers supporting service-users to be as independent as possible. Care plans were seen to be reviewed consistently, including an update when care needs changed in line with the contract.</p> <p>A service-user guide is given to clients on commencing their care package, and this details PPL's commitment to their care, how they will manage rotas, finance, personal care needs and tasks, and staff conduct and identification. There are contact details for the Director, alongside Local Authority contacts, LGO, and CQC. Service-users confirmed they have been provided with information and contact details should they want to provide feedback or make a complaint, and confirmed complaints were handled for them.</p> <p>Staff were observed to speak in a friendly manner to service-users and family members, asking them for consent to complete tasks while also talking to the service-user around the tasks they are completing. Service-users spoken with confirmed they were happy with the care provided. Overall, service-users spoken to were happy with their care and rotas provided.</p> <p>Medications were observed to be handled, administered, and stored appropriately within service-users' homes. Medication competency assessments are completed regularly, and medication audits are completed monthly.</p> <p>The provider records compliments and complaints in full, however, the provider has a thorough system for audits which provides graded actions (i.e. high / medium / low) and allocated a deadline for completion; there was no evidence of follow up of these actions, tracking of completion or further discussions with staff around trends, etc. Discussion was had with the</p> | | |

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| <p>manager around creating a filing system at the front of audit files that tracks actions consistently to show progress.</p> | | |
| <p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p> | | |
| <p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer through contractual visits.</p> | | |
| <p>Level of Quality Assurance & Contract Compliance Monitoring</p> | | |
| <p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p> | | |
| <p>Level of Engagement with the Authority</p> | | |
| <p>The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.</p> | | |
| <p>Current CQC Assessment - Date / Overall Rating</p> | <p>15/01/2019</p> | <p>Good</p> |

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| Provider Name | Real Life Options | |
| Service Name | Real Life Options – 2 Frederick Street | |
| Category of Care | Residential Care Home – Learning Disabilities | |
| Address | 2 Frederick Street, Stockton-on-Tees TS18 2BF | |
| Ward | Stockton Town Centre | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Requires Improvement |
| Involvement & Information | Good | Excellent |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Good | Requires Improvement |
| Suitability of Staffing | Good | Requires Improvement |
| Quality of Management | Good | Good |
| Date of Inspection | 19th February 2024 | |
| Date Assessment Published | 29th March 2024 | |
| Date Previous Assessment Published | 7th March 2022 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans and risk assessments were seen to be highly person-centred and contained highly detailed information regarding the residents, and there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident wasn't able to complete a task without support, staff would always engage them as much as possible. The home has begun to create learning videos for staff to be able to support a resident to become more independent. The homely environment was highly personalised; this was evident throughout the home with highly personalised bedrooms, and the communal areas took into consideration the different needs of the residents (e.g. a sensory wall).</p> <p>Feedback from family was very positive. Family members spoke very highly of the staff and the organisation; they felt their loved ones were cared for very well and that they were given all the opportunities they could be. Family was very involved and kept up-to-date with any changes and information.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The home scored very high for all practices; the only areas of improvement were for the manager to sign up to MHRA alert, which was completed on the day of assessment, and for staff to record full details of medications on the CD register.</p> <p>The premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. Overall, the environment was to a good standard. The manager has a range of audits in place with an overarching Action Plan to track and monitor actions identified.</p> | | |

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| Plans and Actions to Address Concerns and Improve Quality and Compliance | | |
| The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer through contractual visits. | | |
| Level of Quality Assurance & Contract Compliance Monitoring | | |
| Level 1 – No Concerns / Minor Concerns (Standard Monitoring) | | |
| Level of Engagement with the Authority | | |
| The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives. | | |
| Current CQC Assessment - Date / Overall Rating | 24/02/2023 | Good |

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Adult Social Care and Health Select Committee

21 May 2024

PROGRESS UPDATE ON PREVIOUSLY AGREED RECOMMENDATIONS – REVIEW OF DAY OPPORTUNITIES FOR ADULTS

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 Day Opportunities for Adults (the final report of which can be accessed via the following link: <https://modern.gov.stockton.gov.uk/Data/Cabinet/202205191630/Agenda/att42653.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:

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| 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. |

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| 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 Day Opportunities for Adults) sets out the outstanding recommendations for this Committee. Members are asked to review the update and indicate whether they agree with the assessments of progress.

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Post Title: Senior Scrutiny Officer
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APPENDIX 1 PROGRESS UPDATE: Review of Day Opportunities for Adults

| SCRUTINY MONITORING – PROGRESS UPDATE | |
|--|---------------------------------------|
| Review: | Day Opportunities for Adults |
| Link Officer/s: | Peter Otter (now Rob Papworth) |
| Action Plan Agreed: | June 2022 |

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.

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| Recommendation 1: | SBC and its relevant partners continue working with people accessing services and their families / carers to understand demand for both traditional building-based day service provision and community-based activities. This should include: | |
| | e) Considerations around the potential for assisting with identified transportation needs (e.g. ensuring public / private transport options are accessible and respond to the needs of people who use day opportunities). | |
| Responsibility: | Licencing / Integrated Strategy and Development | |
| Date: | February 2023 | |
| Agreed Action: | Research potential demand for wheelchair accessible vehicles (WAVs) and other needs relating to the use of licensed vehicles to inform future engagement with Stockton Hackney Carriage Association and private hire companies. | Public transport and licensed drivers to be offered training and information sessions to help them respond to the needs of people accessing Adult Social Care. |
| Agreed Success Measure: | Clear understanding of the needs of people accessing day opportunities in relation to the use / potential use of licensed vehicles. | All licensed trade and bus providers to be offered information and training about the needs of customers accessing day opportunities and the support available to help them respond to those needs. |
| Evidence of Progress (March 2023): | People accessing Council run day opportunity services have been asked, through their involvement groups, about their experiences of using public and private transport options. | The Council's Licencing Team have reviewed the content of the new applicant knowledge test and have updated this content to include information that will enable drivers to better respond to the needs of people who access day opportunities. This |

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| | <p>Key issues identified included:</p> <p>Taxi</p> <ul style="list-style-type: none"> • Attitude of driver (e.g. being surly, not speaking and not getting out of car to help when needed) • Feeling anxious about travelling with a stranger / unsure about social norms • Companies sending inaccessible vehicles or being restrictive about where in a vehicle people can sit • Drivers asking for money upfront and being uncertain about pricing • Availability of Wheelchair Accessible Vehicles and not having up to date information about what companies are available <p>Buses</p> <ul style="list-style-type: none"> • Bus drivers being rude and unhelpful • Difficulty getting on and off (e.g. drivers not allowing enough time before driving and not all drivers lowering the bus) • Poor standards of cleanliness on buses • Problems caused by other passengers who can make people feel uncomfortable • Location of bus stands and quality of information about which buses are due when <p>The issues identified have been recorded and are being used to inform future engagement with transport providers.</p> | <p>content is based on the issues that people accessing day opportunities have highlighted as important. The new content will be included when the updated knowledge test system is completed in Summer 2023.</p> <p>An information session has been designed to help taxi drivers gain a better understanding of how they can deliver their services to people who use day opportunities. This will include:</p> <ul style="list-style-type: none"> • Voices of people who access day opportunities explaining what makes a difference for them (through a pre-recorded video) • Dementia Friends session • Guidance on how taxi drivers can deliver their services in a way that is accessible for people who access day opportunities. <p>It has been agreed that attendance at this session can count towards the driver's annual mandatory training. Hackney Carriage Association have agreed to promote this session to their members. It is proposed that once the session has been piloted with the Hackney Carriage Association it can be offered to other providers. Initial sessions will be held on 13th, 15th, 28th, 29th and 30th March.</p> <p>An information sheet is being created by the Council's Licencing Team for people who access day opportunities. This sheet, which is expected to be completed by the 13th March 2023 and will include information about the services people can expect from private hire vehicles, what drivers should be doing to help, what drivers cannot do and what to do when things go wrong.</p> <p>The Teeswide Dementia Friendly Community Network has agreed to provide awareness sessions for bus providers and contact has been made with the relevant team within the</p> |
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| | | Council to support engagement with these providers. |
| Assessment of Progress (March 2023): (include explanation if required) | 1 (Fully Achieved) | 3 (Slipped) Engagement work with bus companies still needs to take place. |
| Evidence of Impact (March 2023): | As a result of this work there is now a better understanding of the issues people are experiencing when accessing public / private transport services. This information has been used to inform future engagement with transport providers which is being taken forward by the Council's Licensing Team and the Teeswide Dementia Friendly Community Network. | Feedback from involvement and co-production groups to be sought following the implementation of the changes. |
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| Evidence of Progress (October 2023): | | The Teeswide Dementia Friendly Community Network have continued to work with the Licensing team and have trained over 500 taxi drivers; no sessions for bus drivers have been completed. |
| Assessment of Progress (October 2023): (include explanation if required) | | 3 (Slipped) Engagement work with bus companies still needs to take place. |
| Evidence of Impact (October 2023): | | N/A |
| | | |
| Evidence of Progress (May 2024): | | The Teeswide Dementia Friendly Community Network (TDFCN) has engaged with the local bus companies and Tees Valley Combined Authority (TVCA). To address the upskilling and information needs of bus drivers: <ul style="list-style-type: none"> The Livewell Dementia Hub has scheduled hybrid (face-to-face and virtual via Teams) dementia friend sessions for bus drivers and SBC community transport team on 30th April 22nd May and 19th June. |

