

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

Monday 27 January 2014

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Rowenna Davis
Councillor Dan Garfield
Councillor Jonathan Mitchell
Councillor Michael Situ

Reserves

Councillor Neil Coyle
Councillor Patrick Diamond
Councillor Paul Kyriacou
Councillor Eliza Mann
Councillor Mark Williams

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Contact

Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 17 June 2014



Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

Monday 27 January 2014

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
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PART A - OPEN BUSINESS

1. APOLOGIES

**2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR
DEEMS URGENT**

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

4. MINUTES

To approve as a correct record the Minutes of the open section of the meeting held on 9 December 2013; to follow.

Item No.	Title	Page No.
5.	MENTAL HEALTH AND ACCIDENT & EMERGENCY	1 - 6
	<p>Reports have been requested following up from a previous presentation on emergency & urgent care. Evidence is being taking to inform both reviews:</p> <ul style="list-style-type: none"> • Review : Access to Health Services in Southwark • Review : Prevalence of Psychosis and access to mental health services for the BME Community in Southwark <p>Papers and presentation from:</p> <ol style="list-style-type: none"> 1. Guy's & St Thomas' - Presentation by James Hill, Head of Nursing and Nicola Wise, General Manager - paper attached. 2. King's - Briony Sloper, Deputy Divisional Manager, Trauma, Emergency and Urgent Care - paper to follow. 3. SLaM - paper to follow. 	
6.	RESIDENT VIEWS : ACCESS TO HEALTH SERVICES IN SOUTHWARK	7 - 29
	<p>Interim scrutiny survey results are attached. The survey has also been produced by scrutiny to provide additional evidence for the review: Access to Health Services in Southwark. The survey is still live and can be accessed here: http://www.surveygizmo.com/s3/1463361/Access-to-Health-Services</p> <p>Healthwatch will provide a paper on focus group feedback, highlighting the importance of access to GPs - to follow.</p>	
7.	GP PATIENT SURVEY : ACCESS TO HEALTH SERVICES IN SOUTHWARK	30 - 37

Item No.	Title	Page No.
	<p>NHS England commissions a GP Patient Survey that asks what patients think about their GP surgeries and other primary medical care services in England. The GP Patient Survey is run by survey specialist Ipsos MORI. It assesses patients' experiences of the access and quality of care they receive from their local GPs, dentists and out-of-hours doctor services. Evidence is being taken to inform the ongoing review: Access to Health Services in Southwark. Papers summarising the results have been supplied by NHS England . The survey data can also be accessed here: http://www.gp-patient.co.uk/</p> <p>Results papers published online only.</p>	
8.	<p>PUBLIC HEALTH : ACCESS TO HEALTH SERVICES IN SOUTHWARK</p> <p>Paper to follow from Public Health to inform the ongoing review into : 'Access to Health Services in Southwark'.</p>	
9.	<p>ADULT SOCIAL CARE : ACCESS TO HEALTH SERVICES IN SOUTHWARK</p> <p>Paper to follow from Adult Social Care to inform the ongoing review into : 'Access to Health Services in Southwark'.</p>	
10.	<p>SCRUTINY FRANCIS INQUIRY RESPONSE REPORT</p>	38 - 44
11.	<p>WORK-PLAN</p> <p>To follow.</p>	
12.	<p>SOUTHWARK CLINICAL COMMISSIONING GROUP - INTEGRATED PERFORMANCE REPORT</p> <p>Paper for information.</p>	
13.	<p>CATERING AT MAUDSLEY HOSPITAL AND THE LADYWELL UNIT AT LEWISHAM</p> <p>Paper from SLaM to follow, for information.</p>	
	<p>DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.</p>	
	<p>PART B - CLOSED BUSINESS</p>	

Item No.

Title

Page No.

**DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START
OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

Date: 17 January 2014

Guy's and St Thomas' NHS Foundation Trust

Mental Health – St Thomas' Emergency Department

Ensuring that mental health patients receive a high standard of care in an Emergency Department (ED) is recognised to be a significant challenge. The College of Emergency Medicine has published a tool kit to help optimise patient care and patient experience. St Thomas' Emergency Department identifies with many issues that have been raised nationally about the difficulties of optimising patient care in an environment where there are two discrete organisations – Guy's and St Thomas' NHS Foundation Trust (GSTT) and South London and the Maudsley Mental Health Foundation Trust (SLAM) providing assessment and in particular in patient facilities.

[http://www.rcpsych.ac.uk/pdf/CEM6883-Mental-Health-in-EDs---toolkit-\(FINAL-FEB-2013\)-rev1.pdf](http://www.rcpsych.ac.uk/pdf/CEM6883-Mental-Health-in-EDs---toolkit-(FINAL-FEB-2013)-rev1.pdf)

Key issues for the ED are

- The demographics of our patients
- The physical environment of the department
- The access to mental health personnel – community social workers, elderly psychiatry teams and child and adolescent service.
- Access to in patient beds.

Demographics

The Emergency Department at St Thomas' hospital is served by a diverse population comprising of local residents and a relatively large number of overseas or out of area patients. Due to the central location of our hospital and numerous large transport hubs (Waterloo Station and Victoria coach station) we see a proportionately higher rate of patients who are either new to the country or new to the capital and are not known to local services.

Many of the mental health patients that present at St Thomas have a complex social situation which further complicates the journey of care. Often these patients have multiple complex issues such as :

- Homelessness with high rates of physical health co-morbidities
- Drug addiction
- Alcohol addiction

This further complicates the pathway and treatment decisions.

The physical environment

The ED can be a very stressful environment for any patient. However if a person is feeling paranoid, psychotic, distraught or suicidal the environment can be frightening and can

escalate symptoms. We have two cubicles within the main department which can be separated from some of the noise and the lights can be dimmed but this is not an ideal solution. Where clinically appropriate, patients will be moved to our emergency medical unit which is a quieter area that provides a more relaxing atmosphere for patients awaiting placement to other hospitals or need a further period of observation. Long delays especially when an in patient bed is needed results in a patient needing to spend a long time in what is not a therapeutic environment.

Provision of care within the Emergency Department/ access to mental health professionals

The department has excellent access to the psychiatric liaison nurse (PLN) service which is co-located with our emergency medical unit and is a joint venture between SLAM and GSTT. This service provides a highly responsive service 24/7. Local patients that are known to services can be quickly identified and care packages or plans can be enacted with the support of this team. However at times patients can experience long delays getting an assessment by the home treatment team which would allow safe discharge and outpatient management. The patients are generally moved to the Emergency Medical Unit to wait the arrival of the Home Treatment team.

Both Old age Psychiatry and child and adolescent services run separately from the main adult assessment team and these services are not always able to provide a rapid assessment service.

As identified above we have a high proportion of patients that are unknown to services which provide significant challenges on staffing time.

The provision of registered mental health nurses can be challenging due to unpredictable presentation times of this patient group. The demand can range from 0-6 at any one time and this makes staffing extremely difficult. To support this the Trust have committed to a roll out program of 20 specialty trained Band 3 nurses as a 1 yr pilot to support appropriate patients through their journey and reduce waits for registered mental health nurses (RMNs) and continue to provide safe care on the wards improving the care for deprivation of liberty (DOL's) patients.

