

# **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA**



**Tuesday 25<sup>th</sup> April 2006**

**at 10.00 am**

**in Committee Room B**

**MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY  
FORUM:**

Councillors Barker, Cambridge, Clouth, Cook, Griffin, Kennedy, Lauderdale, Lilley,  
Sutheran, M Waller and Worthy

Resident Representatives:

Mary Green and Evelyn Leck

**1. APOLOGIES FOR ABSENCE**

**2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

**3. MINUTES**

3.1 To confirm the minutes of the meeting held on 5<sup>th</sup> April 2006 (*attached*)

**4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE  
COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items

**5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA  
SCRUTINY CO-ORDINATING COMMITTEE**

No items

**6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

No items

**7. ITEMS FOR DISCUSSION**

7.1 Hartlepool PCT – ‘Annual Healthcheck’

(a) Covering Report – *Scrutiny Support Officer*

(b) Evidence from Hartlepool PCT

7.2 North Tees and Hartlepool NHS Trust- ‘Annual Healthcheck’

(a) Covering Report- *Scrutiny Support Officer*

(b) Evidence from North Tees and Hartlepool NHS Trust

7.3 Access to GP Services – Draft Final Report – *Adult and Community Services and Health Scrutiny Forum*

**8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

# **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

## **MINUTES**

5<sup>th</sup> April 2006

### **Present:**

Councillor: Geoff Lilley (In the Chair)

Councillors: Sheila Griffin, Jean Kennedy, Gladys Worthy

Resident Representatives:

Mary Green, Evelyn Leck

Officers:

Sajda Banaras, Scrutiny Support Officer  
Angela Hunter, Principal Democratic Services Officer

Also Invited:

Linda Pepper, Health Scrutiny Adviser  
Christine Remmer, Hartlepool Access Group  
Calverley Carruthers-Watt and Alison Lilley, Patient and Public  
Involvement Forum (PPI)  
Ali Wilson and Carole Johnson, Hartlepool Primary Care Trust  
(PCT)

### **65. Apologies for Absence**

Apologies for absence were received from Councillor Rob Cook and Maureen Waller and Councillor Ray Waller, Portfolio Holder for Public Health Services.

### **66. Declarations of interest by Members**

None.

### **67. Access to GP Services – Evidence from Hartlepool Access Group** *(Scrutiny Support Officer)*

The Scrutiny Support Officer introduced the representative from the Hartlepool Access Group who had prepared a presentation for the Forum. The presentation highlighted that one of the aims of the Disability Discrimination Act 1995 was that “All service providers must make reasonable adjustment” to comply with the Act. The Access Group representative detailed the main

areas where compliance should be achieved including:

- Lobby/reception areas
- Internal accessibility
- Consulting Rooms
- Egress (means of escape)

The Access Group wished to undertake campaigns of spot checks across various organisations including Dr's Surgeries and retail outlets in the forthcoming municipal year. However, the existence of the group was threatened by funding issues.

A discussion followed where the following issues were raised.

**Disabled Parking Bays** – The bays allocated for disabled parking at the rear of the Civic Centre were often blocked with Council/Northgate vans. A Member indicated that the disabled parking bays in the shopping centre were sometimes unavailable as they were reserved for shopmobility users.

**Proposed Health Centre, Town Centre** – A representative from the PCT indicated that an Estates Officer and technical advisers were employed by the PCT to undertake visits to practices and new buildings to ensure action plans were in place for compliance with the DDA.

**Transport for wheelchair users was limited** – A PCT representative indicated that they had been working with the Council on the Local Transport Plan and that funding had been allocated to provide a 'low-liner' bus.

The representatives from Hartlepool Access Group and Hartlepool PCT were thanked for their contribution to the Forum's discussion.

### **Decision**

- i) Members noted the views of Hartlepool Access Group in relation to the Access to GP Services inquiry.
- ii) The discussions that followed the presentation were noted and would be used to inform the Forum's final report.

## **68. Access to GP Services – Evidence from Portfolio Holder for Adult and Public Health Services** (*Scrutiny Support Officer*)

Due to the absence of the Portfolio Holder for Adult and Public Health Services it was agreed to move onto the next agenda item.

## **Decision**

The Scrutiny Support Officer's covering report was noted.

### **69. Access to GP Services – Evidence from Patient and Public Involvement Forum (PPI) (Scrutiny Support Officer)**

The Scrutiny Support Officer introduced the representatives from the Patient and Public Involvement Forum who had presented the results of a survey they had undertaken. A representative from the PPI outlined the background to the survey. Approximately 500 questionnaires were distributed with a response being received from 217 (43%). The PPI were conscious of trying not to highlight particular surgeries whilst the majority of people who completed the survey were not keen to be identified also. It was acknowledged that more research was needed into the Out of Hours Service as only a small proportion of respondents used this service, however, there was a lot of anecdotal evidence about it.

A discussion followed where the following issues were raised:

**Pharmacists' services were more varied, was this a good thing?** A representative from the PPI indicated that this service had also been surveyed and was generally found to make a positive contribution. The service had been such a success in a particular area of the town, a recent planning application had been approved for an extra pharmacy.

**Queuing to see a doctor was unacceptable** – It was noted in the survey, that some patients had to queue outside their surgery, up to 30 minutes prior to it opening, in order to secure an appointment. Members felt that this was an unsatisfactory level of service and should be reviewed.

**Advanced access for appointments** – It was discussed that to have to telephone early on the morning for an appointment that day was not ideal, as a lot of people had commitments. ie taking children to school, and by the time they were able to ring, there were no appointments remaining. Members felt that the operation of this system was seriously letting down patients.

**Lack of public transport to some surgeries** – Access to some surgeries was difficult via public transport as the nearest bus stop was still some distance away. It was discussed that the gaps in the provision of public transport needed to be identified, especially with regard to the more vulnerable groups of people.

**Training** – A representative from the PPI indicated that training was an issue and that it would be beneficial to have training for both doctors and administration staff together, in particular for customer care.

A representative from the PCT indicated that they welcomed any feedback

from the PPI and the Scrutiny Forum on how health services could be improved. The Chair thanked the PPI Forum for their submission which was echoed by Members of the Forum. In addition, the Chair indicated that he wished to see greater joint working between Scrutiny and the PPI Forums in future. The Health Scrutiny Adviser indicated that a workshop was being arranged for the Scrutiny Forum and the PPI to learn about their respective roles and ways in which joint working can be maintained in the future. In addition, Scrutiny and the PPI would discuss possible topics for inclusion in next year's work programme.

The PPI were thanked for their contribution from both the survey results and the discussions at this meeting. The PCT were also thanked for their input into the discussions.

### **Decision**

- i) That the Advanced Access system be included in the final report as a concern.
- ii) That further enquiries were needed to ascertain exactly how widespread these issues occur.
- iii) That disabled access and public transport to GP services be highlighted as an issue with many surgeries.
- iv) That an action plan be devised regarding the shortfall in the services provided by GPs.
- v) That access to other professionals providing health services be promoted.
- vi) That more information on how to access the Out of Hours Service be provided.
- vii) That delegated authority be given to the Chair to finalise the report and present to the Forum at the next meeting.

GEOFF LILLEY

CHAIRMAN

## ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM



**Report of:** Scrutiny Support Officer

**Subject:** HARTLEPOOL PCT – ‘ANNUAL HEALTHCHECK’

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### 1. PURPOSE OF REPORT

- 1.1 To introduce representatives of Hartlepool Primary Care Trust, in attendance at today's meeting to address the Forum in respect of the Final Declaration around the Annual Healthcheck.

### 2. SETTING THE SCENE

- 2.1. As the Forum is aware, under a new quality checking regime of the Healthcare Commission, health scrutiny committee's have the opportunity to comment on Trust performance. Any comments made by a Health Scrutiny Forum will be inserted into the Trust's declaration of performance against the standards as unedited contributions.
- 2.2 The Forum contributed to Hartlepool PCT's Draft Declarations in October. The Forum now has an opportunity to contribute to the final declaration.
- 2.3 Hartlepool PCT have prepared a paper which is attached (**Appendix A**). The paper explains the standards to be met, describes performance against those standards and the process to be followed in submitting the declaration.
- 2.4 The Forum is required to decide whether, following discussion the previous submission remains representative of the Forum's views or whether it is felt a fresh submission is required to document the views in relation to the performance of Hartlepool PCT.

### RECOMMENDATIONS

1. That the Forum considers the attached paper and the evidence received from the Hartlepool PCT.
2. That the Forum determines whether to make a fresh submission to the Healthcheck process or reaffirms the views expressed in its previous submission (**Appendix B**).

## **BACKGROUND PAPERS**

The following background papers were used in the preparation of this report:-

Please see the attached paper from the Hartlepool PCT and the previous letter from the Forum to the Trust with reference to the Draft Declaration process.

**Contact Officer:-** Sajda Banaras – Scrutiny Support Officer  
Chief Executive's Department - Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 523 647  
Email: Sajda.banaras@hartlepool.gov.uk



## **Process for Assuring Hartlepool PCT's Board regarding Compliance with Standards for Better Health**

From April 2005 a new performance framework for the NHS was introduced, driven by Standards for Better Health, which set out the level of quality the PCT was expected to meet.

Hartlepool PCT is committed to pursuing its 'Vision for Care' to provide the best possible health and well-being for the people in Hartlepool and regarded the introduction of the Standards for Better Health as a useful and effective means to assist in the achievement of this aim.

From the outset it was clear that a project plan to both facilitate its effective management and a system for demonstrating and monitoring ongoing compliance would be required.

Raising awareness of the new standards was the first step in the process. Briefings were given to the Board, and Management Team. All other staff were briefed via regular internal staff communication mechanisms.

A gap analysis document was then developed using the original prompts from the DOH and subsequent guidance from the HCC. Nominated leads at Director level were assigned to each domain of the standards and designated leads for the relevant section were then identified. A spreadsheet was developed to facilitate a scoring mechanism of compliance or non-compliance against each of the criterion. Criterion deemed as not applicable to the PCT were deducted from the scoring system.

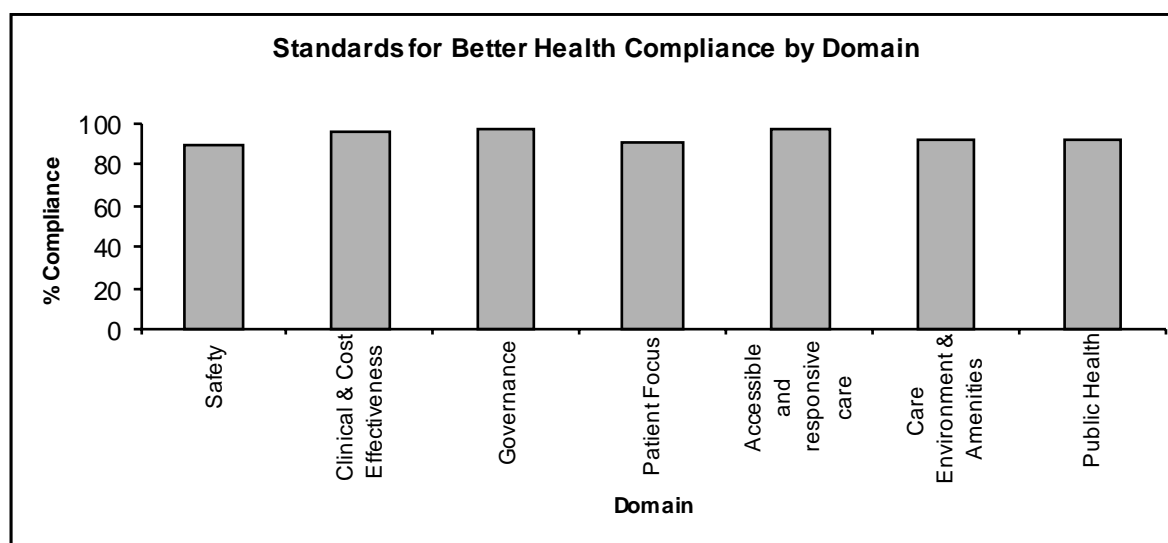
An action plan was developed for each of the identified gaps and these were monitored via the Standards for Better Health monitoring Group. Compliance levels against the standards are also monitored by the Integrated Governance Committee.

Following the completion of the gap analysis a central evidence base was set up on the shared drive of the network to facilitate the nominated leads to populate at their convenience. An evidence summary was also developed to monitor progress on population of the database. Individually referenced evidence lists, together with information on how to populate the database was provided to each of the nominated leads.

To ensure a consistent approach to the scoring of the standards a paper was endorsed by the management team which specified that all standards scoring above 75% and with an action plan to address the gaps would be considered as compliant.

The database allowed the organisation to seek and report assurances that progress was being made and facilitated a manageable monitoring process. A report detailing the compliance levels against the seven domains prior to submission of the interim declaration was presented to the SHA, Board and Professional Executive Seminar and Management team.

## Overview of compliance by domain report



Presentations were also given providing information detailing the process that had been followed to achieve the compliance levels which were being submitted in the Interim Declaration to the Management Team, Local Authority Overview and Scrutiny Committee and Patient and Public Involvement Forum.

Detailed reports were given to the Integrated Governance Committee, Management Team and Standards for Better Health Monitoring Group in order to provide ongoing assurances to the Professional Executive Committee and the Board regarding adequacy of progress. Internal Audit colleagues are included in the Integrated Governance Committee and Standards for Better Health Monitoring Group and observed the process being undertaken.

Internal Audit have undertaken a programme of visits with the Risk Manager and nominated leads to validate the evidence and levels of compliance submitted.

To ensure the further development of the process, the PCT has implemented a Performance Management System (Dynamic Change) which provides integrated reporting and posting of evidence to support the assessment and monitoring processes in the future.

The Board's assurance is therefore attained by:

- Knowledge of the assessment process through briefings and presentations
- Awareness of current performance through reports from Management Team and Integrated Governance Committee Minutes
- Involvement of board members in assessment process
- Knowledge that external stakeholders such as the PPI forum and Overview and Scrutiny committee had been consulted and reviewed
- Receipt of minutes of Board sub-committees where more detailed reports had been discussed, namely Management Team and Integrated Governance Committee
- Ongoing Internal Audit scrutiny of the process via the Standards for Better Health Monitoring Group
- Standards for Better Health Assurance Framework Proforma

| Principal objectives   | Principal Risks           |                                  | Key Controls  | Assurances on Controls  | Board Reports   |  |  |
|--|---------------------------|----------------------------------|---|---|---|--|--|
|  | Principal Risk            | Classification of principal risk |   |   | Positive Assurances   | Gaps in Control  | Gaps in Assurance                        |
| <p>C1 Healthcare Organisations protect patients through systems that</p> <p>a) Identify and learn from all patient safety incidents and make improvements in practice based on local/national experience and information delivered from the analysis of incidents.</p> | Improvements are not made | Patient Safety                   | <p>NHSLA Litigation Authority (NHSLA): Risk Management Standard for Primary Care Trusts – incident reporting procedures/incident forms</p> <p>Reporting to National Patient Safety Agency (NPSA)</p> <p>Reporting of Injuries, diseases, and dangerous occurrences regulations (RIDDOR) reports</p> <p>Root Cause Analysis Process</p> <p>Root Cause Analysis Training</p> <p>Incident Reporting Process</p> <p>Guidance for Investigation of Serious Untoward Incidents</p> <p>Incident Reporting Database</p> <p>NHS staff survey questions on incident reporting/near misses/injury/harassment/trust actions</p> | <p>Board endorsed Incident and SUI policies</p> <p>CG committee endorsed Incident Report form</p> <p>RIDDOR Reporting Process</p> <p>RIDDOR Training</p> <p>Root Cause Analysis Reports</p> <p>Root cause analysis action plans</p> <p>Incident reporting training programme</p> <p>Incident reporting training attendance lists</p> <p>Bi-monthly incident reports to CG sub-committee</p> | <p>NHSLA Reports<br/>76% Level 1a<br/>50% Level 1b</p> <p>HCC Interim Declaration</p> <p>NPSA Reports</p> <p>STEISS Reports</p> <p>RIDDOR Reports</p> <p>NRLS Reports</p> <p>QOF Indicators Education 2 Education 7</p> <p>NHS Staff Survey Results<br/>92% Know how to report errors</p> | Integrated reporting process to be further developed following implementation of Datix | Lack of evidence of integrated reporting |

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|--|--|----------------|--|---|---|--|---|
|  |  |                | NHSLA: Risk Management Standards for Primary Care Trusts –immediate actions following incidents. | Incident Report Form action plans                         | RIDDOR Froms  |  |   |
|  |  |                |  | Summary of incident reports submitted to CG sub-committee | Reports to NPSA   |  |   |
|  |  |                |  | CG sub-committee minutes submitted to Board               | STEISS Reports  |  |   |
|  |  |                | Nominated Board Lead for Patient Safety  | Director of Nursing & Operations Job Description          |   |  |   |
|  |  |                | Clinical Governance sub-committee  | Clinical Governance sub-committee minutes                 | Minutes Submitted to Board  |  |   |
|  |  |                |  | Clinical Governance Bulletin                              |   |  |   |
|  |  |                | Professional Performance Group   | Clinical Governance Annual Report                         | Board endorsed Clinical Governance Report                           |  |   |
|  |  |                |  | Professional Performance Group TOR                        | Board endorsed TOR  |  |   |
|  |  |                |  | Professional Performance Group Minutes                    | Professional Performance minutes submitted to Board                 |  |   |
| b) Ensure that patient safety notices, alerts and other communications | Safety communications are not acted on | Patient Safety | Reporting and responses to SABS<br>National Reporting System                                     | SABS /MDA Procedure                                       | SHA monitoring System 22/2/06<br>100% Acknowledged<br>80% Completed | Linkage with Integrated Governance committee to be developed | Lack of documented evidence of results of reporting |

