

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **2 November 2023**

Committee Room 2, Civic Offices, New Road, Grays, Essex, RM17 6SL.

Membership:

Councillors Mark Hooper (Chair), Georgette Polley (Vice-Chair), Tony Fish, Terry Piccolo, Neil Speight and James Thandi

Georgina Bonsu (Thurrock Lifestyle Solutions) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors John Cecil, James Halden, Mark Hurrell, Augustine Ononaji and Joycelyn Redsell

Agenda

Open to Public and Press

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1. Apologies for Absence	
2. Minutes	5 - 12
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 31 August 2023.	
3. Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972. To agree any relevant briefing notes submitted to the Committee.	
4. Declarations of Interests	

5.	Healthwatch	
6.	Thurrock Safeguarding Adults Board Annual Report 2022/23	13 - 32
7.	General Practice Patient Survey 2023	33 - 74
8.	Update from Mid and South Essex NHS Foundation Trust	75 - 78
9.	Phlebotomy update from Mid and South Essex NHS Foundation Trust	79 - 80
10.	Work Programme	81 - 84

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **25 October 2023**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 31 August 2023 at 7.00 pm

Present: Councillors Mark Hooper (Chair), Georgette Polley (Vice-Chair), Tony Fish and Neil Speight

Apologies: Councillors Terry Piccolo and James Thandi

In attendance:
Jo Broadbent, Director of Public Health
Ian Wake, Corporate Director of Adults, Housing and Health
Lee Henley, Head of Information Management
Jim Nicolson, Community Protection Manager
Fiona Ryan, Mid and South Essex NHS Foundation Trust
Rhiannon Whiteley, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

11. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 19 July 2023 were approved as a correct record.

Councillor Speight referred to the previous meeting where senior members of the hospital management team were in attendance to present a verbal update on the CQC report on Basildon Hospital. Councillor Speight highlighted that it is the Committee's role to hold people to account and he has subsequently found out that on the same day or the day before the meeting an inquest was held where the Coroner gave a damning report regarding the level of care provided to a gentleman at Basildon hospital. Councillor Speight stated it was inconceivable that members of the hospital management team were not aware of the inquest and it was not mentioned.

12. Urgent Items

There were no items of urgent business.

13. Declarations of Interests

Councillor Polley declared a non-pecuniary interest as in her role as a councillor she had been appointed by the Council to the Council of Governors for MSE for the non-executive directors.

Councillor Polley also declared a non-pecuniary interest in relation to her employment with the NHS Ambulance Service.

14. HealthWatch

Mark Tebbs explained that Kim James from Healthwatch had given her apologies and therefore he was attending in her place. He informed the Committee that Healthwatch has received complaints from residents regarding long waiting lists for cancer care patients. Healthwatch have followed this up and supported residents to make complaints however the normal escalation routes do not seem to be manifesting the response residents need. The wait seems to be worse from the GP referral to initial contact and for decisions being made regarding treatment. Patients feel they are being left.

Councillor Polley responded that in her capacity as a Governor she could challenge this from a different avenue to assist.

Councillor Fish stated that he understood the aim was 4 weeks from visiting your GP to a diagnosis.

The Chair commented that he had also received enquiries from the press regarding delays with blood tests to diagnose cancer. The Chair requested some data or feedback on this issue be provided during the next agenda item.

15. Updates from the Mid and South Essex NHS Foundation Trust

A verbal update was provided to the meeting from Fiona Ryan (Managing Director for Care Group 1 which covers Basildon and Orsett Hospital from the Mid and South Essex Trust). She explained that at the last meeting there was a briefing on the CQC report that had recently been published. The rating was inadequate for medical services across all 3 hospital sites, nutrition and hydration were a concern. As a result of the inadequate rating a re-visit from CQC took place early in July, an update on the warning notice was expected to be received within a few weeks however this still has not been received. The improvement delivery continues. There is a focus on urgent and emergency care following poor performance due to long waiting times for patients and delays with ambulance offloads. In relation to cancer, the faster diagnostic standard is 28 days. Currently, 66.9% of patients are receiving a diagnosis within 28 days, the target is 75%. In any one month 6000 referrals are received.

- There is a backlog of 663 patients waiting to receive treatment or discharge for over 62 days. this is however a significant improvement as numbers were previously in the thousands.

- There is currently a 4 week wait in Thurrock for phlebotomy. The rate of people who do not attend their appointments is quite high.
- They are working to eliminate all 104 week waits. On 12th July 4603 patients waiting for treatment down from a peak last year of 4800.
- They are currently winter planning. Acute Hospital sites and their Workforce were overstretched last year.

Councillor Fish queried the current waiting times for the Haematology service. Fiona Ryan responded that she didn't have that data in front of her.

Councillor Speight commented that the hospitals target of 75% for patients receiving a diagnosis within 28 days seems low. Fiona Ryan responded that the reality is one test doesn't often give a confirmed diagnosis and the standard reflects that for some patients a number of tests may be required to reach that confirmed position.

Councillor Polley raised that the phlebotomy walk-in service at Orsett has been removed and has gone to appointment only. Residents under treatment are asked to get their bloods done prior to treatment and sometimes at short notice, if residents are unable to use a walk-in service this could affect their treatment if they are unable to get a blood test appointment. Fiona Ryan responded that previously there was a system to prioritise these patients and she will request that a future capacity plan for Thurrock is provided to address the long waits.

Mark Tebb added that the voluntary sector can support with winter planning for example with discharge but he would request time to plan and mobilise those services.

The Chair queried if the hospital was looking into the case raised by Councillor Speight at the start of the meeting where a man died as a result of being discharged from hospital. Fiona Ryan responded that she doesn't have the details, but she will make enquiries and report back to the Committee.

16. 2022/23 Annual Complaints and Representations Report - Adult Social Care

The Head of Information Management introduced the report to the Committee and summarised that complaints have reduced, and 85% of complaints were responded to within the timeframe. The key themes of complaints were standard of care and communication. Compliments have increased. A number of awareness campaigns have been completed detailing how to complain. The contract and commissioning team conduct visits to ensure learning has been embedded from upheld complaints.

The Chair queried if the Council are doing enough to raise awareness of how to make a complaint. The Head of Information Management responded that he did think the Council had done enough.

The Corporate Director for Adults, Housing and Health stated that the Council has a strong compliance and brokerage team which has a good relationship with providers and complaints are followed up by that team. If there is a theme emerging, they will inspect on a regular basis and step inspections up to as frequently as quarterly.

Councillor Speight queried whether there are enough avenues to complain for people who are not in the digital world and queried if the committee could provide more support. The Corporate Director for Adults, Housing and Health responded that he was confident in the resources the team has and stated that it is a really high performing team. He also confirmed that he is confident people can complain through a variety of channels such as by phone and letter. They also actively survey people in their care and complete proactive feedback.

The Corporate Director for Adults, Housing and Health stated that he is always concerned that there are a cohort of people who are reluctant to complain as they are vulnerable and are concerned that it might affect their care going forward however they are doing everything they can proactively and reactively to make it easy to complain.

RESOLVED:

1.1 That Health and Wellbeing Overview and Scrutiny Committee consider and note the report.

17. Thurrock Safeguarding Adult Board (TSAB) Strategic Plan

The Community Protection Manager provided a PowerPoint presentation. The slides can be found on the following link:

An easy read version of the strategy has been provided for those who don't want to read the full strategy.

The Safeguarding Adult Board has 3 core duties:

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
- publish an annual report detailing how effective their work has been;
- commission safeguarding adult reviews (SARs) for any cases which meet the criteria for these.

Safeguarding Adult Reviews are completed where people have died or become seriously ill and the circumstances require an investigation. The Safeguarding Adults Board complete audits to ensure these are completed.

Councillor Fish raised concern that only 70% of people consulted said they could recognise when abuse is taking place. The Community Protection Manager agreed that recognising the problem is the first issue but the second is reporting it and taking action. With domestic abuse it is hard to observe

unless the survivor brings it to someone's attention. Survivors of abuse need reassurance that they will get a helpful response and what they wanted to happen, happens. Audits are completed to check this.

Councillor Speight raised that there is a great strength of character in the elderly groups and they don't like to complain and soldier on. He raised the importance of human contact and highlighted an organisation called Re-engage which brings together local people. The Community Protection Manager agreed community engagement is important and the Safeguarding Adults Board will be at the Orsett Show on Saturday to raise awareness.

Councillor Polley raised that Thurrock is a diverse borough and she wanted to ensure that non-traditional groups who don't speak English and may be more vulnerable to exploitation are being engaged with. The Community Protection Manager responded that they do work with faith groups and if members are aware of groups that they might not be to please let them know.

Mark Tebbs added that Healthwatch have a breadth of reach.

The Community Protection Manager stated that in the delivery plan for the strategy, there are timescales provided and key points which would be a good time to report back to the Committee.

RESOLVED:

1.1 That the Health and Wellbeing Overview Scrutiny Committee Members note the Strategic Plan.

18. Thurrock Tobacco Control Strategy 2023-2028

The Director of Public Health introduced the report and confirmed the following key points:

- Smoking rates have fallen
- Smoking is a key avoidable driver of premature mortality
- 12 % of the adult population in Thurrock still smoke and they have developed the strategy to reduce this.
- The aim is to reduce this to 5% by 2030
- Certain groups in the community have higher rates such as those who suffer with mental health problems and those that work in manual labour
- They are embedding smoking cessation in mental health services and working with employers to reach out to these cohorts
- Work is being completed in schools and with trading standards to prevent young people from starting smoking
- The rates are much lower with young people starting smoking than previously however vaping is being taken up by young people.

- At the Health and Wellbeing Board that took place earlier in the day the Assistant Director of Education and Skills confirmed that feedback from young people they had been working with was that is smoking is not seen as socially acceptable but vaping is.
- Community Health champions can talk to people about smoking cessation services. There has been an increase in uptake of virtual smoking cessation groups.

Councillor Speight queried whether there is an alcohol control strategy in the pipeline. The Director of Public Health confirmed they take a strategic approach. A drug and alcohol Needs assessment was completed recently. They will support people who are willing to engage with services. The service is going out to re-tender next week.

The Corporate Director for Adults, Housing and Health stated that there is a huge overlap between Mental Health, alcohol and housing. The Integrated Care Strategy aims to bring support and professionals together so they can design a single solution.

The Meeting discussed Liverpool's approach and requirements for smoke free environments included in their strategies, licensing and planning decisions.

RESOLVED:

- 1.1 That Health and Wellbeing Overview and Scrutiny Committee note the contents of and agree to the publication of the Tobacco Control Strategy 2023-2028 on the Council website.**

19. Agree Working Group Terms of Reference

There were no comments from members on the Terms of Reference and members agreed they were happy with the terms of reference.

The working groups will meet monthly for 4 months with a view to a report being brought back to the Committee in March.

20. Work Programme

Councillor Polley raised that the EPUT report isn't until January and they might need to hear from them sooner.

The meeting finished at 8.58 pm

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**

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2 November 2023	ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee	
Thurrock Safeguarding Adults Board Annual Report 2022/23	
Wards and communities affected: All	Key Decision: Not applicable
Report of: Jim Nicolson, Independent Chair of Thurrock Safeguarding Adults Board	
Accountable Assistant Director: Les Billingham, Assistant Director of Adult Social Care and Community Development	
Accountable Director: Ian Wake, Corporate Director of Adults, Housing and Health	
This report is public.	

Executive Summary

The Care Act 2014 requires all local authorities to establish a Safeguarding Adult Boards (SAB), which must have, as a minimum, senior representation of three core agencies, namely the local Council; Health; and Police. The Act and the accompanying Statutory Guidance set out the responsibilities of the SABs, which includes helping and protecting adults in its area by developing, sharing, and implementing joint strategic safeguarding activity.

SABs also have three legal responsibilities under the Act, which are:

1. To produce and publish an Annual Report detailing how effective its safeguarding activity has been;
2. In collaboration with stakeholders and Healthwatch, produce a Strategic Plan setting out how it will meet its objectives, and;
3. Conduct Safeguarding Adult Reviews (SAR) for any cases which meet the criteria.

1. Recommendation(s)

1.1 That the Annual Report be noted by Health Overview and Scrutiny Committee Members.

2. Introduction and Background

2.1 The role of the Thurrock Safeguarding Adults Board (TSAB) is to ensure the effective co-ordination and delivery of services to safeguard and promote the

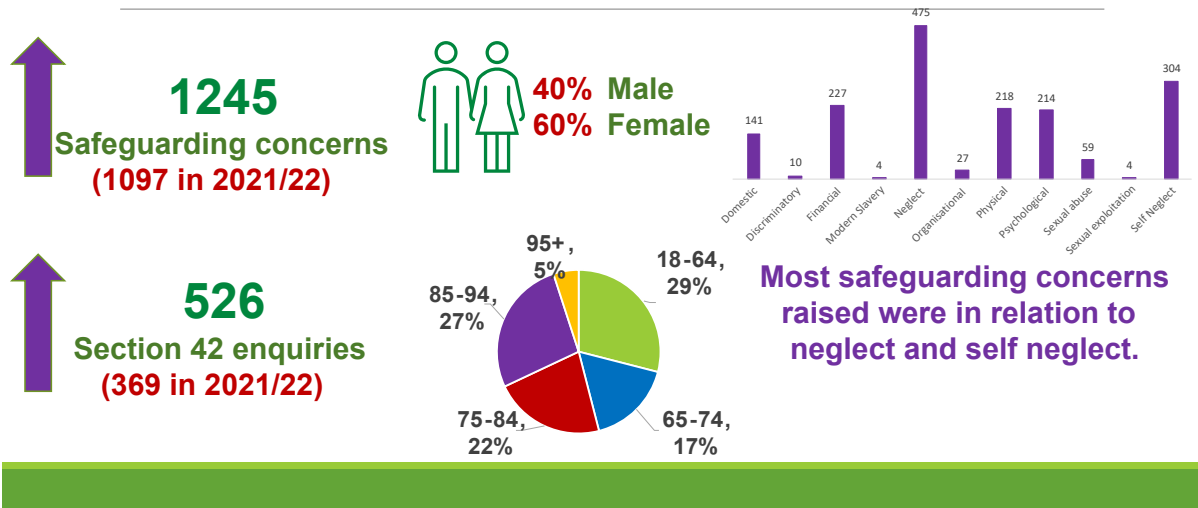
welfare of at-risk adults in accordance with the Care Act 2014 and the accompanying Statutory Guidance.

- 2.2 The Care Act 2014 requires that each Safeguarding Adults Board (SAB) publish an Annual Report, that it be shared widely and specifically to key partners including, the Chief Executive and Leader of the Local Authority, Essex Police, Healthwatch and the Chair of the Health and Wellbeing Board. This was agreed by the Board in July, and formally shared with partners in September.
- 2.3 The Annual Report sets out the adult safeguarding activity within Thurrock for the period 2022/23 and what our priorities are moving forward.

3. Safeguarding data

- 3.1 Throughout the year, the operational group monitors safeguarding data to identify trends and themes. Recent examples include;
 - Reviewing all safeguarding concerns raised that were closed before an enquiry was undertaken. It was established that alternative sources of support/pathways were offered i.e. a Care Act Assessment, Carers Assessment, referral to another agency.
 - Engaging with Essex Police and Mid and South Essex Integrated Care Board staff to reduce the number of inappropriate referrals for their staff. These have now been reduced.
 - Due to the high number of self-neglect cases, social media posts have included information on self-neglect and hoarding. TSAB have also supported Thurrock Council's Hoarding Support Group, including funding transportation of service users to and from meetings.
- 3.2 TSAB will continue to improve further the quality and quantity of data collected, as well as its analysis, to ensure scarce resources are targeted to greatest effect.

Safeguarding data by concern summary 2022/23



4. Safeguarding Adult Reviews (SAR)

- 4.1 TSAB published one SAR this year.
- 4.2 There are also a further two SAR's ongoing which will likely be published in the next financial year.

5. Finance

- 5.1 During 2020/21 the SAB was funded by the three core partners, Thurrock Council, Thurrock NHS Clinical Commissioning Group and the Office of the Police, Fire and Crime Commissioner.

TSAB Income for 2022/23	
Budgets contributions Thurrock Council	£71,354
Budgets contributions - Thurrock CCG	£18,750
Budgets contributions - Essex Police	£18,750
Essex County Council – Easy read document	£166
Southend Council – Easy read document	£166
Reserves	£67,714
Ring fenced money for SARs	£15,000
Total	£191,900

- 5.2 The total expenditure during 2022/23 was £92,130 which was mainly staff costs. The Board has a programme of planned expenditure to deliver its strategic aims, which will draw on this underspend over the next financial year.

6. Strategic Objectives

6.1 The Board's Priorities for 2020/23 are:

- To increase our understanding of abuse and neglect: using data to create profiles by location, abuse type, perpetrator, care and support need.
- To contribute to implementing the recommendations of the Sexual Abuse/Violence Joint Strategic Needs Assessment (JSNA)
- To focus on perpetrator disruption.
- To strengthen transitional safeguarding arrangements.

6.2 Details of the progress made against these Objectives over the last year is contained in the Annual Report, which is available via Sway, Word or in the Easy Read format.

6.3 This is the final year of the 2020/23 Strategic Plan. As well as delivering on the Board's ongoing priorities, a great deal of time was spent this year consulting and drafting priorities for the next Strategic Plan. This was presented to HOSC on 31st August 2023.

7. Reasons for Recommendation

7.1 That the Committee notes the contents of the TSAB's Annual Report.

8. Consultation (including Overview and Scrutiny, if applicable)

8.1 The Annual Report was co-produced with core partners of the TSAB, including detailed updates from the three statutory partners, following extensive consultation with statutory partners, other stake-holders and service users.

9. Impact on corporate policies, priorities, performance and community impact

9.1 The work of the TSAB contributes to the Council's Priorities and Vision in the following areas:

- People – a Borough where people of all ages are proud to work and play, live and stay.

This means:

- high quality, consistent and accessible public services which are right first time.
- build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing.
- communities are empowered to make choices and be safer and stronger together.

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10. Implications

10.1 Financial

Implications verified by: **Mike Jones**
**Strategic Lead, Corporate Finance – Resources
and Place Delivery**

The Board receives financial contributions from Thurrock Council, Mid and South Essex Integrated Care Board and Essex Police. The contributions allow the Board fully to undertake agreed activity. No further funds are required from Thurrock Council.