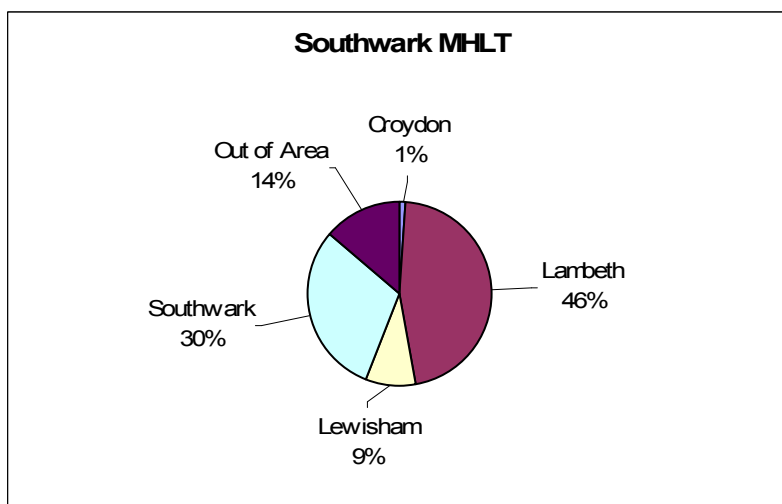
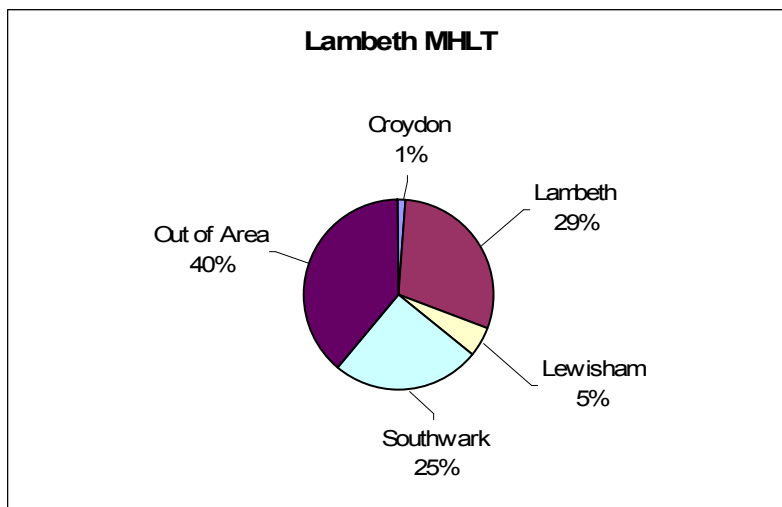
Access to mental health beds

The commissioning structure for the provision of mental health is based on a post code system which provides significant difficulties when trying to organise support or ongoing placement for patients who are not local to Lambeth or Southwark. There is a lack of provision of local mental health beds for the patients we see and enormous logistical difficulties when patients are known to services outside London and so need to be transferred many miles.

This table shows the wide range of areas that patients come from who are seen by our mental health team

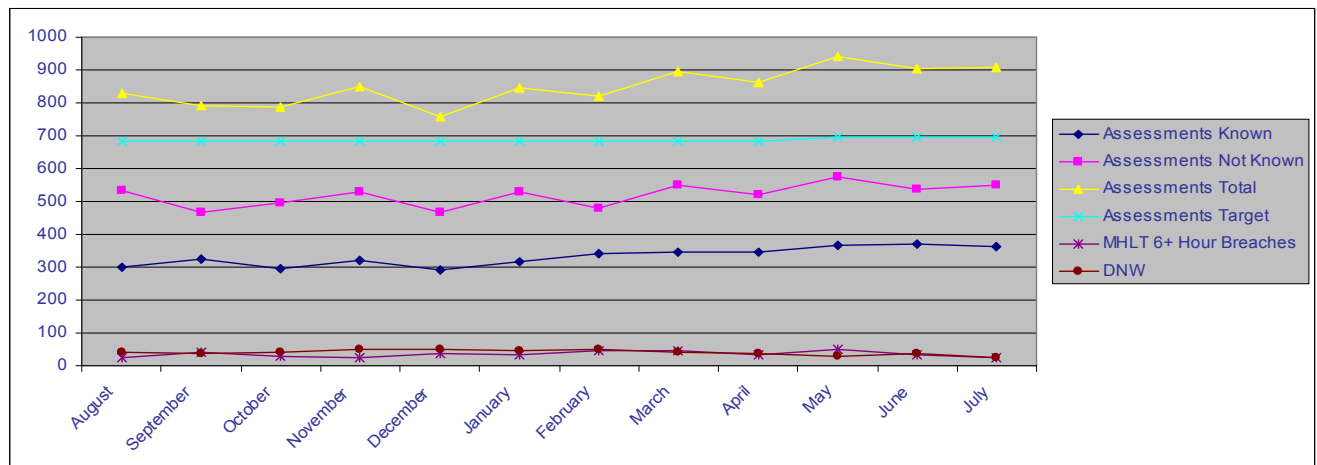
ED Referrals to Lambeth MHLT from Out of Area CCG's - April to August 2013

	Abertawe	Barking & Dagenham	Barnet	Bedford	Berkshire East	Bexley	Blank / Unknown	Bournemouth
April		1	3			1	12	1
May			2	1			12	
June			2		3	1	11	
July					2	2	12	
August	1		1	1	1	2	4	
	1	1	8	2	6	6	51	1
	Bradford	Brent	Brighton	Bristol	Bromley	Bucks	Cambridge	
April		1			1			
May	1	2	2	1		1		
June	1	2			1			
July		2		1	1			
August		3		1	2		1	
	2	10	2	3	5	1	1	

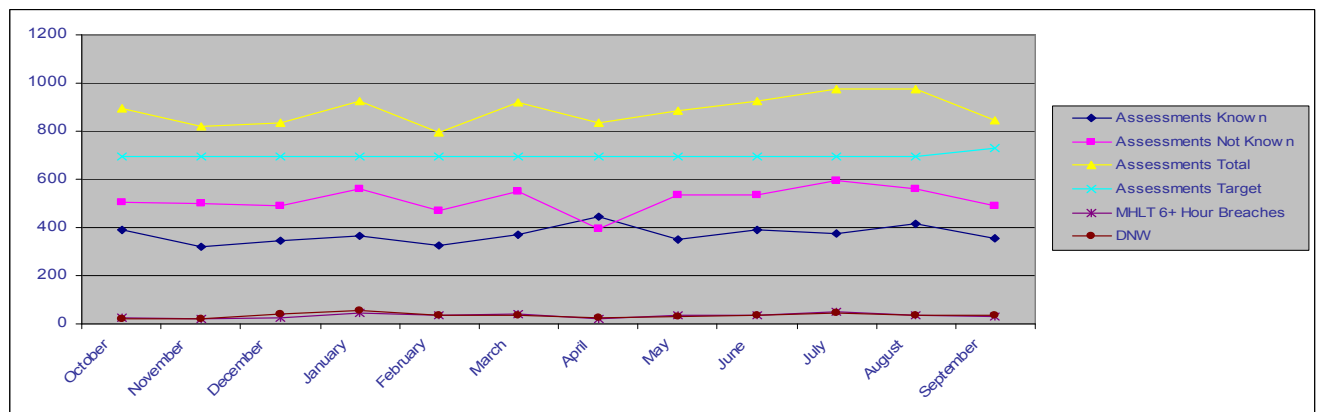
MHLT CCG of Origin of Referrals September 2013

The graphs below show the trend of mental health patients (data includes Kings College Hospital and GSTT) remaining steady with increasing numbers presenting in the summer months.

Trends in GSTT and Kings 2011/12



2012/13



Current challenge facing the organisation for mental health patients

The main challenge facing mental health patients throughout London is access to mental health beds. Patients can wait for >24 hours to gain access to an appropriate bed in their local area, during this time they are in a suboptimal environment for their condition leading to poor quality of care.