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| concerning patient safety which require action are acted upon within required timescales.  |  |                |  | Internal reporting and recording system  |   |  | system being sent to Board. |
| C2 Healthcare organisations protect children by following child protection guidelines within their own activities and in their dealings with other organisations | Children and vulnerable young adults are not protected | Patient Safety | <p>CHI child protection audit; self assessment on child protection.</p> <p>Healthcare Commission child protection performance indicator (PI)</p> <p>Calls to Healthcare Commission helpline – coded as child abuse.</p> <p>Procedure for reporting included with Local Child Protection Procedures</p> <p>Commission for Social Care Inspection (CSCI)/department for education and skills (DFES) – child protection case conferences</p> <p>Durham mapping data – waiting times for new Child and Adolescent Mental Health Services (CAMHS) cases</p> <p>Department of Health quality and outcomes framework (QOF) data- child protections access to local procedures</p> <p>Criminal Records Bureau (CRB) information</p> <p>Nominated Board Lead for Child Protection</p> | <p>Memo, distribution lists and reply sheets.</p> <p>Self Assessment Audit</p> <p>HCC Performance Report</p> <p>Incident report forms</p> <p>Child Protection Case conference Notes</p> <p>24 Hour Access to local Child Protection Register</p> <p>Recruitment Pre-Start checks</p> <p>Job Description for Dir. of Nursing &amp; Ops.</p> <p>Named link for all areas of Child Protection</p> | <p>Results of Audit submitted to DOH</p> <p>Report submitted to HCC</p> <p>QOF Assessment Additional Services CHS1</p> <p>Board minutes on child protection issues</p> <p>HCC Performance Ratings 2005 – Level 5 CAMHS</p> <p>QOF Assessment Process</p> <p>QOF Assessment Practice Manager 1.</p> <p>Enhanced Disclosure documentation</p> | Named GP Lead for Child Protection issues yet to be identified |                             |

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|  |   |                       | <p>Regional Child Protection Procedures</p> <p>Child protection training</p> <p>Child Protection Supervision Procedure</p> <p>Teeside Child Protection Training Strategy</p> <p>Funded Teeside Child Protection Programme Strategy and Programme</p> <p>Procedure for new interventional procedures</p> | <p>Local inter-agency Child Protection procedures</p> <p>Victoria Climbié Action Plan Matrix</p> <p>Attendance list for Child Protection Training</p> <p>Minutes of meetings</p> <p>Clinical Governance sub committee – evidenced by “papers for consideration” profoma</p> <p>Clinical Governance Minutes</p> | <p>Inter-agency child protection case notes</p>  |   |   |
| <p>C3 Healthcare organisations protect patients by following ‘NICE’ international procedure guidance</p>   | <p>NICE guidance not followed</p>       | <p>Patient Safety</p> |   |  |  | <p>Further development of implementation process required</p> | <p>Lack of evidence to demonstrate effectiveness of procedure</p> |
| <p>C4 Healthcare organisations keep patients, visitors and staff safe by having systems to ensure:</p> <p>a) The risk of Healthcare acquired infection to patients is reduced with particular emphasis on high standards of hygiene and cleanliness.</p> | <p>Risk of infection is not reduced</p> | <p>Patient Safety</p> | <p>Infection Prevention and Control Strategy</p> <p>Infection Control Working Group</p> <p>Annual Infection Prevention and Control Programme</p>  | <p>Infection Control Working Group Minutes</p> <p>Infection Control Reports</p> <p>Incident Reports</p>  | <p>NHS Staff Survey 34c 86% of Staff were aware that Infection Control applied to them</p> | <p>Further development of audit process</p>                   | <p>Lack of evidence to demonstrate effectiveness of policy</p>    |

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| b) All risks associated with the acquisition and use of medical devices are minimised. | All associated risks are not reduced | Patient Safety | NHSLA: Risk Management Standard for Primary Care Trusts – hand hygiene /infection control/ microbiologist support infection surveillance.<br>Hand Hygiene Policy | PCT environmental audits of clinical areas                     | NHSLA Report August 2005<br>40%  | Additional PCT Staff Mandatory training for Medical Devices | Monitoring of Medical Devices Policy needs to be developed |
|  |                                      |                | Hand Hygiene sub-group   | PCT Hand Hygiene Audit   | NHS Staff Survey 90% of Staff confirmed that the PCT promoted hand washing to staff                    |   |  |
|  |                                      |                | Hand Hygiene training  | Minutes submitted to CG sub-committee & Board Training records | NHS Staff Survey 86% confirmed that the PCT promoted hand washing to patients/service users & visitors |   |  |
|  |                                      |                | Organisational Policy for Infection Control  | Board endorsed Policy  | NHS Survey 78% staff receive infection control training  |   |  |
|  |                                      |                | Action Plan for MRSA   | Action Plan monitored by CG sub-committee                      |  |   |  |
|  |                                      |                | Designated Lead at Board Level for Infection Control   | Director of Nursing & Operations Job Description               |  |   |  |
|  |                                      |                | Infection Control Nurse  | Infection Control Nurse Job Description                        |  |   |  |
|  |                                      |                | Induction Programme  | Board endorsed Induction Programme                             |  |   |  |
|  |                                      |                | Incident Reporting Policy  | Incident Reports   |  |   |  |
|  |                                      |                | Medical Devices Policy   | Board endorsed Policy  | NHSLA Level 1B Report 40%  |   |  |
|  |                                      |                | Medical Devices Workings Group   | Minutes of Meetings  | Minutes of Quarterly meetings with Secondary Care  |   |  |
|  |                                      |                | Medical Device Training  | Medical Device training questionnaire                          | No IR1 Agenda item at Medical Devices working Group  |   |  |
|  |                                      |                | Medical Device Alerts  | Medical Device competency assessment                           |  |   |  |
|  |                                      |                | Medical Devices Register   | 2 Medical Device Incidents reported                            |  |   |  |

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| c) All re-usable medical devices are properly decontaminated prior to use and that risks associated with decontamination facilities and processes are well maintained. | Re-usable devices are not decontaminated | Patient Safety | <p>Traning Needs Analysis</p> <p>Decontamination Policy</p> <p>SLA f for the provision and supply of procurement services and medical engineering</p> <p>NHS Staff survey questions on staff who have been injured or felt unwell</p> <p>Department of Health QOF data – upkeep of equipment</p> <p>Risk Management Process</p> | <p>Register identifies levels of training</p> <p>Board Minute</p> <p>Minutes of Meetings</p> <p>Annual Survey</p> <p>QOF Data collection process</p> <p>Risk Assessments</p> <p>Risk Management Reports</p>   | <p>Results of NHS Staff Survey 71-99% Positive</p> <p>QOF Data Practice Management 4 NHSLA Level 1 B Report 75% Compliance</p>  | <p>Implementatio n of RED Risk Action Plans in Podiatry and GP Practices</p> <p>Ensure Dentistry adheres to A12 through the Dental contract</p> | Lack of Independent review |
|  |  |                | <p>Decontamination Policy</p> <p>Activity and instrument inventories for Podiatry, GPs and Family Planning.</p> <p>Risk Management Process</p>  | <p>Designated Director Lead</p> <p>Decontamination Working Group</p> <p>Decontamination Working Group minutes</p> <p>Decontamination Procedure document (draft – to be endorsed at ICC 4/4/06)</p> <p>Decontamination Audits and Instrument Inventories/activity for Podiatry, Family Planning, GP's and Dentistry</p> <p>Risk assessment</p> <p>Decontamination Action Plans</p> | <p>PCT wide Decontamination Training Programme to be developed and implemented</p> <p>Decontamination Training Register requires to be developed</p> <p>RED Risk Action Plans</p> |   |                            |



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| d) Medicines are handled safely and securely | Medicines are not handled securely | Patient Safety | <p>SHA Project Board , Technical Sub Group &amp; Podiatry Sub Group</p> <p>SHA Collaboration agreement between PCT's and Secondary Care</p> <p>Department of Healthcare QOF data – instrument sterilisation.</p> <p>Incident Reporting Process</p> <p>The following procedures have been developed and ratified by the PCT:<br/> The ordering of medicines<br/> The receipt of medicines<br/> The storage of medicines<br/> The administration of medicines<br/> The dispensing of medicines<br/> The management of medicines errors<br/> The transport of medicines<br/> The disposal of medicines<br/> The safe handling of controlled drugs<br/> The development of PGDs<br/> The safe handling of vaccines</p> <p>Head of medicines management with lead responsibility for all medicine issues.</p> <p>Prescribing sub committee discusses all issues relating to medicines use. Minutes are reported to PEC.</p> <p>Standard operating procedures for all activities relating to the handling of medicines</p> | <p>SHA Project Board minutes</p> <p>SHA Technical Sub Group minutes</p> <p>SHA Podiatry Sub Group minutes<br/> SHA Project Plan</p> <p>PCT Project Plan</p> <p>QOF data</p> <p>Incident Reports</p> <p>Medicines Procedures have been endorsed by the PCT.</p> <p>Post filled<br/> Job description in place<br/> Reports to the PEC via sub committee.<br/> Terms of reference</p> <p>Minutes of meetings</p> <p>Further work to be done to develop SOPs for medicines activities.</p> | QOF Data Practice Management 4 | <p>Lack of independent review</p> <p>Further development of the audit process required.</p> <p>Further development of reports to the Board.</p> <p>Further work needed to review membership and extend GP representation</p> <p>Further work to be done to develop SOPs for medicines activities.</p> |
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|  |  | <p>Procedures for the ordering and sourcing of medicines developed and ratified by the PCT</p> <p>All prescribers have access to accredited information sources<br/>BNF/ Clinical Evidence/ Prodigy<br/>RDTC bulletins<br/>NPC bulletins<br/>Support and advice from the medicines management team<br/>Medicines guidance from the medicines team</p> <p>Procedures for the development of PGDs developed and ratified by the PCT</p>  | <p>Procedures ratified by the PCT</p> <p>Publications</p> <p>Work programmes</p> <p>Procedure ratified by the PCT</p>  |  |  | <p>Further work to be done to develop the audit process</p> <p>Further work to be done to develop the audit process.</p> |
|  |  | <p>Policy for the reporting of incidents has been ratified and implemented by the PCT</p> <p>Root cause analysis applied to all incidents.</p> <p>Markers of uptake of NICE technology appraisals – orlistat for obesity; zanamivir for influenza; NRT and bupropion for smoking cessation; glitazones for type 2 diabetes; proton pump inhibitors for dyspepsia; prescribing of antipsychotics; prescribing of hypnotic drugs</p> <p>Prescribing indicators measuring quality – benzodiazepines; antibiotics; bendroflumazide; co-trimoxazole/trimethoprim</p> <p>Prescribing indicators measuring cost minimisation – generic prescribing rates (total antibiotic/ beta-blocker); potential generic savings; NSAID preparations; ulcer healing drugs; overall prescribing costs.</p> | <p>Incident reporting policy ratified and implemented by the PCT.<br/>Root cause analysis and trend analysis</p> <p>Quarterly NICE reports to prescribing sub committee</p> <p>Quarterly reports to prescribing sub committee</p> <p>Monthly cost improvement reports to team meeting.<br/>Monthly/ Quarterly reports to prescribing sub committee</p> |  | <p>Further development of the audit process required for some indicators e.g. opioid analgesics.</p> |  |

|  |                               |                                      |  |  |   |   |   |
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| e) The prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the Health & Safety of staff, patients, the public and the safety of the environment. | Waste is not properly managed | Patient Safety                       | <p>Other prescribing indicators –<br/> origestogen – only oral contraceptives;<br/> opoid analgesics; statins; NRT and<br/> bupropion; anti-dementia drugs</p> <p>Service Level Agreement with North<br/> Tees and Hartlepool NHS Trust</p> <p>Waste Issues monitored via Health &amp;<br/> Safety Group</p> <p>Controls Assurance Standard</p> <p>Waste handling statistics</p> <p>Health and Safety Executive (HSE)<br/> enforcement data.</p> <p>Healthcare Commission Complaints<br/> data (equipment disposables)</p> | <p>Health &amp; Safety<br/> Group Minutes</p> <p>Controls Assurance<br/> Assessment</p> <p>ERIC Returns</p>  | Internal audit<br>validated<br>assessment of<br>standard<br>2004/05<br>45% Compliance               |   |   |
| C5<br>Healthcare<br>organisations<br>ensure that:  |                               |                                      |  |  |   |   |   |
| a) They conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;  | NICE Guidance not followed    | Clinical and Cost Effectiveness Risk | <p>Local Procedures for NICE Technology<br/> Appraisal Implementation</p> <p>New Interventional Procedures Policy</p> <p>Committees responsible for monitoring<br/> implementation of guidance</p> <p>Mentoring Scheme</p>   | <p>CG Sub-committee<br/> Minutes</p> <p>Board Minutes</p> <p>Board Minutes</p> <p>Clinical Governance<br/> sub-committee<br/> Paper for<br/> Consideration</p> | <p>SHA NICE<br/> Reports</p> <p>NHS Staff<br/> Survey 90%<br/> positive on<br/> availability of</p> | Audit Plan for<br>2006-07 being<br>developed to<br>include regular<br>NICE audits | <p>Regular Board<br/> Reports on<br/> NICE<br/> implementation<br/> to be included<br/> in CG quarterly<br/> Reports.</p> <p>Lack of<br/> evidence of<br/> effectiveness<br/> of Policy</p> |

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| b) Clinical care and treatment are carried out under supervision and leadership; | Inappropriate supervision |  | Nursing Strategy   | Profoma<br><br>Clinical Effectiveness Task Group Minutes<br><br>Older Persons LIT | mentors/assessors  |  |  |
|  |                           |  | NICE Appraisal Documentation                             | Clinical Effectiveness minutes  | NHS Staff Survey 69-94% positive on staff appraisal questions<br>89% positive on support from managers<br><br>NHS Staff Survey 89-93% Positive on management and supervision<br><br>GP Appraisal review document for Hartlepool PCT from the Deanery |  |  |
|  |                           |  | Appraisal Scheme   | Appraisal Documentation   |  |  |  |
|  |                           |  | Clinical Supervision Policy                              | Clinical Supervision meeting minutes<br>Job Descriptions                          |  |  |  |
|  |                           |  | NHS staff survey questions on management and supervision | Results of NHS Staff Survey   |  |  |  |
|  |                           |  | GP Appraisal Process                                     | GP Appraisal review document for Hartlepool PCT from the Deanery                  |  |  |  |
|  |                           |  | Induction Programme and Clinical Supervision             | Senior Nurse Forum Minutes<br><br>Standards of Practice documentation             |  |  |  |
|  |                           |  | AHP & Clinical Practice Development Group                | AHP & Clinical Practice Development Group Minutes                                 |  |  |  |

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| c) Clinicians continuously update skills and techniques relevant to their clinical work; and |                   |                                  | Staff Appraisal Process  |   | NHS Staff Survey   |                                     |  |
|  |                   |                                  | Clinical Governance Sub-Committee  | CG Sub-Committee Minutes  |  |                                     |  |
|  |                   |                                  | Induction Programme Clinical Supervision   |   |  |                                     |  |
|  |                   |                                  | Staff Appraisal  | Staff Appraisal Hand book   |  |                                     |  |
|  |                   |                                  | Appraisal documentation Database   | Appraisal Training  |  |                                     |  |
|  |                   |                                  | Invest to Save Programme   | Reports & Minutes of Meetings   |  |                                     |  |
|  |                   |                                  | Clinical Supervision   | Senior Nurse Forum Minutes  | NHS Staff survey 65-91% positive on training issues          |                                     |  |
|  |                   |                                  | Continuing Professional Development  | Standards of Practice Documentation                                       | IWL Accreditation  |                                     |  |
|  |                   |                                  | Knowledge & Skills Framework   | Appraisal summary   |  |                                     |  |
|  |                   |                                  | GP Appraisal   | GP Appraisal review document for Hartlepool PCT from Deanery              | GP Appraisal review document for Hartlepool PCT from Deanery | GP Appraisal guidance in draft      |  |
|  |                   |                                  | NHS Staff Survey questions on training and development , personal development plans. | Training Portfolio  | NHS Staff survey results 65-91% Positive on training issues  | GP Appraisal policy to be developed |  |
|  |                   |                                  |  |   |  |                                     |  |
| d) Clinicians participate in regular clinical audit and reviews of clinical services         | No clinical audit | Clinical/Cost Effectiveness Risk | Annual Audit Plan  | Audit Tracking Spreadsheet  | Annual Audit Plan for 2006-07 in draft                       |                                     |  |
|  |                   |                                  | Clinical Effectiveness Task Group  | CG Annual Report<br><br>Clinical Effectiveness Task Group TOR and Minutes |  |                                     |  |