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PROGRESS UPDATE: Review of Day Opportunities for Adults

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| | | <ul style="list-style-type: none"> • Further, the TDFCN has worked with the Transport Delivery Manager at TVCA and developed a bespoke online dementia friendly session specifically for bus drivers (reflecting the high number of bus drivers who are on different shift patterns) which will go live in September 2024 to ensure we cover all drivers across the region. • In addition, we have agreed for TVCA to take the lead on future delivery of “at-stop information” from April 2024. This includes updating the timetable template to ensure users have access to clear and reliable information when travelling by bus and implementing a consistent posting schedule to ensure they are current. |
| Assessment of Progress (May 2024): (include explanation if required) | | 1 (Fully Achieved) |
| Evidence of Impact (May 2024): | | N/A |
| | f) Changes to the existing budget for SBC in-house and commissioned services. | |
| Responsibility: | Adult Social Care Financial Services / Finance | |
| Date: | September 2022 | |
| Agreed Action: | <p>Financial data relating to day opportunities to be reviewed and included in regular data dashboard updates provided to senior managers.</p> <p>Review how financial information relating to Direct Payments is recorded and shared to ensure it is regularly reviewed</p> | |
| Agreed Success Measure: | Regular summaries of financial position across day opportunities, including direct payments, are provided for Senior Managers within Adult Social Care. | |
| Evidence of Progress (March 2023): | <p>Financial data relating to day opportunities has been reported to the Day Opportunities Steering Group by the Council’s Finance team to help monitor spending.</p> <p>To enhance the sharing of this information the Council’s Information and Intelligence team are now producing a quarterly dashboard that will include data on day opportunities spending. The initial version of this dashboard is expected to be completed in March 2023.</p> | |
| Assessment of Progress (March 2023): | 3 (Slipped) | |

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| (include explanation if required) | The dashboard is expected to be produced in March 2023. |
| Evidence of Impact (March 2023): | <p>As a result of the financial monitoring, underspends have been identified in the Community Day Options team and across commissioned services. As a result, it has been possible to:</p> <ul style="list-style-type: none"> • Reduce the planned budget for the Community Day Options team for 2023-24 (reflecting reduced demand) • Move all commissioned services away from the support offered during the pandemic and back to payments by usage |
| Evidence of Progress (October 2023): | Dashboard produced in March and shared across the team. |
| Assessment of Progress (October 2023): (include explanation if required) | <p>1 (Fully Achieved)</p> <p><i>The Committee reaffirmed the need for the continued monitoring of the uptake of services to ensure that the Council's offer was providing value-for-money. Whilst it was positive that some individuals chose, and were able, to manage their own personal finances in terms of accessing day opportunities, it was important to track changes in demand for existing services. Officers agreed to share dashboard-related information as part of the next update on progress.</i></p> |
| Evidence of Impact (October 2023): | N/A |
| Evidence of Progress (May 2024): | <p>A snapshot of the current dashboard is included at appendix 1.</p> <p>Senior managers continue to support the development of day opportunities offer. Since the last ASCH meeting in October 2023, the Council has revisited the Day Opportunities review (commenced February 2024) looking at the information on cost / activity and feedback from people accessing support. This will include a re-mapping of the in-house and commissioned services available, the nature of each offer, the level of uptake of offer, the connection with and use of community assets.</p> |
| Assessment of Progress (May 2024): (include explanation if required) | |
| Evidence of Impact (May 2024): | N/A |

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| Recommendation 3: | SBC Adults and Health and Children’s Services directorates reinforce joint-working to identify and support opportunities that are most meaningful to younger people (including a reflection on any updated results from the Disabled Children’s Team online survey) and strengthen the dissemination of information about existing services. |
| Responsibility: | Children’s Services / Day Opportunity providers / Communications Team |
| Date: | December 2022 |
| Agreed Action: | Work with Children Services and education settings to improve access to information about options prior to transition through: <ul style="list-style-type: none"> • Open days / sessions within current providers. • Working with education providers and Children’s Services to support the dissemination of information. |
| Agreed Success Measure: | Younger people likely to access day opportunities and their families / carers will have had information about day opportunities made available to them prior to transitioning into Adult Social Care and the opportunity to visit in-house / commissioned providers. |
| Evidence of Progress (March 2023): | <p>A ‘Planning for Adulthood’ transitions event has been organised to be held at Abbey Hill School on the 23rd March 2023. The event will provide an opportunity for people to receive information about what day opportunities are available and the options available to people at the point of transition.</p> <p>To support the sharing of information, the content of the promotional materials for Allensway and the Community Day Options team are being updated to provide up-to-date, accurate information about what the teams can offer and how they work. The Council’s Communications Team is currently finalising the design of these materials.</p> <p>Drop-in sessions have been organised for both Allensway and Community Day Options. These will provide individuals and their families / informal carers with the opportunity to visit the services and learn more about what they offer prior to their transition into Adult Social Care. The drop-in sessions will be promoted at the transition event and through collaboration with Children’s services.</p> |
| Assessment of Progress (March 2023): (include explanation if required) | <p>1 (Fully Achieved)</p> <p><i>With reference to the forthcoming ‘Planning for Adulthood’ event at Abbey Hill School later in March 2023, Members requested feedback on this as part of the next update on progress that would be required at a future Committee meeting.</i></p> |
| Evidence of Impact (March 2023): | Feedback on transitions will be collected as part of the work of the Council’s new Lived Experience Coordinator. |
| Evidence of Progress (October 2023): | Representatives from the Adult Social Care teams, as well as Lanark and day services attended a PFA event on the 23 rd March 2023. The event was well received, and key staff will attend a follow-up PFA event at Newtown Community Centre on the 27 th November 2023. |

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| Assessment of Progress (October 2023): (include explanation if required) | <i>Members requested feedback on the November 2023 event as part of the next update on progress.</i> |
| Evidence of Impact (October 2023): | N/A |
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| Evidence of Progress (May 2024): | <p>Since the last update in March 2023, there have been 2 further events delivered with Children’s Services:</p> <ul style="list-style-type: none"> • <u>Preparing for Adulthood (27 November 2023)</u>: The Learning Disability Team (LD Team), Adult Mental Health Team and Early intervention and Prevention Team) participated in the joint event which was well attended and gave out advice to several parents interested in Adult Social Care and direct payments. • <u>LD Team Event (Abbey Hill)</u>: The LD Team attended an event at Abbey Hill School on the 31st January 2024. Mostly attended by parents it provided families with the opportunity to discuss support through transitions and into adulthood. • <u>Preparing for Adulthood (1 February 2024)</u>: This was a mixture of parents and school age young people that came along. Adult Social Care provided a lot of advice around transitions and directed to other providers within the hall, such as Shaw trust. <p>Further, we have revisited our original review of Day Opportunities including the role that VCSE providers serve and offer. A key part of this work will be to qualify and describe current provision in the borough and result in plans to meet future need.</p> <p>A “Transitions Strategy Group” has been in place from January 2023 and continues – engaging Parent Carer Forum and members of strategic & operational services and has resulted in draft joint transitions processes as well as a draft public facing guidance document to support children and families to understand and navigate the transitions process. This work will now be subsumed by the PoF Transitions project.</p> |
| Assessment of Progress (May 2024): (include explanation if required) | <i>Progress has been made and needs to keep momentum. Engagement and co-production with children, young people and families has been adopted as a milestone of the Transition to Adulthood PoF project (MT-09) and will feedback into this report regularly.</i> |
| Evidence of Impact (May 2024): | A draft children’s and adults Transitions policy has been produced and engaged the views of young people in the process. Additionally, work with the Parent Carer Forum has produced a draft “information on transitions” document – again co-produced. These documents are now part of the PoF project ensuring that they accurately describe plans and day opportunities options, and accesibility, for children and young people. |

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PROGRESS UPDATE: Review of Day Opportunities for Adults

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| Recommendation 5: | SBC and its relevant health, social care and VCSE partners share and work towards an agreed vision for day opportunities across the Borough through the most appropriate mechanism (existing or new). |
| Responsibility: | Integrated Strategy and Development |
| Date: | July 2022 |
| Agreed Action: | Day Opportunities to be included on the agenda for the Adults Health and Wellbeing Partnership. |
| Agreed Success Measure: | Partners from across health, social care and VCSE sector are aware of the Council's vision and are able to contribute to the implementation. |
| Evidence of Progress (March 2023): | A presentation on the review of day opportunities and proposed areas of development was delivered to the Adults Health and Wellbeing Partnership in July 2022. This included an opportunity for members of the partnership to identify potential opportunities to share ideas of how they could support the transformation of day opportunities. |
| Assessment of Progress (March 2023): (include explanation if required) | 1 (Fully Achieved) <i>The Committee considered that more evidence of the Borough's agreed day opportunities vision was required, therefore the assessment of progress for this recommendation would be amended to 'on-track'.</i> |
| Evidence of Impact (March 2023): | As a result of the discussion at the AHWP links have been developed with the Public Health team's Healthy Places scheme with the hope that day opportunity providers will be able to support people to take part in community food growing initiatives. |
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| Evidence of Progress (October 2023): | Since March 2023, the Council has continued to implement the transformation of Day Opportunities, including: <ul style="list-style-type: none"> • A decision was taken not to progress with the development of South Thornaby Day Centre but rather develop the officer through Community Day Options and Allensway. • Engagement with the top 5 VCSE day services providers was undertaken to establish opportunities for more collaborative working. • Alongside the Council's regulated services, we are looking at digital opportunities to enhance the service offered through our day services providers (e.g. Digital Social Care Record). |
| Assessment of Progress (October 2023): (include explanation if required) | <i>In the absence of an 'assessment of progress' grading, it was agreed that this recommendation would continue to be viewed as 'on-track'. Members also requested the names of the 'top five' VCSE day services providers as part of the next update (it was noted by officers that this list had now grown).</i> |
| Evidence of Impact (October 2023): | N/A |
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| Evidence of Progress (May 2024): | <ul style="list-style-type: none"> • Improvements have been made with staffing and offer across Allensway and Community Day Opportunities to ensure a flexible workforce. |