- An example this month showed a patient awaiting placement and the nearest bed was in Manchester. This is not uncommon.
- The result of this is patients being kept in an inappropriate environment for a prolonged period of time that is not good quality care for the patient
- This bed is then not available for a medically appropriate patient and contributes to significant bed pressure within Trusts.
- Financial implications of the management of these patients are material.

Future plans within GSTT to support mental health patients

The mental health pathway within St Thomas' is an area of focus for the coming year. We are currently in the planning phase of a new rebuild for the emergency floor which is due to begin in early 2014.

The needs of all patients have been carefully considered in the development of the design with particular attention being paid to ensure that the needs of more vulnerable patient groups are considered.

With regard to mental health two specifically designed and located cubicles for the treatment of this patient group are included within the Major Treatment Area. One cubicle will be furnished such that very high risk patients with potential for harming themselves or their immediate environment can be safely treated there. The second cubicle will be furnished in a more informal style with comfortable couches and chairs which facilitates counselling or interviewing.

We recognise the need to create a safe and calm environment for patients requiring a mental health assessment. The new Emergency Floor contains 2 dedicated in-patient beds. Each contains its own en-suite facilities and, similar to the cubicles in the Major Treatment area, both are furnished in such a way that the potential for these patients to cause harm to themselves is minimised. These treatment rooms have been located so that they are slightly away from the busy clinical areas but have been provided with facilities to ensure that they can be fully observed at all times.

Part of the work of the Homelessness project will be to identify the mental health problems of this patient group and try to find consistent organised help for such patients. Physical health needs as well as mental health and substance addiction problems are all frequent concerns amongst our patients so we are keen to join up as many services as possible so we all know what resources are available to help.

Acute Medicine Management Team

November 2013



Access to Health Services

Page description:

Welcome to Southwark Council's Access to Health Services survey.

Residents' access to health services in Southwark is varied and with increased pressure on these services it is important, now, more than ever, to have services which truly deliver for our residents.

We would therefore like to know your views on the range of health & social care services provided in the borough, particularly your experience of accessing GP surgeries and Accident & Emergency.

All responses to the survey will be anonymous and treated in the strictest of confidence - i.e. your answers will not be attributable to you and will only appear as aggregated statistics.

So that we can gather a complete picture, we would be grateful if you could answer all the questions as fully as possible. However, please note that if you do not wish to, or feel unable to answer a question, you may leave it blank.

Use of NHS, Social Care & Local Services

Have you used the NHS in the last two years?

- Yes
 - No
 - Don't know / can't say
-

Which services have you used in the last two years?

- GP (including nurse practitioners and 'Out of Hours')

- Walk – in centre
- Accident & Emergency or Urgent Care centre
- Pharmacy (for health advice)
- Dentist
- Baby clinic
- Hospital out-patient
- Hospital in-patient
- Community Mental Health service
- Some other service(s) *
- None
- Don't know / can't say
-

How many times in the last year have you used the following? (Please make your best guess if you are not sure)

GP (including nurse practitioners and 'Out of Hours')

Walk-in centre

Accident & Emergency or Urgent Care centre

Pharmacy (for health advice)

Dentist

Baby clinic

Hospital out-patient

Hospital in-patient

Community Mental Health services

Other service(s)

Do you have a long-standing health condition?

- Yes
- No
- Don't know / can't say

Do you receive support from Social Services (for example, do you use a day centre, have home help, receive direct payments etc)?

- Yes
- No
- Don't know / can't say

In the last six months, have you had enough support from local services or organisations to help manage your long-term health condition(s) and meet your social care needs?

Please think about all services and organisations, not just health services. This could include services from the community, housing support or government benefits.

- Yes, definitely
- Yes, to some extent
- No, and this is a minor problem for me
- No, and this is a major problem for me
- I haven't needed such support
- Don't know / can't say

Is this lack of support affecting your health and wellbeing?

- Yes
 - No
 - Don't know / can't say
-

Please describe the problems (around a lack of support) that you are experiencing. Please provide as much or as little detail as you feel comfortable with.

GP Services

Are you registered at a GP practice?

- Yes
 - No
 - Don't know / can't say
-

Which GP practice are you registered to?

When was the last time you saw (or tried to see) a doctor at your GP practice?

- Within the last year
 - More than a year ago
 - Don't know / can't say
-

Thinking about this most recent visit, how easy was it to get a timely appointment with a GP?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

Don't know / can't say

Please describe why it was difficult for you to get a timely appointment with a GP.

Have you used an alternative NHS service in the last year because you could not get a GP appointment at a satisfactory time, or were unable to access a GP through the 'Out of Hours' service?

- Yes
- No
- Don't know / can't say
-

When you have been unable to see a doctor in a way that met your needs, where did you go?

- Walk-in centre
- Accident & Emergency / Urgent Care Centre
- Pharmacy (for health advice)
- Some other place *
- Nowhere - I gave up
- Not applicable
-

How many times has this happened in the last year?

- Once
- Twice
- Three times
- Four times
- More than five times
- Hasn't happened in the last year
-

About you

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

We will keep your answers completely confidential.

Are you male or female?

- Male
- Female
-

How old are you?

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

Which of the following best describes your current activity?
If more than one of these apply, please choose your main activity.

- Full-time paid work (30 hours or more each week)
- Part-time paid work (under 30 hours each week)
- Full-time education at school, college or university
- Unemployed
- Permanently sick or disabled
- Fully retired from work
- Looking after the home / children/ carer
- Some other activity
-

Do you look after or give any help or support to family members, friends, neighbours or anyone else because of either:

- long-term physical or mental health / disability; or
- problems relating to old age?

- Yes

No

What is your ethnic group?

- White
 - Mixed / multiple groups
 - Asian / Asian British
 - Black / African / Caribbean / Black British
 - Other ethnic group
-

Again, what is your ethnic group?

- English / Welsh / Scottish / Northern Irish / British
 - Irish
 - Gypsy or Irish Traveller
 - Any other White background
-

Again, what is your ethnic group?

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed / multiple ethnic background
-

Again, what is your ethnic group

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

Again, what is your ethnic group

- African
 - Caribbean
 - Any other Black / African / Caribbean
-

Again, what is your ethnic group

- Arab
 - Any other ethnic group
-

Which of the following best describes how you think of yourself?

- Heterosexual / straight
 - Gay / Lesbian
 - Bisexual
 - Other
 - I would prefer not to say
-

Which, if any, of the following best describes your religion?

- No religion
 - Buddhist
 - Christian (incl. C of E, Catholic, Protestant, and other Christian denominations)
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - Other
 - I would prefer not to say
-

Thank you for taking part.

If you have any questions about the survey please contact: Julie Timbrell at Julie.Timbrell@Southwark.gov.uk

Interim scrutiny survey results summary report - 13 January 2014

Access to Health Services

Have you used the NHS in the last two years?

Value	Count	Percent
Yes	109	97.3%
No	2	1.8%
Don't know / can't say	1	0.9%

Statistics

Total Responses	112
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Which services have you used in the last two years?

Value	Count	Percent
GP (including nurse practitioners and 'Out of Hours')	102	93.6%
Walk – in centre	32	29.4%
Accident & Emergency or Urgent Care centre	52	47.7%
Pharmacy (for health advice)	35	32.1%
Dentist	65	59.6%
Baby clinic	5	4.6%
Hospital out-patient	55	50.5%
Hospital in-patient	26	23.9%
Community Mental Health service	12	11.0%
Some other service(s)	13	11.9%
None	0	0.0%
Don't know / can't say	0	0.0%

Statistics

Total Responses	109
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Do you have a long-standing health condition?