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| C6<br>Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met<br>Cross referenced with Public Health Standards and Multi-agency working | Healthcare organisations do not co-operate | Individual patient needs are not met | Clinical Audit Annual Report       | CG Annual Report   |  |  |  |
|  |  |                                      | LDP                                | CG sub-committee minutes<br><br>Modernisation District Nursing Group Minutes |  |  |  |
|  |  |                                      | GP Appraisal & performance review  | Time Out Programme   |  |  |  |
|  |  |                                      | Professional Performance Group     | Professional Performance Group Minutes                                       |  |  |  |
|  |  |                                      | GP Appraisal & Performance Review  | GP Appraisal Review document for Hartlepool PCT from the Deanery             | GP Appraisal Review document for Hartlepool PCT from the Deanery |  |  |
|  |  |                                      | Multi-agency committees & protocol | Multi-Agency CHC Panel Minutes   | Multi-Agency CHC Panel Minutes                                   |  |  |
|  |  |                                      |                                    | Single Assessment Documentation  |  |  |  |
|  |  |                                      |                                    | Contracted OOHs Service Teeswide Information sharing protocol                | Contracted OOHs Service Teeswide Information sharing protocol    |  |  |
|  |  |                                      |                                    | Intermediate Care Service Extra Care housing                                 | PPI Forum  |  |  |
|  |  |                                      |                                    | Rapid Response team Pulling together pathways with Acute Trust               | PPI Patient Survey   |  |  |
|  |  |                                      |                                    | Rapid response and multi-link daily meetings                                 |  |  |  |

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| C7<br>Healthcare<br>organisations |  |  | Joint Commissioner Job Description             | Hartlepool Extra<br>Care partnership<br>committee TOR |  |          |  |
|                                   |  |  |  | Continence<br>Pathway                                 |  |          |  |
|                                   |  |  |  | Joint Commissioner<br>Job Description                 | Joint<br>Commissioner<br>Job Description       |          |  |
|                                   |  |  | Integrated Mental Health Services              | Adult Mental Health<br>LIT review                     | Adult Mental<br>Health LIT<br>review           |          |  |
|                                   |  |  |  | Agreement for<br>Integrated MH<br>Services            | Agreement for<br>Integrated MH<br>Services     |          |  |
|                                   |  |  |  | Suicide prevention<br>strategy                        |  |          |  |
|                                   |  |  | Older people NSF local implementation<br>teams | Older Persons<br>strategy                             | PPI Assurance<br>over multi-<br>agency working | QOF Data |  |
|                                   |  |  |  | Older Persons LIT<br>minutes                          |  |          |  |
|                                   |  |  | COPD   | Intermediate Care                                     |  |          |  |
|                                   |  |  |  | North Tees COPD<br>service review<br>group TOR        |  |          |  |
|                                   |  |  | Children's strategy                            |   |  |          |  |
|                                   |  |  | Community Stroke Service                       | Community Stroke<br>Service OP<br>procedure           |  |          |  |
|                                   |  |  | Voluntary Groups                               |   |  |          |  |

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| a) Apply the principles of sound clinical and corporate governance: | The organisation does not have a systematic approach to managing its business and associated risk | Governance Risk | <p>Annual Report;</p> <p>CG sub-committee Terms of Reference;</p> <p>CG Development plan;</p> <p>Staff Nurse Meetings</p> <p>Invest to Save projects</p> <p>Vision for Care/Work Programme/ Business Plan</p> <p>Assurance Framework</p> <p>Risk Management Process embedded within the organisation</p> <p>Business Plan</p> <p>Assurance Framework</p> | <p>Annual Report</p> <p>Clinical Governance sub-committee minutes;</p> <p>Standards for Better Health process</p> <p>CG Sub-committee monitor plan</p> <p>CG Development plans for services</p> <p>Minutes for meetings</p> <p>Invest to Save projects monitored by Management Team</p> <p>Monitoring by Management Team and Board</p> <p>Assurance framework monitored by Management Team and Board</p> <p>Risk Management Reports</p> <p>Risk Register</p> <p>Risk Assessments</p> <p>Audit Committee Minutes</p> | <p>Standards for Better Health process monitored by SHA.</p> <p>SHA Monitoring of plan</p> <p>Head of Internal Audit Opinion</p> <p>SIC</p> <p>NHSLA Level 1b 86% and 75% Compliance</p> <p>Assurance Framework approved by SHA and Internal Audit</p> | <p>SHA Strategy for CG in Hartlepool PCT 2006-7 in draft</p> | <p>A strategy is being developed in accordance with recent SHA requirements for 2006</p> |
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| b) Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources; | Employees may work in an environment which precludes open/honest 'no blame' culture. This could lead to suppression of reasonable concern. | Governance Risk | <p>Statement on Internal Control</p> <p>Standing Financial Instructions</p> <p>Standing Orders</p> <p>Scheme of Delegation</p> <p>Codes of Conduct</p> <p>LCFS</p> <p>Annual Report produced in line with statutory requirements.</p> <p>Estate Strategy linked to LDP</p> <p>Asset Register</p> <p>Codes of Conduct</p>   | <p>Monitored by Management team</p>  | <p>Validated by Internal Audit</p>   |  |  |
|  |  |                 | <p>NHS Staff survey questions on objectives and building relationships/work without adequate resources.</p> <p>NHS Plan – monitoring/implementation of plans/LDP process/management capacity/performance management / workforce planning</p> <p>Healthcare commission complaints data (delivery including service providers, commissioners, planner and performance manager, vision and values strategy and business planning, governance and structures and accountabilities.</p> | <p>Board reports</p> <p>Counter Fraud Policy</p> <p>Staff Survey</p> <p>Business Planning process</p> <p>Business Plan</p> | <p>Reports to Audit Committee</p> <p>NHS Staff survey 31% of staff asked to do work without adequate resources</p> <p>90% of staff have clear, planned goals and objectives</p> <p>HCC Performance Ratings 2005 – Data Quality on Ethnic Group Level 5</p> |  |  |

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| c) Undertake systematic risk assessment and risk management (including compliance with the Controls Assurance Standards); |  |  | <p>NHSLA Risk Management Standard for Primary Care Trusts</p> <p>Risk Management embedded in Business Planning Process</p> <p>Risk Management Strategy and Policy</p> <p>Comprehensive Risk Register</p> <p>Risk Management sub-committee</p> <p>Risk Management Plan</p> <p>Risk Management Reports</p> <p>Significant Risk Reporting Procedure</p> | <p>NHSLA Level Assessment process</p> <p>Risk assessments undertaken for all areas of Business Plan</p> <p>Board approved Risk Management Documentation</p> <p>Minutes of Risk Management sub-committee meetings.</p> <p>Quarterly Risk Management reports providing analysis of Risk Register</p> <p>Monthly Risk Review Reports</p> <p>Significant risks monitored by Management team</p> <p>Regularly updated Risk Register facilitating continuous monitoring and update of Risk Register</p> <p>Board Minutes acceptance of Risk Management sub-committee minutes</p> | <p>NHSLA Level 1B Risk Management Report 86%</p> <p>Business Plan, Risk Assessments and Risk Register 75%</p> <p>Board Minute endorsing review of Risk Management documentation</p> <p>Management Team and Board Minutes acknowledgment of reports</p> <p>Documentation acknowledging monitoring of significant risks by Management Team and Board</p> <p>SHA Review</p> <p>Management Team Minutes</p> <p>SHA Monitoring of Business Plan</p> |  |  |
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|   |  |                 | <p>Mandatory Risk Management Training for all staff</p> <p>Assurance Framework</p> <p>Assurance Framework monitored by Management Team and Board</p> <p>Standards for Better Health process</p> <p>Standards for Better Health Monitoring Group</p> | <p>Documented Risk Management Training Packages</p> <p>Analysis of feedback included in Risk Management Reports.</p> <p>Board minutes re Assurance Framework</p> <p>Standards for Better Health Monitoring Group Minutes</p> <p>Performance Management information on progress with SBH</p> <p>Board Minutes accepting SBH Monitoring Group Minutes</p> | <p>Management Training Feedback PCT Staff 97% Positive feedback GP Practices 86% Positive</p> <p>Head of Internal Audit Opinion</p> <p>SHA Review</p> <p>Standards for Better Health included in Performance Management framework</p> <p>HCC Interim Declaration</p> <p>Overview &amp; Scrutiny Committee overview</p> <p>PPI Forum Overview</p> | <p>Training needs to be extended to all Independent Contractors</p> |  |
| d) Ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources; | The organisation will not demonstrate effective use of resources | Governance Risk | This standard will be measured through the resources assessment   |   |  |   |  |

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| e) Challenge discrimination, promote equality and respect human rights; and  | The NHS may be/become/is discriminatory and could be acting immorally and illegally .  | Governance Risk | <p>NHS Staff survey questions on discrimination/equal opportunities</p> <p>Ethnicity coding for workforce data</p> <p>Proportional admission ratios for selected groups</p> <p>Markers of gender specific services</p> <p>DH QOF data – practice management</p> <p>CSCI, Performance Assessment Data and Information (PADI) – National Service Framework (NSF) milestone on age discrimination.</p> | <p>Race Equality Scheme &amp; Action Plan</p> <p>Equality in Employment Policy</p> <p>HR Performance Reports</p> <p>Equality &amp; Diversity Training</p> <p>Diversity Impact Assessments</p> | <p>Disability Symbol Award</p> <p>IWL Validation Report</p> <p>Employee feedback</p> <p>Race Equality Scheme</p>   |  |  |
| f) Meet the existing performance requirements set out in Appendix 1.   | The organisation does not meet performance targets   | Governance Risk | This standard will be measured through the resources assessment.  |   |  |  |  |
| C8 Healthcare organisations support their staff through  |  |                 |   |   |  |  |  |
| a) Having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service deliver, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and | The organisation does not have adequate processes to allow staff to raise in confidence issues relating to the appropriateness of the service. | Governance Risk | <p>Whistle blowing / Openness policies</p> <p>NHS Staff Survey</p>  | <p>Supporting Openness Policy</p> <p>NHS Staff Survey Results</p>   | <p>Board approved Supporting Openness Policy</p> <p>NHS Staff Survey:</p> <p>100% Staff were aware of confidential system for reporting concerns</p> <p>89% Staff knew how to report</p> |  |  |



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| C9<br>Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment the record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required. | Inappropriate management of records and their disposal | Governance Risk | Healthcare Commission PIs in completeness of ethnic coding in workforce datasets  |  | IWL Self Assessment Report 2005  | IWL Validation Report 2005 | Internal Audit Review |   |
|  |  |                 | IWL – evidence of building a diverse workforce to reflect the local community, evidence of working towards priorities and targets in The Vital Connection (equality and diversity standard – practice plus) |  |  |                            |                       |   |
|  |  |                 | Information Governance toolkit (NHSIA)  | Information Governance Tool Kit  | HORUS Scorechart 56% Compliance  |                            |                       | Lack of independent assurance of submission data                          |
|  |  |                 | Board Level responsibility clearly defined and delegated throughout the organisation.   | Records Management Policy<br>Job Descriptions<br>Clinical Care Records Group Minutes | Information Governance toolkit incorporates Management of medical records evidence.  |                            |                       | Further development of audit process and sources of independent assurance |
|  |  |                 | Freedom of information training, Data Protection and Caldicott Guardian Training – full training for all existing staff with induction training for new staff   | Training Presentation<br>Health Record Audits  | NHS Staff Survey: 57% Staff receive computer training 65% staff received training on how to handle confidential information. |                            |                       | Further development of evidence of training                               |
|  |  |                 | Health Care Record Audit System<br>Storage & retention Policies   | Clinical Record Audits<br>Health Care Records audit database                         | Information Governance Toolkit monitored by Internal Audit   |                            |                       | Further development of process to facilitate independent assurance        |
|  |  |                 |   | Healthcare Records Audit Tool Profoma  | NHS Information Authority Monitoring   |                            |                       |   |

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| C10<br>Healthcare<br>organisations: |  |  |  | Healthcare records<br>Audit Report              | QOF Results |  | Lack of<br>independent<br>assurance  |
|                                     |  |  |  | HV Liaison Slips<br>from A& E<br>Department     |             |  |  |
|                                     |  |  | Clinical Care Records Group                            | Clinical Care<br>Records Group<br>TOR & Minutes |             |  |  |
|                                     |  |  | Health Records transfer process                        | Included in IG<br>Toolkit                       |             |  |  |
|                                     |  |  | Healthcare records tracer system                       | As above  |             |  |  |
|                                     |  |  | Safe Haven Procedure for sharing of all<br>information | As above  |             |  |  |
|                                     |  |  | Information Labelling & Handling Policy<br>(Draft)     | As above  |             |  |  |
|                                     |  |  | Information Classification Guidelines<br>(Draft)       | As above  |             |  |  |
|                                     |  |  | Information Security Policy (Draft)                    | As above  |             |  |  |
|                                     |  |  | Medical Illustrations (Draft)                          | As above  |             |  | Development<br>of audit<br>process for<br>management<br>of Medical<br>Illustrations        |
|                                     |  |  | Storage & Disposal of Medical Policy<br>(Draft)        | As above  |             |  | Development<br>of audit<br>process for<br>storage and<br>disposal of<br>medical<br>records |

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| a) Undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with appropriate bodies; and | The organisation employs inappropriate staff (i.e. without appropriate qualifications or necessary probity checks). | Governance Risk | <p>NHSLA: Risk Management Standard for Primary Care Trusts – criterion 6 (validation and ongoing monitoring of registration policy)</p> <p>Operational Procedure for Professional Registration of Doctors, Dentists, Nurses and Allied Health Professionals</p> <p>Recruitment and Selection Policy</p> <p>Volunteers Policy</p> <p>Appraisals</p> <p>Workforce Review/Evidence based training</p> <p>Designated lead responsible for implementation, monitoring and review of HR Policies</p> <p>Applying for Criminal Records Bureau Enhanced Disclosure Checks</p> <p>Criminal background Checks Guidelines for Managers</p> | <p>Endorsed by HR Committee</p> <p>Board Endorsed Recruitment &amp; Selection Policy</p> <p>Evidence of Identity, Health and Checks with Statutory bodies being undertaken</p> <p>Head of HR Job Description</p> <p>Evidence of CRB checks being undertaken</p> | <p>NHSLA Assessment Level 1A 75% Compliance</p> <p>IWL Practice Plus Accreditation</p> <p>Audit Reports</p> <p>LCFS Fraud Specialist</p>    |  |  |
| b) Require that all employed professionals abide by relevant published codes of professional practice  | Colleagues do not behave professionally   | Governance Risk | <p>NHS staff survey questions on training received/PDP/Health and safety</p> <p>NHSLA: Risk management Standards for Primary Care Trusts – criterion 11 (mandatory and statutory training)</p>  | <p>2005 Staff Survey Questionnaire</p> <p>Mandatory Training Records</p> <p>NHSLA Assessment process</p>  | <p>2005 NHS Staff Survey 91% positive of receipt of Health and safety training</p> <p>NHSLA Report Level 1b criterion 1B 56% Compliance</p> |  |  |



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| C11<br>Healthcare organisations ensure that staff concerned with all aspects of the provision of health care: |  |  | <p>DH estates and facilities Estates Return Information Collection (ERIC) – staff receiving health and safety training and fire training.</p> <p>DH QOF date – education and training</p> <p>IWL – evidence of accessible training and development packages for all staff (training and development standards – practice plus)</p> | <p>QOF Assessment process</p> <p>IWL Self Assessment Report 2005</p> <p>Learning &amp; Workforce Development Group</p> | <p>ERIC Returns</p> <p>QOF Assessment Results</p> <p>IWL Validation Report 2005</p>   |  |  |
|   |  |  | <p>NHS staff survey questions on work-life balance/unpaid hours/support received for their work.</p> <p>Recent CHI/Healthcare Commission CGR summary scores on staffing and staff management, and training and education.</p>  | <p>Staff Survey</p> <p>Qualifications checked as part of Identity checks</p>   | <p>2005 NHS Staff Survey:<br/>Work Life Balance 87% Positive;<br/>Work more than contracted hours to meet deadlines 53% Support from Manager 89% positive</p> <p>Checks with appropriate professional bodies &amp; evidence of registration</p> |  |  |

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|  |  |  | <p>Staff turnover and vacancy rates</p> <p>Activity for critical staff groups</p> <p>IWL – evidence of reviewing and changing working arrangements for staff, treating staff with dignity and respect (training and development standards – practice plus)</p> | <p>IWL</p>  | <p>IWL Practice Plus Accreditation Report</p>  |  |  |
|  |  |  | <p>NHS staff survey questions on training and development/PDP</p>  | <p>Staff Survey</p>                                       | <p>NHS Staff survey results 65-91% Positive on training issues</p> <p>92% Positive on PDP agreed within last 12 months</p> <p>82% Positive on training and development received from the plan.</p> <p>89% Positive Manager supporting accessing training and development</p> |  |  |
|  |  |  | <p>NHS Plan Dataset – workforce planning</p> <p>NHSLA Risk Management Standards for Primary care Trusts – criterion 11 (mandatory and statutory training)</p> <p>Recent CHI/Healthcare Commission CGR summary scores education and training.</p>               |   | <p>NHSLA Level 1B report Criterion 1B11 56%</p>  |  |  |
|  |  |  | <p>Appraisal Process</p>   | <p>Staff Appraisals</p> <p>Appriaser Feedback Reports</p> | <p>NHS Staff Survey</p>  |  |  |