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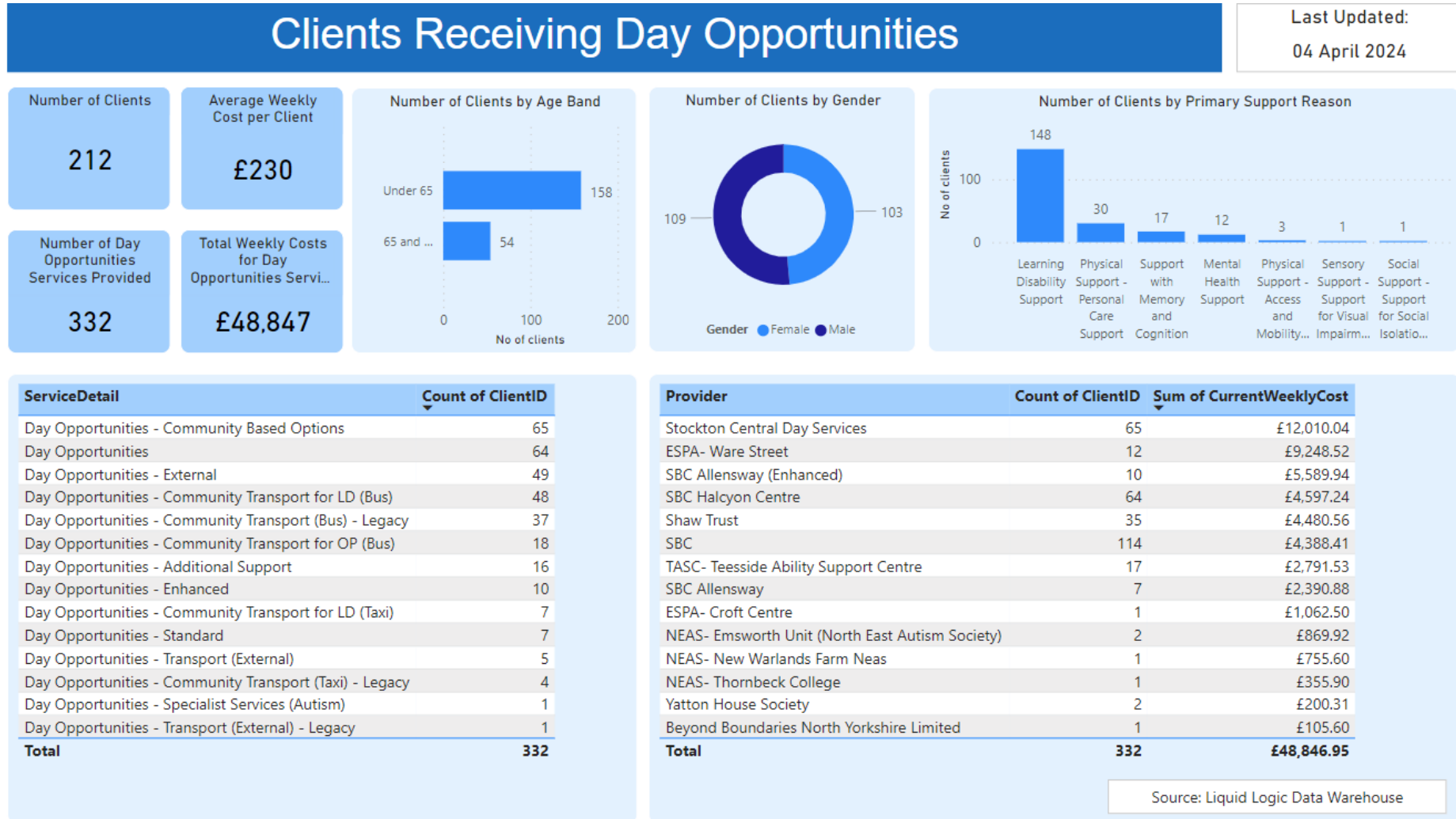
PROGRESS UPDATE: Review of Day Opportunities for Adults

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| | <ul style="list-style-type: none"> • Work has been undertaken top 5 VCSE day services providers identifying more opportunities for collaborative working and the publishing of the Market Position Statement and better distribution of good practice to support VCSE development. • Day Opportunities in house have been engaged in identifying required and helpful information for both placement and day to day management of the offer. A digital Social Care Record system (PCS) has been commissioned and will be deployed in 2024/25. • Ware Street (historic commissioned day service offer) has been re-commissioned (in partnership with the NHS) which will fill a need gap in the range of offer available to residents of Stockton on Tees and will help long term planning for individuals with more complex needs. • The user engagement forums within our day opportunities services have given the Council perspectives on how the services could deliver outcomes in the future and links to other support people feel is important, such as housing. |
| <p>Assessment of Progress (May 2024): (include explanation if required)</p> | <p>1 (Fully Achieved)</p> |
| <p>Evidence of Impact (May 2024):</p> | <p>The workforce across day opportunities for people with learning disability is now less stratified with a broader set of skills and duties for all roles, which means personal care and developmental / enrichment offer is more accessible – more staff can meet a greater range of needs.</p> |

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| Assessment of Progress Gradings: | 1 Fully Achieved | 2 On-Track | 3 Slipped | 4 Not Achieved |
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APPENDIX 1 PROGRESS UPDATE: Review of Day Opportunities for Adults

Appendix 1: Dashboard



Adult Social Care and Health Select Committee

21 May 2024

REGIONAL HEALTH SCRUTINY UPDATE

Summary

The Committee is requested to consider an update on the work of the regional health scrutiny committees. Some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint are also highlighted.

Detail

Tees Valley Joint Health Scrutiny Committee

1. Stockton-on-Tees Borough Council (SBC) hosted (providing the Chair and support function) this Committee during 2023-2024.
2. The last meeting was held on 15 March 2024 and included the following agenda items:
 - Minutes of the meeting held on 15 December 2023 (see **Appendix 1**) (*note: clarity was sought on what was agreed at the conclusion of agenda item 5 (Office for Health Improvement & Disparities – Community Water Fluoridation), with some Members stating that they supported the consultation recommendation, but not necessarily the stated proposals for the expansion of community water fluoridation across North East*)
 - North East and North Cumbria Integrated Care Board (NENC ICB): Update on Recent Restructure (see **Appendix 2**)
 - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Quality Account 2023-2024
 - North East Ambulance Service NHS Foundation Trust (NEAS): Quality Account 2023-2024

Regarding the TEWV and NEAS items, third-party statements on behalf of the Committee will be collated and shared with Members for comment / approval once the Trusts circulate their draft Quality Account documents.

3. Following a Committee request, an informal briefing on Tees, Esk and Wear Valleys NHS Foundation Trust's (TEWV) use of physical intervention / restraint (a source of previous Member concern) was arranged and took place on 4 March 2024. The Committee heard that the Trust was now seeking to take the least restrictive approach when there was a need for some form of intervention, and that an evidence-based plan was in place with every incident reported in detail.
4. As part of the established rotational arrangements, support of the Committee has transferred to Hartlepool Borough Council for 2024-2025. The first meeting of the new municipal year is still to be confirmed.

Sustainability and Transformation Plan / Integrated Care System Joint Health Scrutiny Committee

5. Following a lengthy hiatus, Durham County Council (who support this Joint Committee) contacted scrutiny teams across the region in November 2022 with the intention of arranging a meeting for late-November / early-December 2022. However, following liaison with senior NENC ICB representatives, it was deemed that in light of the ongoing ICS briefings to the Tees Valley Joint Health Scrutiny Committee, a meeting of this Joint Committee (which involved similar Councillors) was likely to be a duplication and would not add value.
6. In wider regional health matters, NENC ICB continues to provide guidance in relation to staying well and assisting services. Its '*Here to Help this spring*' webpage follows on from similar winter season advice, and promotes a range of advice on:
 - Looking after yourself
 - Think pharmacy first
 - GP practices
 - NHS 111
 - Urgent Treatment Centres
 - A&E and 999
 - Looking after your mental health
 - COVID-19 spring vaccinations

Further details can be found at <https://northeastnorthcumbria.nhs.uk/here-to-help-spring/>.

7. A unique partnership of North East organisations raising awareness of chronic pain (an issue considered by the SBC Adult Social Care and Health Select Committee in February 2023 – see [link](#) for presentation) and supporting those affected in the Tees Valley has been named a gold winner in the highly-acclaimed Health Service Journal's (HSJ) annual Partnership Awards. Thought to affect around 43% of people regionally, chronic pain is more prevalent in the North East than any other part of England and opioid prescription rates in the area are 300% higher than in London. A first-of-its-kind public and private sector collaboration was forged to tackle the issue head on. It aimed to directly reach those living with chronic pain, overcome barriers to physical exercise and challenge outdated perceptions and beliefs relating to pain management and treatment.

Further details can be found at <https://northeastnorthcumbria.nhs.uk/news/posts/north-east-health-campaign-takes-home-gold-at-prestigious-national-awards/>.