10.2 Legal

Implications verified by: **Nicola Monerville**
Principal Solicitor

The Health Overview and Scrutiny Committee Members are asked to note the Annual Report. No decision is required.

Section 43 of the Care Act 2014 (the Act) imposes an obligation on local authorities to establish a Safeguarding Adults Board (SAB) for its area to safeguard vulnerable adults who may be experiencing or are at risk of abuse or neglect and are unable to protect themselves.

To achieve this, Schedule 2 of the Act specifically requires SABs to, each financial year, publish a Strategic Plan setting out its plan for safeguarding those vulnerable adults.

The Act also requires an Annual Report to be produced each financial year, a copy of which should be sent to the Chief Executive of the local authority amongst others.

Furthermore, Section 44 of the Act also imposes a duty on the SAB to carry out reviews of cases that meet one of 2 conditions, namely the death of a vulnerable adult due to neglect or abuse and secondly, serious abuse or neglect of a vulnerable adult in the area.

Having considered the Annual Report, taking into account the statutory objective set out in section 43, the Report is within the scope of the SAB and Local Authority's statutory duties.

All information regarding Community Equality Impact Assessments can be found here: <https://intranet.thurrock.gov.uk/services/diversity-and-equality/ceia/>

10.3 Diversity and Equality

Implications verified by:

Roxanne Scanlon

**Community Engagement and Project
Monitoring Officer, Adults, Housing and
Health**

This Annual Report details how the Board has safeguarded and promoted the wellbeing of adults with care and support needs in Thurrock in the year under review. The TSAB Annual Report covers those with care and support needs in all protected characteristics as defined within the Equalities Act, 2010.

10.4 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder and Looked After Children

None

11. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

12. Appendices to the report

- TSAB Annual Report 2022/23
<https://sway.office.com/oEBRccsyOrySbny?ref=Link>
- TSAB Annual Report 2022/23 Easy Read Version
<https://www.thurrocksab.org.uk/wp-content/uploads/2023/09/TSAB-annual-report-2022-23-EASY-READ-V3.pdf>
- PowerPoint Presentation

Report Author:

Paula Ward

Thurrock Safeguarding Adults Board Manager

Thurrock Safeguarding Adults Board

Annual Report - What we have done
from April 2022 to March 2023



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Thurrock Safeguarding Adults Board Annual report 2022/23



Our Aim

To ensure the effective co-ordination and delivery of services to safeguard and promote the welfare of adults in Thurrock at risk of abuse and neglect, in line with the Care Act 2014 and the accompanying Statutory Guidance.

Statutory duties

The Care Act 2014 and the accompanying Statutory Guidance set out the responsibilities of the SABs, SABs have three core duties. They must:

- develop and publish a strategic plan setting out how they will meet their objectives and how their members and partner agencies will contribute
- publish an annual report detailing how effective their work has been
- commission safeguarding adult reviews (SARs) for any cases which meet the criteria

Thurrock Safeguarding Adults Board

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Our plan for
2020-23



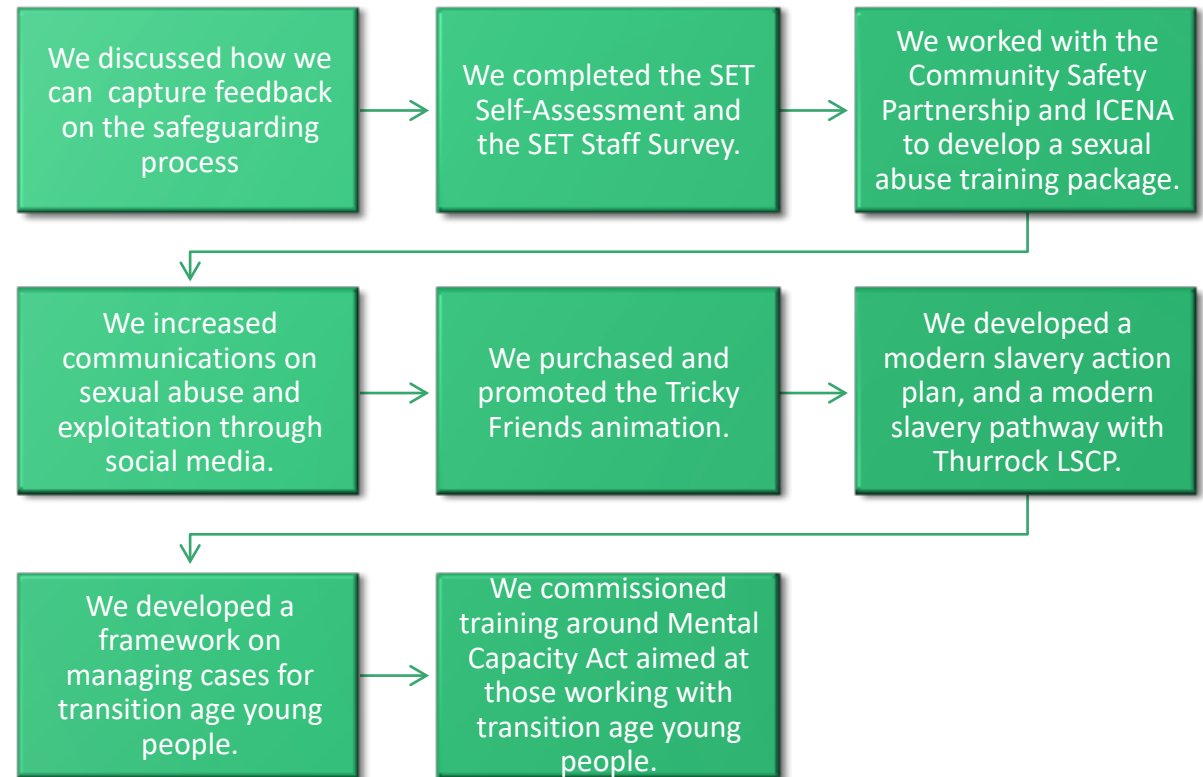
TSAB Strategic Plan

This is the final year of the current strategy and there have been so many fantastic pieces of work that has taken place to make adults safer. The current priorities are:

- To increase our understanding of abuse and neglect using data
- To contribute to the implementation of the recommendations of the Sexual Abuse/Violence Joint Strategic Needs Assessment (JSNA)
- To focus on perpetrator disruption
- To strengthen transitional safeguarding arrangements



Some of the things we did





Scrutiny and challenge

Care and Support Statutory Guidance states that Safeguarding Adult Boards should “*establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements*”. This means that the Board are assured that adults with care and support needs are safe and that there is good safeguarding practice in Thurrock. This included:

- Care home provision
- Mental health
- Implementation of the ICB
- Suicide Prevention
- Safety of patients in hospitals
- Ukrainian refugees
- Firearms licensing
- Covid pandemic

Safeguarding Adult Review

Section 44 (Care Act 2014) states SABs must conduct a SAR where it has concerns about how members of the SAB or other agencies, have worked together to protect an adult who has care and support needs, and who:

- has died as a result of suspected abuse or neglect, or
- is still alive, but has experienced serious abuse or neglect, and would have died if it were not for intervention or has suffered permanent harm.

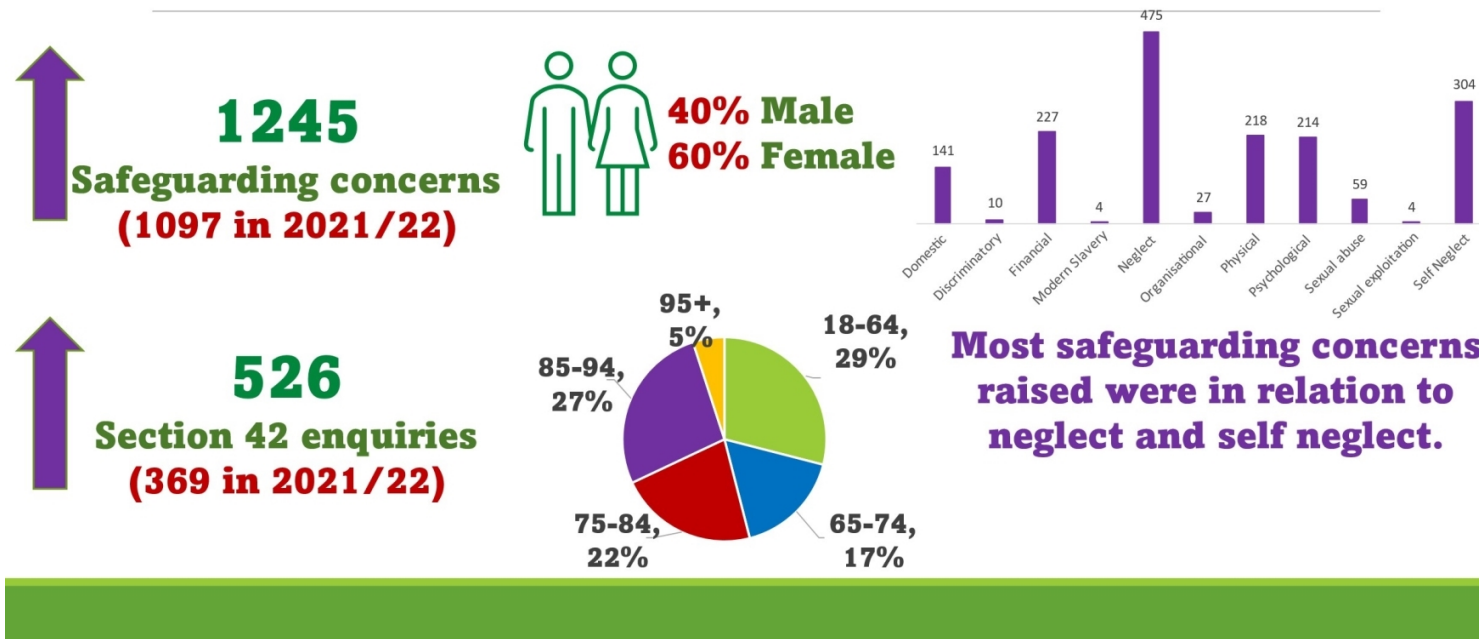
This year TSAB Received 2 safeguarding referrals

- Commissioned a thematic SAR
- Continued to support SET DAB with a joint SAR/DHR
- Published 1 SAR

The review highlighted that migrant and asylum-seeking individuals are likely to reach the UK having experienced a level of trauma which was compounded by the Covid Pandemic and the resulting restrictions. The review identified areas where improvements in information sharing could be made. The panel and the TSAB extend its deepest condolences to the family of Adult A. The recommendations continue to be monitored until the Board are satisfied that they are complete.

Safeguarding data

Safeguarding data by concern summary 2022/23



Communications

Do you have concerns about someone you care for that they may be experiencing abuse or neglect?

The Thurrock Safeguarding Adults Board have produced a booklet called [Lets Talk About...](#) Which helps broach the subject of abuse and neglect - If you are worried about an adult visit the [Thurrock Safeguarding Adults Board website](#)

There was an increase in social media activity this year, with a number of Thurrock Council newsletters and bulletins being utilised.

This year saw the introduction of the TSAB newsletter.

TSAB update the website on a weekly basis, adding news stories, updating documents and continuously trying to make the website more accessible.

Total posts	148
Total reach (individual people reached)	47.5K
Total impressions (no. of times content shown on a screen)	81.2K
Total clicks (to TSAB website)	554
Total comments	25
Total likes	78
Total shares	76



Engagement



We had a stand at the Orsett Show, handing out safeguarding booklets to members of the public to raise awareness of safeguarding adults. We attended:

- Coffee with cops
- Talking shops attended
- The Orsett Show
- Events with the Community Safety Partnership
- Interfaith Networking Event

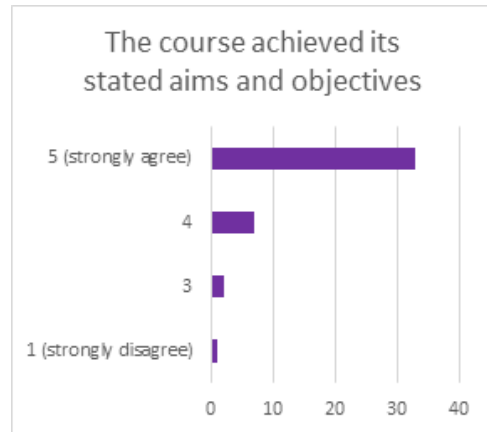
TSAB also sent out copies of the TSAB “Lets talk about Safeguarding” booklets to a range of organisations within the following sectors:

- Thurrock Care Homes,
- Sheltered accommodation
- Supported living
- Libraries
- Opticians
- Dentists



Training

"This has been definitely one of the best training I attended. It was highly informative and was delivered at a very good pace. The trainer gave every one of us a chance to speak and discuss any issues relevant to the topic covered. I will, of course, recommend my other colleagues to apply for this training."



Quote from Salvation Army - It was inspiring to hear how Thurrock are so 'ahead of the game' so to speak with work around with Modern Slavery. The work around county lines is reassuring because we still get comments about NRM referrals being used as a way out of trouble.

STEP 1: IMMEDIATE REPORTING FOR IMMEDIATE TREATMENT, OR TO PREVENT FURTHER VICTIMISATION OF MODERN SLAVERY AND/OR HUMAN TRAFFICKING
 CALL 999 where there is an immediate threat to a PV or related individuals, emergency medical treatment is needed or the PV is still in the place of exploitation.
 Call Essex Police on 102/online reporting if it is purely a suspicion modern slavery is taking place. Suspicions can also be reported to Crimestoppers - 0800 555 111 or to the 24 hour Modern Slavery Helpline - 0800 022 1700.
 If the PV is under the age of 18 years old, or there are children linked to the adult PV please contact: Children's Social Care Duty Team on 01375 652802 or email: childrensocialcare@thurrock.gov.uk

Step 2
CONTACT YOUR SAFEGUARDING LEAD, AS SOON AS IS PRACTICABLE FOR SUPPORT AND GUIDANCE
 Once responsibility for the potential victim is handed over, put concerns in writing to ensure audit trail.
 Consider taking the PV to a place of safety to allow for a safe conversation/ address any self-care needs.
 END OF PROCESS FOR INITIAL REFERRED.

Step 3
Carry out initial assessment
 Safeguarding Team, ASC will carry out an initial needs and risk assessment strategy meeting within 24hrs
 Urgent Assessment: Three key immediate questions: Are they still being or likely to be targeted by their trafficker? Are they housed? Do they have income, food & warm clothes? If at immediate risk then consider moving to the next NRM stage. Consider legal and third sector support, interpreters, welfare entitlements, health checks, accommodation, asylum.

Step 4
Safeguarding Team, ASC will EXPLAIN THE NRM PROCESS TO THE PV
 Unless the PV consents to the NRM referral, they will not be entitled to access the support provided through the NRM but may still be eligible for state support (unless they are under 18 years of age when consent is not required and support will be provided by Children's Social Care).

Has the PV given consent to referral into the NRM?

If No

Step 5
COMPLETE AND SUBMIT THE ONLINE DUTY TO NOTIFY www.modernslavery.gov.uk/start sections 1-4 and 7. Do not include any personal details without PV's permission. Select 'No' in section 4. N.B With support, some PVs will agree to go into the NRM at a later date.

Step 6
CONSIDER THE LEVEL OF NEED/RISK
 Safeguard the PV and try to reduce the risk of re-exploitation. Consider a referral for non-statutory support. With support some PVs will agree to go into the NRM at a later date.

If Yes

Step 5
COMPLETE DIGITAL REFERRAL FORM Complete online referral form www.modernslavery.gov.uk/start. The form must be completed in one go as progress cannot be saved. Consider 'Act, Mourn, Purpose' definitions when completing section 3.

Step 6
PRE-IG HOUSING Safeguarding and duty of care processes must be adhered to. If PV has No Recourse to Public Funds and there is no duty to provide housing/support under other safeguarding/human rights legislation contact the Salvation Army (SA) for accommodation &/or outreach support (0200 303 8551), including Pre-IG housing, subject to assessment if PV is destitute.

Step 7
 Multiagency meeting or refer into mainstream group within 30 days i.e. MASH/SARAC to develop a care plan if the PV remains in the borough or is likely to return to the borough, develop a plan around safety, housing, mental/physical health, legal advice, immigration.

THURROCK LOCAL SAFEGUARDING CHILDREN PARTNERSHIP **THURROCK** *Homeless Community of Choice*

Acknowledgement to the Human Trafficking Foundation and the Anti-Slavery London Working Group (LWG)

TSAB Conference

TSAB alongside Thurrock Community Safety Partnership held a modern slavery virtual conference with speakers from Essex Police, Salvation Army, Gangmasters and Licencing Abuse Authority as well as children and adult social care. There was a total of 66 people in attendance from a range of organisations in the Thurrock area.

Work across SET



There are a number of [policies and procedures](#) that cover the Southend, Essex and Thurrock area which are developed across SET, this year the following were reviewed and where necessary updated:

- SET guidelines
- A guide to developing a Safeguarding Adults Policy
- Managing and responding to Organisational Safeguarding Concerns Guidance
- Missing Persons Protocol
- Safeguarding Handbook
- One Minute Guides – Hoarding and Modern slavery
- Easy Read Safeguarding Form

Thurrock Safeguarding Adults Board

Annual Report - What we have done
from April 2022 to March 2023



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Links to TSAB annual report

<https://www.thurrocksab.org.uk/wp-content/uploads/2023/09/TSAB-annual-report-2022-23-EASY-READ-V3.pdf>

<https://sway.office.com/oEBRccsyOrySbnny?ref=Link>



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2 November 2023		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
General Practice Patient Survey 2023		
Wards and communities affected: all	Key Decision: Not applicable	
Report of: Dr Jo Broadbent, Director of Public Health		
Accountable Assistant Director: Dr Sara Godward, Assistant Director of Public Health		
Accountable Director: Dr Jo Broadbent, Director of Public Health		
This report is Public		

Executive Summary

The General Practice Patient Survey provides nationally comparable patient feedback at practice, Primary Care Network, Integrated Care System and national level, and can be accessed publicly through the [GPPS website](#).

This item comprises a discussion paper and evidence pack which compare patient satisfaction with Thurrock practices to national and ICS averages and examines factors that may influence satisfaction.

On average the percentage of patients in Thurrock satisfied with their practice was lower than the England average (62% compared to 66%). This percentage varied among practices from 30% to 90%.

Greater satisfaction was reported (above 85%) in response to questions related to interactions with healthcare professionals than to questions related to access to an appointment (below <50%).