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| b) Participate in mandatory training programmes; and   | Mandatory training is not undertaken                           | Governance Risk | <p>NHS staff survey questions on training received/PDP/Health and safety</p> <p>NHSLA: Risk management Standards for Primary Care Trusts – criterion 11 (mandatory and statutory training)</p> <p>DH estates and facilities Estates Return Information Collection (ERIC) – staff receiving health and safety training and fire training.</p> <p>Healthcare Commission complaints data (fitness, people, organisation of staff, employer quality, people)</p> <p>IWL – evidence of accessible training and development packages for all staff (training and development standards – practice plus)</p> <p>DH QOF date – education and training</p> | <p>2005 Staff Survey Questionnaire</p> <p>Learning &amp; Workforce Development Group Minutes</p> <p>Mandatory Training Records</p> <p>IWL Self Assessment Report 2005</p> | <p>2005 Staff Survey 81% Staff receive Health &amp; Safety training.</p> <p>NHSLA Report Level 1b 56% Compliance</p> <p>ERIC Returns</p> <p>IWL Validation Report 2005</p> <p>QOF Information</p>  |  |
| c) Participate in further professional and occupational development commensurate with their work throughout their working lives. | Staff do not maintain and appropriate and professional service | Governance Risk | <p>NHS staff survey questions on development plans/training</p>   | <p>2005 Staff Survey Questionnaire</p> <p>Appraisal Policy &amp; Procedure</p> <p>Workforce Development Plan</p> <p>IWL Self Assessment Report 2005</p>                   | <p>NHS Staff survey results 65-91% Positive on training issues</p> <p>92% Positive on PDP agreed within last 12 months</p> <p>82% Positive on training and development received from the plan.</p> |  |

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| C12<br>Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied. | Poor systems may lead to inappropriate or uncontrolled research | Governance Risk | <p>Reports from professional and registration bodies (e.g. royal college training reports)</p> <p>Healthcare Commission complaints data (fitness, people, organisation of staff, employer, quality, people).</p>                    |  | 89% Positive Manager supporting accessing training and development 2005 Staff Survey Report  |  |  |
|   |   |                 | <p>IWL – evidence of accessible training and development standards – practice plus)</p> <p>DH QOF data – education and training</p> <p>Clinical Effectiveness Processes &amp; Procedures;</p> <p>Research Governance Framework;</p> | <p>Clinical Effectiveness Task Group TOR;</p> <p>Clinical Effectiveness Task Group Minutes;</p> <p>Research and Development Task Group Minutes;</p> <p>HPCT protocol for the implementation of NICE guidance</p> <p>Strategy for Clinical Effectiveness</p> <p>Regional RM&amp;G unit (Joint system of</p> | <p>HR Committee Approval</p> <p>IWL Validation Report 2005</p> <p>QOF Assessment Report</p> <p>CE Task Group (formerly R&amp;D Task Group) reports through Clinical Governance sub-committee Minutes;</p> <p>Annual report submitted to Department of health on performance of</p> |  |  |

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| <p>C13<br/>Healthcare organisations have systems in place to ensure that:</p> <p>a) Staff treat patients, their relatives and carers with dignity and respect;</p> | <p>People not treated appropriately</p> | <p>Patient Focus</p> | <p>Essence of Care;<br/>Sure Start health visitors<br/>Sure Start Nurseries</p> | <p>Research Governance Managed by the RM&amp;G unit (based in Durham Dales PCT), which receives NHS R&amp;D funding to manage Research on behalf of 11 PCTs)</p> <p>Strategy for Clinical Effectiveness;</p> <p>RM&amp;G in primary care Info pack;</p> <p>Clinical Governance Bulletin.</p> <p>Essence of Care Group TOR</p> <p>Board approved Dignity at Work Policy May 2004</p> <p>Nursing Collaborative TOR;</p> <p>Nursing Collaborative Leaflet</p> <p>Essence of Care and Nursing collaborative TOR</p> <p>Essence of Care Minutes</p> | <p>Durham Dales PCT RM&amp;G Unit; RM&amp;G Unit reports directly to internal audit annually on Research Governance performance for each PCT;</p> <p>Annual Patient Survey for Healthcare Commission</p> <p>Dignity &amp; respect Question 32 96% Positive</p> <p>Audit of Nursing Collaborative reviewed by SHA</p> |  | <p>Further independent assurance to be developed with PPI Forum and</p> <p>Community Network</p> |
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|  |  |  | PALS, Incident & complaints reporting | <p>Consent Policy in Draft</p> <p>Induction Programme</p> <p>Board approved complaints policy and procedure 7th October 2004</p> <p>Quarterly Reports to Board</p> <p>Board approved incident and SUI reporting policies</p> <p>Staff training on Complaints, PALS and Incident Reporting.</p> <p>Complaints Advice / Self Help pack ICAS, Healthcare Commission and Ombudsman leaflets</p> <p>Board approved Supporting Openness at work policy July 2005;</p> <p>PALS service Leaflet, policies and procedures</p> <p>PALS service Leaflet, policies and procedures</p> | <p>HCC and Ombudsman investigation of complaints</p> <p>ICAS reports</p> <p>PPI Forum reports</p> <p>CNST Reports</p> <p>NPSA reports</p> <p>PALS active signposting and referral system approved by Legal Services Commission</p> <p>Quality Mark for PALS awarded by Legal Services Commission September 2004</p> |  | <p>Need to develop links with ICAS provider that comes into effect 1/4/06</p> <p>Further independent assurance to be developed with PPI</p> <p>Forum and Community Network</p> |
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| b) Appropriate consent is obtained when required for all contacts with | Acting without consent | Patient Focus | Equality and Dignity of Patients protocol                     | Health Action Link and PALS Newsletters                              | Client Satisfaction Survey of PALS 72% Excellent/Good Overall                   | Redevelopment of PPI Sub Committee is required to include OSC and new ICAS provider and to report to Health and Social Care Strategy Group |
|  |                        |               |   | PCT contracts translation services from Language Line                | Reports of Hartlepool All Ability Forum   |  |
|  |                        |               |   | PCT contracts Lipspeaking and deaf signing services                  | Tees Valley and Durham Communication Support Service agreement                  |  |
|  |                        |               |   | Board Approved Patient and Public Involvement Policy and Action Plan | PPI Forum inspection visit reports  |  |
|  |                        |               |   | Board reports on PPI Activity  | Annual Patient Survey for Healthcare Commission reported to Board 4 August 2005 |  |
|  |                        |               |   | PPI Toolkit for staff  |   |  |
|  |                        |               |   | Hartlepool PCT Race Equality Action Plan                             | (Minute 2005/314)   |  |
|  |                        |               |   | Hartlepool PCT Bereavement leaflet                                   | Equality & Diversity Audit by SHA October 2005                                  |  |
|  |                        |               |   | KSF Outline: Equality CORE competency 5                              |   |  |
|  |                        |               | Consent Policy<br>Training in consent and use of information; | Consent Policy<br>Induction Programme                                | NHSLA Report Level 1B 8.1 67%   |  |

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| <p>patients and for the use of any patient confidential information; and</p> <p>c) Staff treat patient information confidentially, except where authorised by legislation to the contrary.</p>  | <p>Failure to maintain confidentiality</p>           | <p>Patient Focus</p> | <p>Procedures in place to ensure consent ID obtained e.g. legal cases etc.</p> <p>Guidance and communications available to ensure compliance</p> <p>Calls to Healthcare Commission Helpline – coded as confidentiality/medical records – National Tracing</p> | <p>Freedom of information Policy</p> <p>Code of Confidentiality Policy</p> <p>Disciplinary Procedure</p> <p>Data Quality Policy</p> <p>E Mail Policy</p> <p>Caldicott Guardian Delegated Authority</p> |   |  | <p>Lack of audit of effectiveness of policies</p> <p>Lack of independent assurance</p> <p>Lack of assessment of effectiveness of guidance</p> |
| <p>C14</p> <p>Healthcare organisations have systems in place to ensure that patients, their relatives and carers</p> <p>a) Have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;</p> | <p>Insufficient inappropriate complaints process</p> | <p>Patient Focus</p> | <p>Healthcare Commission complaints data (complaints handling, length of time to complete complaint, communication, general complaints handling, objectivity)</p>   | <p>Induction Programme</p> <p>Board approved complaints policy and procedure 7th October 2004</p> <p>Quarterly Reports to Board</p> <p>Complaints Advice / Self Help Pack</p>                          | <p>Healthcare Commission and Ombudsman investigation of complaints</p> <p>ICAS reports</p> <p>PPI Forum reports</p> <p>CNST Reports</p> |  |   |



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| b) Are not discriminated against when complaints are made; and | Discrimination takes place | Patient Focus | DH Estates and Facilities ERIC – facilities complaints<br><br>Healthcare Commission complaints data (complaints handling, length of time to complete complaint, communication, general complaints handling, objectivity) | <p>ICAS, Healthcare Commission and Ombudsman leaflets</p> <p>Board approved Supporting Openness at work policy July 2005;</p> <p>PALS service Leaflet, policies and procedures</p> <p>Staff training on Complaints, PALS and Incident Reporting</p> <p>Hartlepool PCT</p> | <p>Hartlepool Carers reports</p> <p>Hartlepool All Ability Forum reports</p> <p>Neighbourhood Consultative Forum reports</p> <p>NPSA reports</p> <p>PALS active signposting and referral system approved by Legal Services Commission Quality Mark for PALS awarded by Legal Services Commission September 2004</p> <p>Client Satisfaction Survey of PALS 72% Excellent/Good Overall</p> <p>ERIC Return</p> <p>Equality &amp; Diversity Audit by SHA October 2005</p> |  |  |
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| c) Are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery | Failure to act upon receipt of appropriate information | Patient Focus | <p>DH complaints returns – responses in 20 working days; unresolved complaints</p> <p>Healthcare Commission complaints data (complaints handling, length of time to complete complaint, communication, general complaints handling, learning from complaints).</p> | <p>Race Equality Action Plan</p> <p>PCT contracts translation services from Language Line</p> <p>PCT contracts Lipspeaking and deaf signing services</p> <p>KSF Outline: Equality CORE competency 5</p> <p>Health Action Link and PALS Newsletters</p> <p>Quarterly Reports to Board</p> <p>PALS service Leaflet, policies and procedures</p> | <p>Tees Valley and Durham Communication Support Service agreement</p> <p>Annual Patient Survey for Healthcare Commission</p> <p>PPI Forum inspection visit reports</p> <p>Healthcare Commission and Ombudsman investigation of complaints</p> <p>ICAS reports</p> <p>PPI Forum reports</p> <p>NPSA reports</p> <p>PALS active signposting and referral system approved by Legal Services Commission</p> <p>Quality Mark for PALS awarded by Legal Services Commission September 2004</p> <p>Client Satisfaction Survey of PALS</p> |  |
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| <p>C15</p> <p>Where food is provided, health care organisations have systems in place to ensure that;</p> <p>a) Patients are provided with a choice and that is prepared Safely and provides a balanced diet.</p> <p>b) Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.</p> <p>C16</p> <p>Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment</p> | <p>Lack of choice</p> <p>Patients not fully informed</p> <p>Patients not fully informed</p> | <p>Patient Focus</p> <p>Patient Focus</p> | <p>DH Estates and facilities (PEAT) – modernisation aims; food; nutrition; protected meal times</p> <p>Healthcare Commission PI on – better hospital food</p> <p>Healthcare Commission complaints data (hotel services food).</p> <p>Acute Hospital portfolio (AHP) – complaints, catering review</p> <p>DH estate and facilities PEAT – modernisation aims; food and nutritional care</p> <p>Healthcare Commission PCT patient survey on meals</p> <p>Healthcare Commission complaints data</p> <p>Other</p> <p>Guidance and template for staff on patient information</p> <p>QA documents for patient leaflets</p> <p>Patient Information Guidance</p> <p>Patient Information Group</p> <p>Communications Strategy and Action Plan 2005/2006</p> <p>Patient Information Leaflet</p> <p>QOF data – patient communication</p> | <p>CNST</p> <p>Patient Information Group minutes &amp; TOR</p> <p>Feedback on Guides to Services Document</p> <p>Record of updates to Your Guide for Services</p> | <p>Work with Tees and Co. Durham PCTs on joint Prospectus</p> <p>Patient Prospectus in Yellow Pages</p> |  |  |
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| C17  |                              |                                 |   |  |   |  |  |
| The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services | Stakeholder views not sought | Access and Responsive care Risk | <p>Recent CHI Healthcare Commission CGR Scores patient and public involvement</p> <p>PPI Forum</p> <p>Neighbourhood Consultative forums</p> <p>NHS survey – relationship with community</p> <p>NHS plan database – engagement</p> | <p>Board Approved Patient and Public Involvement Policy and Action Plan</p> <p>Board reports on PPI Activity</p> <p>Minutes of meetings</p> <p>PPI Toolkit for staff</p> | <p>Independent Analysis of Acute Services Review Consultation by RocketScience Ltd</p> <p>PPI Forum Reports</p> <p>Neighbourhood Consultative Forum reports</p> <p>Overview and Scrutiny Committee Reports</p> <p>2005 NHS HCC Patient Survey: better information &amp; more choice – Band 3; Building closer relationships – Band 3</p> <p>Stakeholder Engagement Log</p> <p>Community Network reports</p> <p>Darzi Report</p> <p>PPI involvement in Headland Surgery Development</p> <p>PPI Involvement in Owton Rossmere Development</p> |  |  |

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| C18  |   |                            |   |   |  |  |  |
| Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably. | Not all members of the population have access to services | Access and responsive care | <p>Primary Care Needs Assessment SSDP/LIFT</p> <p>PCT Primary Care Strategy</p> <p>Milestone Stages for Choose &amp; Book</p> <p>PSA Choose &amp; Book LDP aim</p> <p>PSA Choice Targets</p> <p>Patients referred directly from Optometrists to team.</p> <p>CABAL and <a href="http://www.nhs.uk">www.nhs.uk</a></p> <p>PPI Plan and Neighbourhood Forum</p> <p>PPI Forum</p> <p>GP's with Specialist Interests (Heart, Drug abuse, Pain and Palliative Care)</p> <p>The PCT has agreed with local provide to commission additional staff to manage the Choice offer for CHD patients.</p> | <p>Tees Choose &amp; Book Project Plan Hartlepool Choose &amp; Book trajectories</p> <p>Commissioning Rules and DOS for Choice Targets</p> <p>Individual systems in place for 2 week wait, Cataract choice &amp; CHD choice</p> <p>Tees PCT's 'Choice Team to manage 6month wait process</p> <p>PPI input into patient information</p> <p>GP with specialist interest</p> | <p>Healthcare Commission Performance Report Results</p> <p>QOF Results</p> <p>Monitoring and Performance Reports</p> <p>PPI Forum Minutes</p> <p>Patient Survey Results</p> <p>NHS Performance Report Band 4</p> |  |  |

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| C19  |  |                    | This standard will be measured under the existing targets and new national targets assessments.  |   |   |  |  |
| <p>Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and with nationally agreed timescales, and all patients are able to access services with national expectations of access to services.</p>                                      |  |                    |  |   |   |  |  |
| <p>C20</p> <p>Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:</p> <p>a) A safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and</p> | Patients, staff, visitors are not safe | Environmental Risk | <p>IWL – healthy workplace</p> <p>DH estates and facilities (ERIC) – estates development strategy; proportion of relevant staff receiving fire safety training, health and safety training; fires and false alarms; RIDDOR incidents per occupied area.</p> <p>Health &amp; Safety Group<br/>Health &amp; Safety Policy<br/>Fire Policy<br/>Designated Health &amp; Safety Lead</p> <p>Health &amp; Safety Audit Inspections</p> <p>Health &amp; Safety audit tool</p> | <p>Improving working lives assessment</p> <p>Induction training</p> <p>Health &amp; Safety Group Minutes</p> <p>H&amp;S Audit Reports</p> <p>Risk Assessments</p> | <p>IWL accreditation Practice Plus Report Health Workforce Indicators 39</p> <p>ERIC Returns</p> <p>HSE Inspection Report</p> <p>HCC Performance Report – Level 3</p> |  |  |

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|  |  |  | <p>Premises Accreditation Documentation</p> <p>SLA with North Tees &amp; Hartlepool NHS Trust for Fire and Safety Advice</p> <p>Incident Reporting Process</p> <p>NHS staff survey questions on uptake of health and safety training; incidents which are harmful to patients or staff; harassment, bullying and physical violence towards staff.</p> <p>Incident Reporting Procedure</p> <p>Conflict Resolution training</p> <p>ID Badge Procedure</p> <p>Managing Violence Policy</p> <p>NHSLA Risk Management standards for primary care trusts – criteria 1, 2 and 11 (corporate and individual accountability for risk, including strategy and organisational structure; incident reporting and management; mandatory and statutory training)</p> <p>Manual Handling training</p> | <p>Accreditation assessments</p> <p>SLA</p> <p>Register of fire alarms</p> <p>CG Sub-committee minutes</p> <p>Risk Management sub-committee minutes</p> <p>2005 NHS Staff Survey</p> <p>LMS minutes</p> <p>Incident Report Forms</p> <p>Risk Management sub-committee minutes</p> <p>Risk Register</p> <p>Risk Assessment</p> <p>Risk Management Reports</p> <p>Management Team Reports</p> <p>Board Minutes</p> | <p>Annual Health &amp; Safety Report</p> <p>Fire Brigade Inspections</p> <p>RIDDOR Reports</p> <p>HSE Reports</p> <p>2005 NHS Staff Survey results: 91% Positive for staff receiving Health &amp; Safety Training</p> <p>89% Staff would know how to report negligence /wrongdoing</p> <p>75% Staff received training in how to handle violence to staff/ patients/service users</p> <p>NHSLA Assessment Level 1B</p> <p>Criterion 1 86%</p> <p>Criterion 2 50%</p> <p>Criterion 11 56%</p> |  |  |
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| b) Supportive of patient privacy and confidentiality.  | Privacy/ confidentiality is not maintained  | Environmental Risk | <p>Counter Fraud and Security Management Service – implementation of security arrangements; violence and aggression incidents; competence in security management; training accreditation for security.</p> <p>SLA's for Estate Maintenance</p> <p>Asset Register</p> <p>Emergency Planning Group</p> <p>Estates Strategy Document</p> <p>Hartlepool Primary Care PPI Forum Review</p> <p>Premises Board Funding Application to provide patient confidentiality</p> <p>Quality Outcomes Framework</p> | <p>CFMS Minutes</p> <p>LMS Minutes of Meetings</p> <p>Teeswide LSM Specialist</p> <p>Estate Strategy Minutes of meetings</p> <p>Minutes of meetings</p> <p>Estates Meetings Minutes</p> <p>Reports to Primary Care Team</p> <p>Acceptance of Funding applications</p> <p>Inspection Reports</p> <p>Minutes of meetings</p> | <p>Tees-wide Accredited Security Manager</p> <p>National Patient Survey Results</p> <p>QOF Results</p> <p>PPI Forum Reports</p> <p>Survey results Level 3</p> |  |  |
| C21<br>Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical area that meet the national specification for clean NHS premises | Environments are not conducive to good care | Environmental Risk | <p>Inspection of premises undertaken through Primary Care PPI Forum</p> <p>GP Practices DDA audit completed in 2000</p> <p>Dental Practices DDA Audit completed in 2004</p> <p>Healthcare Commission PCT patient survey – cleanliness of surgery.</p> <p>Control of Infection and Decontamination Groups</p>   |  |   |  |  |