8. Developments in relation to urgent care services (a topic considered by the Tees Valley Joint Health Scrutiny Committee during 2023-2024) across Tees Valley were highlighted in February 2024 – see <https://northeastnorthcumbria.nhs.uk/news/posts/nhs-urgent-care-services-in-tees-valley-to-be-jointly-run-by-health-groups/>.

North East Regional Health Scrutiny Committee

9. No meetings are currently scheduled.

IMPORTANT: REMINDER OF CHANGES TO HEALTH SCRUTINY ARRANGEMENTS

10. In early-2024, the Department of Health and Social Care (DHSC) confirmed that the anticipated new health scrutiny arrangements would come into force from 31 January 2024. The main focus of the changes was the removal of the power of health overview and scrutiny committees (HOSCs) to formally refer matters of concern relating to major service reconfiguration to the Secretary of State. Instead, the Secretary of State may act proactively, further to a request that he or she may receive from anyone – although such action will be

subject to consultation with the HOSC, amongst others. Further details can be found at <https://www.cfgs.org.uk/blog-dhsc-confirms-new-health-scrutiny-arrangements-to-start-in-january/>.

11. In order to assist colleagues to meet the challenging deadline for engaging with neighbouring Councils, NHS commissioners and NHS providers to understand how local systems and arrangements will need to change, the Centre for Governance and Scrutiny (CfGS) produced a short guide which can be found at <https://www.cfgs.org.uk/?publication=health-scrutiny-and-the-new-reconfiguration-arrangements>.
12. CfGS hosted a webinar (with DHSC personnel present) on 16 January 2024 where it was stated that the intervention of the Secretary of State would be seen a last resort, with the anticipation that all local mechanisms must first be exhausted as part of efforts to resolve any issues in relation to service reconfiguration. Critically, there would still be a strong expectation that NHS commissioners and providers fully consult with local HOSCs regarding proposals for service change.

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Tees Valley Joint Health Scrutiny Committee

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 15 December 2023.

Present: Cllr Rachel Creevy (HBC) (Vice-Chair, acting as Chair), Cllr Brian Cowie (HBC), Cllr Lynn Hall (SBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Susan Scott (SBC)

Officers: Michael Conway (DBC); Gemma Jones (HBC); Sarah Connolly (R&CBC); Gary Woods (SBC)

Also in attendance: Dr Kamini Shah, Julie Turner (NHS England); Craig Blair (North East and North Cumbria Integrated Care Board); Alison Featherstone, Angela Wood (Northern Cancer Alliance); Professor Peter Kelly CBE (Office for Health Improvement & Disparities); Sarah Bowman-Abouna (Stockton-on-Tees Borough Council)

Apologies: Cllr Marc Besford (SBC) (Chair), Cllr Jonathan Brash (HBC), Cllr Ceri Cawley (R&CBC), Cllr Christine Cooper (MC), Cllr Neil Johnson (DBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC), Cllr Jeanette Walker (MC)

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| 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 of the Meeting held on 28 July 2023</p> <p>Consideration was given to the minutes from the Committee meeting held on 28 July 2023.</p> <p>AGREED that the minutes of the Committee meeting on 28 July 2023 be approved as a correct record.</p> |
| 4 | <p>Notes of the Meeting held on 6 October 2023</p> <p>Consideration was given to the notes from the Committee meeting (not quorate) held on 6 October 2023.</p> |

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| | <p>AGREED that the record of the Committee meeting (not quorate) on 6 October 2023 be noted for information.</p> |
| <p>5</p> | <p>Office for Health Improvement & Disparities - Community Water Fluoridation</p> <p>The Committee received a presentation on updated plans for community water fluoridation for the North East of England. Led by the Office for Health Improvement and Disparities (OHID) Regional Director / NHS Regional Director of Public Health (North East & Yorkshire), and supported by the Consultant in Dental Public Health, NHS England (North East & Yorkshire) and the Stockton-on-Tees Borough Council (SBC) Director of Public Health, content included:</p> <ul style="list-style-type: none"> ➤ Outline of current status ➤ Oral health across Tees Valley 2019-2022 ➤ Significant inequalities across Local Authorities ➤ General Anaesthetic (GA): Numbers and rates (2022-2023) ➤ Evidence-based interventions to improve oral health ➤ Consultation narrative ➤ Achieving consensus across the North East ➤ Where are we now? ➤ Recommendations <p>Summarising the existing position with regards this initiative (which included Government support and funding, the preparation of the statutory 12-week consultation requirement, and communication / decision-making responsibilities), it was noted that Hartlepool and some parts of County Durham already had naturally fluoridated water, and other areas (Newcastle, North Tyneside and parts of Northumberland) had artificial water fluoridation. Significantly, associated capital and revenue costs (which previously sat with Local Authorities under the Public Health grant) for expanding this across the North East would be the responsibility of the Department of Health and Social Care (DHSC).</p> <p>Outlining the changes in prevalence of dental decay in 5-year-olds across the North East between 2019 and 2022, officers stated that there could be up to 134 teeth being extracted under general anaesthetic in a single day within County Durham for Durham and Darlington children. Reference was made to a table which compared the most and least deprived wards in Teesside (without fluoridated water) with Hartlepool (which already had fluoridated water) – this 2017 data demonstrated the positive impact of fluoridation which was particularly significant for those in the most deprived areas. In terms of inequalities, it was also noted that there can be up to a ten-fold difference in decayed, missing or filled teeth (DMFT) rates between the most and least deprived wards within a single Teesside Local Authority footprint.</p> <p>The use of general anaesthetic in relation to dental decay during 2022-2023 was highlighted. The wider impacts of this were also emphasised, with children usually requiring at least three days off school, around 38% enduring sleepless nights, and around 70% reporting pain.</p> <p>Public Health England data was provided which showed the return on investment of oral health improvement programmes for 0-5-year-olds. Targeted supervised</p> |

toothbrushing and fluoride varnish programmes, as well as the provision of toothbrushes / paste by post and by health visitors, were all found to effectively reduce tooth decay. However, by a very significant margin (nearly three times more than the second most effective), water fluoridation had the greatest impact.

Detail was provided on the rationale, aims and next steps around the proposed expansion of water fluoridation across the North East. Ultimately, this initiative would help everyone (especially those who needed it the most), would lead to positive changes in oral health for young children, and would reduce the number undergoing general anaesthetic (a large majority of which were likely avoidable). Officers welcomed Government support for such a population health measure and noted that the new Secretary of State for Health and Social Care had expressed a desire to launch a consultation in early-2024.

An outline of the broad consultation and engagement plans (including with parents and communities) associated with this scheme was given. It was stated that these proposals were planned prior to the emergence of the COVID-19 pandemic (at which point Health and Wellbeing Boards across the region had endorsed), and that dentists were hugely supportive of them. Consultation was on track to commence before the end of 2023, and a communication plan (involving Local Authority colleagues) was in the final stages of preparation.

Reflecting on the contents of the presentation, the Committee pointed to the somewhat overwhelming nature of the quoted statistics and the adverse impact of the pandemic in inhibiting improvements to dental health. Highlighting that Hartlepool still had apparent issues despite water fluoridation, Members added that there were objections to these proposals out in the community. In response, officers emphasised that water (like other drinks and foods) was already treated to ensure it was safe to consume, and that fluoridation would reduce dental caries by around 25% in the most deprived areas. That said, whilst fluoridation would reduce severity of dental decay, it would not eliminate bad health / dietary decisions – there was, therefore, a significant requirement for education around the benefits and limitations of the initiative. Ultimately, there was always likely to be objections to any proposal, but it was known that parents of those children suffering from dental decay were broadly supportive as they had witnessed the pain their children had endured. Assurance was given that Local Authorities would be encouraged to robustly consult with their communities.

Continuing the theme of unease around introducing fluoridation to the water supply, the Committee asked for clarity on potential side-effects. Officers drew attention to a dental monitoring report which was published every four years and included analysis of general and dental health and the impact of fluoridation – the last report in 2022 showed no differences between fluoridated and non-fluoridated water in terms of adverse health side-effects. Fluorosis was a dental side-effect.

Responding to those who were concerned about side-effects, Members drew attention to the impact of dental caries and the risks faced by children who required treatment under general anaesthetic, the use of which, it was felt, should be minimised as far as was safely possible. Officers reiterated that fluoridation was not a panacea for poor dental health, but would reduce severity.