Satisfaction with general practice is multifactorial and reflects both local factors and factors in common with other areas e.g. impact of the pandemic. The contribution of deprivation, provision of appointments and ill health was small.

1. Recommendation(s)

- 1.1 **The committee is asked to consider the findings of the GP Patient Survey 2023 summarised in the attached report and evidence pack, and the implications for local NHS priorities.**

2. Introduction and background

- 2.1 This paper provides a descriptive analysis of patient satisfaction with Thurrock practices compared to national and ICS averages and factors which may influence patient response (deprivation, number of appointments per head and prevalence of ill health).
- 2.2 The paper includes guidance on the interpretation of the results including statistical significance and potential bias.

3. Issues, Options and Analysis of Options

- 3.1 On average the percentage of patients in Thurrock satisfied with their practice was lower than the England average (62% compared to 66%) but this percentage varied among practices from 30% to 90%.
- 3.2 Greater satisfaction was reported (above 85%) in response to questions related to the interactions with healthcare professionals than to questions related to access to an appointment (below <50%).
- 3.3 Satisfaction with general practice is multifactorial and reflects both local factors and factors in common with other areas e.g. impact of the pandemic. The individual contribution of deprivation, level of appointment provision and prevalence of ill health was small.
- 3.4 These findings provide confirmation of known issues in local access to general practice.

4. Reasons for Recommendation

- 4.1 To provide information to the committee on the satisfaction of Thurrock residents with GP services and consider next steps.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 This paper has been shared with Clinical Leaders in the Thurrock Alliance.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The Council's priorities are informed by the health and wellbeing of its residents.
- 6.2 The Better Care Together Thurrock [Case for further change](#) document focusses on transforming Primary Care in Chapter 5 and Improved Health and Wellbeing through population health management in Chapter 6.

7. Implications

7.1 Financial

Implications verified by: Mike Jones
Head of Corporate Finance – Adults, Health and Housing

There are no direct financial implications for the Council. General practice is commissioned by NHS England.

7.2 Legal

Implications verified by: **Jayne Middleton-Albooye**
Interim Head of Legal Services

There are no direct legal implications for the Council. General practice is commissioned by NHS England. In accordance with the remit of the Health and Well-Being Overview and Scrutiny Committee, Members are asked to review and scrutinise the findings of the survey outlined in this report.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer

The survey is designed to fairly represent the views of the residents served. The responses are weighted to reflect the population in terms of age, sex, ethnicity, deprivation, marital status, size of household, housing tenure and employment status. In addition, this analysis examined the role of deprivation on patient satisfaction, and found this association was small.

7.4 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

none

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

The GP Patient Survey 2003 and previous years data can be accessed through the website [Survey and Reports \(gp-patient.co.uk\)](http://gp-patient.co.uk)

9. Appendices to the report

Discussion paper - GP Patient Survey 2023: an analysis of survey results describing patient satisfaction with GP access and quality in Thurrock, and the factors which may influence this.

Report Authors:

Sara Godward

Assistant Director of Public Health

Public Health, Adults Housing and Health

Emma Sanford

Head of Healthcare Public Health

GP Patient Survey 2023

An analysis of survey results describing patient satisfaction with GP access and quality in Thurrock, and the factors which may influence this.

Public Health Team, October 2023

Introduction

The General Practice Patient Survey (GPPS) is an independent annual survey conducted by Ipsos on behalf of NHS England since 1998. The survey is sent out each January to over two million people across the country to capture how patients feel about their GP practice. The survey has changed over time to reflect organisational changes in Primary Care service delivery and to capture the experience of the COVID-19 pandemic.

Aim

1. Descriptive analysis of patient satisfaction with Thurrock practices and comparison to national and ICS averages.
2. Consideration of factors which may influence patient response (deprivation, number of appointments per head and prevalence of ill health).

Method

Patients from every GP practice in the country are invited to voluntarily complete and return the GPPS online or on paper (different languages are available). The study is designed to achieve a random sample representative of the population including adjustment for likely non-response. The responses are weighted to reflect the population in terms of age, sex, ethnicity, deprivation, marital status, size of household, housing tenure and employment status.

The GPPS provides nationally comparable patient feedback at practice, PCN, ICS and national level, and can be accessed publicly through the [GPPS website](#).

The survey includes questions about patients' experience of other local NHS services, demographic information and general health and health behaviours. It covers satisfaction with appointment making, access, opening hours and quality of care.

The most recent data was collected between 3 January and 3 April and published in mid-July 2023.

Interpreting the results

The survey aims to collect around 100 responses from each practice and is a huge exercise in data collection. Even if this is achieved, however, the difference in score between 2 practices is only considered statistically significant (i.e. unlikely to be due to chance) if the difference is greater than 20 percentage points. The difference between a practice and the national average must be at least 10%, the difference between the ICS and national must be 1% and the difference between the Thurrock and national average 2% to reach statistical significance. We can't rule out chance as the explanation for differences smaller than this.

From the 63 questions asked in the full survey, we have selected six questions covering the breadth of patient experience in general practice.

Despite efforts to minimise, all surveys are subject to bias, and generally are more likely to be completed by people who have had a particularly bad or good experience. We have reduced the impact of outliers through grouping the favourable responses 'very good' or 'fairly good' into one category 'good'. We have compared to the ICS and national average and within Thurrock.

The questions in this survey ask about the "last 12 months" or "the last visit" or "in general" and respondents may not have always recalled accurately.

Factors potentially associated with responding 'good'

We looked at the potential relationship between responses and relative deprivation, appointment provision and ill health.

The average Index of Multiple Deprivation score (IMD2019) for Thurrock is 20.9, which is very similar to the England average of 21.7 and above the MSE average of 17.3. This means that the level of deprivation in Thurrock is on average similar to that of England, so differences in average scores are unlikely to be explained by deprivation. The deprivation score for a Thurrock practice ranges from around 10 to 40.

Recognising different ways of working, the CQC does not have a formula or ratio for the number of appointments that should be provided per registered patient. The data are, however, collected by NHS England¹ from practice and PCN appointment systems. There are known quality issues with this dataset which does not capture the full extent of primary care activity or reflect the complexity of activity. It only includes data from 61% of PCNs, for example. While we have removed obviously anomalous values, unknown issues of comparability remain. Recorded provision varies ten-fold nationally, from around 1,000 per 10,000 patients to 10,000 per 10,000 patients.

Patients with long term ill health are likely to attend their practices more frequently and have more experience of their practice.

Responses may have been influenced by local or national issues at the time e.g. media coverage of under-doctoring or NHS pressures.

Findings

Response rate

The response rate for Thurrock was 26% (3,128 respondents, evidence 1), which is slightly below the national (29%) and the Midlands and ICS (32%) averages. The target of at least 100 responses was achieved, however, for all but two practices (for which 91 and 94 responses were received) i.e. while we have responses from only around 1.6% of the Thurrock population, the target sample size has been largely achieved and the weighted responses can be considered representative of the target population.

¹ [Appointments in General Practice, June 2023 - NHS Digital](#)

Responses from Thurrock

The percentage responding 'good' to "Overall, how would you describe your experience of your GP practice?" ranged widely among Thurrock practices from 30% to 90% (evidence 2a). On average, patients in Thurrock reported lower satisfaction with their practice (62%) than the England average (71%) and MSE average (66%).

Reported satisfaction in Thurrock over time has mirrored the pattern seen in England and MSE, and has been consistently slightly below. Satisfaction with general practice is multifactorial and reflects local factors e.g. persistent difficulties in staff recruitment and factors in common with other areas e.g. impact of the pandemic (evidence 2b).

Reported ease of contacting a practice on the phone varied among practices from 11% to 93%, with an average of 42% (evidence 3a). On average Thurrock practices performed below the England average (50%) but above the MSE average (38%).

Reported satisfaction with the times that appointments are available ranged among practices from 17% to 78% with an average of 46% (evidence 3b). On average Thurrock performed below the England average (53%) and similar to the MSE average (46%).

Satisfaction with the experience of making an appointment ranged among practices from 15% to 84%, with an average of 46% (evidence 3c). The Thurrock average was below the England average (54%) but similar to MSE (47%).

Confidence and trust in healthcare professionals was consistently high, ranging from 72% to 98%, with an average of 88% (evidence 4a). The Thurrock average was below the England average (93%) and the MSE average (91%).

The percentage of patients who were satisfied their needs were met at their last appointment was consistently high, ranging from 80% to 99%_with an average of 87% (evidence 4b). The Thurrock average was below the national average (91%) and MSE average (90%).

The overall picture is shown in table 1. Despite dissatisfaction with the ease of making an appointment, most patients were overall very satisfied with the appointment itself and had a high level of trust in their health care professionals. For each measure, reported satisfaction in Thurrock was consistently slightly below the England average and sometimes below the MSE average. Within Thurrock there was considerable variation and eight Thurrock practices scored at or above the England average for all six questions while two scored below for all. Overall satisfaction was below the national average for ten Thurrock practices.

Table 1: Thurrock practices compared to the England average.

A difference of more than 10% between England and a practice reaches statistical significance (5% level)

Legend

- 1 Significantly worse than England
- 2 Not significantly different to England
- 3 Significantly better than England

PCN	Practice	Local GP Services			Making an appointment	At your last appointment	
		Overall Satisfaction	Phones	Appointment Times		Confidence and trust	Needs met
ASOP PCN	AVELEY MEDICAL CENTRE	49%	31%	34%	37%	82%	81%
	DERRY COURT MEDICAL PRACTICE	60%	42%	56%	50%	78%	76%
	DR YASIN SA PRACTICE PEARTREE SURGERY & WEST HORNDON SURGERY	79%	61%	62%	60%	95%	97%
	PURFLEET CARE CENTRE	55%	23%	39%	31%	91%	88%
	SANCTA MARIA MEDICAL CENTRE	63%	24%	48%	44%	85%	82%
	BALFOUR MEDICAL CENTRE	49%	27%	28%	28%	81%	83%
GRAYS PCN	DELL MEDICAL CENTRE	90%	85%	73%	80%	94%	94%
	DR ABELAT PRACTICE	58%	27%	31%	43%	89%	87%
	DR YADAVAN PRACTICE	80%	51%	66%	60%	96%	98%
	KADIM PRIMECARE MEDICAL CENTRE	67%	39%	45%	50%	92%	83%
	MILTON ROAD SURGERY	51%	57%	36%	39%	79%	84%
	ODDFELLOWS HALL & ST CLEMENTS	49%	26%	33%	28%	83%	85%
	STIFFORD CLAYS MEDICAL CENTRE	74%	32%	52%	56%	87%	83%
	THE GRAYS SURGERY	60%	58%	49%	44%	85%	83%
	THURROCK HEALTH CENTRE	53%	29%	42%	33%	82%	83%
	STANFORD-LE-HOPE PCN	DR DESHPANDE AM PRACTICE	86%	69%	63%	74%	97%
DR DEVARAJA VC PRACTICE		87%	93%	78%	78%	88%	91%
HASSENGATE MEDICAL CENTRE		73%	38%	49%	49%	97%	96%
HORNDON-ON-THE-HILL SURGERY		85%	79%	69%	84%	95%	99%
ORSETT SURGERY		57%	37%	40%	41%	98%	94%
SOUTHEND ROAD SURGERY		71%	43%	40%	39%	93%	86%
TILBURY AND CHADWELL PCN	COMMONWEALTH HEALTH CENTRE	55%	27%	39%	38%	83%	82%
	MEDIC HOUSE	77%	60%	51%	59%	94%	91%
	SAI MEDICAL CENTRE	68%	62%	53%	62%	88%	85%
	THE RIGG-MILNER MEDICAL CENTRE	35%	17%	24%	25%	85%	89%
	TILBURY HEALTH CENTRE	30%	11%	24%	15%	72%	71%
Comparators	Thurrock Average	62%	42%	46%	46%	88%	87%
	MID AND SOUTH ESSEX ICS	71%	38%	46%	47%	91%	90%
	England	66%	50%	53%	54%	93%	91%

For each potentially explanatory factor (deprivation, provision of appointments, ill health, evidence 5-10), there was a large variation in patient satisfaction score. The univariate linear model was a poor fit, reflecting the many other factors that influence a patient's response, but the direction was as expected i.e. lower scores with increasing deprivation and higher scores with increasing provision of appointments (table 2). The association with ill health was mixed i.e. practices with more respondents in ill health had lower satisfaction scores relating to access and higher on scores related to the experience of the appointment. This reinforces the earlier finding of a positive experience of primary care once patients have secured an appointment.

The effect of each factor on satisfaction was generally small i.e. for a 10 point increase in deprivation score, an increase in appointments of 1,000 (per 10,000) or a 10% increase in the prevalence of ill health, the response changed by a small percentage. For example, for a 10 point increase in deprivation score, overall patient satisfaction fell by 3%. This means that only a small proportion of variation in satisfaction between practices can be explained by differences in deprivation, appointment availability or health need.

Table 2: Average effect of each factor on each score, summarising evidence 5-10.

Change in percent responding 'good'	For every 10 point increase in deprivation score	For every 1000 per 10,000 increase in appointments	For every 10% increase in reported ill health
Overall satisfaction	-3%	2%	0.8%
Ease of phoning practice	-3%	0.2%	-2%
Satisfaction with appointment times	-1%	1%	-1%
Overall satisfaction with making an appointment	-3%	2%	-0.5%
Confidence and trust in professionals	-2%	0.5%	0.6%
Needs were met at last appointment	-2%	0.6%	0.8%

Summary

On average the percentage of patients in Thurrock satisfied with their practice was lower than the England average (62% compared to 66%) but this percentage varied among practices from 30% to 90%.

Greater satisfaction was reported (above 85%) in response to questions related to the interactions with healthcare professionals than to questions related to access to an appointment (below <50%).

Satisfaction with general practice is multifactorial and reflects both local factors and factors in common with other areas e.g. impact of the pandemic. The individual contribution of deprivation, level of appointment provision and prevalence of ill health was small.

Appendix

Evidence pack GPPS 2023 Thurrock



Evidence Pack

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General Practice Patient Satisfaction Survey 2023

Thurrock Council Public Health

GP patient survey 2023: patient satisfaction with access and quality of general practice in Thurrock and consideration of three factors which may have influenced this

- The national survey is designed to adjust for differential response by age, and sex etc.
- It aims to achieve a sample size of approximately 100 responses from each practice.

We examined:

1. How Thurrock compared to the ICS and England
2. Differences among practices within Thurrock
3. Whether there was a relationship between satisfaction and other practice characteristics i.e. relative deprivation of population served, provision of appointment per head, and self reported prevalence of ill health

Interpretation of differences between a practice and ICS or England average, or between 2 practices:

- The confidence interval around the response to each question for a practice is approximately +/- 10%
- A difference in percentage satisfaction between practices only reaches statistical significance (at the 5% level) if it is more than 20%
- A difference in percentage satisfaction between Thurrock average and the ICS average reaches statistical significance if it is more than 3%
- A difference in percentage satisfaction between Thurrock average and the National average reaches statistical significance if it is more than 2%
- Only statistically significant differences are considered

The evidence is numbered for cross reference with the associated discussion paper.

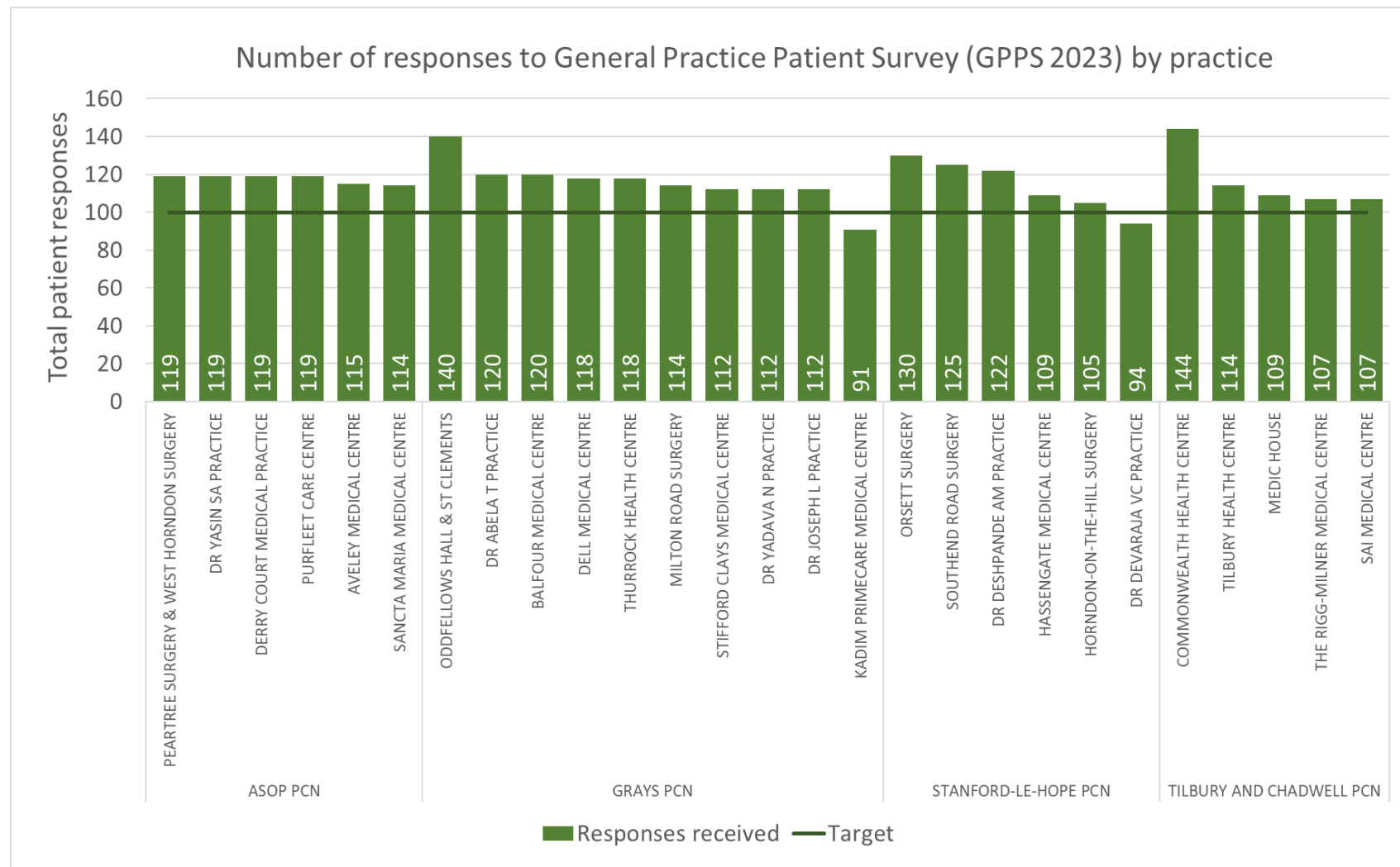
Survey response rate

Evidence Number: 1

Key points:

- 1,955 surveys were distributed to Thurrock patients, of which 3128 (26%) were returned
- Patients from all but two Thurrock practices returned the targeted 100+ responses, and there were 91 and 94 from the remaining practices

What does this mean? We can be 95% confident that the views within a practice are within around 10% of the sample response



Overall satisfaction with general practice

Evidence Number: 2a

Key points:

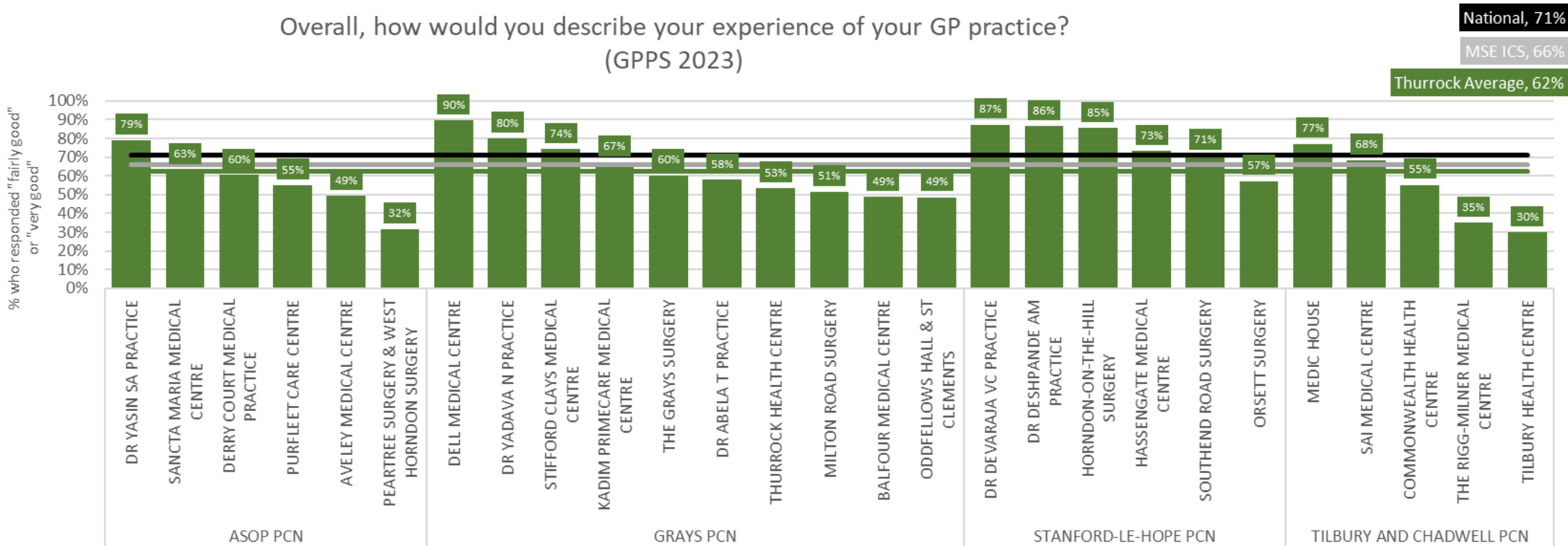
- Overall 'Good' GP satisfaction levels ranged among Thurrock practices from 30% to 90%
- On average, patients in Thurrock reported lower satisfaction with their practice than the England average (-9%) and MSE average
- 4 practices in Thurrock reported patient satisfaction above the England average, 14 below

Note:

Patients had the option of selecting 'Very Good', 'Fairly Good', 'Neither Good nor Poor', 'Fairly Poor', 'Very Poor'

Data Sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

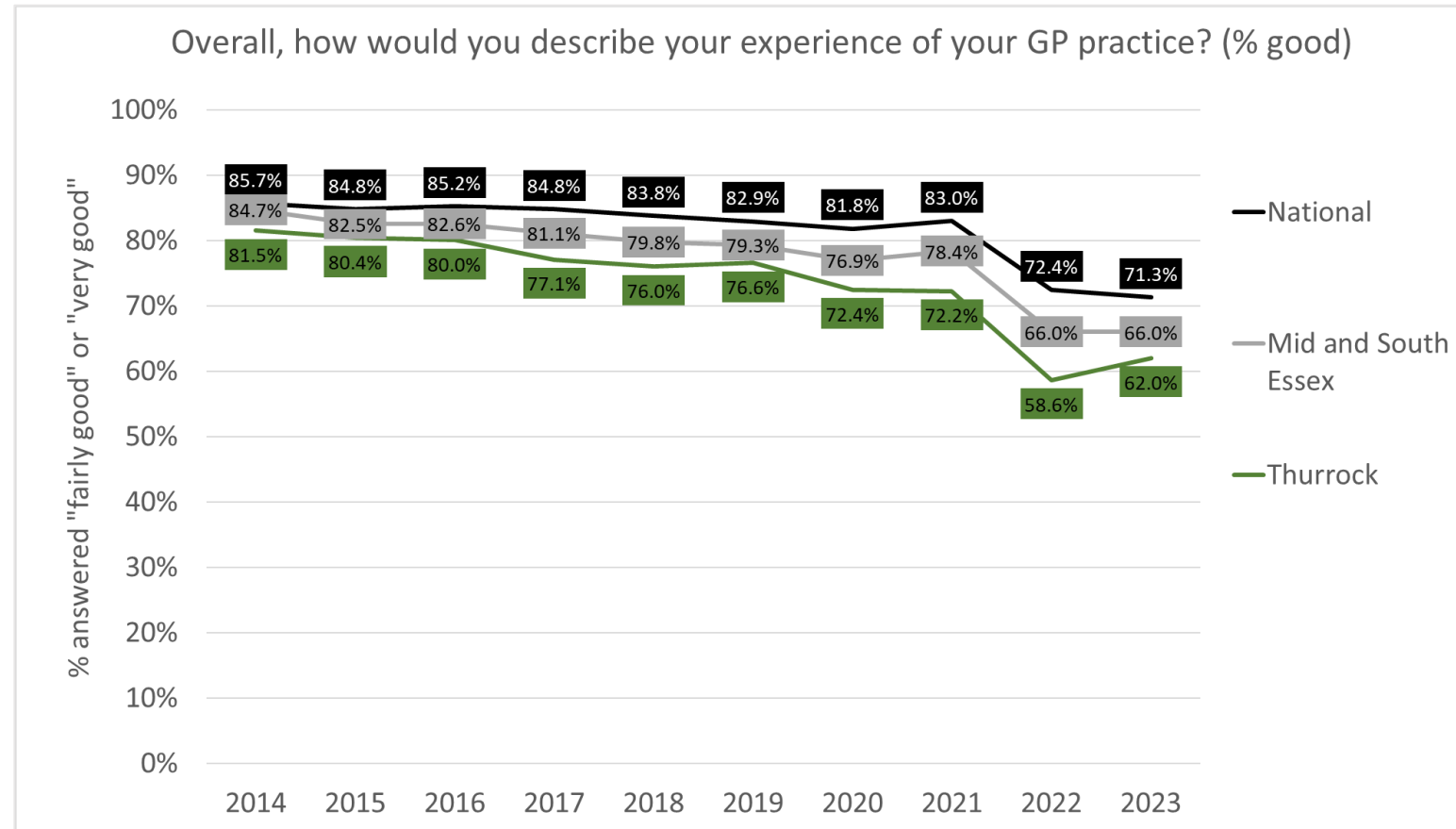


Trends in overall satisfaction with general practice

Evidence Number: 2b

Key points:

- Over the last decade reported satisfaction in Thurrock has been consistently lower than England and MSE
- The pattern year on year is similar for England, MSE and Thurrock and across all three there has been a downward trend in overall satisfaction with general practice since 2021
- Satisfaction with general practice is multifactorial and reflects local factors e.g. persistent difficulties in staff recruitment and factors in common with other areas e.g. impact of the pandemic



Note: MSE data for the period before the establishment of the ICS was derived from constituent CCGs

Satisfaction with contacting general practice by phone

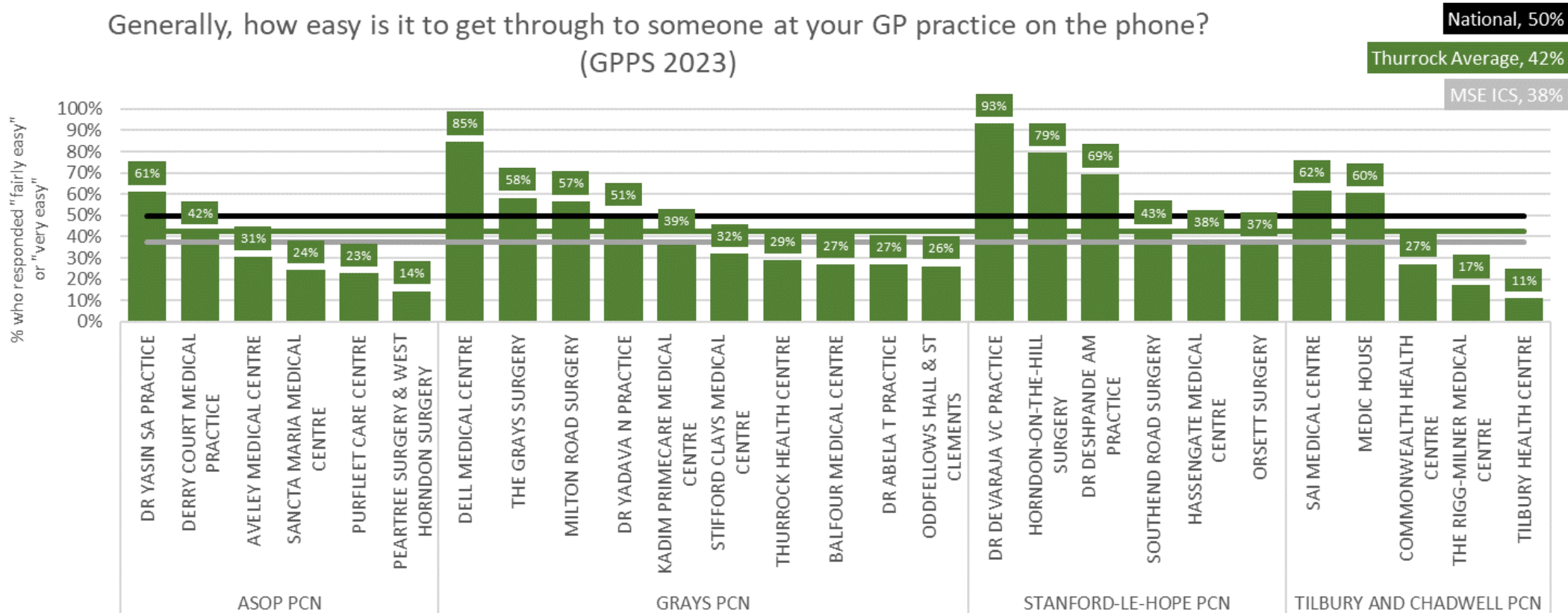
Evidence Number: 3a

Key points:

- Reported ease of contacting a practice on the phone varied among practices from 11% to 93%
- On average Thurrock practices performed below the England average (-8%) but above the MSE average
- Seven practices reported overall performance above the England average and 15 practices below

Data Sources: [Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

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Satisfaction with available appointment times

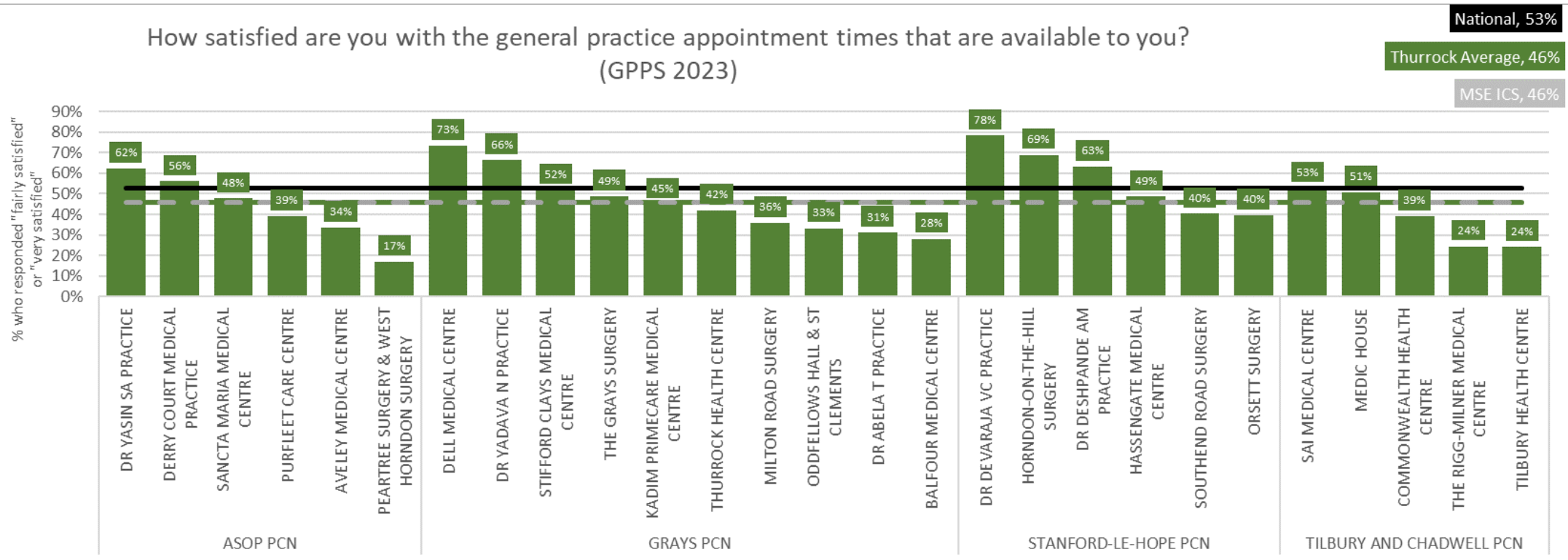
Evidence Number: 3b

Key points:

- Reported satisfaction with appointments times ranged among practices from 17% to 78%
- On average Thurrock performed below the England average (-8%) but similar to the MSE average
- Satisfaction was above the England average for 5 practices and below for 13

Notes: Core hours for all GPs - Monday to Friday 8am to 6.30pm. Extended week day evening and weekend access – varies between PCN and GP practice but always covers Saturday 9am to 5pm.

Data Sources: [Survey and Reports \(gp-patient.co.uk\)](http://gp-patient.co.uk)



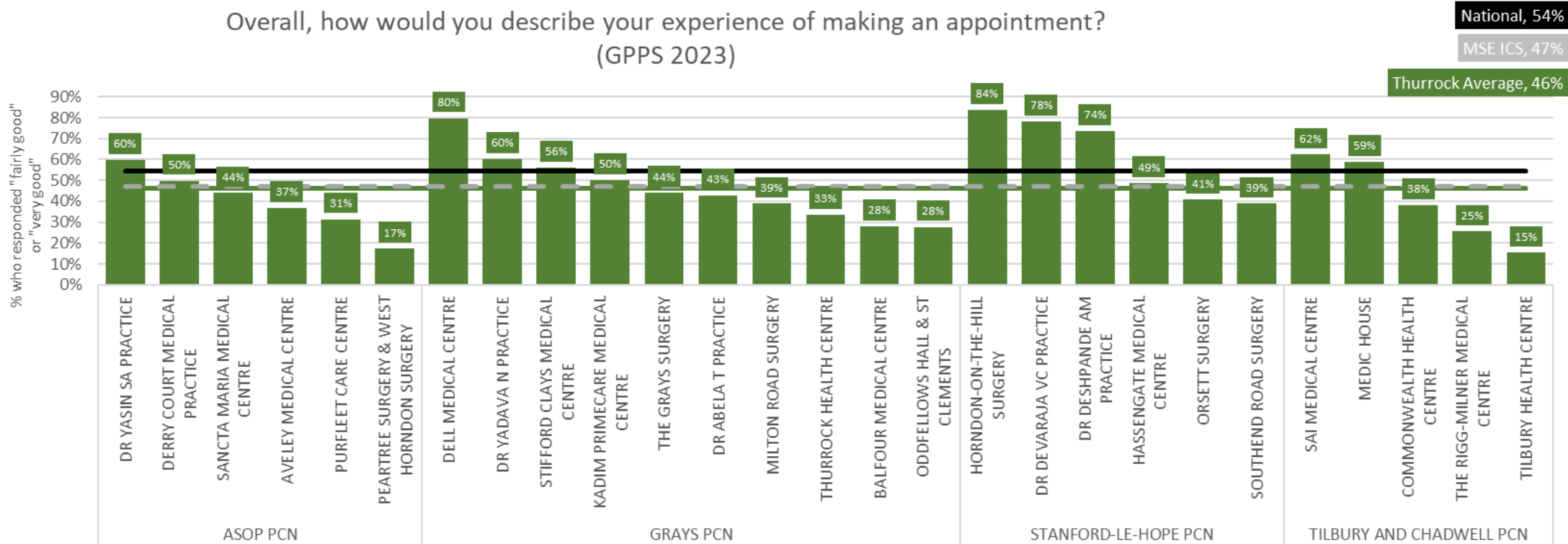
Satisfaction with experience of making appointments

Evidence Number: 3c

Key points:

- Satisfaction with the experience of making an appointment ranged among practices from 15% to 84%
- The Thurrock average was below the England average but similar to MSE
- 15 practices in Thurrock scored below the national average and 4 above

Data Sources: [Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)