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| <p>C22</p> <p>Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) Co-operating with each other and with local authorities and other organisations</p> | <p>Organisations fail to work together towards shared priorities strategies &amp; Targets</p> |  | <p>Local Delivery Plan NHS Plan database – developing future LDP processes</p> <p>Local Delivery Plan Returns (LDPR) – consultant and specialist public health staff in PCTs</p> <p>Health &amp; Care Strategy Group Terms of Reference</p> | <p>Board endorsed Local Delivery Plan</p> <p>Planning Group submissions to the LDP Process</p> <p>Board endorsed Business Plan</p> <p>Web-based information from the Public Health Intelligence Service</p> <p>Health &amp; Care Strategy Group Minutes (12 months)</p> <p>Planning Group submissions to the LDP Process</p> <p>Interactive Public Health profiles for users of the Electronic Maps of Electoral Wards and Wards in Numbers &amp; Graphs via <a href="http://www.phnet.or.uk">www.phnet.or.uk</a></p> | <p>SHA Monitoring</p> <p>Neighbourhood action plans</p> <p>Board endorsed Business Plan</p> <p>Documented Board Endorsed Public Health Strategy</p> <p>Hartlepool Partnership Strategy Papers</p> <p>SHA Health and Health inequalities framework</p> |  |  |
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|  |  |  | Hartlepool Partnerships Terms of Reference             | Hartlepool Partnership Minutes (12 Months)                          | Local Transport Plan                                  |  |  |
|  |  |  | Mental Health LIT Terms of Reference                   | List of Board & PEC seminars<br>Mental Health LIT Minutes (12 Mths) |   |  |  |
|  |  |  | Diabetes LIT Terms of Reference                        | Diabetes LIT Terms of Reference                                     |   |  |  |
|  |  |  | Older Persons LIT Terms of Reference                   | Older Persons LIT Minutes (12 Mths)                                 |   |  |  |
|  |  |  | Teenage Pregnancy Partnership Board Terms of Reference | Teenage Pregnancy Partnership Board Minutes (12 mths)               |   |  |  |
|  |  |  | Drug Treatment Strategy Group Terms of Reference       | Drug Treatment Strategy Group Minutes (12 mths)                     |   |  |  |
|  |  |  |  | HCC Performance Ratings 93% of drug misusers accessing services.    |   |  |  |
|  |  |  | Safer Hartlepool Partnership Terms of Reference        | Safer Hartlepool Partnership minutes                                |   |  |  |
|  |  |  |  | Hartlepool Sure Start Annual Reports                                |   |  |  |
|  |  |  |  | Multi-link Team Project Report.                                     | Multi-link Team Minutes (12 Mths)                     |  | Project Report only, no TOR or minutes |
|  |  |  |  |   | Exercise for Life Reports                             |  |  |
|  |  |  |  | Health Overview & Scrutiny Overall Programme                        | Health Overview & Scrutiny Committee Minutes (05 -06) |  |  |

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| <p>b) Ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and</p>                | <p>The information in the report does not inform policies and practices</p>    |  | <p>Annual Public Health Report</p>                                   | <p>Primary Care Strategy</p>                            | <p>Neighbourhood Renewal Strategy and Community Strategy</p>  |  |  |
|  |  |  | <p>Healthcare Commission Pls in health equity audit</p>              | <p>CHD Health Equity Audit Mending Hearts</p>           | <p>Local Area Agreement</p>   |  |  |
|  |  |  | <p>Department of Health – PSA targets (health of the population)</p> |   | <p>Board approval of Director of Public Health Annual Report</p>  |  |  |
|  |  |  | <p>See a) above</p>  |   | <p>Health Equity Audit Self-Assessment (Board &amp; PEC Seminar Session on Health Equity Audit and subsequent Board Paper</p> |  |  |
| <p>c) Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships.</p> | <p>Partnership mechanisms are not used to forward the Public Health Agenda</p> |  |  |   |   |  |  |
| <p>C23</p>   |  |  |  |   |   |  |  |
| <p>Healthcare organisations have systematic and managed disease prevention and Health Promotion.</p>                                 | <p>Programmes do not meet the requirements</p>                                 |  | <p>Public Health Strategy</p>  | <p>Public Health Strategy Action Plans and guidance</p> |   |  |  |

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| <p>programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections</p> <p>C24</p> <p>Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services</p> |  |  |   |                                |  |  |  |
|  | There is not a planned prepared and practiced response in the event of an emergency and the population's health and safety is threatened |  | <p>Major Incident Plan</p> <p>Outbreak Control Plan</p> <p>Flu Pandemic</p> <p>Business Continuity Plan</p> | Documented Table Top Exercises | <p>6 month assessment from HEPA (HPU)</p> <p>Risk Assessments of hazards to local population</p> |  |  |

**Response of the Adult and Community Services & Health Scrutiny Committee to:-**

**Hartlepool PCT – Draft Declaration**

A meeting of the Adult and Community Services and Health Scrutiny Forum was held on 18th October 2005. At that meeting the Forum considered information submitted to them with reference to Hartlepool PCT's Healthcare Commission Draft Declaration. The following were the views expressed by the Forum:-

- The Forum welcomed the submission of the Draft Declaration by the PCT
- The Forum expressed concerns around local awareness of 'out of hours' Healthcare Services.
- With regard to Core Standard C9 and C13(c) the Forum expressed concern around Patient Confidentiality and Data Protection. However, this issue was addressed by the PCT at the meeting.
- The Forum noted with some concern the financial difficulties which Hartlepool PCT is facing. The Forum wished to emphasize that patient care and clinical services should not suffer as a consequence.

## ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM



**Report of:** Scrutiny Support Officer

**Subject:** NORTH TEES AND HARTLEPOOL NHS TRUST–  
'ANNUAL HEALTHCHECK'

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### 1. PURPOSE OF REPORT

- 1.1 To introduce representatives of North Tees and Hartlepool NHS Trust, in attendance at today's meeting to address the Forum in respect of the Final Declaration around the Annual Healthcheck.

### 2. SETTING THE SCENE

- 2.1. As the Forum is aware, under a new quality checking regime of the Healthcare Commission, health scrutiny committee's have the opportunity to comment on Trust performance. Any comments made by a Health Scrutiny Forum will be inserted into the Trust's declaration of performance against the standards as unedited contributions.
- 2.2 The Forum contributed to North Tees and Hartlepool NHS Trust's Draft Declarations in October. The Forum now has an opportunity to contribute to the final declaration.
- 2.3 The Trust has prepared a paper which is attached (**Appendix A**). The paper explains the standards to be met, describes performance against those standards and the process to be followed in submitting the declaration.
- 2.4 The Forum is required to decide whether, following discussion the previous submission remains representative of the Forum's views or whether it is felt a fresh submission is required to document the views in relation to the performance of North Tees and Hartlepool NHS Trust.

### RECOMMENDATIONS

1. That the Forum considers the attached paper and the evidence received from the North-Tees and Hartlepool NHS Trust.

2. That the Forum determines whether to make a fresh submission to the Healthcheck process or reaffirms the views expressed in its previous submission (**Appendix B**).

## **BACKGROUND PAPERS**

The following background papers were used in the preparation of this report:-

Please see the attached paper from the North-Tees and Hartlepool NHS Trust and the previous letter from the Forum to the Trust with reference to the Draft Declaration process.

**Contact Officer:-** Sajda Banaras – Scrutiny Support Officer  
Chief Executive's Department - Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 523 647  
Email: Sajda.banaras@hartlepool.gov.uk

**HEALTHCARE COMMISSION**

**Core Standards Assessment Final Declaration**

North Tees and Hartlepool NHS Trust is pleased to advise that other than for the exceptions of Core Standards C5a and C11b, we are pleased to advise of reasonable assurance that there have been no significant lapses in meeting the core standards during the period 1<sup>st</sup> April 2005 – 31<sup>st</sup> March 2006.

For standards C5a and C11b there is insufficient assurance standards for which a lack of assurance leaves the Board unclear as to whether there have been any significant lapses during 05/06.

As such the 2 standards have action plans as attached.

In addition to the standards above the standard C19 relates to services with nationally agreed timescales and will be measured through the existing targets and new National targets assessments. This will be described in greater detail at the meeting.

The aim of the Healthcare Commission is to measure what matters to the patients and the public:-

- Is care safe and clinical effective
- Are services accessible and patient focussed
- Is public money used effectively and efficiently
- Is action being taken to improve and protect the health of local people and to take inequalities

As such the Trust is keen to receive a commentary from the Health Scrutiny and PPI Forums by 24<sup>th</sup> April.

**Carole Pearson**  
**Deputy Director of Clinical Governance**  
**5<sup>th</sup> April 2006**



Assurance Framework (B) – Governance for the Acute Services

| Principal objectives   | Principal risks   |                                  | Key controls | Assurances on Controls | Board Reports   |  |   |
|--|---|----------------------------------|--------------|------------------------|---|--|---|
|  | Principal Risk  | Classification of principal risk |              |                        | Positive Assurances   | Gaps in control                            | Gaps in Assurance   |
| <p>C11 Health care organisations ensure that staff concerned with all aspects of the provision of health care.</p> <p>b) Participate in mandatory training programmes.</p> | Mandatory training is not undertaken  | Governance Risk                  |              |                        | <ul style="list-style-type: none"> <li>CNST – mandatory training-procedures only</li> <li>ERIC returns-% of attendance</li> </ul> | Action plan to address training attendance | Insufficient assurance that all staff participate in Mandatory training |
| Action Plan in place   | <p>The Training and Development Department have developed comprehensive programmes linked to a software management tool for recording and identifying non attendees to training. This is being fed back to departments on a monthly basis and reviewed by Trust Training Strategy Group. Increased work is in place to assure all attend mandatory training. An examination is underway to consider different methodologies for delivery of training packages. In July 2005 the Trust introduced a statutory one day per month starting date for all staff to ensure attendance at Trust Induction on first day of starting. This is regularly monitored on a monthly basis.</p> <p>With effect from 1/4/2006 a revised Trust Training Strategy is to be implemented with the key focus to ensure we are able to demonstrate in year that all staff participate in mandatory programmes of training. The Strategy for 2006/07 requires all managers and supervisory staff to attend a comprehensive mandatory programme and that key trainers will be developed in departments. All staff will complete an annual self assessment against their mandatory requirements (by staff group) indicating how they are keeping updated and identify their training needs. These will be assessed at appraisal.</p> |                                  |              |                        |   |  |   |

Assurance Framework (B) – Clinical and Cost Effectiveness for the Acute Services

| Principal objectives  | Principal risks  |                                    | Key controls   | Assurances on Controls   | Board Reports  |                 |                   |
|---|--|------------------------------------|--|--|--|-----------------|-------------------|
|   | Principal Risk   | Classification of principal risk   |  |  | Positive Assurances  | Gaps in control | Gaps in Assurance |
| <p>C5 Healthcare organisations ensure that:</p> <p>a) they confirm to NICE technology appraisals and where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.</p> | NICE Guidance not followed   | Clinical / Cost Effectiveness Risk | <ul style="list-style-type: none"> <li>Trust policy describes process for the implementation of NICE (also NSF) guidance re Technology appraisals. <ul style="list-style-type: none"> <li>Lead directorate identified</li> <li>Gap analysis for each directorate against guidance</li> <li>Arrange implementation and audit pathways</li> </ul> </li> <li>Consultation on NICE, barriers to implementation feed into LDP process.</li> </ul> | <ul style="list-style-type: none"> <li>Audit processes –outcomes reported to Clinical Effectiveness Committee and onto Governance Committee</li> </ul> | <ul style="list-style-type: none"> <li>Audit processes –outcomes reported to Clinical Effectiveness Committee and onto Governance Committee</li> <li>Participate in local and national audits</li> </ul> |                 |                   |
| Action Plan in place  | <p>Methodology in Trust for dissemination.<br/> All Directorates discuss at meetings.<br/> Patient information leaflets reflect NICE HTAs.<br/> ICPs developed to meet NICE guidance.<br/> NICE features at Governance sessions in all Directorates.<br/> All NICE guidance led by Directorate Leads.<br/> Audit data available (Audit part of forward plan).<br/> RXP Sentinel Stroke Audit evidence available.<br/> MINAP monthly report is best source of evidence.<br/> Within the Trust there are some NICE guidelines which are not fully implemented with evidence of audit, eg. Head Injury Guideline where we have subsequently been advised that this particular guidance is under further review due to current status of non-implementation (nationally).<br/> All Directorates review NICE guidance/compliance routinely with planned implementation, identifying cost implication if funding identified as an issue with commissioners as part of negotiation process.</p> |                                    |  |  |  |                 |                   |

**Response of the Adult and Community Services & Health Scrutiny Committee to:-**

**North Tees and Hartlepool NHS Trust – Draft Declaration**

A meeting of the Adult and Community Services and Health Scrutiny Forum was held on 18th October 2005. At that meeting the Forum considered information submitted to them with reference to North Tees and Hartlepool NHS Trust's Healthcare Commission Draft Declaration. The following were the views expressed by the Forum:-

- The Forum welcomed the submission of the Draft Declaration by the Trust and commended the performance of North Tees and Hartlepool under a number of standards.
- The Forum noted that whilst the Trust is fully compliant with Core Standard 4(a) in relation to MRSA risk control, concern was expressed around the location of the 'Hygiene Handwash' - which was not clearly signposted or located in publicly accessible or prominent locations.
- The Forum noted with some concern the financial difficulties which the Trust is facing. The Forum wished to emphasize that patient care and clinical services should not suffer as a consequence.

## **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

25<sup>th</sup> April 2006



**Report of:** Adult and Community Services and Health Scrutiny Forum

**Subject:** ACCESS TO GP SERVICES – DRAFT FINAL REPORT

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### **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide an overview of this Forum's inquiry into Access to GP Services.

### **2. BACKGROUND INFORMATION**

- 2.1 At the meeting of the (then) Health and Social Care Scrutiny Forum on 28 June 2005 the Forum agreed to explore Access to GP Services as a work programme item for the 2005/6 municipal year.
- 2.2 Scrutiny Co-ordinating Committee subsequently approved this item for the Forum's work programme on 5 August 2005 and the newly constituted Adult and Community Services and Health Scrutiny Forum embarked upon this investigation in December 2005.
- 2.3 In recognition of the work undertaken by Members of Hartlepool Primary Care Patient and Public Involvement Forum (PPI) in relation to Access to GP Services in Hartlepool, Members of the Forum wished to undertake this inquiry in conjunction with the PPI Forum.

### **3. INTRODUCTION - SETTING THE SCENE**

- 3.1 Access to high-quality primary healthcare has a vital role in helping people to live longer and healthier lives. Integration of these services with other community and social care services helps to ensure better co-ordinated support and care for each individual, better management of chronic disease, and reduced need for costly and avoidable hospital care. General practice remains best placed to offer patients their usual point of contact for routine and continuing care, and to help patients to navigate other parts of the system.

- 3.2 In, *A Guide to the NHS for Members and Officers of Health Scrutiny Committees*, general practitioners (GPs) are defined as:

*doctors who work from a local surgery or health centre providing medical advice and treatment to patients who have registered on their list. The majority of GPs are independent contractors providing services to patients through a contract with the local PCT. GPs refer patients who need more help to specialists, such as hospital consultants. Practice nurses based at the surgery usually support the doctor.*

- 3.3 Several years ago the government introduced targets geared towards improving the access of patients. These call for GP's to see patients within 48 hours and nurse practitioners within 24 hours.
- 3.4 Access is a notoriously complex concept and can be interpreted as any of the following:
- (a) A service available for use when needed;
  - (b) Using a service;
  - (c) Having available or using a service that is responsive to clinical needs (both in terms of needs and severity);
  - (d) Having available or using a service that is responsive to individual choices and circumstances, and is convenient to use; and
  - (e) having available or using a service that provides care of high quality (both in terms of delivery and outcome)
- 3.5 Members recognised the problem of access to GP services in Hartlepool and consequently selected the issue as a work programme topic for the 2005/06 municipal year with a five month prescribed timetable for completion.

#### **4. OVERALL AIM OF THE INQUIRY**

- 4.1 The overall aim of the scrutiny inquiry was to examine the current access to GP services within Hartlepool.