Value	Count	Percent
Yes	63	57.3%
No	45	40.9%
Don't know / can't say	2	1.8%

Statistics

Total Responses	110
-----------------	-----

**Do you receive support from Social Services
(for example, do you use a day centre, have
home help, receive direct payments etc)?**

Value	Count	Percent
Yes	8	7.2%
No	102	91.9%
Don't know / can't say	1	0.9%

Statistics

Total Responses	111
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**In the last six months, have you had enough
support from local services or organisations to
help manage your long-term health condition(s)
and meet your social care needs? Please think
about all services and organisations, not just
health services. This could include services**

Value	Count	Percent
Yes, definitely	20	18.4%
Yes, to some extent	11	10.1%
No, and this is a minor problem for me	13	11.9%
No, and this is a major problem for me	15	13.8%
I haven't needed such support	47	43.1%
Don't know / can't say	3	2.8%

Statistics

Total Responses	109
-----------------	-----

**Is this lack of support affecting your health and
wellbeing?**

Value	Count	Percent
Yes	24	88.9%
No	3	11.1%
Don't know / can't say	0	0.0%

Statistics

Total Responses	27
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Are you registered at a GP practice?

Value	Count	Percent
Yes	110	99.1%
No	1	0.9%
Don't know / can't say	0	0.0%

Statistics

Total Responses	111
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When was the last time you saw (or tried to see) a doctor at your GP practice?

Value	Count	Percent
Within the last year	105	95.5%
More than a year ago	3	2.7%
Don't know / can't say	2	1.8%

Statistics

Total Responses	110
-----------------	-----

Thinking about this most recent visit, how easy was it to get a timely appointment with a GP?

Value	Count	Percent
Very easy	18	17.1%
Fairly easy	31	29.5%
Neither easy nor difficult	13	12.4%
Fairly difficult	25	23.8%
Very difficult	18	17.1%
Don't know / can't say	0	0.0%

Statistics

Total Responses	105
-----------------	-----

Have you used an alternative NHS service in the last year because you could not get a GP appointment at a satisfactory time, or were unable to access a GP through the 'Out of

Value	Count	Percent
Yes	35	31.5%
No	73	65.8%
Don't know / can't say	3	2.7%

Statistics

Total Responses	111
-----------------	-----

When you have been unable to see a doctor in a way that met your needs, where did you go?

Value	Count	Percent
Walk-in centre	19	54.3%
Accident & Emergency / Urgent Care Centre	15	42.9%
Pharmacy (for health advice)	4	11.4%
Some other place	7	20.0%
Nowhere - I gave up	3	8.6%
Not applicable	1	2.9%

Statistics

Total Responses	35
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How many times has this happened in the last year?

Value	Count	Percent
Once	13	38.2%
Twice	15	44.1%
Three times	3	8.8%
Four times	1	2.9%
More than five times	2	5.9%
Hasn't happened in the last year	0	0.0%

Statistics

Total Responses	34
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Are you male or female?

Value	Count	Percent
Male	49	44.6%
Female	61	55.5%

Statistics

Total Responses	110
-----------------	-----

How old are you?

Value	Count	Percent
Under 18	0	0.0%
18 to 24	3	2.7%
25 to 34	21	18.9%
35 to 44	26	23.4%
45 to 54	23	20.7%
55 to 64	14	12.6%
65 to 74	16	14.4%
75 to 84	6	5.4%
85 or over	2	1.8%

Statistics

Total Responses	111
Sum	4,954.0
Avg.	44.6
StdDev	16.3
Max	85

Which of the following best describes your current activity? If more than one of these apply, please choose your main activity.

Value	Count	Percent
Full-time paid work (30 hours or more each week)	53	47.8%
Part-time paid work (under 30 hours each week)	15	13.5%
Full-time education at school, college or university	1	0.9%
Unemployed	8	7.2%
Permanently sick or disabled	6	5.4%
Fully retired from work	21	18.9%
Looking after the home / children/ carer	1	0.9%
Some other activity	6	5.4%

Statistics

Total Responses	111
-----------------	-----

family members, friends, neighbours or anyone else because of either: long-term physical or mental health / disability; or problems relating

Value	Count	Percent
Yes	23	21.1%
No	86	78.9%

Statistics

Total Responses	109
-----------------	-----

What is your ethnic group?

Value	Count	Percent
White	92	83.6%
Mixed / multiple groups	5	4.6%
Asian / Asian British	1	0.9%
Black / African / Caribbean / Black British	5	4.6%
Other ethnic group	7	6.4%

Statistics

Total Responses	110
-----------------	-----

Again, what is your ethnic group?

Value	Count	Percent
English / Welsh / Scottish / Northern Irish / British	75	82.4%
Irish	5	5.5%
Gypsy or Irish Traveller	1	1.1%
Any other White background	10	11.0%

Statistics

Total Responses	91
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Again, what is your ethnic group?

Value	Count	Percent
White and Black Caribbean	0	0.0%
White and Black African	1	20.0%
White and Asian	2	40.0%
Any other mixed / multiple ethnic background	2	40.0%

Statistics

Total Responses	5
-----------------	---

Again, what is your ethnic group

Value	Count	Percent
Indian	0	0.0%
Pakistani	0	0.0%
Bangladeshi	0	0.0%
Chinese	0	0.0%
Any other Asian background	0	0.0%

Statistics

Total Responses	0
-----------------	---

Again, what is your ethnic group

Value	Count	Percent
African	1	20.0%
Caribbean	4	80.0%
Any other Black / African / Caribbean	0	0.0%

Statistics

Total Responses	5
-----------------	---

Again, what is your ethnic group

Value	Count	Percent
Arab	0	0.0%
Any other ethnic group	4	100.0%

Statistics

Total Responses	4
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Which of the following best describes how you think of yourself?

Value	Count	Percent
Heterosexual / straight	79	73.2%
Gay / Lesbian	16	14.8%
Bisexual	4	3.7%
Other	2	1.9%

I would prefer not to say	7	6.5%
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Statistics

Total Responses	108
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Which, if any, of the following best describes your religion?

Value	Count	Percent
No religion	57	51.8%
Buddhist	3	2.7%
Christian (incl. C of E, Catholic, Protestant, and other Christian denominations)	36	32.7%
Hindu	0	0.0%
Jewish	0	0.0%
Muslim	4	3.6%
Sikh	0	0.0%
Other	6	5.5%
I would prefer not to say	4	3.6%

Statistics

Total Responses	110
-----------------	-----

<p>Please describe why it was difficult for you to get a timely appointment with a GP.</p>	<p>Some other place: When you have been unable to see a doctor in a way that met your needs, where did you go?</p>
<p>I work full time and it is difficult to take time off work at short notice, also times with female GPs are limited</p>	
<p>You have to ring up very early in the morning to get an appointment that day and it is difficult to get an appointment in a couple of days. It is easier to pop by to the surgery as it is difficult to get through on the phone when you need to ring.</p>	
<p>Could not book an appointment ahead of time. Only has one late evening opening hours.</p>	
<p>its either call and book weeks in advance, or get 'emergency' appointment on the day. You have to call at dead on 8am. This is impossible for me as I have three children and a school run.</p>	<p>Seldoc Dulwich</p>
<p>always 2 weeks wait</p>	
<p>The main doctor has left the practice and it is a mess.</p>	<p>Seldoc</p>
<p>No appointments available in the next month, unless you call for an emergency one, plus they only take bookings for the next four rolling weeks</p>	
<p>YOU HAVE TO KEEP RINGING BACK TO GET A SUITABLE APPOINTMENT DAY AND TIME.</p>	
<p>Two - three weeks for a named doctor</p>	
<p>The doctor who tends to my diabetes was not available for a month.</p>	
<p>Difficult for non-urgent appointments</p>	
<p>Poor reception service</p>	