Confidence and trust in healthcare professionals

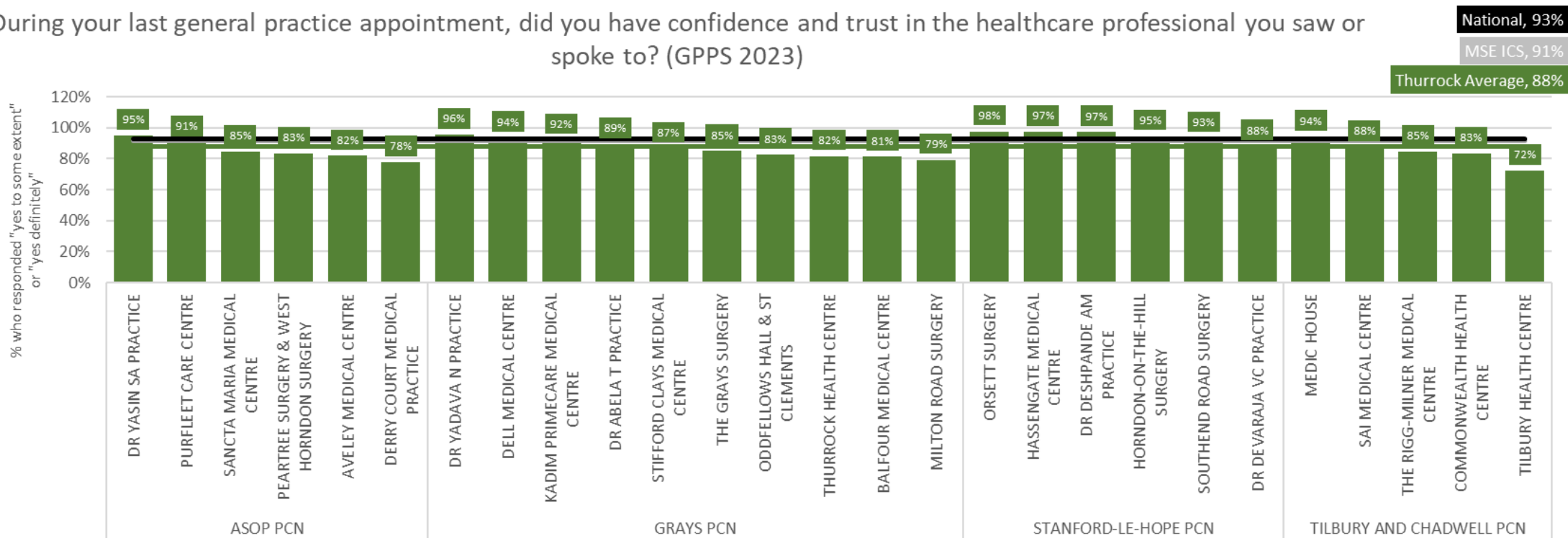
Evidence Number:4a

Key points:

- Patients' confidence and trust in their healthcare professional ranged from 72% to 98%
- The Thurrock average was below both the England (-5%) and MSE averages
- No practices scored above the England average, 7 scored below

Data Sources: [Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? (GPPS 2023)



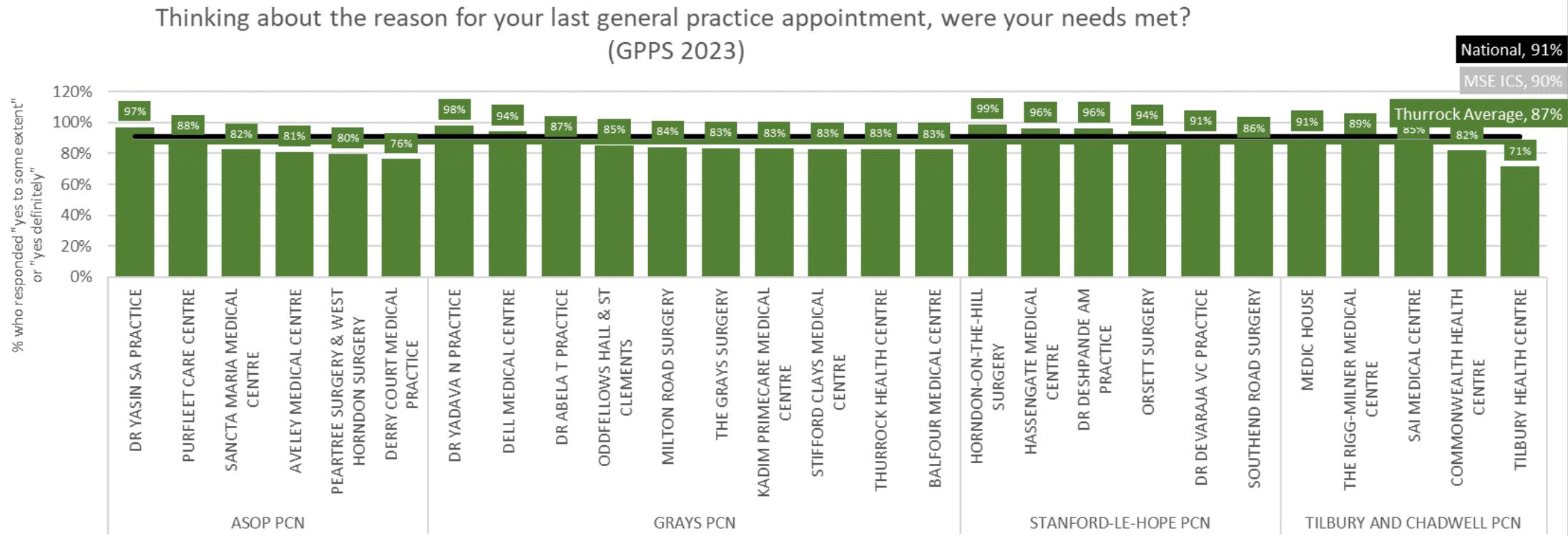
Patient satisfaction that their needs were met

Evidence Number: 4b

Key points:

- Response ranged among practices from 80% to 99%
- The Thurrock average was slightly below the England (-4%) and MSE averages
- No practices scored above the England average, 4 below

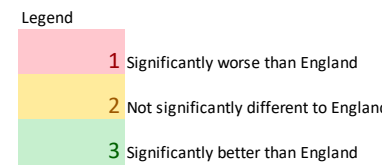
Data Sources: [Survey and Reports \(gp-patient.co.uk\)](http://survey-and-reports(gp-patient.co.uk))



Summary of benchmarking

- This slide shows for each question and each practice whether the response was statistically significantly different (at the 5% level) from the England average
- The ICS average was below the England average for ‘access by telephone’, ‘available appointment times’ and ‘overall experience making an appointment’
- The Thurrock average was below the England average for all questions, but there was considerable variation among practices
- 2 practices performed **below** the England average for **all** questions
- 8 practices performed **similar to or above** the England average for **all** questions

PCN	Practice	Local GP Services			Making an appointment	At your last appointment	
		Overall Satisfaction	Phones	Appointment Times		Confidence and trust	Needs met
ASOP PCN	AVELEY MEDICAL CENTRE	49%	31%	34%	37%	82%	81%
	DERRY COURT MEDICAL PRACTICE	60%	42%	56%	50%	78%	76%
	DR YASIN SA PRACTICE	79%	61%	62%	60%	95%	97%
	PEARTREE SURGERY & WEST HORNDON SURGERY	32%	14%	17%	17%	83%	80%
	PURFLEET CARE CENTRE	55%	23%	39%	31%	91%	88%
	SANCTA MARIA MEDICAL CENTRE	63%	24%	48%	44%	85%	82%
GRAYS PCN	BALFOUR MEDICAL CENTRE	49%	27%	28%	28%	81%	83%
	DELL MEDICAL CENTRE	90%	85%	73%	80%	94%	94%
	DR ABELA T PRACTICE	58%	27%	31%	43%	89%	87%
	DR YADAVA N PRACTICE	80%	51%	66%	60%	96%	98%
	KADIM PRIMECARE MEDICAL CENTRE	67%	39%	45%	50%	92%	83%
	MILTON ROAD SURGERY	51%	57%	36%	39%	79%	84%
	ODDFELLOWS HALL & ST CLEMENTS	49%	26%	33%	28%	83%	85%
	STIFFORD CLAYS MEDICAL CENTRE	74%	32%	52%	56%	87%	83%
	THE GRAYS SURGERY	60%	58%	49%	44%	85%	83%
	THURROCK HEALTH CENTRE	53%	29%	42%	33%	82%	83%
STANFORD-LE-HOPE PCN	DR DESHPANDE AM PRACTICE	86%	69%	63%	74%	97%	96%
	DR DEVARAJA VC PRACTICE	87%	93%	78%	78%	88%	91%
	HASSENGATE MEDICAL CENTRE	73%	38%	49%	49%	97%	96%
	HORNDON-ON-THE-HILL SURGERY	85%	79%	69%	84%	95%	99%
	ORSETT SURGERY	57%	37%	40%	41%	98%	94%
	SOUTHEND ROAD SURGERY	71%	43%	40%	39%	93%	86%
TILBURY AND CHADWELL PCN	COMMONWEALTH HEALTH CENTRE	55%	27%	39%	38%	83%	82%
	MEDIC HOUSE	77%	60%	51%	59%	94%	91%
	SAI MEDICAL CENTRE	68%	62%	53%	62%	88%	85%
	THE RIGG-MILNER MEDICAL CENTRE	35%	17%	24%	25%	85%	89%
	TILBURY HEALTH CENTRE	30%	11%	24%	15%	72%	71%
Comparators	Thurrock Average	62%	42%	46%	46%	88%	87%
	MID AND SOUTH ESSEX ICS	71%	38%	46%	47%	91%	90%
	England	66%	50%	53%	54%	93%	91%



Which characteristics were associated with patient satisfaction with general practice?

- We examined the potential association with three variables:
 - Index of Multiple Deprivation Score
 - The number of appointments per 10,000 patient population provided over this period
 - Self-reported ill health i.e. prevalence of long-term physical or mental health conditions, disabilities or illnesses
- Data sets were linked using GP practices in England as the unit of analysis
- We analysed the relationships using data for England since more data provides more power to detect potentially small associations
- 41 practices could not be included in the analyses due to missing data
- 22 practices (including 1 practice in Thurrock) were excluded due to extreme and unlikely values which were likely in error
- Note: an association between any two variables is not necessarily a causal relationship

Was overall patient satisfaction associated with deprivation score?

Evidence Number: 5a

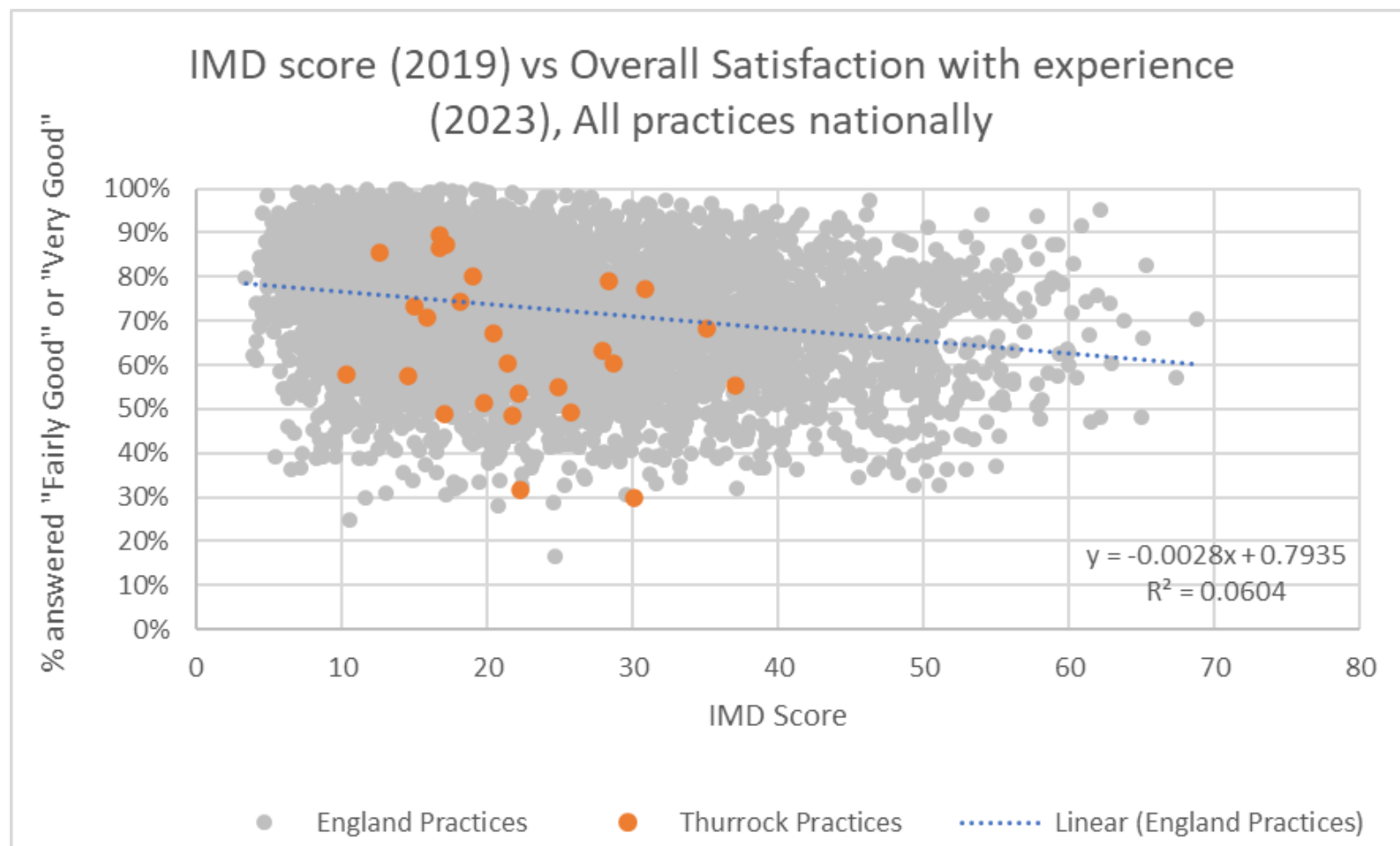
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What does it show?

- For any given level of deprivation, there was a wide range in patient satisfaction
- On average, for every 10 points increase in relative deprivation score, there was a 3% decrease in patient satisfaction

What does it mean?

Patients living in areas of higher deprivation are less likely to be satisfied with their practice, but while this trend is statistically significant, the effect is very small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

[National General Practice Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Notes and caveats:

1. Practice IMD calculated as weighted average based on LSOA of residence of patients.

Is overall satisfaction with GP practice associated with the provision of appointments?

Evidence Number: 5b

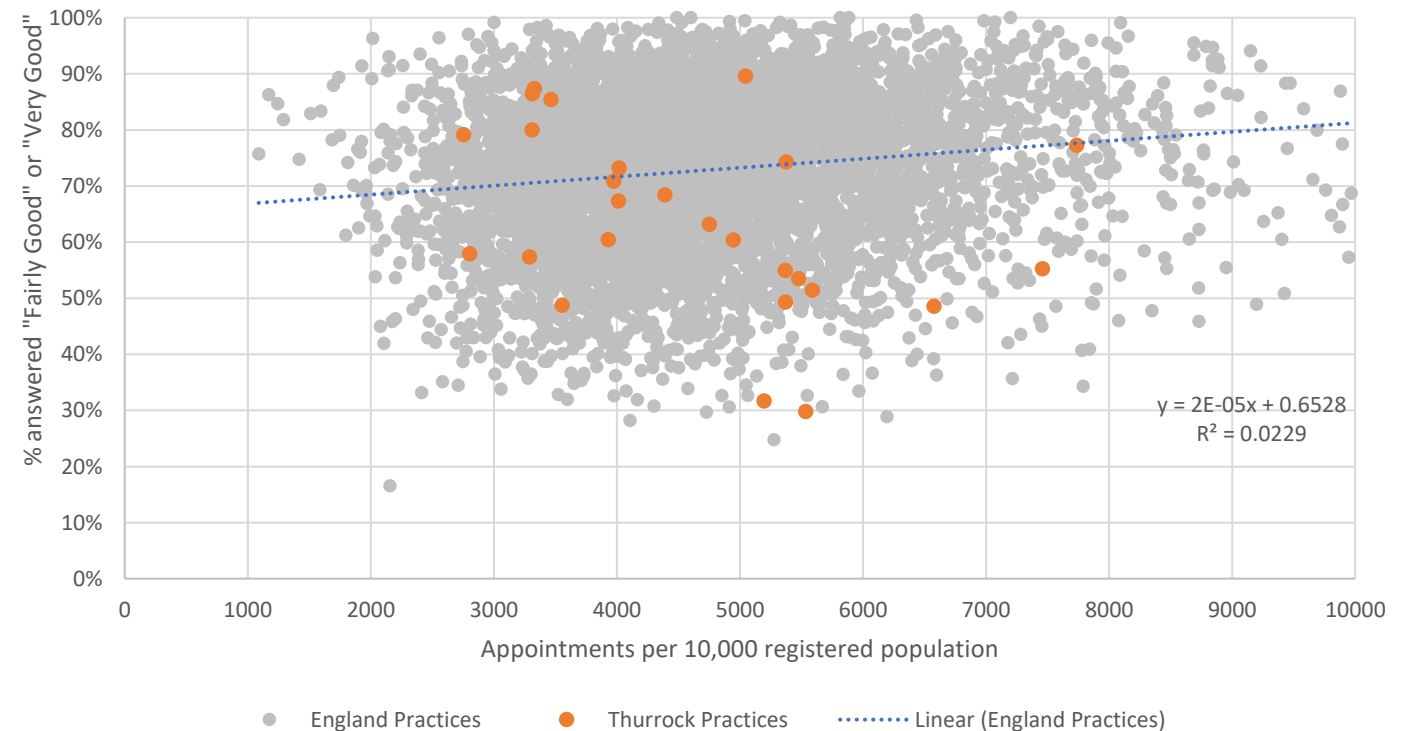
What does it show?

- For any given level of appointment provision there was a wide range in patient satisfaction
- On average, the % satisfaction increased by 2% for every increase of 1000 appointments per 10,000

What does it mean?

- Practices with higher levels of appointments received slightly higher ratings from patients in terms of overall satisfaction but there would have to be a very large increase in appointments to have a noticeable difference on reported satisfaction

Appointments per 10,000 registered (Jun 23) vs Overall Satisfaction with experience (2023), All England practices



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

[Appointments in General Practice, June 2023 - NHS Digital](#)

[GP and GP practice related data - NHS Digital](#)

Notes and caveats:

1. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023.

Was overall patient satisfaction with higher in practices with higher levels of reported ill health?