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| | <p>The Committee was informed that there had been some areas across the country where fluoridation schemes had stopped for technical reasons by water companies. It was subsequently evidenced that this led to a dip in the standard of oral health.</p> <p>A query was raised around how fluoride was best absorbed into the body and whether people had to drink it for optimum effect (e.g. would brushing teeth still provide benefits?). Officers confirmed that drinking fluoridated water would make the biggest difference and agreed that this message needed to be widely communicated to the public.</p> <p>This proposed initiative aside, the Committee asked if enough was being done to address what, for many, were avoidable dental issues. Officers acknowledged that there was always more that could be achieved (e.g. increased number of fluoride varnish schemes) and that this was not limited to children and young people – vulnerable adults and older people in care homes could also be targeted further. Local Authority Public Health functions were fully supportive of the drive to improve the existing situation, with oral health packs, healthy school nutrition programmes, and supervised toothbrushing within schools demonstrating this (Members stressed the need to keep pushing the latter as a number of schools were not participating). Ultimately, however, a key message that must be continually emphasised was that sugary drinks should be a rare treat for children, not, as had become for many, the norm.</p> <p>Concluding the item, the Committee sought clarity around consultation plans. It was confirmed that each Local Authority could decide how it wished to conduct this, but that a significant response was anticipated (including some push-back).</p> <p>AGREED that the community water fluoridation information be noted, and the stated recommendations be supported.</p> |
| <p>6</p> | <p>North East and North Cumbria Integrated Care Board - NHS Dentistry Update</p> <p>Further to a presentation given to the Committee in March 2023, Members received an update on NHS primary care dental services and dental access recovery developments. The North East and North Cumbria Integrated Care Board (NENC ICB) Director of Place Based Delivery provided information on:</p> <ul style="list-style-type: none"> ➤ Summary Overview of NHS Dentistry ➤ Context ➤ Commissioned Capacity ➤ Other Primary and Community Dental Services ➤ Urgent Dental Care Services ➤ Challenges to Access ➤ Our Approach to Tackling These Challenges – Three Phases ➤ Immediate Actions Undertaken ➤ Dental Access Recommissioning (UDAs) ➤ Further Action and Next Steps ➤ Advice for Patients with an Urgent Dental Treatment Need |

NHS England delegated responsibility to the North East and North Cumbria Integrated Care Board (NENC ICB) for commissioning dental services from 1 April 2023 (with professionals who had previously led on this transferring to the ICB). Whilst private dental services were not commissioned, regulations did not prohibit the provision of private dentistry by NHS dental practices. From a purely NHS perspective, although patients could contact any practice to access care, the issue remained that not all practices could meet demand, and the backlog of treatment needs (involving increased complexity) arising as a result of the COVID-19 pandemic remained high.

It was emphasised that whilst the relevant NHS webpage may indicate a practice was not taking on new patients for NHS treatment, individuals were encouraged to contact a practice to confirm this was the latest position as the website was not always up-to-date and availability was often changing. Given the existing pressures, practices were being encouraged to prioritise patients for treatment based on clinical need and urgency, therefore appointments for some routine treatments (such as dental check-ups) may still be delayed. That said, if teeth and gums were healthy, a check-up or scale and polish may not be needed every six months.

Regarding NHS dental contracts, commissioned capacity for 2023-2024 was just under 1.3 million units of dental activity (UDAs) across the Tees Valley – this should be sufficient if it could be accessed. In addition to routine general dental practice, other commissioned provision included urgent dental care services (in-hours and out-of-hours appointments via NHS 111), community dental services (CDS – for vulnerable patients with additional needs that cannot be met within high street practices), advanced mandatory (minor oral surgery services), and domiciliary care, sedation and orthodontic services.

Access challenges were outlined, including the pandemic legacy and ensuing backlog, recruitment and retention of dentists remaining an issue (particularly for NHS provision) which inhibits a practice's ability to deliver full commissioned capacity, and the ongoing need for national contract reform (the NENC ICB cannot control this but would welcome change). A significant factor (replicated across the UK) was the handing back of contracts, a number of which had been returned since the ICB took over commissioning responsibilities from April 2023 – this had created difficulties in accessing NHS dentists across many areas of the North East (including, from a Tees Valley perspective, Darlington).

Three distinct streams were being pursued to tackle these challenges – immediate actions to stabilise services, a more strategic approach to workforce and service delivery, and developing a strategy (linked to the previous water fluoridation item) to improve oral health and reduce the pressure on dentistry. A number of immediate actions undertaken were noted (though were restricted by the number of dentists available), including the recommissioning of UDAs resulting in a significant uplift in non-recurrent capacity across the ICB footprint.

Further proposed actions and steps to continue addressing existing NHS dentistry issues were referenced, a key part of which was anticipated work alongside Healthwatch to update patient and stakeholder communications – this was reflected within the final presentation slide which provided advice for patients with

an urgent dental treatment need. It was acknowledged that the current situation was not ideal, but the ICB was trying to do the best with the resources available, and within the confines of overarching national challenges linked to this sector.

The Committee expressed frustration that concerns over the state of NHS dentistry had been flagged for some time now, yet effective action from those in authority continued to be slow. In contrast to the apparent decline of NHS provision, private dentistry appeared to be flourishing, and it seemed clear that payments for NHS work (UDAs) was insufficient to cover costs. Previous discussions on the reasons for challenges in finding / accessing NHS services had indicated that contracts were being handed back by dentists because of frustrations over personal development opportunities (not, as was often thought, for financial motives). Officers agreed that there was a need to sell the broader offer for individual dentists as part of recruitment and retention efforts – as was the case with GPs, a system-wide approach to make the region more attractive for prospective professionals was required (this was not purely an NHS issue).

Discussion continued around the provision of an appropriate workforce within dentistry, with Members being informed of recruitment / employment offers which combined working in practices with career development (this had been done in other parts of the UK). It was felt that helping dentists acquire specialist skills could aid in efforts to keep them within the NHS, and that once someone moved to private provision, it was rare that they returned. Similarly, career development of dental nurses was being explored in order to keep them in the NHS system.

Referencing the use of the NHS 111 service following a recent poor dental care experience (which worked well but led to the need to travel further for treatment), officers were asked to clarify how a UDA was defined. Members heard that this was a payment measure which involved different treatment bands (e.g. a check-up was one UDA for all practices; a filling (requiring more time) would be classed as three UDAs). Essentially, the more complex the treatment, the more payment units received.

With regards the commissioned NHS capacity for 2023-2024, the Committee raised the point that this would provide approximately two UDAs per head of the Tees Valley population – the equivalent of only two check-ups. Observing that only around half the population access dentists, officers acknowledged that there was a need for greater capacity given the existing issues previously highlighted and that it would take some time before demand for services returned to what could be deemed 'normal'. Members added that it would be helpful if the status of practices on the NHS website was updated more regularly (the lack of a distinction between those taking on routine and / or urgent care was also noted).

Returning to recruitment and retention matters, the Committee wondered if an increasing number of professionals were sharing the perception that it was no longer financially viable to work in the NHS system. Officers recognised that practices were under pressure and that payments for treatment were not keeping up with inflation – indeed, many of those who stayed within the NHS did so by supplementing their incomes with private activity. Work was ongoing around ensuring the sustainability of practices.

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| | <p>AGREED that the NHS dentistry update be noted.</p> |
| <p>7</p> | <p>NHS England / Northern Cancer Alliance - Non-Surgical Oncology Outpatient Transformation</p> <p>Consideration was given to proposals for changes to non-surgical oncology (Systemic Anti-Cancer Treatment (SACT) (chemotherapy-related) and radiotherapy) services across the North East. Supplemented by additional background context outlining challenges associated with the existing offer and the preferred model for future delivery, representatives of NHS England and the Northern Cancer Alliance gave a presentation which included the following:</p> <ul style="list-style-type: none"> ➤ Why non-surgical services need to change ➤ Overview of oncology services and original outpatient appointment sites ➤ Principles for strategic review and strategic model development ➤ Options considered, decision-making, and preferred option ➤ Example patient pathway and proposed hub locations ➤ Benefits of a tumour-specific hub ➤ Clinical model – peer review (September 2023) and outcomes ➤ Engagement and communication ➤ Impact assessments – health and travel (to date and for preferred option) ➤ Next steps <p>The rationale for altering the existing service model was outlined, a key aspect of which was the nationally recognised shortage in oncologist workforce (identified as far back as 2020). Other factors included a regional variation in current provision and access, the anticipation of new drugs associated with this pathway causing increased demand, and the general increase in cancer incidences.</p> <p>Mapping the present offer across the North East and North Cumbria Integrated Care System (NENC ICS) footprint, two specialist cancer centres at Newcastle (Freeman Hospital) and South Tees (James Cook) included radiotherapy treatment, with chemotherapy delivery units based at 19 sites (the proposals did not change the sites for these services). However, the historical model of outpatient provision was no longer fit for purpose, with inequity of access developing over time, a lack of resilience within the workforce, and an increase in referrals and complexity of cases contributing to delivery pressures.</p> <p>The principles underpinning a strategic review of these services was noted, with key features including the need for patient-focused, clinically-led, care which was delivered as close to home as possible. Given the expected widening of the gap between supply and demand for the regional oncology workforce in the next five years, ensuring oncologist time was used for maximum efficiency was crucial, as was providing safe levels of specialist cover alongside opportunities to enhance resilience through peer support and learning.</p> <p>Following various consultation and engagement with stakeholders (including the public), four future options were identified, one of which was to continue with the current model (already established as unviable). Two others involved either centralisation to the existing cancer centres or a decentralised model – however, these were both problematic due to travel / estate implications and lone-working /</p> |

inequity of service development concerns respectively. The fourth option – clinical networks with tumour-specific hubs and treatments as close to home as possible – was therefore the preferred choice. Once the ongoing engagement and further development phase had concluded, it was intended that the agreed model would be signed off by March 2024.

The preferred option was explored in more detail, with example patient pathways, proposed hub locations, and the benefits of a tumour-specific hub demonstrated. Assurance was given that the original diagnostic pathways would not change, though an individual may need to travel further to see a non-surgical oncology doctor. The introduction of hub locations would create a more resilient workforce that provided better patient care, and only a small number of patients (around 15 per week) would need to receive their face-to-face appointments at an alternative site. It was felt that people were less concerned about travelling further if the service they receive was good.