There is nearly always a significant wait to see a named GP at my surgery. This is normally many days, and sometimes, weeks.	
I am too deaf to use the telephone so I have to visit the surgery to make an appointment and later go back for the appt itself	
I recently made three attempts, by phone I was told to phone at 8am bookings were gone. I visited the next day at 8am they were booked up, I was peeved. The kind receptionist said 11am which was no good, still waiting to return.	
The earliest appointment was 14 days away.	Goggle
No appointments available unless you can call at the crack of dawn - impossible for working people who can't take time off without clearing it in advance	
I called on a Monday and couldn't get in until that Friday, by which time the main symptoms had started to subside	
	SELDOC
You have to wait at least three weeks for a routine appointment although you can be seen on the day for an emergency appointment	
No availability	
Generally it is difficult to get an appointment with a GP or Nurse in the next seven days from when you call, and often hard to get a time in the next fortnight.	
You have to call right at 8am - if you're lucky you'll get something that day. Making appointments for any date in the future is absolutely impossible.	
Appointments with your preferred GP have to be booked about 4 weeks in advance. Even if you call for an appointment without naming a GP the wait is about 1 to 2 weeks, by which time the need to see a GP will probably disappear. Emergency appointments are the only way to get seen quickly at this surgery. Also it takes about 99 hits on the redial button just to get through on the phone to make an appointment.	
Difficult to get an appointment with the same gp because you seem to have to always ring back as they release more appointments. This is despite then asking me to try to see the same person. It works for urgent problems but is not set up well for people like me with chronic health problems who would like to book well ahead for review.	
Appointment usually given the next week at an inappropriate time	

There are never any appointments closer than two weeks	
You have to ring on the day for an appointment that day (otherwise a very long wait for a slot) but the phones were then very busy so it's not guaranteed you can get through.	
took away too long	
had to wait two weeks	
No appointments available for 3 to 4 days. Even during working hours I had to wait on cancellation and cross my fingers.	
They ask patients to call at 8am to book an appointment but they never answer the phone. I got to the surgery at 8am and had only five people in front of me with many people arriving after me, and I mean many. Even so I was the last person to be seen by the doctor. This was 5 days after having hand surgery. Tried to speak to the Practice Manager but she just said she was sorry that was the way I felt....what can I say....	
Hard to get early morning appointment or very late afternoon/evening appointment so as to fit round work	
Getting an appointment that suited the time I could get there	Private GP
they were all booked up for the next week and often the doctor I want to see is so popular that you never see them	out of hours centre
Receptionists are perennially unhelpful. I've been told that "there are no appointments" at any point in the future. They seem to be deliberately difficult.	
the receptionist would only give an apt 3 weeks later and refused to let me see a GP via the walk in	
The doctor's appointment book opens at 2 pm on a Friday for you to make an appointment if you know you're sick then, and the appointments go really quick that's if they answer the phone.	
2-3 weeks wait for designated doctor	
availability/length of wait	
I wanted to see the GP that knows me - and the wait was just short of 2 weeks. My friends have had the same problem - not necessarily seeing the same GP.	
Ring before 8am on the day Can always get the GP I would prefer to see	Phone 111
They did not have someone who speaks Spanish. They did not offer a language line. I had to wait until a friend came with me to make the appointment.	

Please describe the problems (around a lack of support) that you are experiencing. Please provide as much or as little detail as you feel comfortable with.

I have no final diagnosis so I don't qualify for any support.

I am registered with Dr XXX in the Lister Centre in Peckham. I have high blood pressure so need to return for semi regular check ups. When I try and book an appointment for more than four weeks ahead I'm told they only take bookings for the next few weeks and to call back in a week. When I do all the appointments are filled so I'm told to call again in a week. I do and again there are no appointments. So the date by which I should return for a blood pressure check up passes. What's the point in registering with a doctor if you can't make an appointment ? And when you do you never see the same doctor twice.

I failed an ATOS test as a physio assessed my Doctor-diagnosed mental health disorder. I am getting no money and now housing benefit is cut.

Health travel costs - very hard to get Loss of Council Tax Benefit Waiting times for diagnostic test Time pressure on GP consultations Time pressure on nurse treatments

Lack of coherent communication between health services

I needed more practical and flexible help to cope with domestic and handyman issues, as I am not a council tenant. I am a disabled person fostering a vulnerable child without a family or social support network. The system had no appreciation of a whole-family approach in practice. I also required and was denied access to the specialised psychotherapeutic support which would have been of great value to me; and without recourse to appeal that clinical decision.

They don't listen to me

i have had 3 ECGs but the doctor said nothing is wrong with my heart.and also i suffer from incontinence and had reluctantly had urodynamic which ruined my bladder

Diagnosed with depression. Have some good support from adviser but since that finished have made no progress.
No support available for people with long term depression unless they are actively suicidal or drinking themselves to death
Inability to contact health professionals, passing of responsibility due to associated costs, dire lack of provision & knowledge among supposed professional. Having to revisit gp several times due to unwillingness to pay for appropriate treatment.
GP service is atrocious - Difficult to get appointments for myself or my children. I don't feel like I'm getting high quality service even when I do get through. This causes me either to ignore health issues or go private.
My arthritis was getting more painful and the only solution was pain killers - research told me this was not true. By allowing my health to deteriorate I could no longer take part in exercise classes and physical activities, which then led to weight gain and low moods
It is impossible to book an appointment at my GP surgery. They never answer the phone and when they do they do not have appointments available. Last October I had surgery and went to see a Doctor five days later. The receptionist were horrible and made me wait to see my GP for 4 hours. When I finally saw the Doctor he shouted at me like I was doing something wrong. At the moment I'm having problems with my hearing and my bladder but just thinking I have to go to the surgery makes me feel very anxious.
I am look after a 86 year old with health problems and now some mental issues My wife also has problems and sadly my own Health and metal state is getting worse
Services are focused either on medical problems solved with medical treatment or social care. I have a long standing mental health problem, but most services focus on when you are really ill and prioritize psychosis over everything. Everyone says go to the GP, but they are not set up to provide support, you get a 5 min slot, with a different GP each time, or have to wait 4 weeks to see the GP you know.
Am uncertain whether support I personally need for varied medical issues is able to be properly monitored, recorded and expedited. It seems that an overloaded NHS grappling with digitisation, frequent locum use and political imposition can cause difficulty in NHS smooth operation.
i suffer from incontinence as well as palpitation
I am very dependent on informal care on a daily but cannot find a way to get back up for it when my carer is not available.
Lack of helpful mental health crisis support from crht (though cmht have been good) Lack of crisis house provision Lack of support for physical health issues e.g. skin disease, healthy living Lack of practical support e.g. help with housework Impossibility of accessing talking therapy on nhs

Impact on my various disabilities especially my mental health Most council staff are not disability aware in social model



THE GP PATIENT SURVEY

Please answer the questions below by putting an **X** in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

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



Reference:

1234567890



Online password:

ABCDE



ACCESSING YOUR GP SERVICES

Q1 When did you last see or speak to a GP from your GP surgery?

- In the past 3 months
- Between 3 and 6 months ago
- Between 6 and 12 months ago
- More than 12 months ago
- I have never seen a GP from my GP surgery

Q2 When did you last see or speak to a nurse from your GP surgery?

- In the past 3 months
- Between 3 and 6 months ago
- Between 6 and 12 months ago
- More than 12 months ago
- I have never seen a nurse from my GP surgery

Q3 Generally, how easy is it to get through to someone at your GP surgery on the phone?

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

Q4 How helpful do you find the receptionists at your GP surgery?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Don't know

Q5 In the reception area, can other patients overhear what you say to the receptionist?

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

Q6 How do you normally book your appointments to see a GP or nurse at your GP surgery?