Evidence Number: 5c

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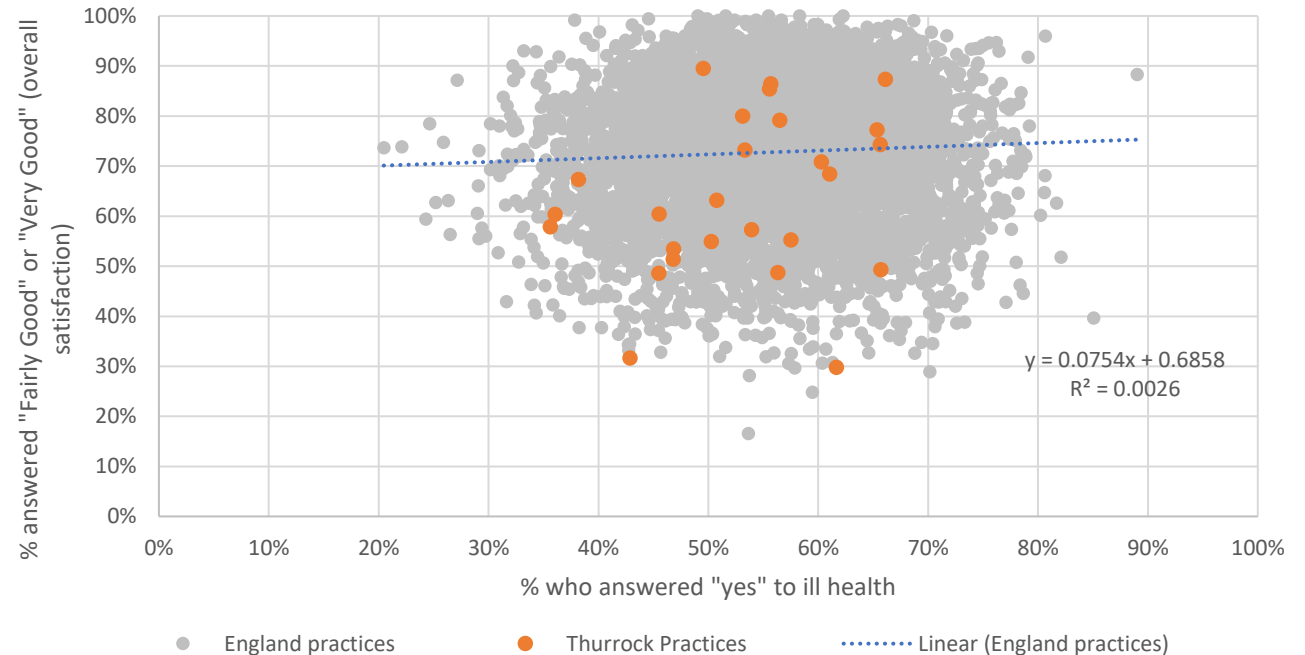
What does it show?

- For any given level of ill health there was a wide range in patient satisfaction
- For each 10% increase in people reporting ill health there was an 0.8% increase in overall satisfaction with the practice.

What does it mean?

- Practices with higher reported prevalence of ill health reported slightly overall higher satisfaction

Percentage of people who consider themselves to have a long-term physical or mental health condition, disability or illness (2023) vs Overall Satisfaction with experience (2023), All England practices



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

Notes and caveats:

1. Ill health is self reported
2. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023.

Was there a relationship between ease of telephone access and deprivation?

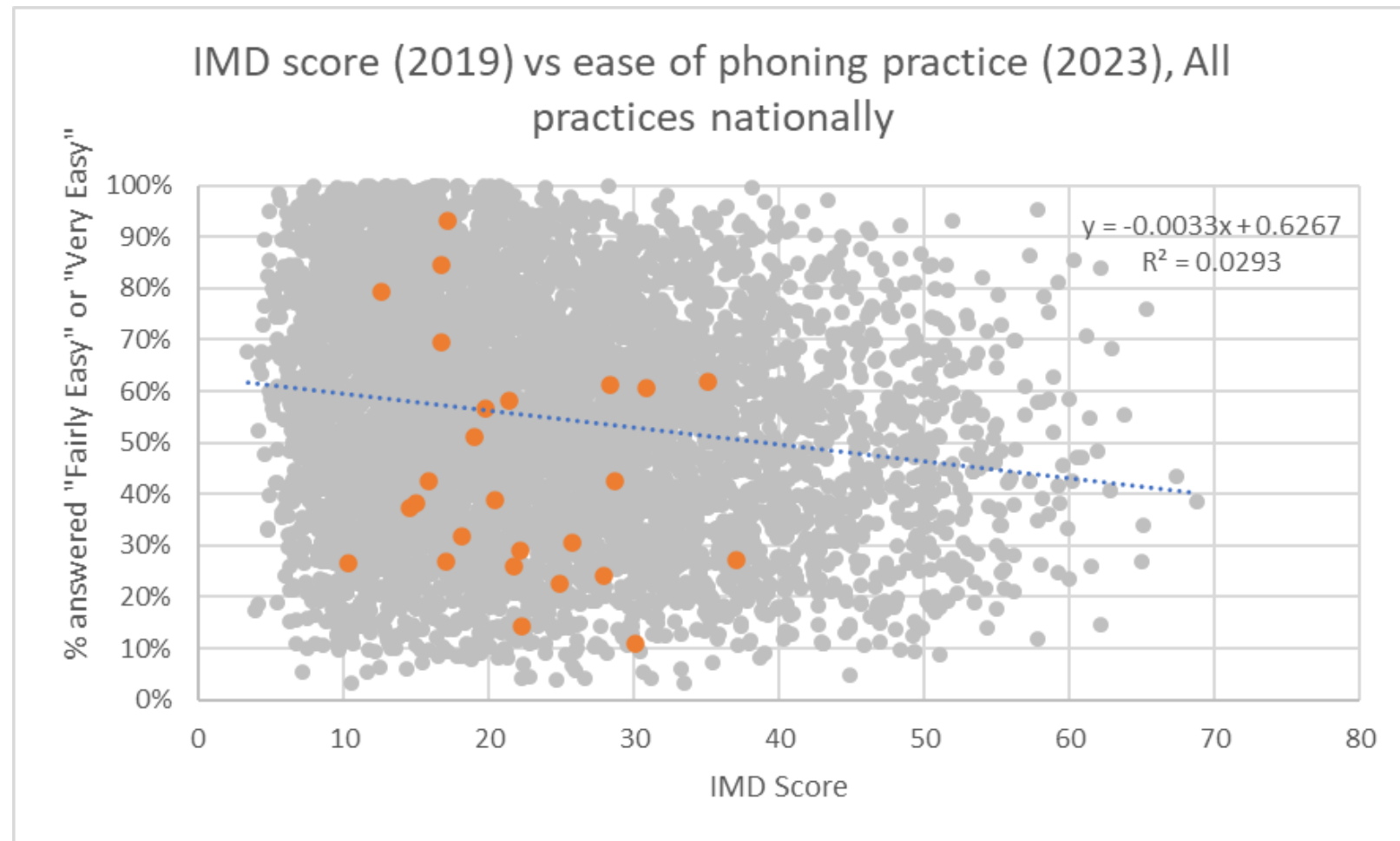
Evidence Number: 6a

What does it show?

- For any given level of deprivation, reported satisfaction varied widely
- On average, an increase in IMD score of 10 was associated with a 3% decrease in patient satisfaction

What does it mean?

- There was a trend for practices serving populations with higher levels of relative deprivation to be scored lower, but the effect was very small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

[National General Practice Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Was telephone access reported to be easier in practices with greater provision of appointments?

Evidence Number: 6b

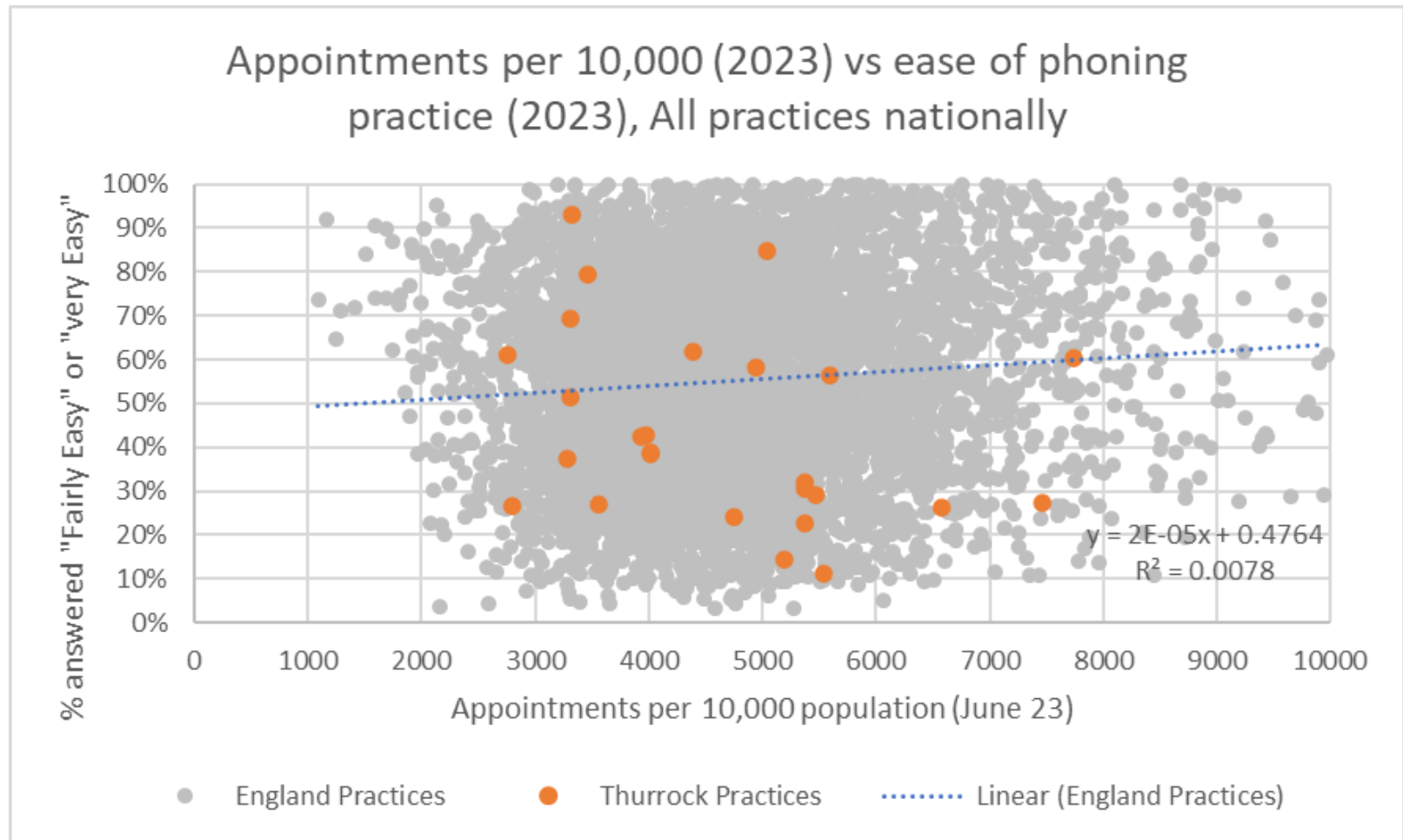
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What does it show?

- For any given level of provision, reported ease of telephone access varied widely
- On average, an increase in provision of appointments of 1000 (per 10, 000) was associated with a 0.2% increase in patient satisfaction

What does it mean?

- There was a trend to greater satisfaction with more appointment provision but even at the extremes of provision, the difference in satisfaction was small



Data Sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

[Appointments in General Practice, June 2023 - NHS Digital](#)

[GP and GP practice related data - NHS Digital](#)

Notes and caveats:

1. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023.

Was telephone access reported to be easier in practices with a higher prevalence of self reported ill health?

Evidence Number: 6c

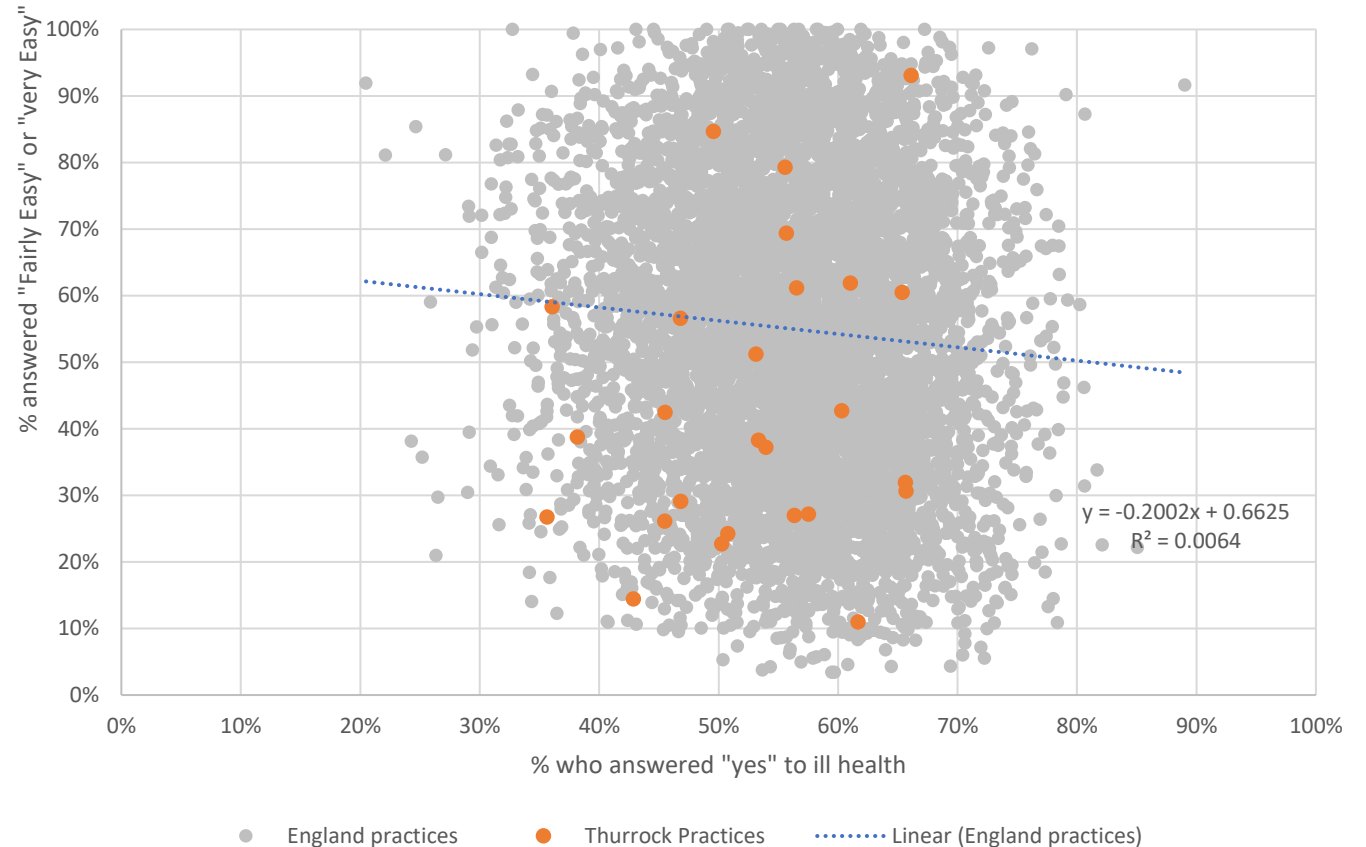
What does it show?

- For any given level of reported ill health, reported satisfaction with telephone access varied widely
- On average, there was a negative association between self-reported ill health and ease of access by phone. For each 10% increase in reported ill health reported ease of access by phone reduced by 2%

What does it mean?

- A small reduction in satisfaction with telephone access was reported in practices with higher levels of reported ill health

Percentage of people who consider themselves to have a long-term physical or mental health condition, disability or illness (2023) vs ease of phoning practice (2023), All practices nationally



Data Sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

Notes and caveats:

1. Ill health is self reported
2. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Was there a relationship between satisfaction with appointment times and deprivation?

Evidence Number: 7a

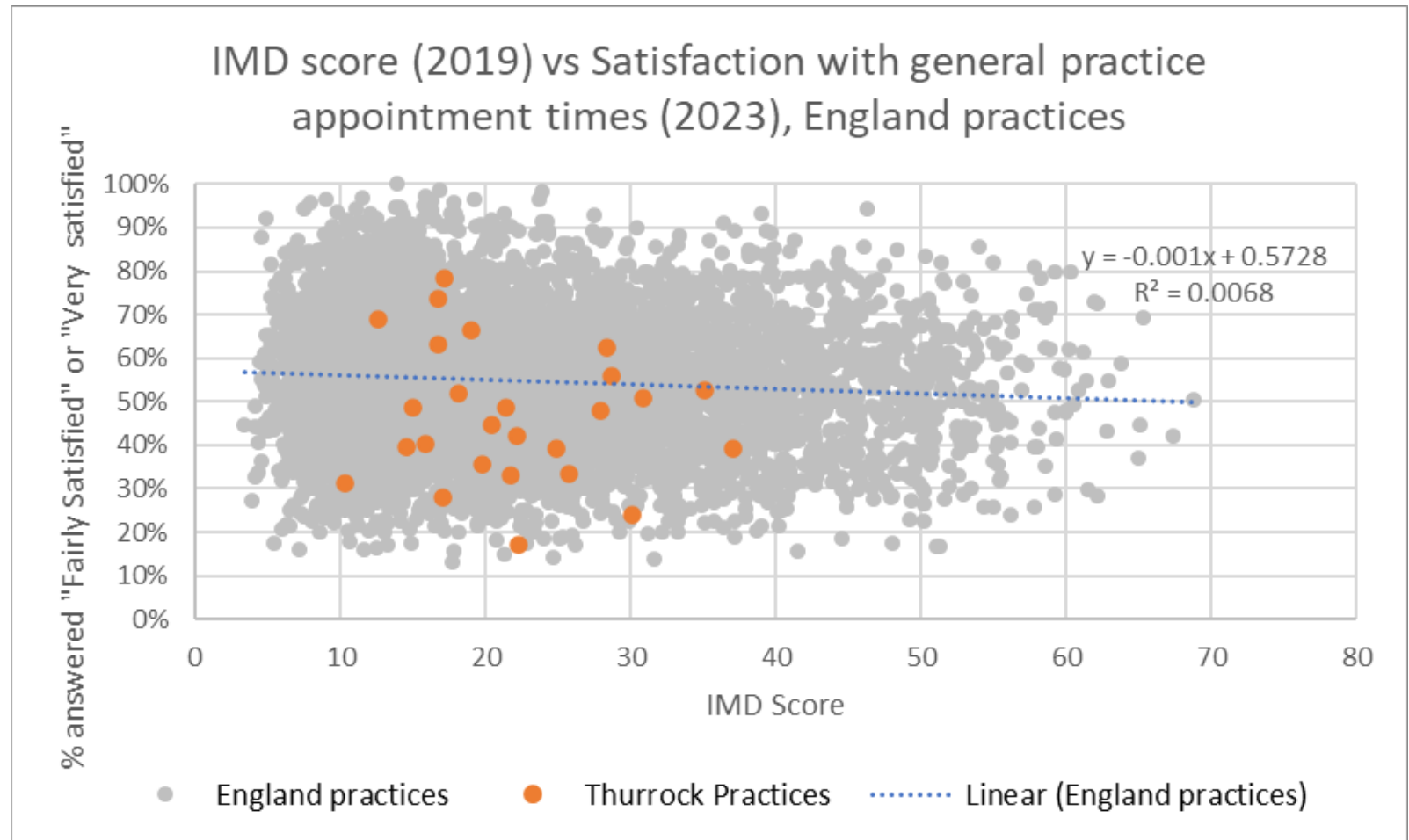
Page 62

What does it show?