Details of a 2023 peer review to check and challenge the proposed model were relayed – this was initiated to ensure safety, sustainability, co-dependencies, quality standards, workforce, equity, and access were appropriately considered. Review outcomes showed support in principle for the preferred option, though work required to mitigate the impact of these changes was identified around workforce levels, out-of-hours provision and access to acute oncology, technology adoption to enable remote access to care, and a programme of involvement / engagement.

Regarding this latter finding, extensive engagement and communication efforts were documented in order to seek the views of the public, patients, professionals and partners. Future consultation plans around the proposed new model were also listed – this included the involvement of those with lived experience of oncology services, and activity that engaged people with the greatest level of inequity of access / health inequalities. Health and travel impact assessments had also been undertaken for the preferred option – this was done to identify likely impacts of the proposed service change and provide further insight to reduce potential barriers / discrimination.

Concluding the presentation, the next steps around the development of these services were highlighted. Further to securing support for these proposals and the continuation of clinical pathway standardisation work and contract / commissioning conversations, it was hoped that change would start to be implemented from April 2024.

The Committee referenced its awareness of feedback on the value of familiarity in terms of contact with professionals and attendance at treatment locations. Officers confirmed that the proposals for the future model would indeed assist in this regard, with professionals to be based within the hubs who patients would be able to repeatedly access, and a co-ordinator to be available for individuals to contact in relation to their ongoing care. One issue that had proved challenging was when people become ill out-of-hours, and much consideration had gone into how best to manage these situations. Work around a regional outreach model was taking place to ensure a more robust out-of-hours structure – Members welcomed this and felt it may also assist in identifying other wraparound care

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| | <p>requirements (e.g. the need for social care input).</p> <p>Instances of waits for radiotherapy services were raised by the Committee. Officers agreed to follow this up after the meeting, though reiterated that if the workforce was limited and too far spread across a wide geographic area, there was little resilience within the system and delays would inevitably occur. The NENC ICB representative present noted the targeted lung health check work across the region and indicated the support of the ICB for the preferred option.</p> <p>The key issue of transport links to services was discussed, with Members querying whether patient transport options would be available for the revised hub locations, and questioning if the criteria for accessing this was clear. Officers responded by expressing their desire to get input from all parties on the clinical model proposal, and that discussions were being held with voluntary transport providers. Criteria for its use was considered clear, and options were and would still be available. Whilst transport-related conversations needed to continue (and were reviewed on an annual basis anyway), the NENC ICB representative added that spending on transport assistance initiatives diverted funds away from clinical patient care. It was acknowledged, however, that it was important to ensure equitable transport provision across the five Local Authority areas.</p> <p>AGREED that the non-surgical oncology outpatient transformation information be noted, and the preferred option (clinical networks with tumour-specific hubs and treatments as close to home as possible) be supported.</p> |
| <p>8</p> | <p>North East and North Cumbria Integrated Care Board - Tees Valley Winter Planning Update</p> <p>The Committee received its annual winter planning update. Provided by the North East and North Cumbria Integrated Care Board (NENC ICB) Director of Place Based Delivery, key aspects included:</p> <ul style="list-style-type: none"> ➤ Context ➤ National Guidance ➤ 2023-2024 Winter Planning <ul style="list-style-type: none"> ○ Local Accident & Emergency Delivery Board (LADB) ○ System Control Centre (SCC) ○ Tees Valley Incident Command Coordination Centre (ICCC) ○ Urgent and Emergency Care Highlight Report ○ Winter Plans and Business Cases ➤ Risks and Challenges <p>Like all services up and down the country, the Tees Valley health system remained under significant and sustained pressure – this was impacting upon performance, particularly on flow through hospitals. Influencing factors included staffing issues across all partners, pathway and estate limitations at some sites, increased demand (linked to the elective backlog), higher acuity of patients (resulting in longer stays in hospital), and discharge delays (due to NHS Trust issues and social care / home care staffing pressures). This demonstrated a complex system-wide problem which required a system-wide response.</p> |

National guidance to address these widespread challenges was outlined, including delivery plans for recovering urgent and emergency care (January 2023), and recovering access to primary care (May 2023). Regarding the former, focus on five key areas was highlighted: increasing capacity, increasing workforce size / flexibility, improving discharge, expanding care outside hospital, and making it easier to access the right care. In addition, 10 high-impact interventions had been worked through and implemented in some form – this included reducing variation in same day emergency care (SDEC), acute frailty service provision, and in-patient care / length of stay, as well as virtual wards, single point of access, and acute respiratory infection (ARI) hubs.

From a sub-regional perspective, several entities were in place to respond to the additional challenges brought on by the winter season. The Tees Valley Local Accident & Emergency Delivery Board (LADB), System Control Centres (SCC), and the Incident Command Co-ordination Centre (ICCC) – Tees Valley (established as a result of COVID-19 and maintained to ensure connectivity between partners) were all highlighted. Specific attention was drawn to the LADB which was supported in monitoring key performance metrics via the development of an urgent and emergency care (UEC) highlight report – this pulled data from each partner along with supplementary narrative to determine key risks for discussion within the meeting. Robust data helped make good, informed decisions, and the LADB had access to real-time information.

Further detail on the process behind planning for the winter period was relayed, a key element of which was the development of a system resilience template (building in Key Lines of Enquiries (KLOEs)) to identify risks. A red / amber / green (RAG) rating was then given based on perceived risk, with the amber elements (in plans, but risks associated with delivery) highlighted in greater depth (note: there were no KLOEs marked red (no evidence of existing implementation or in system plans)). For each priority area listed, a clear Action Plan lay behind it and the overarching risk register was routinely monitored.

A prioritised list of agreed schemes / developments following the submission of proposed business cases by partners that would have a measurable impact on the health and care system over the winter was provided. Longer-term proposals involving the commissioning of a standardised Integrated Urgent Care (IUC) model across North and South Tees from the start of April 2024 was also noted.

Finally, risks and challenges associated with service delivery and performance were highlighted, with ambulance handover delays at South Tees Hospitals NHS Foundation Trust (STHFT) and category 2 ambulance response times specifically emphasised. Other issues included staffing / workforce limitations for all system partners, competing priorities (e.g. elective versus urgent / emergency care), and service demand pressures across both health (primary and secondary care) and social care. Further waves of COVID and / or industrial action also threatened the ability to meet the needs of the Tees Valley population (e.g. planned treatment may be delayed).

Discussions began with Members requesting clarity over the Tees Valley LADB. It was explained that this was a system group that met routinely, and that any single partner could request specific agenda items for discussion at any meeting.

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| | <p>The Board enabled the identification of critical actions which relevant partners were then responsible for acting upon. On a daily basis, partners are able to initiate Incident Command and Coordination Calls should pressures experienced warrant a system response.</p> <p>The Committee asked if there was an issue across Tees Valley with patients having to wait a long time on trolleys before being seen by an appropriate health professional. Officers stated that there had been some cases of this occurring (though not to the extent as was being experienced in other areas of the country), and that such events were treated as incidents.</p> <p>Continuing the theme of ambulance handovers, Members queried if mechanisms were in place to evaluate measures to make this a more efficient process. Assurance was given that real-time information was available to assess performance, and that a formal period of evaluation would take place in the new year in order to formulate plans for future arrangements.</p> <p>NHS 111 staffing capacity was probed by the Committee, with officers confirming that resources had indeed been strengthened. The importance of clinical hub staff supporting call-handlers was stressed, as was the need for any additional investment to have a positive impact on the wider system.</p> <p>Questioning concluded with Members asking about the impact of COVID and flu during the current season. The Committee was informed of a significant wave of acute respiratory cases across the region (with plans subsequently put in place to mitigate this), with norovirus also present on some hospital wards (with some needing to be temporarily closed to visitors and, on occasion, admissions). The importance of public communications was emphasised in order to promote the right messages to keep people safe and well, as well as reflect the pressures on the system. Ultimately, COVID was not as visible in the news nowadays and was therefore less likely to be in the public psyche.</p> <p>AGREED that the Tees Valley winter planning update be noted.</p> |
| <p>9</p> | <p>Work Programme 2023-2024</p> <p>Consideration was given to the Committee’s work programme for 2023-2024.</p> <p>The next formal meeting was scheduled for 15 March 2024, with intended items including both the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North East Ambulance Service NHS Foundation Trust (NEAS) Quality Accounts, as well as developments around palliative and end-of-life care.</p> <p>Regarding the ‘To be scheduled’ section, Members requested that TEWV be approached in relation to the previously suggested briefing on the use of physical restraint / intervention – it was proposed that an informal (remote) session be arranged which should take place prior to the next formal Committee meeting in March 2024.</p> <p>AGREED that:</p> |

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| | <ol style="list-style-type: none">1) the Committee's work programme for 2023-2024 be noted.2) Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) be contacted regarding the scheduling of an informal (remote) session in relation to the Trust's use of physical restraint / intervention (to take place before the next formal Committee meeting in March 2024). |
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ICB 2.0 Organisational Restructure : A new way of working

Dan Jackson

Director of Policy, Involvement and Stakeholder Affairs

Significant change

- Merging 8 organisations into one – restructure at the time of formation
- Taking on additional responsibilities at the start (we didn't just create a large CCG)
- Further delegations – Pharmacy/Optometry and Dental – April 2023
- 30% running cost reductions
- All came within the first year....
- More delegations expected

Executive team



North East and
North Cumbria

- Directorate structure consulted on
- Outcome as follows;
 - Dr Neil O'Brien – Chief Medical Officer
 - David Purdue – Chief Nurse, AHP & People Officer
 - Jacqueline Myers – Chief Strategy Officer
 - Levi Buckley - Chief Delivery Officer
 - Claire Riley - Chief Corporate Services Officer
 - David Chandler - Chief Finance Officer
 - David Gallagher - Chief Procurement and Contracting Officer
 - Graham Evans - Chief Digital and Infrastructure Officer