#### **5. TERMS OF REFERENCE**

- 5.1 The terms of reference for the Scrutiny Inquiry are outlined below:-
- (a) To gain an understanding of the numbers of GPs and their geographical distribution;
  - (b) To gain an understanding of GP practices in relation to centres of population and transport;
  - (c) To gain an understanding of physical access including waiting times;

- (d) To gain an understanding of hours of operation and out of hours arrangements;
- (e) Knowledge of services available together with an understanding of how to enter the health system;
- (f) To gain an understanding of the availability and use of services;
- (g) To gain an understanding of accessibility for different groups within the local population; and
- (h) To gain an understanding of the quality of service being accessed.

## **6. MEMBERSHIP OF THE FORUM**

- 6.1 The membership of the Adult and Community Services and Health Scrutiny Forum 2005/6 Municipal Year was as detailed below:

Councillors: Clouth (Chair) Cook, Griffin, Kennedy, Lauderdale, Lilley (Vice-Chair), Sutheran, M Waller and Worthy

Resident Representatives: Mary Green and Evelyn Leck

## **7. METHODS OF INVESTIGATION**

- 7.1 Members of the Scrutiny Forum met formally from 13 December 2005 to 25 April 2006 to discuss and receive evidence in relation to this inquiry. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

- 7.2 A brief summary of the methods of investigation are outlined below:

- (a) Detailed Officer reports supplemented by verbal evidence;
- (b) Detailed reports supplemented by verbal evidence by representatives from Hartlepool Primary Care Trust;
- (c) Detailed report supplemented by verbal evidence by Hartlepool Primary Care PPI Forum;
- (d) Presentation supplemented by verbal evidence from Hartlepool Access Group;
- (e) Report supplemented by verbal evidence by Health Scrutiny Support Programme Advisor;
- (f) Written evidence from Cleveland Local Medical Committee;

## SCRUTINY FINDINGS

### 8. GOVERNMENT POLICY RELATING TO ACCESS TO GP SERVICES

- 8.1 Primary health care in the UK has commonly been described as the provision of comprehensive care from a community base, the first point of access to a 24-hour NHS, providing continuous co-ordination and organisation of local medical and social services, including generalist personal and family care undifferentiated by age, gender or disease aiming for universal coverage.
- 8.2 It was evident to Members that the publication of the White Paper '*Our Health, Our Care, Our Say: a new direction for community services*' on 30 January 2006 would inevitably shape much of the discussion in relation to access to GP Services.
- 8.3 The White Paper supports greater personalisation of both health and social care services. It emphasises the importance of access to GP and other services, the provision of greater diversity in service provision and to improvements in the supply of up to date and accessible information to help people play a greater role in self-care and in exercising choice of services.
- 8.4 Members learned that primary medical care delivery and the range of primary care services are changing. General Practitioners no longer have 24 hour responsibility for their registered patients. Primary care can be provided in a wide range of settings including pharmacies, one-stop shops, clinics and hospitals i.e., A&E, specialist clinics. Many of the investigation, diagnostic tests and treatment that were once the domain of the acute hospital setting, can now be accessed in primary care and provided by an array of highly trained general and specialist professionals.
- 8.5 Three new provider contracts (nGMS from April 2004, Community Pharmacy from April 2005 and Dentistry from April 2006) support these aims and offer significant potential to radically reform the range, location and quality of services.
- 8.6 In addition, Practice Based Commissioning will provide a powerful mechanism to achieve greater clinical and public involvement in the planning and commissioning of services that are responsive to individual and community needs.
- 8.7 The Forum noted that whilst the recent D'Arzi review emphasised the need for further development of primary care services in Hartlepool the modernisation of services must avoid the potential for the fragmentation of care, increasing health inequality, or poor access for vulnerable groups and must be delivered within the financial constraints of the PCT.
- 8.8 The Forum established that Hartlepool's Vision for Care will provide the context within which services are developed and delivered.

## 9. NUMBERS OF GP'S IN HARTLEPOOL

- 9.1 The Forum established that the United Kingdom has one of the lowest numbers of doctors per capita in the EU, but has well developed general practice services which are often cited in other parts of the world as offering many benefits. By international standards general practice in England is efficient and of high quality.<sup>1</sup> These benefits mainly derive from the list based system of care based on a life long medical record and the skills of GPs as “specialist generalists” and many countries, including Spain have sought to copy the system.<sup>2</sup>
- 9.2 The Forum noted with concern that it is of relevance that Hartlepool people experience more ill health and disability and higher death rates from diseases such as cancer, heart, circulatory and respiratory disease, than other areas of the country. There is shorter life expectancy for both men and women and nine of the seventeen Hartlepool wards are in the 10% most deprived wards in the country.
- 9.3 This in effect means that the task of providing services to Hartlepool people is not an easy one. Need and subsequently demand for health care is high and this has its impact on the use of services in primary care making access to limited primary care services all the more difficult.
- 9.4 Exacerbating the problem is Hartlepool's low numbers of GPs for the population size. The problem has been one of recruitment – heavy workload in an area of significant deprivation and ill health does not readily attract new doctors.
- 9.5 Department of Health statistics establish that Hartlepool has 47.5 GPs per 100,000 weighted population which means Hartlepool PCT is ranked in the bottom ten percent of PCTs with the fewest doctors.<sup>3</sup> This in effect means that many practices have a higher registered population than is considered appropriate to provide sufficient access to high quality care.
- 9.6 In looking at numbers of GPs Members noted that it is important to take account of significant changes in the way in which doctors practice and the system in which they work. Simple headcounts do not necessarily reflect the availability of GPs. Important factors include:
- (a) An increasing number of doctors now work part time;
  - (b) Doctors may have “portfolio careers” including general practice, and other medical, or non-medical work, such as that for PCTs, the Benefits Agency, research, medical education, and;

<sup>1</sup> Starfield B. *Primary Care: balancing health needs, services and technology*, Oxford University Press, 1998

<sup>2</sup> DOH White Paper *Our health, our care, our say: a new direction for community services*, January 2006, pp57 para, 3.5

<sup>3</sup> DOH Publication and Statistics, press Releases and Statistics: Reid announces ‘Spearhead PCTs to tackle health inequalities, 19/11/2004, DOH General and Personal Medical Services Statistics.



- (c) The changes to contractual arrangements for primary medical services which occurred on 1 April 2004 removed the arrangements to count GPs commitment to patient services contracts, having moved from person based to practice based arrangements.
- 9.7 Members established that Hartlepool has 16 GP practices across the town within which around 59 GPs work (including long term locums). They are supported by nurses employed by the practice themselves and a range of other community staff including nurses, health visitors, allied health professions (e.g. Podiatrists, speech and language therapists etc.)
- 9.8 The Forum acknowledged that Hartlepool PCT has over the last few years invested in the recruitment of salaried GPs to support the practices. This provides additional flexibility to make working in Hartlepool a more attractive proposition.
- 9.9 Whilst the PCT has had some success relatively locally it has also needed to look overseas to attract new GPs to the town. Many of the practices also employ nurses skilled in the management of chronic ill health and nurse practitioners who are able to diagnose and treat in their own right.
- 9.10 Members expressed concern at the potential extra work for GPs as a result of the new White Paper. The Forum learned that no indication has been made around additional funding.

## 10. GEOGRAPHICAL DISTRIBUTION OF GPs in HARTLEPOOL

- 10.1 Evidence was received from Hartlepool PCT at the Forums meeting on 31 January 2006 in relation to the geographical distribution of GPs.

| Practice & No. of Partners                     | Address   | Practice Population | Opening Times   |
|--|---|---------------------|---|
| Dr Awad<br><br><i>Single Handed Practice</i>   | West View<br>Millennium<br>Surgery<br>Brus Corner<br>West View Road<br>Hartlepool<br>TS24 9LA | 4,414               | <b>Monday:</b> 08:30 - 12:0013:30 - 18:00<br><b>Tuesday:</b> 08:30 - 12:0013:30 - 17:30<br><b>Wednesday:</b> 08:30 - 12:0013:30 - 18:00<br><b>Thursday:</b> 08:30 - 12:0013:30 - 18:00<br><b>Friday:</b> 08:30 - 12:0013:30 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed |
| Dr Juhasz<br><br><i>Single Handed Practice</i> | West View<br>Millennium<br>Surgery<br>Brus Corner<br>West View Road<br>Hartlepool<br>TS24 9LA | 1,945               | <b>Monday:</b> 08:30 - 12:0013:30 - 17:30<br><b>Tuesday:</b> 08:30 - 12:0013:30 - 17:30<br><b>Wednesday:</b> 08:30 - 12:0013:30 - 17:30<br><b>Thursday:</b> 08:30 - 12:00<br><b>Friday:</b> 08:30 - 12:0013:30 - 17:30<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed              |
| Dr Ayre & Partners                             | The Health<br>Centre<br>Victoria Road   | 7,251               | <b>Monday:</b> 08:30 - 12:1513:45 - 18:00<br><b>Tuesday:</b> 08:30 - 12:1513:45 - 18:00<br><b>Wednesday:</b> 08:30 - 12:1513:45 - 18:00   |

|   |  |        |  |
|---|--|--------|--|
| 4 Partners<br>1 Part-time<br>PCT salaried<br>GP   | Hartlepool<br>TS26 8DB   |        | <b>Thursday:</b> 08:30 - 12:15 13:45 - 18:00<br><b>Friday:</b> 08:30 - 12:15 13:45 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Dr Bolt &<br>Partners<br><br>5 Partners<br>2 Practice<br>salaried GPs<br>1 full-time PCT<br>salaried GP<br>(Training) | McKenzie House<br>17 Kendal Road<br>Hartlepool<br>TS25 1QU<br><br><b>Branch Surgery</b><br>Throston Grange<br>Medical Centre<br>82 Wiltshire Way<br>Hartlepool<br>TS26 0XT | 16,205 | <b>Monday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Tuesday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Wednesday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Thursday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Friday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed<br><br><b>Monday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Tuesday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Wednesday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Thursday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Friday:</b> 08:45 - 12:30 13:30 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed |
| Dr Brash &<br>Partner<br><br>2 Partners<br>2 PCT salaried<br>GPs<br>1 Practice<br>Salaried GP                         | Chadwick House<br>127 York Road<br>Hartlepool<br>TS26 9DN<br><br>Clinics also<br>offered at<br>Caroline Street   | 10,464 | <b>Monday:</b> 08:30 - 12:15 13:45 - 18:00<br><b>Tuesday:</b> 08:30 - 12:15 13:45 - 18:00<br><b>Wednesday:</b> 08:30 - 12:15 13:45 - 18:00<br><b>Thursday:</b> 08:30 - 12:15 13:45 - 18:00<br><b>Friday:</b> 08:30 - 12:15 13:45 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Dr Dawson<br><br>3 Partners<br>1 Long-term<br>locum   | General Medical<br>Centre<br>Surgery Lane<br>Hartlepool<br>TS24 9DN  | 5,199  | <b>Monday:</b> 08:30 - 12:00 13:30 - 18:00<br><b>Tuesday:</b> 08:30 - 12:00 13:30 - 17:30<br><b>Wednesday:</b> 08:30 - 12:00 13:30 - 17:30<br><b>Thursday:</b> 08:30 - 12:00<br><b>Friday:</b> 08:30 - 12:00 13:30 - 17:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Drs Gupta &<br>Gallagher<br><br>2 Partners  | The Health<br>Centre<br>Victoria Road<br>Hartlepool<br>TS26 8DB  | 3,999  | <b>Monday:</b> 08:30 - 18:00<br><b>Tuesday:</b> 08:30 - 18:00<br><b>Wednesday:</b> 08:30 - 18:00<br><b>Thursday:</b> 08:30 - 18:00<br><b>Friday:</b> 08:30 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Drs Hazle &<br>Peverley<br><br>2 Partners   | The Health<br>Centre<br>Victoria Road<br>Hartlepool<br>TS26 8DB  | 3,855  | <b>Monday:</b> 08:30 - 12:00 14:00 - 17:00<br><b>Tuesday:</b> 08:30 - 12:00 14:00 - 18:00<br><b>Wednesday:</b> 08:30 - 12:00 14:00 - 18:00<br><b>Thursday:</b> 08:30 - 12:00 14:00 - 17:00<br><b>Friday:</b> 08:30 - 12:00 14:00 - 17:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Dr Eaton &<br>Partners<br><br>3 Partners<br>1 Practice<br>salaried GP<br>1 part-time                                  | Grange House<br>Surgery<br>22 Grange Road<br>Hartlepool<br>TS26 8JB<br><br><b>Branch Surgery</b>   | 5,322  | <b>Monday:</b> 08:30 - 18:00<br><b>Tuesday:</b> 08:30 - 17:30<br><b>Wednesday:</b> 08:30 - 12:30<br><b>Thursday:</b> 08:30 - 18:00<br><b>Friday:</b> 08:30 - 18:00<br><b>Saturday:</b> Closed  |

|  |   |       |  |
|--|---|-------|--|
| <i>salaried GP as required.</i>  | Brierton Medical Centre<br>Earlsferry Road<br>Hartlepool<br>TS25 4AZ                    |       | <b>Sunday:</b> Closed  |
| Drs Dunstone & Johnston<br><br><i>2 Partners<br/>1 part-time PCT<br/>salaried GP</i>                                       | Hart Lodge<br>Jones Road<br>Hartlepool<br>TS24 9BD                                      | 5,556 | <b>Monday:</b> 08:30 - 17:30<br><b>Tuesday:</b> 08:30 - 17:30<br><b>Wednesday:</b> 08:30 - 17:30<br><b>Thursday:</b> 08:30 - 17:30<br><b>Friday:</b> 08:30 - 17:30<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Drs Koh & Trory<br><br><i>2 Partners<br/>1 Part-time<br/>PCT salaried GP</i>   | The Health Centre<br>Victoria Road<br>Hartlepool<br>TS26 8DB                            | 5,463 | <b>Monday:</b> 08:30 - 12:30 13:30 - 18:00<br><b>Tuesday:</b> 08:30 - 12:30 13:30 - 18:00<br><b>Wednesday:</b> 08:30 - 12:30 13:30 - 18:00<br><b>Thursday:</b> 08:30 - 12:30 13:30 - 18:00<br><b>Friday:</b> 08:30 - 12:30 13:30 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed |
| Drs Omer & Thakur<br><br><i>3 Partners<br/>1 part-time PCT<br/>salaried GP</i>   | The Headland Medical Centre 2<br>Grove Street<br>The Headland<br>Hartlepool<br>TS24 0NZ | 6,286 | <b>Monday:</b> 08:30 - 18:00<br><b>Tuesday:</b> 08:30 - 18:00<br><b>Wednesday:</b> 08:30 - 18:00<br><b>Thursday:</b> 08:30 - 18:00<br><b>Friday:</b> 08:30 - 17:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Dr Patel<br><br><i>Single-handed Practice.</i>   | The Surgery<br>Station Lane<br>Seaton Carew<br>Hartlepool<br>TS25 1AX                   | 2,551 | <b>Monday:</b> 8.45am – 6pm<br><b>Tuesday:</b> 8.45am – 6pm<br><b>Wednesday:</b> 8.45am – 6pm<br><b>Thursday:</b> 8.45am – 1pm<br><b>Friday:</b> 8.45am – 6pm<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed  |
| Dr Ray<br><br><i>1 Partner<br/>2 Practice<br/>salaried GPs</i>   | Gladstone House Surgery<br>46 Victoria Road<br>Hartlepool<br>TS26 8DD                   | 5,662 | <b>Monday:</b> 08:30 - 12:00 13:15 - 17:30<br><b>Tuesday:</b> 08:30 - 12:00 13:15 - 17:30<br><b>Wednesday:</b> 08:30 - 12:00 15:00 - 19:00<br><b>Thursday:</b> 08:30 - 12:00<br><b>Friday:</b> 08:30 - 12:00 15:00 - 17:30<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed               |
| Dr Singh (PCT Practice)<br><br><i>1 Full time PCT<br/>Salaried GP<br/>1-2 Part-time<br/>salaried GPs<br/>(as required)</i> | Owton Rossmere Resource Centre<br>Wynyard Road<br>Hartlepool<br>TS25 3LB                | 1,256 | <b>Monday:</b> 08:30 - 18:00<br><b>Tuesday:</b> 08:30 - 18:00<br><b>Wednesday:</b> 08:30 - 18:00<br><b>Thursday:</b> 08:30 - 18:00<br><b>Friday:</b> 08:30 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |
| Dr Stoney & Partners<br><br><i>5 Partners<br/>1 Practice<br/>Salaried GP</i>   | Bank House Surgery<br>The Health Centre<br>Victoria Road<br>Hartlepool<br>TS26 8DB      | 8,800 | <b>Monday:</b> 08:30 - 18:00<br><b>Tuesday:</b> 08:30 - 18:00<br><b>Wednesday:</b> 08:30 - 18:00<br><b>Thursday:</b> 08:30 - 18:00<br><b>Friday:</b> 08:00 - 18:00<br><b>Saturday:</b> Closed<br><b>Sunday:</b> Closed   |

10.2 The range of professionals in each of the sixteen practices noted above includes:-

- (a) GPs;
- (b) Nurse Practitioners/Practice Nurses;
- (c) Health Care Assistants;
- (d) Phlebotomists; and
- (e) Pharmacists.