- For any given level of relative deprivation, reported satisfaction with appointment times varied widely
- On average, a 10 point increase in deprivation was associated with 1% decrease in satisfaction with appointment times

What does it mean?

- There was a trend for practices serving populations of higher levels of higher deprivation to score lower, but this difference was very small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk/survey-reports)

[National General Practice Profiles - Data - OHID \(phe.org.uk\)](https://phs.org.uk/national-general-practice-profiles-data)

Notes and caveats:

1. Appointment times refer to times of day in the week and weekend days.
2. Practice IMD calculated as weighted average based on LSOA of residence of patients.

Was satisfaction with general practice appointment times associated with level of provision of appointments?

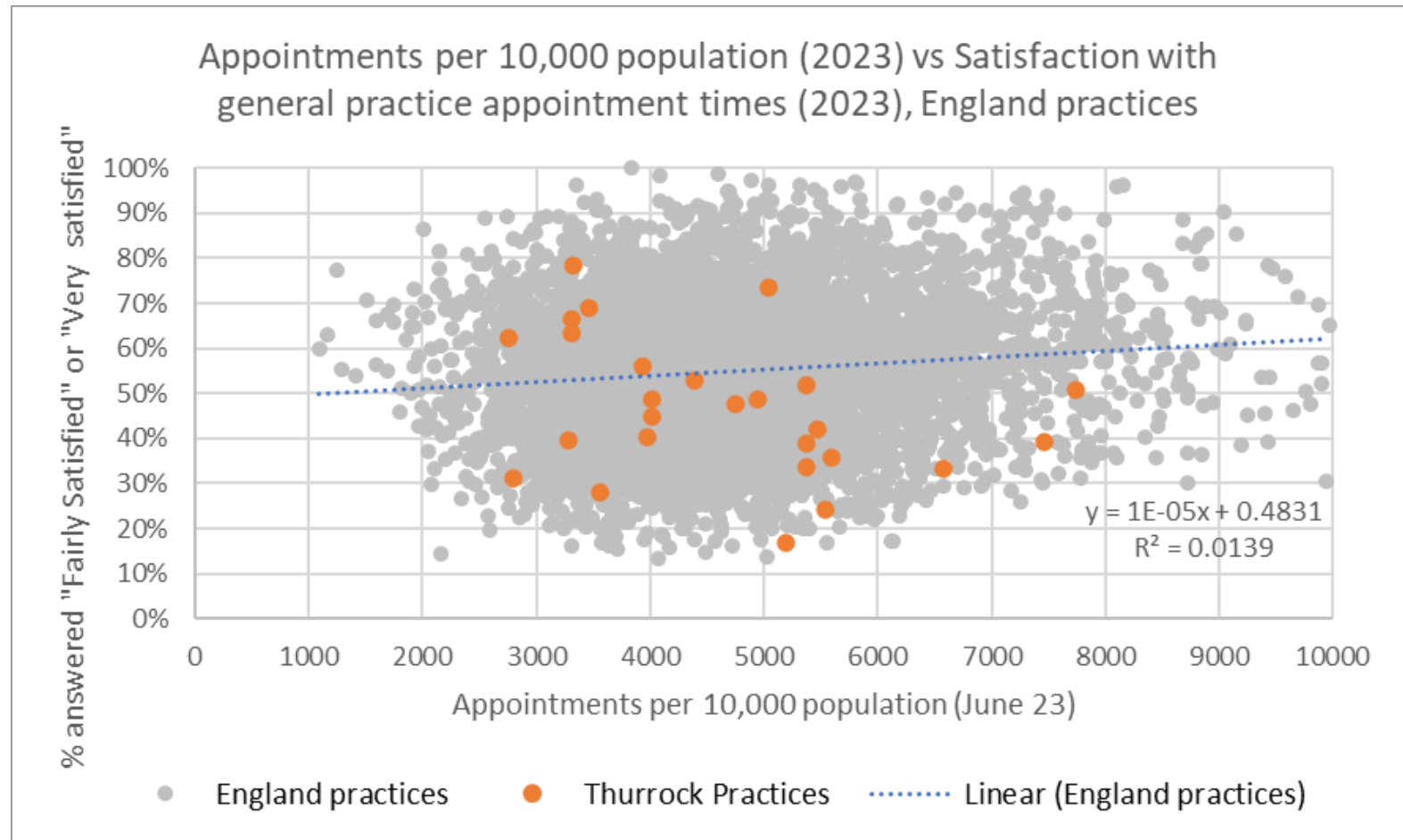
Evidence Number: 7b

What does it show?

- For any given level of appointment provision, reported satisfaction varied widely
- On average, for an increase in appointment provision of 1000 (per 10,000 population) there was a 1% increase in satisfaction

What does it mean?

- There was a trend to higher satisfaction with more appointments but the effect was very small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

[Appointments in General Practice, June 2023 - NHS Digital](#)

[GP and GP practice related data - NHS Digital](#)

Notes and caveats:

1. Ill health is self reported
2. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Was there a relationship between satisfaction with appointment times and self report of ill health?

Evidence Number: 7c

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What does it show?

- For any given level of reported ill health, reported satisfaction varied widely
- On average, for each 10% increase in self report of ill health, satisfaction decreased by -1%

What does it mean?

- There is a trend to reduced satisfaction with increased prevalence of ill health but the effect is small

Percentage of people who consider themselves to have a long-term physical or mental health condition, disability or illness (2023) vs Satisfaction with general practice appointment times (2023), England practices



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

Notes and caveats:

1. Ill health is self reported

Was overall satisfaction with making an appointment associated with higher levels of deprivation?

Evidence Number: 8a

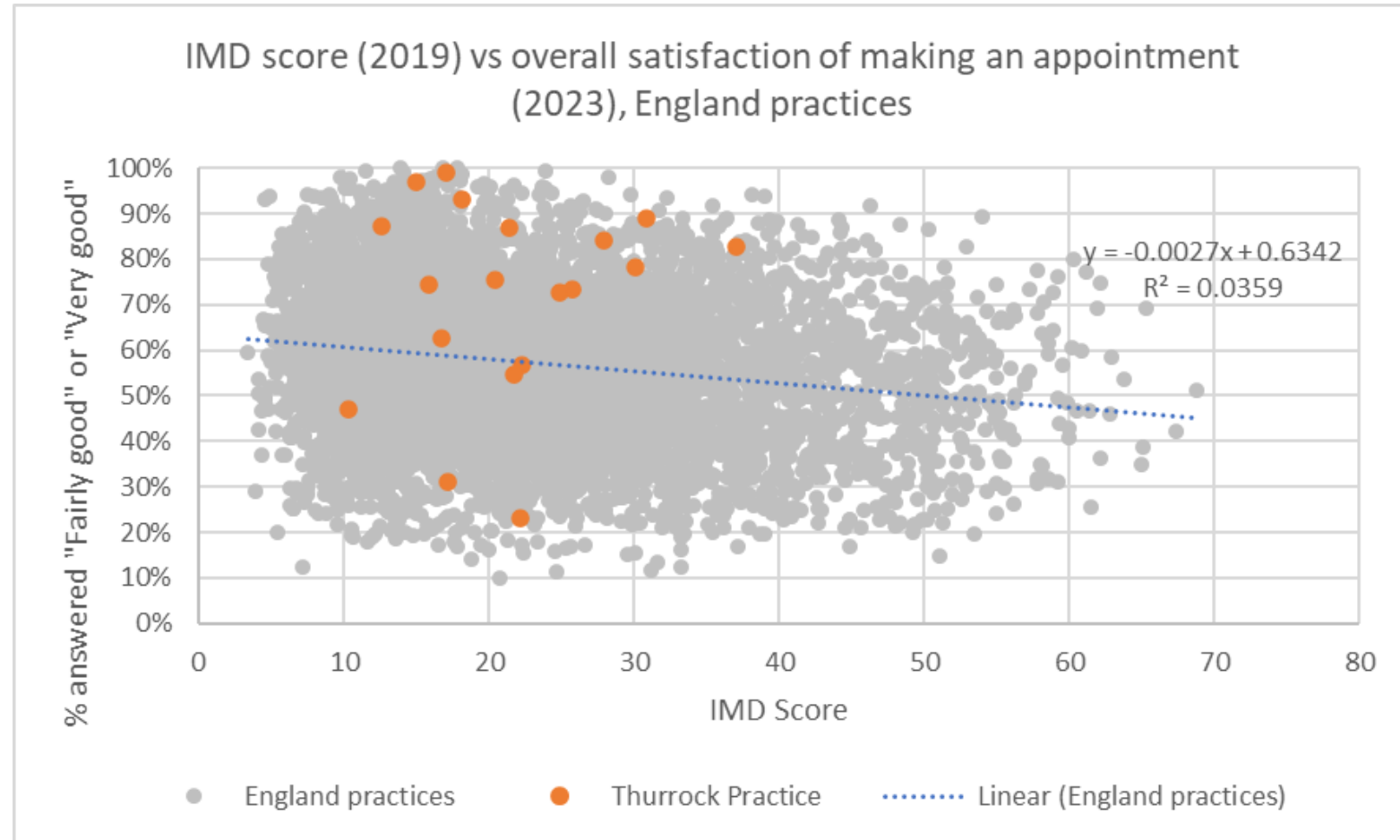
What does it show?

Page 65

- For any given level of relative deprivation, reported satisfaction varied widely
- On average, for every 10 increase in IMD score, the satisfaction decreased by 3%

What does it mean?

- There was a trend to lower satisfaction with higher relative deprivation but the effect is small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

[National General Practice Profiles - Data - OHID \(phe.org.uk\)](https://pho.org.uk)

Notes and caveats:

1. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Was there relationship between overall satisfaction with making an appointment and greater provision of appointments?

Evidence Number: 8b

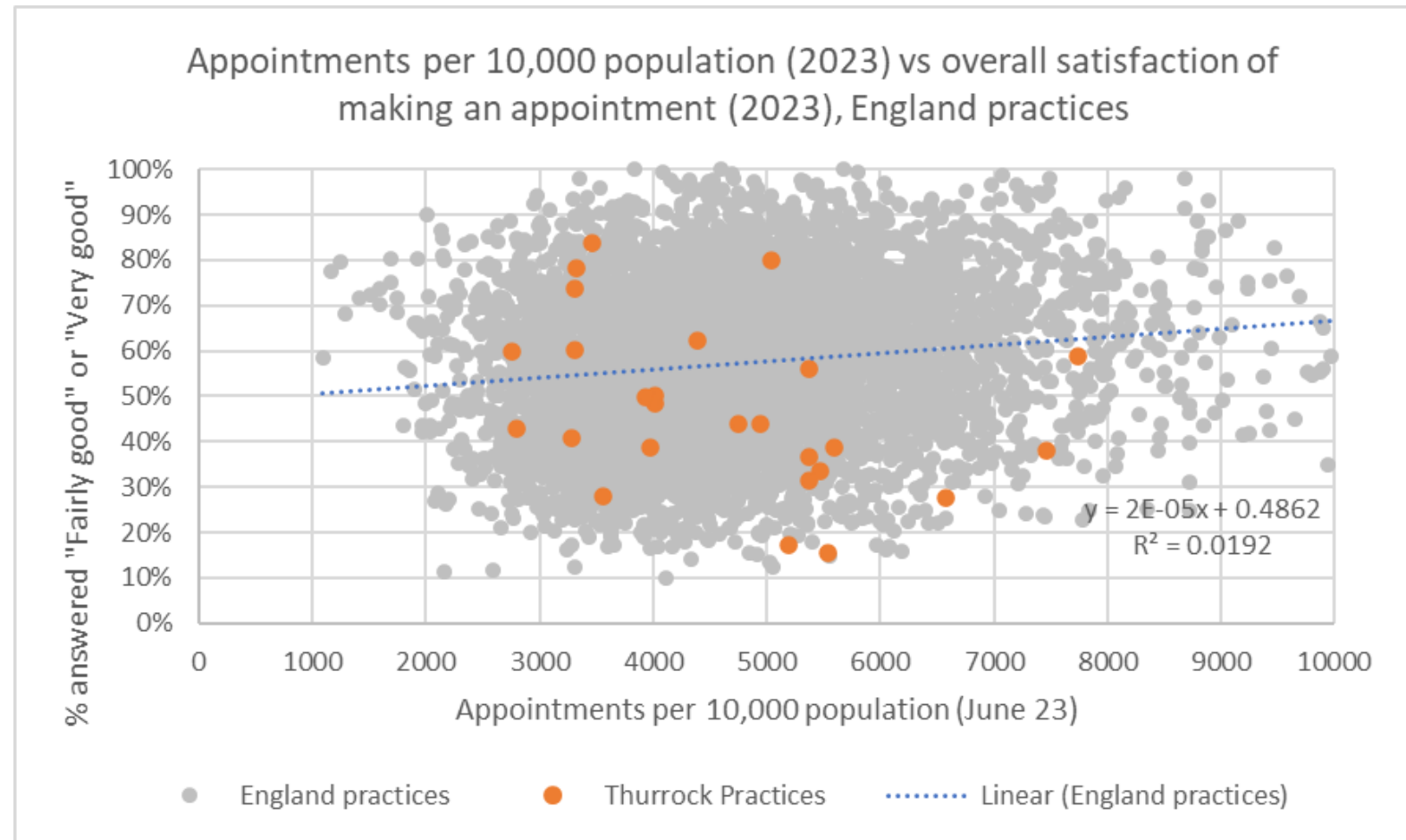
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What does it show?

- For any given level of appointments, reported satisfaction varied widely
- On average, for every increase in appointments per 10,000 population, the satisfaction increased by 2%

What does it mean?

- There was a trend of increased satisfaction with increased provision of appointments but the effect was small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

[Appointments in General Practice, June 2023 - NHS Digital](#)
[GP and GP practice related data - NHS Digital](#)

Notes and caveats:

1. Ill health is self reported
2. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Was there a relationship between overall satisfaction with making an appointment and self report of ill health?

Evidence Number: 8c

What does it show?

- For any given level of reported ill health, reported satisfaction varied widely
- On average, a 10% increase in self report of ill health was associated with a 0.5% decrease in satisfaction

What does it mean?

- There was a trend to reduced satisfaction with increased ill health but the effect is small

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Percentage of people who consider themselves to have a long-term physical or mental health condition, disability or illness (2023) vs overall satisfaction of making an appointment (2023), England practices



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

Notes and caveats:

1. Ill health is self reported

Was confidence and trust in healthcare professionals in associated with deprivation?

Evidence Number: 9a

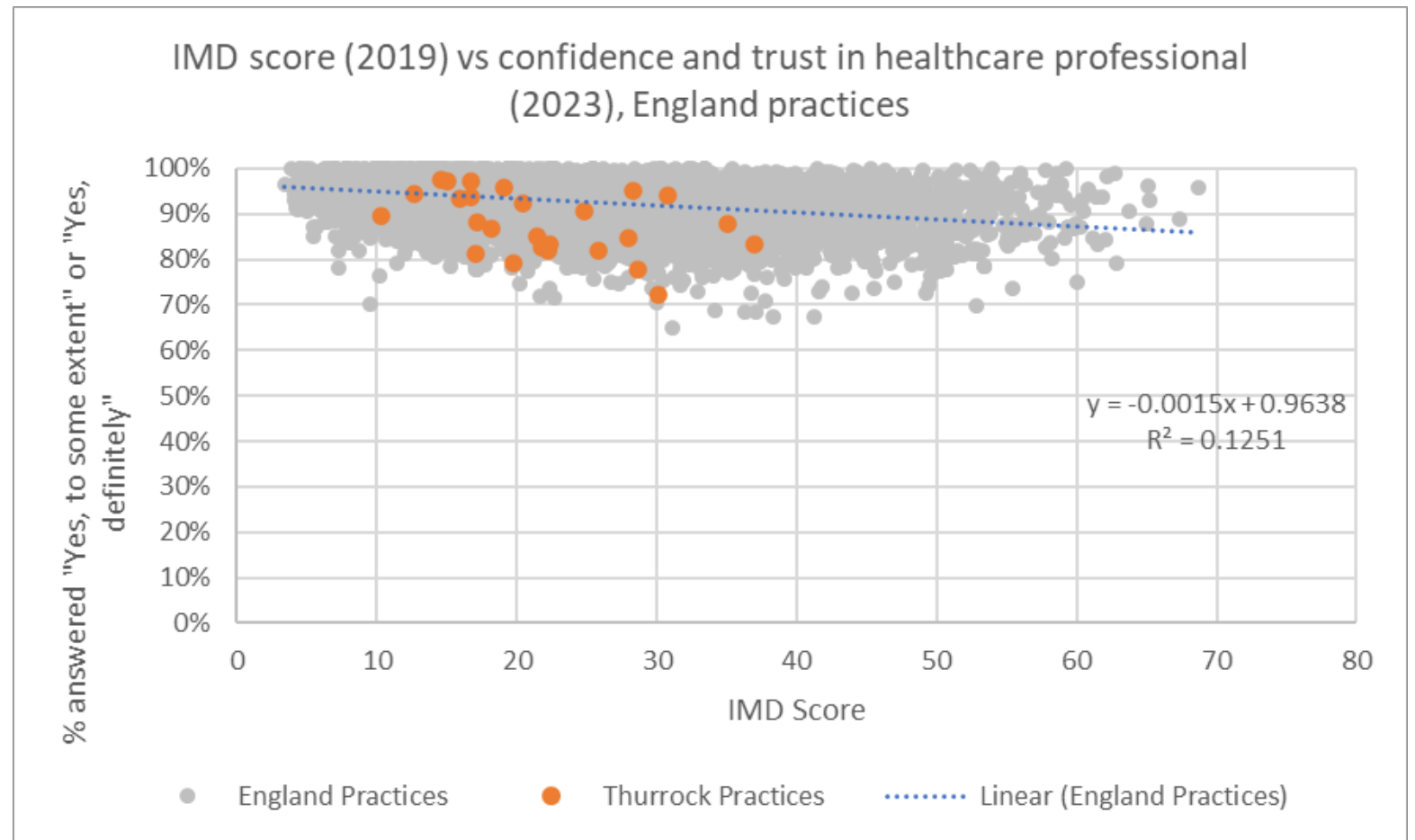
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What does it show?