The NENC way

- We will be clinically led (multi disciplinary) and managerially enabled
- We will operate across 8 directorates with 8 executive directors
- We will have enabling and delivery teams – focused on delivery the vision and constitutional standards
- We will have 6 delivery teams mapped to 14 LA partners
 - North Cumbria (2 LAs)
 - Northumberland and North Tyneside (2 LAs)
 - Newcastle and Gateshead (2 LAs)
 - South Tyneside and Sunderland (2 LAs)
 - Co Durham (1 LA)
 - Tees Valley (5 LAs)
- Local committees mapped to each LA area to continue

North East
North Cumbria
Health & Care
Partnership

North East and
North Cumbria



Local Delivery Team Comparison

| | Tees Valley | Durham | Northumberland / N Tyneside | Newcastle / Gateshead | Sunderland / S Tyneside | Cumbria |
|----------------------------------|-------------|-----------|-----------------------------|-----------------------|-------------------------|-----------|
| Population | 723,084 | 563,640 | 560,347 | 522,899 | 448,563 | 331,470 |
| PCN's | 14 | 13 | 11 | 12 | 9 | 8 |
| Practices | 79 | 60 | 58 | 47 | 59 | 34 |
| Local Authorities | 5 | 1 | 2 | 2 | 2 | 2 |
| Total Delivery team posts | 29 | 22 | 21 | 21 | 21 | 16 |

No one directorate can deliver our strategy in isolation – the Strategy, Contracting and Delivery Directorates have been developed together to ensure they connect as this is key to our success.

- Strategy Directorate = 96 posts
- Contracting and Procurement Directorate = 81 posts
- Delivery Directorate = 130 posts

Contracting and devolution of Budgets



North East and
North Cumbria

- FT contracting to be handled centrally and not through the Local Delivery Teams
- Budgets for primary care and community will be devolved to local place committees

Networks and Workstreams

North East and
North Cumbria

- Inherited a mix of general networks and clinical networks, all at different levels of maturity and aligned management resource
- System networks are developing – some built from historical arrangements and some more informal
 - DASS, DPHs
 - Care Provider
 - Healthier and fairer sub group work (eg Anchor)
 - Work and Health (linked to Combined Authority)
- Clinical networks are managed by either NHSE or are transitioning to the ICB
- Operational Delivery Network's managed within acute provider organisations but accountable to NHSE, with specific terms of reference and mandates
- NHSE structure has changed with more focus on assurance (rather than transformation) leaves NENC with a risk around resource
- Mix of paid roles and non paid roles but a significant amount of volunteer time goes into all networks from clinicians

Example - Clinical Networks and ODNs

| ODNs | NENC Clinical Networks | NEY Clinical Networks | Regional and Supra-Regional Clinical Networks |
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| Adult Critical Care | Frailty | Children's cancer services | Blood and Marrow Transplantation |
| Burns (Hosted via North West) | Learning and Disability | Congenital Heart Disease | Cardiac |
| Major Trauma | Lipids | Coronary Heart Disease | Haemoglobinopathies |
| Neonatal Critical Care | LMNS | Major Trauma | HIV |
| Paediatric critical care/surgery in children (joint network) | Maternal Medicine | Paediatric Critical Care and Surgery | Neurosurgery |
| Congenital Heart Disease | Palliative and EOL Care | Paediatric Neuroscience | Northern Burns |
| CYP/TYA Cancer | Pathology | Radiotherapy | |
| Radiotherapy | Radiology | Spinal | |
| Spinal Cord Injury | UEC | Vaginal Mesh | |
| Spinal Surgery | Cancer Alliance | Severe Asthma | |
| Renal | Child Health | | |
| Neurosurgery | Diabetes | | |
| Fetal Medicine | Cardiac – funded 50% by Spec comm and 50% by region | | |
| Intestinal Failure | Stroke | | |
| Vascular | Maternity | | |
| Endoscopy | MH and Dementia | | |
| Hepatitis C | Perinatal | | |
| | Respiratory | | |

Initial work - Networks and Alliances

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| <p>Urgent & Emergency Care</p> <ul style="list-style-type: none"> • UEC Network | <p>Long Term Conditions Alliance</p> <ul style="list-style-type: none"> • Cardiac • Respiratory • Stroke • Diabetes • Lipids | <p>Diagnostics Alliance</p> <ul style="list-style-type: none"> • Radiology • Pathology | <p>Mental Health, LD and Dementia Alliance</p> <ul style="list-style-type: none"> • Mental health and dementia • Learning and disability |
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|---|---|--|---|---|
| <p>Local Maternity and Neonatal System</p> <ul style="list-style-type: none"> • Maternal medicine • Maternity • Neonatal • Perinatal | <p>Cancer Alliance</p> <ul style="list-style-type: none"> • Palliative • End of life • Cancer programme | <p>Children and Young People</p> <ul style="list-style-type: none"> • Child health | <p>Community Care Alliance</p> <ul style="list-style-type: none"> • Primary care • Frailty/Ageing well • Dental • Community pharmacy • Eye health | <p>Women's Health</p> <ul style="list-style-type: none"> • menstrual health and gynaecological conditions • fertility, pregnancy, pregnancy loss and postnatal support • menopause • mental health and wellbeing • cancers • the health impacts of violence against women and girls • healthy ageing and long-term conditions |
|---|---|--|---|---|

Still work to do....

- Map out all of the System, Clinical, Corporate and Operational Delivery networks and workstreams
- Create a set of recommendations that;
 - Streamline and reduce duplication - building on work with ADASS and expand to DCS and any other networks eg VCSE
 - Ensure work aligned to the Better Health and Well Being for all strategy
 - Groups convened deliver in accordance with a clear TOR
 - Making clear the funding arrangements....or not...
 - Ensure reporting mechanisms are clear – cycle of business
 - SLG/ICP
 - ICB
 - Ensure effective communication across the system



Questions

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Adult Social Care and Health Select Committee

21 May 2024

**TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST – GOVERNORS
RESPONSE TO LATEST CQC OUTCOME****Summary**

Following a Committee request made at its meeting in February 2024, senior representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) will be in attendance to provide a response to the latest Care Quality Commission (CQC) inspection of the Trust, progress of the Trust's improvement plan, and the role / accountability of its Governors.

Detail

1. On the 25 October 2023, the CQC published a report following unannounced inspections of four of the inpatient mental health services provided by TEWV, and short-notice (24 hours) announced inspections of two of the community services. They also inspected the 'well-led' key question for the Trust overall. The CQCs overall rating of the Trust stayed the same ('requires improvement').
 - <https://api.cqc.org.uk/public/v1/reports/56271cd7-1406-4aaa-b33f-5c463d57373d?20231025090307>
2. The Committee considered this latest report as part of the quarterly CQC / PAMMS inspections update item at its meeting on 20 February 2024. It was subsequently agreed that the TEWV Lead Governor should be invited to a future Committee meeting to respond to the CQCs latest findings on the Trust from a Governor perspective.
3. Following Cabinet changes made at the recent Stockton-on-Tees Borough Council (SBC) Annual Meeting, Members agreed to a proposal for the Chair of both the Board of Directors and Council of Governors, as well as the Managing Director for Durham, Tees Valley and Forensics, to address the Committee regarding its ongoing concerns about the Trust. The Council's newly appointed TEWV Governor is also due to be present.
4. A presentation has been provided for consideration (see attached).

Contact Officer: Gary Woods
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Tel: 01642 526187
Email: gary.woods@stockton.gov.uk

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Tees, Esk and Wear Valleys
NHS Foundation Trust

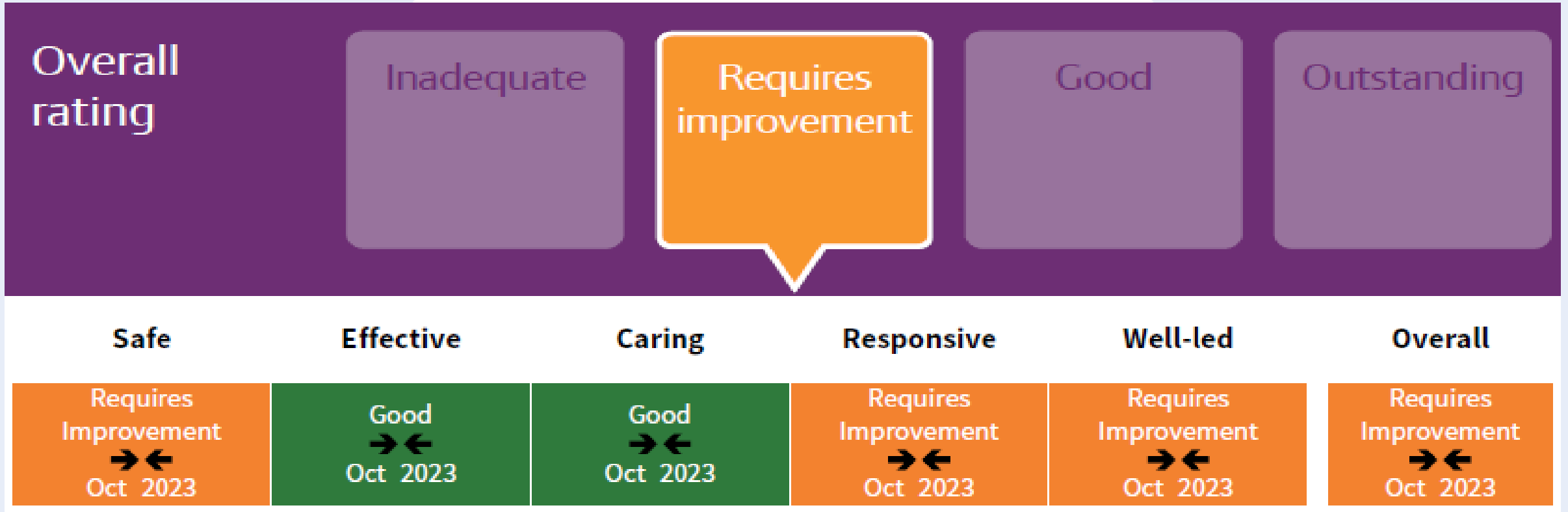
CQC Inspection 2023 findings & Improvement Plan progress 2023/24

David Jennings

Chair of the Board of Directors, Chair of the Council of Governors

21 May 2024

CQC Core Service and Well-led Inspection – October 2023



The overall Trust rating remains as: **Requires Improvement**

A reflection on our journey so far...