Attached staff includes:

- (f) Midwives;
- (g) Health Visitors; and
- (h) District Nurses

## **11. GP PRACTICES AND TRANSPORT**

11.1 Hartlepool Borough Council has been working with Hartlepool PCT on the development of the Local Transport Plan 2006-2011. The plan identifies that convenient access to high quality health and social care services is essential to improve the health of Hartlepool's population. It states that public transport access to GP surgeries is good with 99% of households within 30 minutes access times.

11.2 The Forum acknowledged that this percentage does not take into account the problems Hartlepool residents have in accessing health services in secondary care as well as primary, because of the location of the treatment, physical inaccessibility, lack of available public transport services and cost of travel. Some of these constraints impact directly on those people living within areas of disadvantage where levels of health are lower.

### **Evidence from Hartlepool PCT**

11.3 Members received evidence in relation to GP practices and transport at the Forums meeting on 31 January 2006. Members were informed that work on the Local Plan is ongoing and a number of areas have been identified where intervention is required.

11.4 Members noted that a collaborative approach is being adopted across the partner agencies to identify and overcome travel barriers to accessing health care in Hartlepool.

### **Evidence from Headland Medical Centre –Site Visit**

11.5 Members attended a site visit on the 21 March 2006 to the Headland Medical Centre to examine a modern medical facility which provides up to date DDA (Disability Discrimination Act) compliant buildings with theatre and recovery facilities.

- 11.6 Members were pleased to view the modern facility and considered the Centre as an excellent example of modern primary care in a community setting.
- 11.7 With regards to transportation, concern was expressed by the Forum around the withdrawal of the No. 5 Bus Service (Headland to West-view) after 5pm which was causing difficulty to a number of patients, a number of whom are elderly patients with mobility problems. It was noted that access problems were exacerbated by the medical centres policy that patients need to attend the surgery to order repeat prescriptions.
- 11.8 Given that the Neighbourhood Services Scrutiny Forum was engaged in a detailed investigation into 'Bus Service Provision in Hartlepool' with the main provider, Stagecoach this issue was re-directed to that Forum for further investigation.
- 11.9 Members also noted that parking facilities especially disabled parking at the Headland Medical Centre were not appropriate, and did not meet the needs of the practice. However, the Forum acknowledged that given the location of the Centre there was very little that the Council could do to address this issue.

#### **Evidence from Cleveland Local Medical Committee (LMC)**

- 11.10 The Forum received written evidence from Cleveland LMC at its meeting on 5 April 2006. The Forum learned that Cleveland LMC is a statutory body representing all National Health Service GPs in an area covered by a particular Health Authority. It includes members elected by GP Principals responsible to that Authority, who represent and are accountable to the GP electorate. Other GPs may be co-opted to represent special groups.
- 11.11 As the local representative committee for independent medical practitioners, Cleveland LMC has the statutory right to be consulted by the Health Authority (Primary Care Trusts) about the administration of GPs' contracts, and the local interpretation of their Terms of Service under the General Medical Services Regulations, including payment arrangements set out in the Statement of Fees and Allowances.
- 11.12 The LMC has many responsibilities including; representing the views of GPs to various stakeholders, including PCT's, local Authorities, NHS Trusts, other professional colleagues, Scrutiny Committees, and MPs, and it liaises with the GPs' national negotiators, the General Practitioners Committee of the BMA (GPC), and with local and national media.
- 11.13 The Forum learned that in the context of transportation, the LMC indicated that comments received from practices, based mainly in the town centre expressed the view that access is not a problem. However, one practice in the north of the town raised concerns that bus services had been cut and that Dial-A-Ride is no longer available.

## 12. PHYSICAL ACCESS TO GP SERVICES

- 12.1 At the Forums evidence gathering meeting on the 31 January 2006 the Forum received evidence from Hartlepool PCT in relation to physical access to GP services.
- 12.2 The evidence submitted drew upon work undertaken by Hartlepool PPI Forum during the summer of 2004, as the PPI Forum carried out a number of monitoring visits to practices throughout the town. Accessibility was one of the areas covered within the reports, although it must be noted that this was in no way a DDA audit. A sample of the results is shown below: -

### PHYSICAL ACCESS

| Monitored                               | Bolt | Dunstone & Johnston | Awad | Patel | Koh & Trory | Juhasz |
|---|------|---------------------|------|-------|-------------|--------|
| Sufficient car parking facilities       | Yes  | Yes                 | Yes  | Yes   | Yes         | Yes    |
| Easily accessible by public transport   | No   | Yes                 | Yes  | Yes   | Yes         | Yes    |
| Building easily accessible for disabled | Yes  | Yes                 | Yes  | Yes   | Yes         | Yes    |
| Disabled parking                        | Yes  | Yes                 | Yes  | Yes   | Yes         | Yes    |
| Easy access to building                 | Yes  | No                  | Yes  | Yes   | Yes         | Yes    |
| Are doors easy to open both ways        | Yes  | Yes                 | Yes  | No    | No          | No     |
| Egress Plan (Means of escape)           | Yes  | No                  | Yes  | Yes   | No          |        |

- 12.3 The Forum noted that whilst the above was not an exhaustive list, it did provide some understanding of patients perceptions of the property being used by GPs in Hartlepool.

### Evidence from Hartlepool PCT

- 12.4 The Forum learned that GP practices and community health services need good quality accommodation from where they can develop and expand high quality services.
- 12.5 The PCT's Vision of care is that all services are easily accessible and Members were pleased to note that the Trust is currently involved in the development of a new primary care centre at the rear of Owton Rossmere Resource Centre on Wynyard Road. The development is part of a LIFT (Local Investment Finance Trust) programme, a private and public partnership. The new building will be state of the art, and designed to be patient friendly and accessible to all.

- 12.6 The LIFT scheme is being developed within Hartlepool to modernise community based health facilities across the town. These new developments will house GPs, nurses, therapists, social workers, home care workers, advice workers and some specialist working in teams. To ensure compliance with the DDA the PCT indicated that an Estates Officer and technical advisers are employed undertake visits to practices and new buildings to ensure action plans are developed in the pursuit of DDA compliance.
- 12.7 Members were also encouraged to note that Hartlepool Primary Care Trust is also developing a significant health facility in the Town Centre. This project will potentially include space for a number of GP practices that have now out grown their current accommodation. It will also be to provide multi functional suites, diagnostic and treatment facilities and a range of community health services.
- 12.8 Members were also pleased to note that funding has been allocated to provide a 'low-liner' bus via the Local Transport Plan which will improve access for patients with mobility problems.

### Evidence from Hartlepool Access Group

- 12.9 At the Forums meeting on 5 April 2006 Members received evidence from Hartlepool Access Group in relation to physical access to GP services. Hartlepool Access Group is a registered charitable organisation striving to ensure that "everyone is afforded equal access to all services, facilities and opportunities.... Regardless of abilities" The Groups mission is to improve services and conditions for people with disabilities who live, work or visit Hartlepool by:
- (a) Empowering individuals;
  - (b) Effecting and influencing change to strategy planning; and
  - (c) Raising awareness on disability issues to all levels.
- 12.10 Members were informed that three key pieces of legislation that relate to access are as follows:-
- (a) Disability Discrimination Act 1995** – Compliance with the DDA became compulsory on 1<sup>st</sup> October 2004. Under this act, all service providers must make reasonable adjustment to accommodate disable people in all public buildings.
  - (b) Part M of the Building Regulations 2000** stipulates regulations that architects, designers planners and access officers work towards.
  - (c) BS8300:2001** was introduced to run alongside Part M of the Building Regulations.
- 12.11 The Forum was informed that Hartlepool Access Group undertakes Access Audits. I.e. a physical inspections on buildings and surrounding areas which highlights the barriers disabled people encounter on a day to day basis.

Hartlepool Access Group highlighted that physical disabilities were not the only form of disability that needed to be accommodated.

12.12 In terms of access to GP Services, a facility would only be compliant with the legislation if the following issues were addressed:-

**(a) Approach** - which includes issues such as dropped kerbs, pavement conditions, disabled parking, street lighting and colour tonal;

**(b) Lobby/Reception Area** – includes issues such as communication systems, colour tonal, glazed screens, internal level changes, wheelchair circulation space, acoustics, staff (assistance and awareness), reception desk height, information/display materials, seating arrangements in waiting areas, internal doors, lift/stairs and disabled toilets;

**(c) Internal Accessibility** – includes ramped access, steps, handrails, door thresholds, entrance doors, door furniture, mats, and doorbell/entry phone/intercom systems/induction loop systems;

**(d) Signage** – includes issues such as font size, braille and sign language;

**(e) Lighting** – includes issues such as windows, lamps and fittings, blinds and reflections.

**(f) Consulting Rooms** – includes issues such as Wheelchair access and circulation space, access to and from examination beds/treatment couches and desk heights etc; and

**(g) Egress** – includes issues such as risk assessments, PEEPs – personal emergency evacuation plans, signage, emergency exits, place of refuge, assistance, special aids and alarm system and procedures.

12.13 Members welcomed that Hartlepool Access Group proposed to embark upon a spot checks campaign in 2006 that would include spot checks on physical access in relation to GP surgeries.

12.14 In addition, Members expressed concern around the poor provision of disabled parking facilities at GP Surgeries. Furthermore, dissatisfaction around the inappropriate use of disabled parking facilities at the Civic Centre and Middleton Grange Shopping Centre was expressed.

### 13. ADVANCED ACCESS & WAITING TIMES

13.1 From December 2004 Hartlepool PCT had to ensure that all general practices had to offer their registered population access to a primary care doctor within 24 hours and a primary care professional within 48 hours of requesting to be seen.

13.2 The Forum found that a primary care professional is defined as any clinical professional based in general practice including GPs. These two targets have



remained key performance indicators affecting the star rating of PCTs. Additionally from March 2005 all practices had to also offer pre-bookable appointments to patients for not less than two days in advance.

### Evidence from Hartlepool PPI Forum

- 13.3 Members were informed by Hartlepool PPI that Advanced Access is a system brought in by the government to prevent long delays in obtaining an appointment to see a doctor. The scheme was intended to improve access to healthcare provision for patients.
- 13.4 The Forum heard that having been approached in the summer of 2005 by a number of patients who had problems accessing their doctor the PPI Forum resolved to gather robust evidence around problems with the advance access system.
- 13.5 The purpose of the PPI review was not to identify individual surgeries but to consider more broadly perceived problems with the advanced access system as anecdotal evidence about long queues grew.
- 13.6 A summary of the evidence gathered by the PPI Forum is outlined below:-
  - (a) Over 80% of surgeries in Hartlepool use the Advanced Access system;
  - (b) **Over 60% of respondents have problems with Advanced Access** – Patient comments included problems with queues, phones being engaged, lack of understanding from support staff (receptionists etc), no available appointments and problems with work/child-care commitments;
  - (c) 59% of respondents have problems contacting the surgery by telephone;
  - (d) 61% of patients can't get a non-urgent appointment at their convenience;
  - (e) 82% of respondents stated that their GP surgery does not provide open sessions where patients can attend without making appointments;
  - (f) 63% of patients have attended a GP practice in person as they could not get through via telephone; and
  - (g) When attending the surgery to get an appointment over 85% of respondents had to queue.
- 13.7 The PPI Forums evidence demonstrated that since early in 2005 concerns about queuing and access to GP Services were beginning to surface. The results show that Advanced Access appears to work well in some surgeries but is a disaster in others. It seems to be a matter of interpretation and flexibility.
- 13.8 The Forum indicated that its fervent wish is that action be taken to put an end to queues outside of surgeries. The winter of 2005 / 2006 has been long and

hard and the sick, the elderly, and mothers with children, have been forced to stand outside in all weathers. The PPI Forum was regarded as an unacceptable state of affairs and the Forum calls on all the stakeholders involved to work to rectify the situation before the next winter.



**Example of queues outside a GP Surgery in Hartlepool <sup>4</sup>**

- 13.9 Members were informed that the PPI 50+ Forum had an away-day with GPs and receptionists who worked together to consider the problems faced by older people attending a surgery. The PPI Forum noted the usefulness of joint training between GPs and their support staff.
- 13.10 In response to the PPI Forum report, Members noted the concerns of Hartlepool PCT, namely that the findings within the report represent ‘a snapshot in time’ and focus solely on advanced access and the out of hours arrangements. The PCT regretted that the report had not considered broader issues in relation to access, nor did it report any positive findings in relation to GP Services.

### **Evidence from Hartlepool PCT**

- 13.11 In line with Government policy Hartlepool PCT carries out an access survey on a monthly basis. The details of the survey carried out in December are shown below. This survey includes details of availability of appointments on a given day with both the GP and the Primary Care Professionals (PCPs) which includes Practice Nurses and Nurse Practitioners. The information collected also shows how far in advance patients can book pre-book appointments with the surgery.

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<sup>4</sup> Photograph taken on Monday 12th September 2005 at 8.25 at Kendal Road Hartlepool.

**DECEMBER 2005 ACCESS SURVEY RESULTS**

| Position | Practice | List Size | GPs                |                     |                 | PCPs               |                     |
|----------|----------|-----------|--------------------|---------------------|-----------------|--------------------|---------------------|
|          |          |           | Appointment System | Days to Appointment | Advance Booking | Appointment System | Days to Appointment |
| 1        | A        | 4414      | Y                  | 0                   | 4               | Y                  | 0                   |
| 2        | J        | 1945      | Y                  | 1                   | 4               | Y                  | 1                   |
| 3        | A        | 7251      | Y                  | 0                   | 4               | Y                  | 0                   |
| 4        | B        | 16205     | Y                  | 1                   | 4               | Y                  | 1                   |
| 5        | B        | 10464     | Y                  | 0                   | 3               | Y                  | 0                   |
| 6        | D        | 5199      | Y                  | 0                   | 4               | Y                  | 0                   |
| 7        | G        | 3999      | Y                  | 0                   | 5               | Y                  | 0                   |
| 8        | H        | 3855      | Y                  | 1                   | 4               | Y                  | 0                   |
| 9        | E        | 5322      | Y                  | 1                   | 4               | Y                  | 1                   |
| 10       | D        | 5556      | Y                  | 0                   | 4               | Y                  | 1                   |
| 11       | K        | 5463      | Y                  | 1                   | 4               | Y                  | 2                   |
| 12       | O        | 6286      | Y                  | 0                   | 4               | Y                  | 0                   |
| 13       | P        | 2551      | Y                  | 1                   | 5               | Y                  | 0                   |
| 14       | R        | 5662      | Y                  | 0                   | 4               | Y                  | 0                   |
| 15       | S        | 1256      | Y                  | 0                   | 4               | Y                  | 0                   |
| 16       | S        | 8800      | Y                  | 0                   | 4               | Y                  | 1                   |

13.12 The table below clarifies how far in advance a patient can book for an appointment with their GP.

**FEBRUARY 2006 ACCESS SURVEY RESULTS**

| GP                        | Time      |
|---------------------------|-----------|
| Awad                      | 2 weeks   |
| Juhasz                    | 3 weeks   |
| Ayre                      | 2 weeks   |
| Bolt                      | 4 weeks   |
| Brash                     | 1 week    |
| Dawson                    | 2 weeks   |
| Gupta                     | 4 weeks + |
| Hazle                     | 2 weeks   |
| Eaton & McGowan           | 3 weeks   |
| Dunstone & Johnston       | 4 weeks + |
| Koh & Trory               | 3 weeks   |
| Omer & Thakur             | 2 weeks   |
| Patel                     | 4 weeks + |
| Ray                       | 4 weeks   |
| Wynyard Road PCT Practice | 2 weeks   |
| Stoney                    | 2 weeks   |

13.13 In addition, Members were informed that each practice is supported by a Service Improvement Facilitator to implement demand and capacity studies to gauge activity on a daily basis and ensure appropriate skill mix is provided. Some of the work undertaken to date includes the establishment of a working

group within one practice where a number of administration staff work together to improve this aspect of the service. The Forum noted that over the last eighteen months this group has made significant progress in establishing systems and processes to improve conditions for both the staff and patients.

- 13.14 The Forum also learned that core 'Advanced Access' practices undertook a baseline measure of the time that patients were waiting for an appointment with a GP. Two practices recorded waits of 11 days and 8 days for a routine appointment. These practices now offer 'on the day' appointments and pre-bookable appointments at two weeks and one week in advance.
- 13.15 The PCT informed Members that it has constantly achieved the 100% access target since August 2004. However, the PCT acknowledged that whilst the practices have had consistently achieved the national 24/48 hour access targets, in times of high demand there remain difficulties in pre booking appointments and getting through to practices on the telephone at busy times during the day.
- 13.16 Members were pleased to note however that the white paper has set a new expectation to improve these issues and has linked their achievement within the general practice contract framework from April 2006.

#### **14. OUT OF HOURS SERVICES**

- 14.1 During the evidence gathering session with Hartlepool PCT the Forum established that in April 2004, Hartlepool PCT assumed the responsibility for commissioning Primary Care Out of Hours (OOHs) services for Hartlepool residents. This was delivered through a commissioning consortium across Tees Valley and involved the four Tees PCTs and Darlington and the contract was awarded to Primecare following a formal tendering process.
- 14.2 Previously OOHs had been commissioned by GP practices and provided by a commercial deputizing service working throughout most of the Teesside area with a second on-call rota, comprised of GP Principals, in place only in Hartlepool.
- 14.3 However, the Out of Hours service is now provided by under contract between Hartlepool PCT and Primecare. The cover is provided from 6pm until 8am Monday to Friday as well as weekends and Bank Holidays. The service includes access to a clinic setting within Hartlepool General's outpatient department if they are well enough to attend or a home visit service there this is considered appropriate on clinical grounds.