Please **X** all the boxes that apply to you

- In person
- By phone
- By fax machine
- Online
- Doesn't apply

Q7 Which of the following methods would you prefer to use to book appointments at your GP surgery?

Please **X** all the boxes that apply to you

- In person
- By phone
- By fax machine
- Online
- No preference

Q8 Is there a particular GP you usually prefer to see or speak to?

- Yes
- NoGo to Q10
- There is usually only one GP in my GP surgeryGo to Q10

Q9 How often do you see or speak to the GP you prefer?

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



MAKING AN APPOINTMENT

Q10 Last time you wanted to see or speak to a GP or nurse from your GP surgery:

What did you want to do?

- See a GP at the surgery
- See a nurse at the surgery
- Speak to a GP on the phone
- Speak to a nurse on the phone
- Have someone visit me at my home
- I didn't mind / wasn't sure what I wanted

Q11 And when did you want to see or speak to them?

- On the same day
- On the next working day
- A few days later
- A week or more later
- I didn't have a specific day in mind
- Can't remember

Q12 Were you able to get an appointment to see or speak to someone?

- Yes
- Yes, but I had to call back closer to or on the day I wanted the appointment
- No Go to Q16
- Can't remember Go to Q18

Q13 What type of appointment did you get?
I got an appointment...

- ...to see a GP at the surgery
- ...to see a nurse at the surgery
- ...to speak to a GP on the phone
- ...to speak to a nurse on the phone
- ...for someone to visit me at my home

Q14 How long after initially contacting the surgery did you actually see or speak to them?

- On the same day
- On the next working day
- A few days later
- A week or more later
- Can't remember

Q15 How convenient was the appointment you were able to get?

- Very convenient Go to Q18
- Fairly convenient Go to Q18
- Not very convenient
- Not at all convenient

Q16 If you weren't able to get an appointment or the appointment you were offered wasn't convenient, why was that?

- There weren't any appointments for the day I wanted
- There weren't any appointments for the time I wanted
- I couldn't see my preferred GP
- I couldn't book ahead at my GP surgery
- Another reason

Q17 What did you do on that occasion?

- Went to the appointment I was offered
- Got an appointment for a different day
- Had a consultation over the phone
- Went to A&E / a walk-in centre
- Saw a pharmacist
- Decided to contact my surgery another time
- Didn't see or speak to anyone

Q18 Overall, how would you describe your experience of making an appointment?

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

WAITING TIMES

Q19 How long after your appointment time do you normally wait to be seen?

- I don't normally have appointments at a particular time
- Less than 5 minutes
- 5 to 15 minutes
- More than 15 minutes
- Can't remember

Q20 How do you feel about how long you normally have to wait to be seen?

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

LAST GP APPOINTMENT

Q21 Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following?

Giving you enough time

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Listening to you

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Explaining tests and treatments

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Involving you in decisions about your care

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Treating you with care and concern

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Q22 Did you have confidence and trust in the GP you saw or spoke to?

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

LAST NURSE APPOINTMENT

Q23 Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following?

Giving you enough time

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Listening to you

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Explaining tests and treatments

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Involving you in decisions about your care

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Treating you with care and concern

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Doesn't apply

Q24 Did you have confidence and trust in the nurse you saw or spoke to?

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

OPENING HOURS

Q25 How satisfied are you with the hours that your GP surgery is open?

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

Q26 Is your GP surgery currently open at times that are convenient for you?

- YesGo to Q28
 No
 Don't know

Q27 Which of the following additional opening times would make it easier for you to see or speak to someone?

Please X all the boxes that apply to you

- Before 8am
 At lunchtime
 After 6.30pm
 On a Saturday
 On a Sunday
 None of these

OVERALL EXPERIENCE

Q28 Overall, how would you describe your experience of your GP surgery?

- Very good
 Fairly good
 Neither good nor poor
 Fairly poor
 Very poor

Q29 Would you recommend your GP surgery to someone who has just moved to your local area?

- Yes, would definitely recommend
 Yes, would probably recommend
 Not sure
 No, would probably not recommend
 No, would definitely not recommend
 Don't know

MANAGING YOUR HEALTH

Q30 Do you have a long-standing health condition?

- Yes
 No
 Don't know / can't say

Q31 Which, if any, of the following medical conditions do you have?

Please X all the boxes that apply to you

- Alzheimer's disease or dementia
 Angina or long-term heart problem
 Arthritis or long-term joint problem
 Asthma or long-term chest problem
 Blindness or severe visual impairment
 Cancer in the last 5 years
 Deafness or severe hearing impairment
 Diabetes
 Epilepsy
 High blood pressure
 Kidney or liver disease
 Learning difficulty
 Long-term back problem
 Long-term mental health problem
 Long-term neurological problem
 Another long-term condition
 None of these conditionsGo to Q33
 I would prefer not to sayGo to Q33

Q32 In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?

Please think about all services and organisations, not just health services

- Yes, definitely
 Yes, to some extent
 No
 I haven't needed such support
 Don't know / can't say

Q33 How confident are you that you can manage your own health?

- Very confident
 Fairly confident
 Not very confident
 Not at all confident

YOUR STATE OF HEALTH TODAY

Q34 By placing an **X** in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

Self-Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

Pain / Discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

Anxiety / Depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Q35 Have your activities been limited today because you have recently become unwell or been injured?

By 'unwell or injured' we mean anything that only lasts for a few days or weeks, e.g. a bad cold or broken leg

- Yes, limited a lot
- Yes, limited a little
- No

PLANNING YOUR CARE

The next few questions are about care plans.

A care plan is an agreement between you and your health professional(s) to help you manage your health day-to-day.

It is usually a written document you carry with you to appointments and use at home. It can include information about your medicine, an eating or exercise plan, or goals you want to work toward, like returning to work.

Q36 Do you have a written care plan?

- Yes
 No **Go to Q40**
 Don't know **Go to Q40**

Q37 Did you help put your written care plan together?

By 'helping' we mean setting goals for yourself or choosing how you want to manage your health

- Yes
 No

Q38 Do you use your written care plan to help you manage your health day-to-day?

- Yes
 No

Q39 Does your GP, nurse or other health professional review your written care plan with you regularly?

- Yes
 No
 Don't know

OUT OF HOURS

These questions are about contacting an out-of-hours GP service when your GP surgery is closed.

Don't include NHS Direct, NHS walk-in centres or A&E.

Q40 Do you know how to contact an out-of-hours GP service when the surgery is closed?

- Yes
 No

Q41 In the past 6 months, have you tried to call an out-of-hours GP service when the surgery was closed?

- Yes, for myself
 Yes, for someone else
 No **Go to Q46**

Q42 How easy was it to contact the out-of-hours GP service by telephone?

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

Q43 How do you feel about how quickly you received care from the out-of-hours GP service?

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

Q44 Did you have confidence and trust in the out-of-hours clinician you saw or spoke to?

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

Q45 Overall, how would you describe your experience of out-of-hours GP services?

- Very good
 Fairly good
 Neither good nor poor
 Fairly poor
 Very poor

NHS DENTISTRY

Q46 When did you last try to get an NHS dental appointment for yourself?

- In the last 3 months
 Between 3 and 6 months ago
 Between 6 months and a year ago
 Between 1 and 2 years ago
 More than 2 years ago **Go to Q50**
 I have never tried to get an NHS dental appointment..... **Go to Q50**

Q47 Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care?

- Yes
 No
 Can't remember

Q48 Were you successful in getting an NHS dental appointment?

- Yes
 No
 Can't remember

Q49 Overall, how would you describe your experience of NHS dental services?