Tees, Esk and Wear Valleys
NHS Foundation Trust

CQC inspection

Dec 2021

Oct 2023

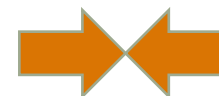
| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Specialist eating disorders service | Requires Improvement | Outstanding ☆ | Good | Good | Good | Good |
| Specialist community mental health services for children and young people | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement | Requires Improvement |
| Community mental health services with learning disabilities or autism | Good | Requires Improvement | Outstanding ☆ | Good | Good | Good |
| Community-based mental health services for older people | Good | Good | Good | Good | Good | Good |
| Mental health crisis services and health-based places of safety | Good | Good | Good | Good | Good | Good |
| Wards for people with a learning disability or autism | Inadequate | Inadequate | Requires Improvement | Requires Improvement | Inadequate | Inadequate |
| Forensic inpatient or secure wards | Inadequate | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement |
| Long stay or rehabilitation mental health wards for working age adults | Requires Improvement | Good | Good | Good | Good | Good |
| Wards for older people with mental health problems | Requires Improvement | Good | Good | Good | Requires Improvement | Requires Improvement |
| Acute wards for adults of working age and psychiatric intensive care units | Requires Improvement | Good | Good | Good | Requires Improvement | Requires Improvement |
| Community-based mental health services for adults of working age | Good | Good | Good | Requires Improvement | Requires Improvement | Requires Improvement |

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|---------------------------------------|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Requires Improvement ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 |
| Community-based mental health services of adults of working age | Requires Improvement ↓ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 | Good ↑ Oct 2023 | Requires Improvement ↔ Oct 2023 |
| Wards for older people with mental health problems | Requires Improvement ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 |
| Long stay or rehabilitation mental health wards for working age adults | Requires improvement Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Community mental health services for people with a learning disability or autism | Requires Improvement ↓ Oct 2023 | Good ↑ Oct 2023 | Good ↓ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 |
| Forensic inpatient or secure wards | Requires Improvement ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 |
| Specialist community mental health services for children and young people | Requires improvement Sep 2022 | Good Dec 2021 | Good Dec 2021 | Requires improvement Dec 2021 | Requires improvement Dec 2021 | Requires improvement Sep 2022 |
| Community-based mental health services for older people | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Wards for people with a learning disability or autism | Requires Improvement ↑ Oct 2023 | Requires Improvement ↑ Oct 2023 | Good ↑ Oct 2023 | Requires Improvement ↔ Oct 2023 | Requires Improvement ↑ Oct 2023 | Requires Improvement ↑ Oct 2023 |
| Specialist eating disorders service | Requires improvement Mar 2020 | Outstanding Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Mental health crisis services and health-based places of safety | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 |

CQC Core Service and Well-led Inspection 2023 - ratings

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|---------------------------------------|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Requires Improvement ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 |
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| Specialist eating disorders service | Requires improvement Mar 2020 | Outstanding Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Mental health crisis services and health-based places of safety | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 |

Of the 6 Core Services inspected:



- **3** Overall Core Service ratings have improved (MHSOP, ALD Inpatient, and Secure Inpatient Services)
- **3** Overall Core Service ratings have remained the same (AMH Acute and PICU, AMH Community and ALD Community)
- There have been **12** CQC domains across the core services inspected that have improved, **15** which have remained the same, **3** where the rating has decreased.



Positives

- ✓ Clear vision and strategic direction, that staff understood.
- ✓ Staff demonstrated the trust's values in the care they provided.
- ✓ Positive changes in leadership and culture.
- ✓ Continued good engagement with staff, stakeholders and partners.
- ✓ Innovative practice.
- ✓ Person-centred care.
- ✓ Multi-disciplinary working.
- ✓ Environmental changes.
- ✓ Medication management.
- ✓ Risk management.
- ✓ Governance.

Areas for Improvement

- Staffing.
- Mandatory/Statutory training.
- Complaints/PALs compliance.
- Supervision.
- Waiting times.
- Physical health monitoring.
- Serious Incident processes (including Duty of Candour).

- The CQC recognised that significant improvements had been made since 2021.
- The report demonstrates that our strategy and leadership is right, and that we have staff who are making a difference - we see this as a firm foundation from which to keep moving forward.
- Patients and carers told the CQC that the care they received from our staff was kind and compassionate, and that they were actively involved in their care planning.
- We know there's more to do, and we're committed to making these changes and are already making progress.
- The historical backlog of series incidents has been cleared, and sustainability plan is in place to make sure it doesn't happen again.
- A new Patient Safety Incident Response Framework (PSIRF) has been implemented, which actively supports multi-disciplinary learning from incidents.
- Staffing was another area of concern, and whilst this isn't unique to TEWV, we've got a real grip on this.
- We recently welcomed 150 newly qualified nurses – we've recruited to over 1,780 positions – and reduced our reliance on agency staff by 10%.
- Our retention rate is something we're proud of - TEWV are in the top 10 of mental health trusts in England on retaining staff.
- We are committed to staying focussed and to continuous improvement, and to providing safe and kind care every day.



Thank you
any questions?





Tees, Esk and Wear Valleys
NHS Foundation Trust

Supplemental information on the role of governors and accountabilities – for information only

The Role of a Governor

- **Governors** have a unique role within the NHS whose duties are specified in two acts of Parliament (*National Health Service Act 2006* and *Health and Social Care Act 2012*).
- They **are not** employees of the Trust however hold certain duties within the organisation's governance.
- Governors **are not** responsible for operational decisions or managing staff. They must not represent their own interests, nor can they deal with complaints or act as an advocate for people.

- Approve / remove the Trust's external auditor.
- Receive the Trust's annual accounts, any report of the auditor on them and the annual report.
- To hold the Non-executive Directors individually and collectively to account for the performance of the Board.
- Appoint, and if appropriate remove, the Chair and Non-executive Directors.
- Decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other Non-executive Directors.
- Approve the appointment of the Chief Executive.

- Approve amendments to the Trust's Constitution.
- Be consulted on the future plans for the Trust and of any significant changes to the way services are provided.
- Approve “significant transactions” and approve an application by the Trust to enter into a merger, acquisition, separation or dissolution.
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other function.
- To represent the interests of members of the trust as a whole and the interests of the public.

**More information is available
on our website**

Becoming a Trust Governor - Tees Esk
and Wear Valley NHS Foundation Trust
(tewv.nhs.uk)

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

| Date (4.00pm unless stated) | Topic | Attendance |
|-----------------------------------|--|---|
| 16 April | CANCELLED | |
| 23 April (informal) | Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Summary of evidence / draft recommendations | Sarah Bowman-Abouna / Emma Joyeux |
| 21 May | Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • (Draft) Final Report Tees, Esk and Wear Valleys NHS Foundation Trust: Governors response to latest CQC report Monitoring: Progress Update – Day Opportunities for Adults CQC / PAMMS Quarterly Update: Q4 2023-2024 Regional / Tees Valley Health Scrutiny Update | Cllr Steve Nelson / Carolyn Nice / Sarah Bowman-Abouna / Emma Joyeux David Jennings / Patrick Scott Rob Papworth Darren Boyd |
| 18 June | SBC Director of Public Health: Annual Report 2023- 2024 (TBC) Care and Health Innovation Zone (TBC) CQC Inspection Preparation (TBC) Minutes of the Health and Wellbeing Board (January, March & April 2024) | Sarah Bowman-Abouna Carolyn Nice |
| 23 July | Review of Reablement Service <ul style="list-style-type: none"> • (Draft) Scope and Plan PAMMS Annual Report (Care Homes): 2023-2024 (TBC) CQC / PAMMS Quarterly Update: Q1 2024-2025 Regional / Tees Valley Health Scrutiny Update | |
| 17 September | Healthwatch Stockton-on-Tees: Annual Report 2023-2024 SBC Community Spaces | Peter Smith / Natasha Douglas TBC |
| 22 October | Making it Real Board – Update (TBC) Regional / Tees Valley Health Scrutiny Update | |
| 19 November | North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update (TBC) | |

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

| Date (4.00pm unless stated) | Topic | Attendance |
|-----------------------------------|--|------------|
| | SBC Winter Planning Update (TBC) CQC / PAMMS Quarterly Update: Q2 2024-2025 | |
| 17 December | | |
| 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) – May 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)

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