#### **Evidence from Hartlepool PCT**

- 14.4 The Forum learned that whilst GPs were permitted to 'opt-out' of out of hours services when the new GP contract was introduced, the white paper provides flexibility for practices to offer services across a range of times to suit patient needs including if desired Saturday opening. This would not be a contractual obligation but with the exercise of patient choice and additional patient survey

and satisfaction playing an increasing role in the performance management of GP services this may be an area which will change in the future.

- 14.5 Currently Saturday and Sunday clinics are held by the out of hours service for those people who are unable to wait for an appointment after the weekend.

#### **Evidence from Cleveland LMC**

- 14.6 Evidence received from Cleveland LMC established that any moves to increase or change the availability of GPs services either requires the transfer of resources from other GP services or new resources for general practice.
- 14.7 The LMC's submission stated that the availability at weekends or evenings, as suggested in the White Paper, can only be resourced by increasing staff levels or moving services from the current day time provision; as the majority of patients seen in general practice are either elderly or have chronic illness GPs believe this would lead to a deterioration in services to particularly vulnerable groups.
- 14.8 The Forum noted that in connection with other work, the LMC is presently surveying GPs on the current out of hours arrangements. The LMC stated that GPs believe that because of the intensity of the work during the day it would be impossible for them to re-start providing out of hours services themselves or being responsible for its commissioning. Generally, GPs do not have any concerns about the out of hours service provided, the stress that the lack of responsibility for this period and the removal of the need for "recovery time" does allow them to work to provide a better level of day time service to patients.

#### **Evidence from Hartlepool Primary PPI Forum**

- 14.9 Evidence was received from the PPI Forum in relation to the Out of Hours Services at the Forums meeting on 5 April 2005. The Forum noted that the PPI Forum recognised a need to monitor further the OOH Service.

### **15. KNOWLEDGE OF SERVICES/UNDERSTANDING OF HOW TO ENTER THE HEALTH SYSTEM.**

- 15.1 The Forum noted that until the publication of the white paper it was the responsibility of the practices to publicise the services they provide through a practice leaflet. In the future the PCT will be required to publicise the range of services practices provided including information on patient satisfaction with the service, the type of appointment provided etc. The PCT are currently developing their intranet and website capability that will support this process.

## 16. AVAILABILITY AND USE OF SERVICES

- 16.1 With regards to the availability of services the Forum learned that the new white paper provides a commitment to the public that those practices with 'open' lists will guarantee acceptance onto their list.
- 16.2 To this end four practices have recently opened their lists for additional registration due to the employment of additional staff and improving accommodation. These are;
- (a) Bank House surgery in the town centre;
  - (b) Headland Medical Centre;
  - (c) Dr Juhasz practice West View, and;
  - (d) PCT practice, Wynyard Road.

### Evidence from Hartlepool PCT

- 16.3 **Nursing Provision** - the Forum was informed that the of primary care however is not just the domain of general practice. Hartlepool PCT has had significant success in developing nurse led services in both Greatham and Owton, two areas of the town with low GP provision. These services are provided to any patient in the area requiring primary care advice, treatment and preventative services. The nurses are highly trained can write prescriptions and refer to other services as required.
- 16.4 All primary care provision is supported by additional community nursing teams, a rapid response team that can provide 24 hour care when needed to keep patients out of hospital whose condition can be managed in primary care, Community Matrons – a new service aimed at supporting those with chronic disease to remain well and when ill to provide and co-ordinate care outside of hospital for as long as possible.
- 16.5 **Pharmacy Practice and the Minor Ailment Scheme** - The PCT has also developed a pharmacy based 'minor ailment scheme' that has received national recognition and is now being adopted across the County Durham and Tees Valley area as an example of good practice.
- 16.6 All 17 pharmacies across the town run the scheme, which provides patients with advice and treatment from a limited list of common conditions. An evaluation of the scheme in 2004 demonstrated substantial use of the scheme as an alternative to general practice.
- 16.7 All practices and pharmacies publicise the scheme, which was extended in 2005 to include additional conditions. The new pharmacy contract offers additional opportunities for pharmacists to support the delivery of primary care services in the future. Pharmacies are expected to provide a confidential area for patient consultations, provide health promotion advice and campaign support and many now provide supervised methadone and needle exchange services to patients with substance problems. In the future the developing

technology will allow electronic transfer of prescriptions and the provision of diagnostic testing that will negate the need for access to the GP for certain treatments.

- 16.8 **Infrastructure** – With regards to the infrastructure the forum was informed that Hartlepool PCT has commenced with the building of a new primary care centre on Wynyard Road under the national Local Investment Finance Trust (LIFT) scheme that will offer extensive GP, nursing and podiatry services during extended hours. The single handed practice previously providing GP services in the area has been taken over by the PCT with additional GPs and nursing input already in place.
- 16.9 In addition, the Forum also learned that the PCT is working towards the development of a state of the art Town Centre development on Stranton and Park Road that will significantly improve the premises and facilities for 4 current GP practices and will offer a range of additional diagnostic and treatment services in a convenient and accessible location for the people of Hartlepool.
- 16.10 **Workforce** – The Forum heard that Hartlepool PCT aims to develop the workforce providing care outside of the hospital and are working closely with Adult Social care colleagues to build integrated health and social care teams that will ensure the right care is provided with the minimum of delay by the most appropriate service. It is envisaged that this will improve communication between the two services and ensure patients and clients are provided with seamless care that truly meets their needs.
- 16.11 Whilst many of the PCT's nursing workforce has specialist skills in a range of different areas e.g. respiratory disease, heart disease the PCT is developing the teams to include additional roles including Emergency Care Practitioners who are experts in the management of urgent care and minor injury and General Practitioners with Special Interest in for example Heart Failure, Palliative Care, Musculo-skeletal care.
- 16.12 Hartlepool PCT has recently commenced:-
- (a) Diabetes One stop shop that offers access to retinal screening, phlebotomy (diagnostic blood tests), podiatry and health advice;
  - (b) A Musculo- Skeletal triage and treat service that provides access to highly skilled physiotherapists, podiatrists and a GPwSI who are able to provide treatment that would have in the past taken place in hospital, thus cutting waiting times for treatment and providing high quality care that would not have been available in general practice; and;
  - (c) Heart failure clinics in 3 areas in the town.
- 16.13 We are looking in the next year to developing our Respiratory services to ensure early diagnosis and treatment in a community setting which will improve the care and experience of people with this debilitating disease.

- 16.14 **The Connected Care pilot project** has included a ‘connected care’ social audit undertaken by residents themselves with help from the University of Central Lancashire and Turning Point (a national not for profit organisation that provides support for clients with complex needs). The audit provides information on the needs of the community but also describes how these needs should be met.
- 16.15 The Forum welcomed the Connected Care initiative which is an innovative project that is receiving national acclaim as it allows service users to directly influence the specification for a connected care service. The new model of care is intended to address broader aspects of need, a feature of which is the provision of bespoke personalised care. It requires the provision of a diverse set of services and strong partnership arrangements between health and social care providers including housing employment, debt management, and policing.
- 16.16 The Forum learned that the audit has demonstrated the need for a service that has both a single focal point of access as well as multiple access points within existing services, improved information and information sharing, managed transitions between services, co-location of health, social care and voluntary services, round the clock support and significant changes to health and social care roles to better serve the needs of the population. Whilst the pilot has taken place in Owton, one of the most seriously deprived wards in the country Members welcomed the PCT and its partner organisations looking at how the learning can be rolled out to other areas of similar need.

## 17. QUALITY OF SERVICE ACCESSED

- 17.1 Members were informed that there are a number of systems and process in place which provide a greater understanding of the quality of services being offered to patients and which ensure any problems are highlighted for action. These are outlined below:-

### (a) New GMS Contract Quality and Outcomes Framework (QOF)

- 17.2 The quality and outcomes framework is a cornerstone of the new GMS contract. Practices receive payment for achievement against the quality criteria of the new contract. The quality framework comprises a number of clinical and organisational ‘domains’, each being made up of indicators against which achievement is measured. Quality points are available for each of the individual indicators.
- 17.3 A maximum of 1,050 points is available under the quality framework, with different areas of performance receiving greater weighting. A high-level break down of available points is as follows:

|                           |     |
|---------------------------|-----|
| Clinical indicators       | 550 |
| Patient experience        | 100 |
| Organisational indicators | 184 |
| Additional services       | 36  |



|               |             |
|---------------|-------------|
| Other         | 180         |
| <b>Total:</b> | <b>1050</b> |

- 17.4 The achievement against these indicators is measured during an assessment visit to each practice. During this visit a team made up of Clinicians, PCT staff and a Lay assessor look at the key areas in which the practice are claiming the points to ensure that the quality element of this achievement is met.
- 17.5 During 2005/06 practices in Hartlepool achieved an average of 873.07 of the 1,050 points available. This is broken down by practice as shown below:-

| <b>PRACTICE</b> | <b>POINTS</b> |
|-----------------|---------------|
| GUPTA           | 738.28        |
| SINGH           | 620.32        |
| DUNSTON         | 880.72        |
| KOH             | 938.81        |
| BOLT            | 775.49        |
| DAWSON          | 791.13        |
| OMER            | 821.36        |
| AYRE            | 1002.77       |
| BRASH           | 848.31        |
| JUHASZ          | 855.53        |
| HAZLE           | 1025.42       |
| EATON           | 1027.31       |
| RAY             | 861.07        |
| AWAD            | 864.49        |
| PATEL           | 872.61        |
| STONEY          | 1,045.51      |
| <b>PCT</b>      | <b>873.07</b> |

### **(b) PALS Service**

- 17.6 Patients can contact PALS if they have concerns or don't know where to go to, they give information for patients, relative's carers and friends. PALS offers a free and confidential service giving advice and support to help patients resolve any concerns that they may have about the care or treatment provided. It can also give information about the different services available from the NHS, our hospitals, GP and community health services.

### **(c) Complaints**

- 17.7 Patients can contact Hartlepool Primary Care Trust if they want to make a formal complaint with regard to any aspect of their health care within the community. When a formal complaint is received it is acknowledged within 2 working days and an investigation is carried out and should be completed within 20 working days.

**(d) Practice Patient Groups**

- 17.8 There are two practices in Hartlepool which have their own patient group. One of the practice groups meets every quarter and discusses various issues, such as:-
- (a) New services offered to patients - One example of this is a joint injection service. The patient group wanted the service to be available to them and the practice has now been offering this service for the past two years.
  - (b) Appointment system – Debate often takes place with regard to pre-bookables verses on the day appointments. Practice have now changed their appointment system to provide a combination of both
  - (c) Annual patient satisfaction survey results
  - (d) New ideas with regard to improve current services

**18. CONCLUSIONS**

- 18.1 The Adult and Community Services and Health Scrutiny Forum concluded:-
- (a) That Hartlepool has benefited from the co-terminus arrangement between the PCT and the Local Authority and that this should be maintained;
  - (b) That proposals to re-configure PCTs should be resisted and the continued existence of Hartlepool PCT with a management team based in Hartlepool, working closely with the Council and Hartlepool Partnership should be pursued to increase local control over decisions about health services;
  - (c) That the publication of the White Paper '*Our Health, Our Care, Our Say: a new direction for community services*' will shape much of the policy in relation to Access to GP Services;
  - (d) That Hartlepool's Vision for Care will provide the context within which services are developed and delivered;
  - (e) That the United Kingdom has one of the lowest numbers of doctors per capita in the EU, but has well developed general practice services which is efficient and of high quality;
  - (f) That Hartlepool people experience more ill health and disability and higher death rates from diseases such as cancer, heart, circulatory and respiratory disease, than other areas of the country;
  - (g) That there is shorter life expectancy for both men and women and nine of the seventeen Hartlepool wards are in the 10% most deprived wards in the country;

- (h) That need and subsequently demand for health care in Hartlepool is high and this has its impact on the use of services in primary care making access to limited primary care services all the more difficult;
- (i) That Hartlepool has 47.5 GPs per 100,000 weighted population which means Hartlepool PCT is ranked in the bottom ten percent of PCTs with the fewest doctors;
- (j) That GP practices in Hartlepool have a higher registered population than is considered appropriate to provide sufficient access to high quality care;
- (k) That recruitment of GPs into Hartlepool is a problem as heavy workload in an area of significant deprivation and ill health does not readily attract new doctors;
- (l) That the indication within the Local Transport Plan that public transport access to GP surgeries is good with 99% of households within 30 minutes access times does not take into account the problems Hartlepool residents have in accessing health services in secondary care as well as primary, because of the location of the treatment, physical inaccessibility, lack of available public transport services and cost of travel;
- (m) That parking facilities especially disabled parking at the Headland Medical Centre were not appropriate, and did not meet the needs of the practice;
- (n) That there is poor provision/inappropriate use of disabled parking facilities at GP Surgeries, the Civic Centre and Middleton Grange Shopping Centre;
- (o) That GP practices and community health services need good quality accommodation from where they can develop and expand high quality services;
- (p) That the development of a new primary care centre at the rear of Owton Rossmere Resource Centre on Wynyard Road and the development of a new health facility in the Town Centre will assist in easing access problems for patients;
- (q) That funding has been allocated to provide a 'low-liner' bus via the Local Transport Plan which will improve access for patients with mobility problems;
- (r) That the work completed by Hartlepool Primary Care PPI Forum around Advanced Access was an excellent example of consultation with patients and highlighted significant problems with the Advanced Access system;
- (s) That the same-day appointment system operated by the Headland Medical Centre appeared to work well as demonstrated by a patient survey undertaken by the Centre with 90% of patients wanting to retain the flexible appointment system;

- (t) That action needs be taken to put an end to queues outside of surgeries where patients can wait up to 30 minutes to seek an appointment;
- (u) That Hartlepool PCT has constantly achieved the 100% access target since August 2004. However, in times of high demand there remain difficulties in pre booking appointments and getting through to practices on the telephone at busy times during the day;
- (v) That joint training sessions should be encouraged between GPs and practice support staff to enhance understanding of the problems faced by Patients in accessing GPs;
- (w) That the white paper provides flexibility for practices to offer services (including out of hours) across a range of times to suit patient needs including, if desired Saturday opening;
- (x) That local GPs believe that because of the intensity of the work during the day it would be impossible for them to re-start providing out of hours services themselves or being responsible for its commissioning;
- (y) That Hartlepool PCT is required (under the new white paper) to publicise the range of services practices provided including information on patient satisfaction with the service, the type of appointment provided etc;
- (z) That there is available a variety of Primary Care Services in addition to general practice including nursing provision, pharmacy practice via the minor ailments scheme and a number walk in health centres however, awareness of these facilities needs to be increased;
- (aa) That the connected care initiative currently being piloted in the Owton ward is an innovative project that is receiving national acclaim as it allows service users to directly influence the specification for a connected care service, the learning from which should be rolled out to other deprived areas in Hartlepool; and,
- (bb) That the Health Scrutiny Committee and the PPI Forum should maintain close working relationships and work in partnership where appropriate to improve the health and well-being of patients in Hartlepool.

## 19. RECOMMENDATIONS

- 19.1 The Adult and Community Services and Health Scrutiny Forum has received evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations are outlined below:-
- (a) That Hartlepool PCT establish a major campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system;

- (b) That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.
- (c) That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool;
- (d) That results of the patient satisfaction survey in relation to the OOH service are made available to the Health Scrutiny Forum and Hartlepool Primary Care PPI Forum;
- (e) That any new site proposed for primary care purposes is subject to a detailed assessment to ensure adequate parking facilities are available and good public transport links in so far as is practical;
- (f) That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services;
- (g) That GP Practices develop a mechanism to share models of best practice in developing the role of support staff (receptionists/administrators) as facilitators to direct patients to the most appropriate care;
- (h) That the PCT research patients views in relation to advanced access for *each* GP Practice via the annual survey as part of the Quality Framework in the 2006/07 municipal year;
- (i) That a summary of results of the annual patient surveys carried out as part of the Quality Framework in GP Practices be made available to this Health Scrutiny Forum;
- (j) That Hartlepool PCT considers PPI Forum report and makes its response to the issues raised therein available to this Health Scrutiny Forum;
- (k) That the Local Medical Committee is requested to consider the findings of the PPI Forum Report;
- (l) That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town;
- (m) That the PCT review patient experience of open access at Medical Centres operating the system with a view to improving access to GP Services in Hartlepool;
- (n) That the PCT audits Patient Panels in GP practices and offers support to all practices in establishing similar patient forums;
- (o) That the funding of GP practices is reviewed; and
- (p) That the Authority develops a protocol to govern joint-working between Scrutiny and the PPI Fora.

## **20. ACKNOWLEDGEMENTS**

- 20.1 The Forum is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

### **Hartlepool Borough Council:**

Councillor Ray Waller – Portfolio Holder for Adult and Public Health Services

### **External Representatives:**

Representatives of Hartlepool Primary Care Trust

Dr. C Parker – PEC Member, Hartlepool PCT;

Dr J T Canning - Cleveland Local Medical Committee;

Representatives of Hartlepool Access Group;

Representatives of Hartlepool Primary Care PPI Forum.

Representatives of the Headland Medical Centre

Linda Pepper – Health Scrutiny Support Programme Advisor.

**COUNCILLOR HARRY CLOUTH**

**CHAIR OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY  
FORUM**

APRIL 2006

### **Contact Officer:**

**Sajda Banaras –Scrutiny Support Officer**

Chief Executive's Department – Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 523087  
Email: Sajda.banaras@hartlepool.gov.uk

## **BACKGROUND PAPERS**

Background papers consulted or referred to in the preparation of this report will be circulated at the Forums meeting on 25 April 2006.