- Very good
 Fairly good
 Neither good nor poor
 Fairly poor
 Very poor
- Please go to Q51**

Q50 Why haven't you tried to get an NHS dental appointment in the last two years?

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

- I haven't needed to visit a dentist
 I no longer have any natural teeth
 I haven't had time to visit a dentist
 I don't like going to the dentist
 I didn't think I could get an NHS dentist
 I'm on a waiting list for an NHS dentist
 I stayed with my dentist when they changed from NHS to private
 I prefer to go to a private dentist
 NHS dental care is too expensive
 Another reason

SOME QUESTIONS ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

Q51 Are you male or female?

- Male
 Female

Q52 How old are you?

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

Q53 What is your ethnic group?

A. White

- English / Welsh / Scottish / Northern Irish / British
 Irish
 Gypsy or Irish Traveller
 Any other White background

→ Please write in

B. Mixed / multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed / multiple ethnic background

→ Please write in

C. Asian / Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

→ Please write in

D. Black / African / Caribbean / Black British

- African
 Caribbean
 Any other Black / African / Caribbean background

→ Please write in

E. Other ethnic group

- Arab
 Any other ethnic group

→ Please write in

Q54 Which of these best describes what you are doing at present?

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

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

Please go to Q57

Q55 In general, how long does your journey take from home to work (door to door)?

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

Q56 If you need to see a GP at your GP surgery during your typical working hours, can you take time away from your work to do this?

- Yes
- No

Q57 Are you a parent or a legal guardian for any children aged under 16 living in your home?

- Yes
- No

Q58 Are you a deaf person who uses sign language?

- Yes
- No

Q59 Which of the following best describes your smoking habits?

- Never smoked
- Former smoker
- Occasional smoker
- Regular smoker

Q60 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill health / disability, or
- problems related to old age?

Don't count anything you do as part of your paid employment

- No
- Yes, 1-9 hours a week
- Yes, 10-19 hours a week
- Yes, 20-34 hours a week
- Yes, 35-49 hours a week
- Yes, 50+ hours a week

Q61 Which of the following best describes how you think of yourself?

- Heterosexual / straight
- Gay / Lesbian
- Bisexual
- Other
- I would prefer not to say

Q62 Which, if any, of the following best describes your religion?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

Thank you for your time.

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

Item No.	Classification: Open	Date: 27 January 2014	Meeting Name: Health, Adult Social Care, Communities & Citizenship Sub-Committee
Report title:		Scrutiny draft response to Francis Inquiry	
Ward(s) or groups affected:		All	
From:		Scrutiny Project Manager	

RECOMMENDATIONS

1. That the scrutiny sub committee considers this draft report's recommendations, with a view to finalizing a scrutiny response to the Francis Inquiry.

The Francis Inquiry background and purpose

2. Robert Francis QC was commissioned in July 2009 by the then Secretary of State for Health, the Rt Hon Andy Burnham MP, to chair a non-statutory inquiry, the principal purpose of which was to give a voice to those who had suffered at Stafford and to consider what had gone wrong at the Hospital. It was not within that inquiry's Terms of Reference to examine the involvement of the wider system in what went wrong. Francis reported that the evidence was very shocking and the report published in February 2010 made disturbing reading.
3. He concluded that there needed to be an investigation of the wider system to consider why these issues had not been detected earlier and to ensure that the necessary lessons were learned. The victims who gave evidence also called for this and many wanted this to be a public inquiry. Francis recommended that an inquiry be held, a recommendation which was accepted by the then Secretary of State who asked Francis to chair a further non-statutory inquiry. Following the general election, Mr Burnham's successor, the Rt Hon Andrew Lansley CBE MP, the first Secretary of State for Health of the Coalition Government, confirmed his appointment but decided that the Inquiry should be a public inquiry under the Inquiries Act 2005.
4. The overriding concern of the second report was the failure of the healthcare system to respond to the warning signs about very poor patient care and bring about change in a timely fashion. The report noted the NHS system includes many checks and balances which should have prevented serious systemic failure of this sort and that there were a plethora of agencies, scrutiny groups, commissioners, regulators and professional bodies, all of whom might have been expected by patients and the public to detect and do something effective to remedy non-compliance with acceptable standards of care.

Francis Inquiry's identification of key causes for system failure

5. The report identified numerous warning signs which cumulatively, or in some cases singly, could and should have alerted the system to the problems developing at the Trust.

Francis identified these key causes:

- A culture focused on doing the system's business – not that of the patients;
- An institutional culture which ascribed more weight to positive information about the service than to information capable of implying cause for concern;
- Standards and methods of measuring compliance which did not focus on the effect of a service on patients;
- Too great a degree of tolerance of poor standards and of risk to patients;
- A failure of communication between the many agencies to share their knowledge of concerns;
- Assumptions that monitoring, performance management or intervention was the responsibility of someone else;
- A failure to tackle challenges to the building up of a positive culture, in nursing in particular but also within the medical profession;
- A failure to appreciate until recently the risk of disruptive loss of corporate memory and focus resulting from repeated, multi-level reorganisation.

Patient and public local involvement and scrutiny

6. The report contains in Volume One a chapter on 'Patient and public local involvement and scrutiny', which considers the role of scrutiny, the local involvement networks, the role of the local media and MPs.
7. There were two scrutiny committees concerned with Mid – Staffordshire Hospital; the local Stafford Borough Council and wider Staffordshire County Council scrutiny committee. The later was much more highly resourced and had the formal responsibility, although there was a lack of clarity around the scrutiny committee's respective roles. The report is largely critical of both committees.
8. Francis notes that the lack of full minutes of the borough committee meetings made it difficult to ascertain the committee lines of inquiry. The report notes that the committee did question cost cutting measures, but in the absence of benchmarks for staffing found it difficult to challenge the hospital's assurance that services would not be affected. The committee's scrutiny of the hospital children's services and the successful application by the Trust for Foundation Status were debated, however Francis found no evidence of robust questioning. The committee was also hampered in its ability to make a judgement because it did not have sight of a children's service peer review which might have alerted councillors to problems. The committee did take some action in response to cleanliness issues as a result of a presentation by Mid Staffordshire Forum, but the committee was largely prepared to accept the hospital's explanations on cleanliness, as was the Forum. Julie Bailey of Cure the NHS approached the committee with her concerns and her questions were passed on to the Trust to respond, but the records suggested that the committee accepted the hospitals explanations and did not publish Julie Bailey's response. When Julie Bailey wrote again to the committee she received what Francis describes as an unacceptably dismissive letter written by a senior council officer who viewed her letter as an individual complaint. However a committee member wrote a much more empathetic and encouraging response and the letter did prompt further work into mortality and infection rates by the committee, but by that late stage a HCC investigation had been called which ultimately exposed the appalling level of care.
9. The chair of Staffordshire County scrutiny committee took the view that scrutiny should play the role of critical friend, however other councillors were uncomfortable with what they perceived as potentially over cosy relationship and

lack of challenge with local Trusts. The committee considered the Borough scrutiny committee had the primary responsibility for the hospital however it was involved in some scrutiny work. It was approached by dissident community members of the Mid Staffordshire Forum and took some action in response to concerns raised about cleanliness issues and infection rates but the committee was largely prepared to accept the hospital's explanation and the investigations conducted into *Clostridium difficile* were not in depth. The county OSC was aware that Dr Foster had given the Trust a Standardised Mortality Rate (SMR) for 2005/6 of 127, which was considerably higher than the national standard of 100, but the OSC was prepared to accept the Trust's explanation that this was down to coding issues.

10. Two local public involvement structures were present during the critical period of 2005/8. The Mid Staffordshire Forum did undertake a number of visits to the hospital and some members were very concerned with the cleanliness, and wanted to swiftly and robustly hold the hospital to account, however the majority view was that criticism should be balanced with praise and the hospital response concentrated on this rather than steps to address the substantive concerns. The forum took a presentation to the Borough OSC on cleanliness but in this the hospital was presented in a fairly favourable light. Dissident members were unsatisfied with this approach and went to the local media and the county OSC, which did result in some action and reports. The Forum was replaced by the LINKs which was largely preoccupied with internal conflict over governance issues and visited no hospitals. Although one of the dissident members offered to give Julie Bailey a place on the board Cure the NHS concluded that LINKs was dysfunctional. There was no evidence that the LINK was actively engaged with concerns at the Trust and did not send anybody to a large community meeting called by national LINKs.
11. Francis conducted a qualitative and quantitative analysis of local media reports which showed an increasing level of reporting on the Trust as community concerns rose. The report acknowledges that media reports may not be a reliable or complete account of a matter, and frequency is not a reliable guide to the presence of issues; however Francis does advise that it would be reasonable to expect those charged with oversight and regulatory roles in healthcare to monitor media reports about organisations they have responsibility for.
12. Francis concludes that the scrutiny committees failed to make clear which committee had responsibility for scrutinising the Trust (although in practice both were engaged). The committees tended to be passive receipt of reports with little evidence of challenging questioning. The county OSC made no attempt to solicit the views of the public and there was no procedure for the public to come forward with concerns, nor did they make much use of media reports or complaints data. Likewise the Borough OSC made no attempt to solicit the views of constituents, PALS, the PCT, the Mid Staffordshire Forum/LINKs and just waited to be approached. The county OSC made little attempt to question or unpick the poor mortality data, nor did it react to concerns raised by Cure the NHS or the investigation by HCC. The Borough reaction to CURE the NHS was initially dismissive and contradictory; however the Borough OSC did eventually step up its scrutiny once the HCC investigation was initiated and in response to Julie Bailey's dogged raising of concerns.

Francis Inquiry overall aims and recommendations for scrutiny

13. Francis made 290 recommendations, and said no single one on its own would be a solution to the many concerns identified. He outlined the following essential aims of the recommendations:
- Foster a common culture shared by all in the service of putting the patient first;
 - Develop a set of fundamental standards, easily understood and accepted by patients, the public and healthcare staff, the breach of which should not be tolerated;
 - Provide professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service;
 - Ensure openness, transparency and candour throughout the system about matters of concern;
 - Ensure that the relentless focus of the healthcare regulator is on policing compliance with these standards;
 - Make all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service;
 - Provide for a proper degree of accountability for senior managers and leaders to place all with responsibility for protecting the interests of patients on a level playing field;
 - Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do;
 - Develop and share ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public, and all other stakeholders in the system.
14. Francis identified a number of recommendations which have a direct relationship to scrutiny. The very first is that all commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of the report and decide how to apply them to their own work. Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions.
15. The second recommendation is that the NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in

everything done. This recommendation said that this required a common set of core values and standards shared throughout the system with leadership at all levels from ward to the top of the Department of Health committed to and capable of involving all staff with those values and standards. He recommended that the system recognises and applies the values of 'transparency, honesty and candour'. Furthermore he recommended that there be freely available, useful, reliable and full information on attainment of the values and standards with a tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system.

16. The third recommendation calls for clarity of values and principles. Francis states that the NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.

17. Other recommendations that are relevant to scrutiny are :

35 Sharing of intelligence between regulators needs to go further than sharing of existing concerns identified as risks. It should extend to all intelligence which when pieced together with that possessed by partner organisations may raise the level of concern. Work should be done on a template of the sort of information each organisation would find helpful.

43 Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.

47 The CQC should further expand its work with OSCs and foundation trust governors as a valuable information resource. For example it should further develop its current 'sounding board' events.

88 Information sharing: The information contained in reports for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations should be made available to healthcare regulators through the serious untoward incident system in order to provide a check on the consistency of trusts' practice in reporting fatalities and other serious incidents.

119 Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality.

147 *Guidance* should be given to promote the co-ordination and co-operation between local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.

149 -Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.

150 Scrutiny committees should have powers to inspect providers rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate rather than receiving reports without comment or suggestion for action.

246 Comparable quality accounts: Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees, and Local Healthwatch.

286 Impact and risk assessments should be made public, and debated publicly, before a proposal for any major structural change to the healthcare system is accepted. Such assessments should cover at least the following issues:

- What is the precise issue or concern in respect of which change is necessary?
- Can the policy objective identified be achieved by modifications within the existing structure?
- How are the successful aspects of the existing system to be incorporated and continued in the new system?
- How are the existing skills which are relevant to the new system to be transferred to it?
- How is the existing corporate and individual knowledge base to be preserved, transferred and exploited?
- How is flexibility to meet new circumstances and to respond to experience built into the new system to avoid the need for further structural change?
- How are necessary functions to be performed effectively during any transitional period?
- What are the respective risks and benefits to service users and the public and, in particular, are there any risks to safety or welfare?

Draft recommendations for Southwark health scrutiny

18. The committee's response to the Francis Inquiry include the following:
 - a. Affirm the NHS Constitution core values
 - i. Working together for patients.
 - ii. Respect and dignity.
 - iii. Commitment to quality of care.
 - iv. Compassion.
 - v. Improving lives.
 - vi. Everyone counts.
 - b. Explicitly conduct health scrutiny with "transparency, honesty and candour", and model and promote these values across the system.
 - c. Scrutinise Hospital Trusts, Adult Social Care, CCG and GP complaints, with request for some sample detail, at least annually. Receive enhanced complaints reports provided to the CCG from Foundation Trusts quarterly
 - d. Receive the integrated performance report from the CCG
 - e. Scrutinise & contribute to Hospital Quality and Council Local Accounts, with particular reference to 'fundamental and other standards' and outcome statistics.

- f. Scrutinise hospital mortality and morbidity statistics.
- g. Scrutinise hospital ward staff turnover and levels of ward staffing
- h. Receive and consider Serious Incident Reports, including analysis of root causes.
- i. Receive lay inspectors reports regularly and consider them annually
- j. Conduct face to face work with patients & providers, either directly or in conjunction with Healthwatch, as part of scrutiny's regular work, and in response to relevant concerns.
- k. Develop strong partnerships, communication and complementary practice with other bodies that have a regulatory role e.g. Healthwatch, CCG, Adult Social Care, and develop a framework to share concerns.
- l. Ensure that the community and public have clear avenues and fora to raise concerns with scrutiny.
- m. Require that Impact and risk assessments are made public, and debated publicly, before a proposal for any major structural change to the healthcare system is accepted. When making an assessment consider the Francis guidance that at least the following issues are covered:
 - What is the precise issue or concern in respect of which change is necessary?
 - Can the policy objective identified be achieved by modifications within the existing structure?
 - How are the successful aspects of the existing system to be incorporated and continued in the new system?
 - How are the existing skills which are relevant to the new system to be transferred to it?
 - How is the existing corporate and individual knowledge base to be preserved, transferred and exploited?
 - How is flexibility to meet new circumstances and to respond to experience built into the new system to avoid the need for further structural change?
 - How are necessary functions to be performed effectively during any transitional period?
 - What are the respective risks and benefits to service users and the public and, in particular, are there any risks to safety or welfare?

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**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP
SCRUTINY SUB-COMMITTEE**

MUNICIPAL YEAR 2013-14

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Health Partners		50	
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Patrick Gillespie, Service Director, SLaM	1		
Jo Kent, SLAM, Locality Manager, SLaM	1		
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Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	1		
Geraldine Malone, Guy's & St Thomas's	1		