- Trust levels were very high (>70%) for almost all practices and all Thurrock practices
- On average, trust fell by 2% for every 10 point increase in IMD score

What does it mean?

- There is a high level of trust in healthcare professionals in primary care
- Reported trust falls with increased relative deprivation but the effect was small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

[National General Practice Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Notes and caveats:

1. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Is confidence and trust in healthcare professionals in associated with higher levels of appointment provision?

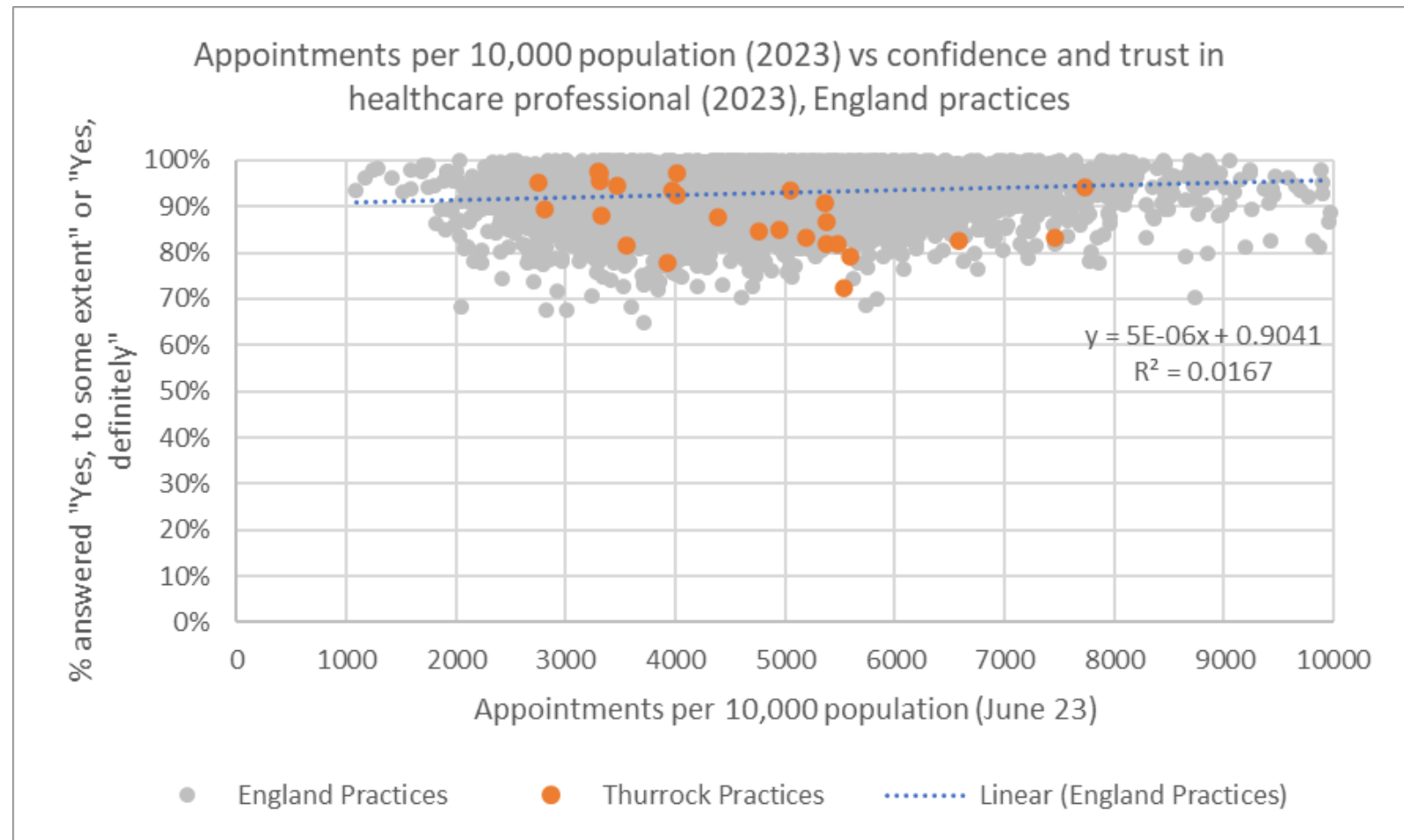
Evidence Number: 9b

What does it show?

- Trust levels were very high (>70%) for almost all practices and all Thurrock practices
- On average, trust increased by 0.5% for every 1000 more appointments offered (per 10, 1000 population)

What does it mean?

- There is a high level of trust in healthcare professionals in primary care
- Practices with higher levels of appointment provision tend to score higher but the effect is very small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)

[Appointments in General Practice, June 2023 - NHS Digital](#)
[GP and GP practice related data - NHS Digital](#)

Notes and Caveats:

1. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Is there a relationship between the level of confidence and trust in healthcare professionals and prevalence of self reported ill health?

Evidence Number: 9c

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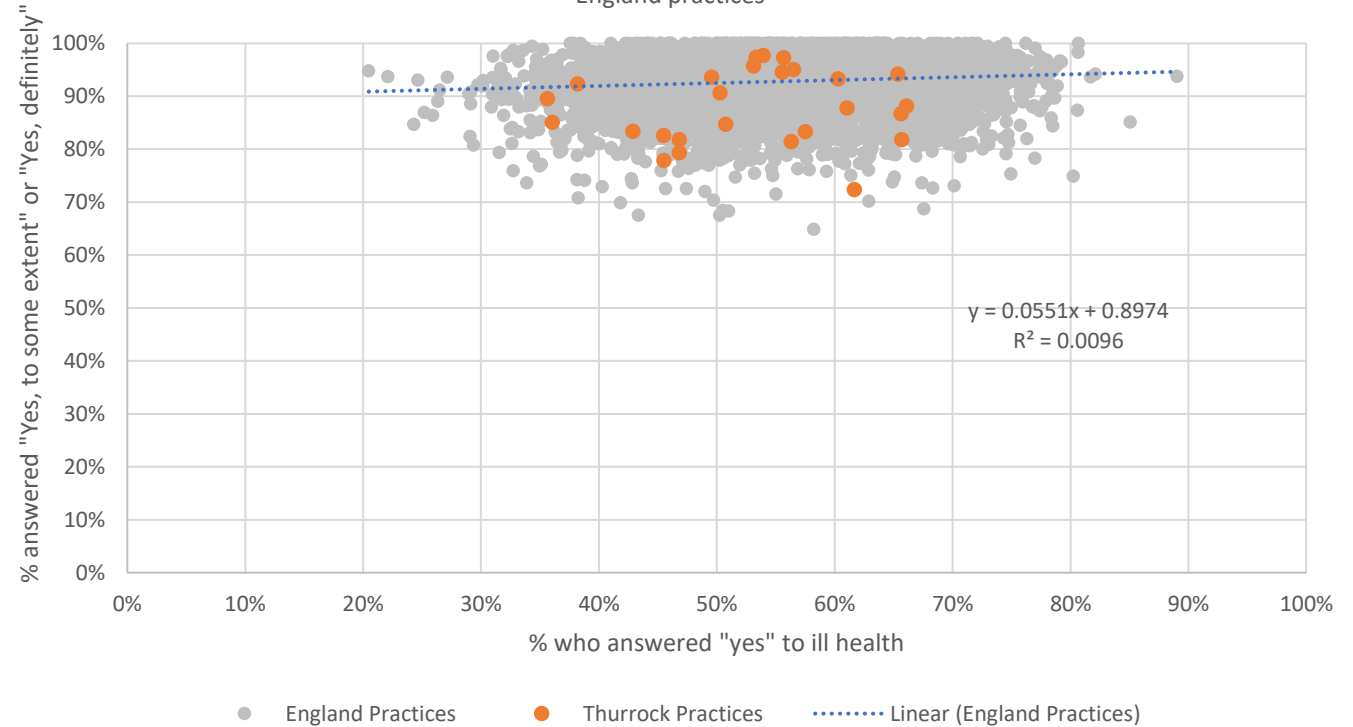
What does it show?

- Trust levels were very high (>70%) for almost all practices and all Thurrock practices
- On average, trust increased by 0.6% for every 10% increase in self report of ill health

What does it mean?

- There is a trend for increased trust with increased self report of ill health but the effect is small

Percentage of people who consider themselves to have a long-term physical or mental health condition, disability or illness (2023) vs confidence and trust in healthcare professional (2023), England practices



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

Notes and caveats:

1. Ill health is self reported
2. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Was there a relationship between patients reporting their needs are met and deprivation?

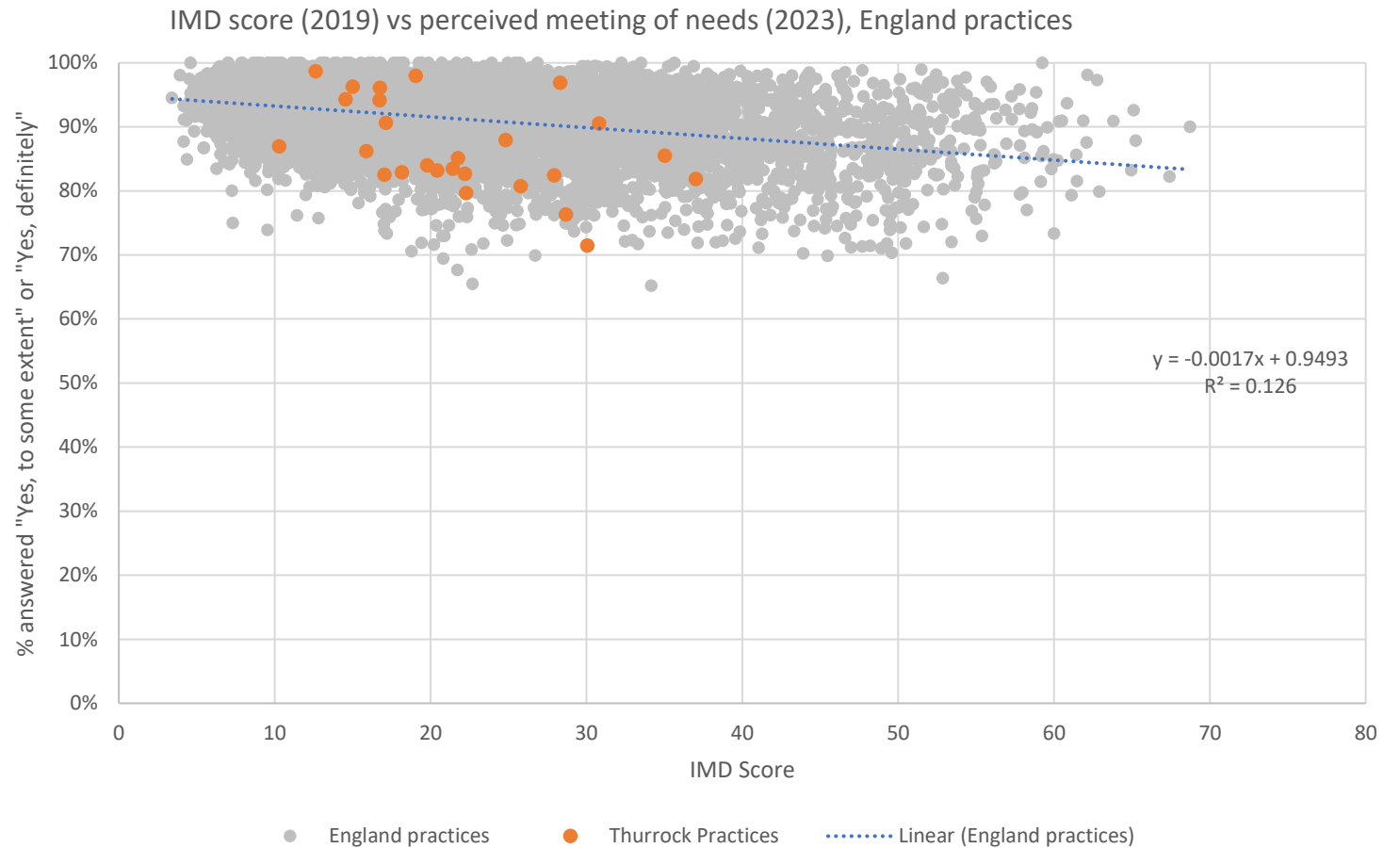
Evidence Number: 10a

What does it show?

- Patients reporting that their needs had been met at their last appointment was very high (>70%) for almost all practices and for all Thurrock practices
- On average, satisfaction decreased by 2% for every 10 points increase in IMD score

What does it mean?

- The majority of patients reported that their needs were met at their last appointment
- There is a trend for reduced satisfaction with greater relative deprivation but the effect is small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

[National General Practice Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Was there a relationship between patients reporting their needs were met and appointment provision?

Evidence Number: 10b

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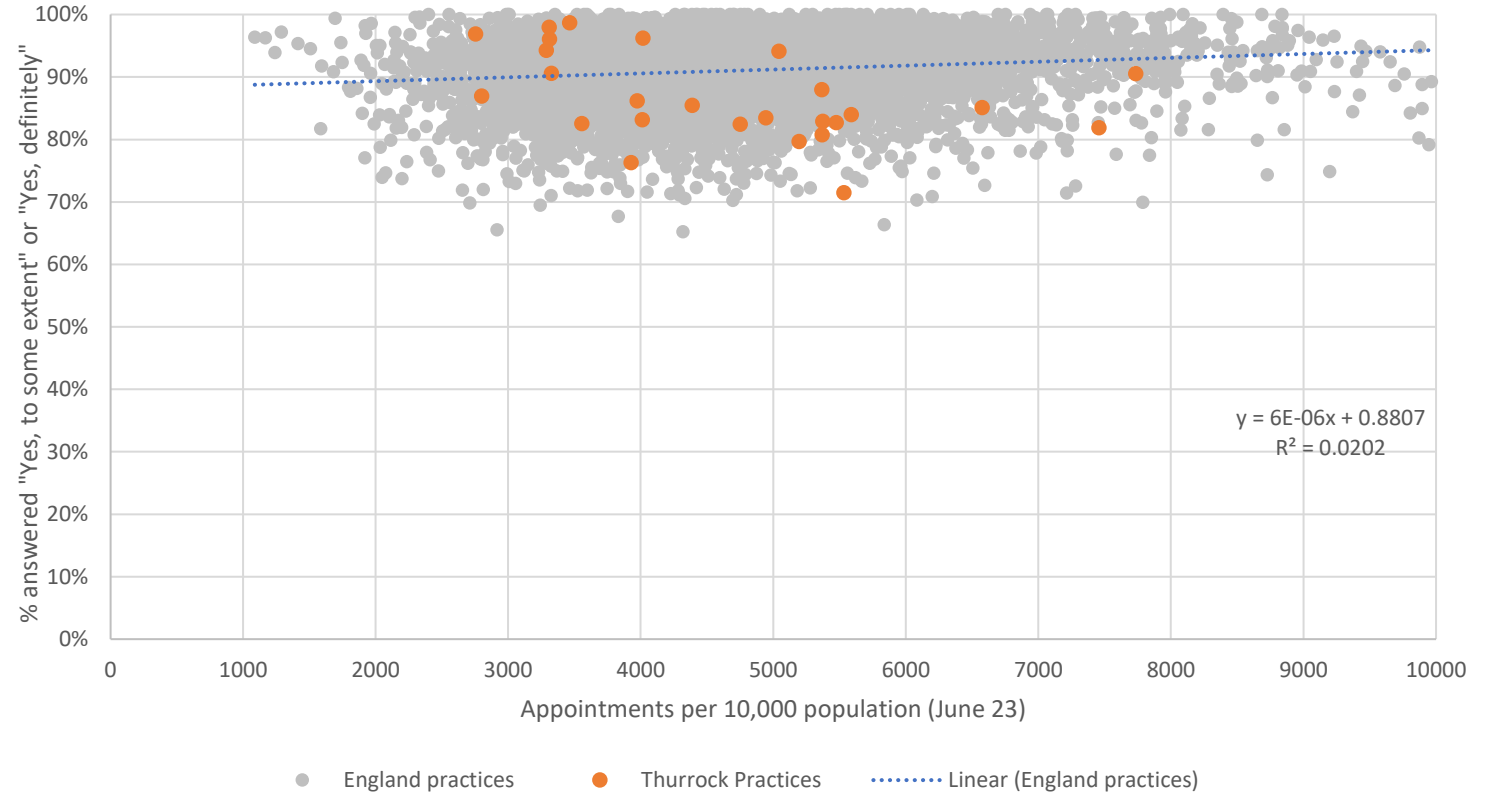
What does it show?

- Patients reporting that their needs were met at their last appointment was very high (>70%) for almost all practices and for all Thurrock practices
- On average, satisfaction increased by 0.6% for every 1000 more appointments (per 10,000)

What does it mean?

- The majority of patients reported that their needs were met at their last appointment
- There was a trend to greater satisfaction with increased provision of appointments but the effect was small

Appointments per 10,000 population (2023) vs perceived meeting of needs (2023), England practices



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

[Appointments in General Practice, June 2023 - NHS Digital](#)

[GP and GP practice related data - NHS Digital](#)

Notes and caveats:

1. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023

Was there a relationship between patients reporting their needs were met and prevalence of ill health

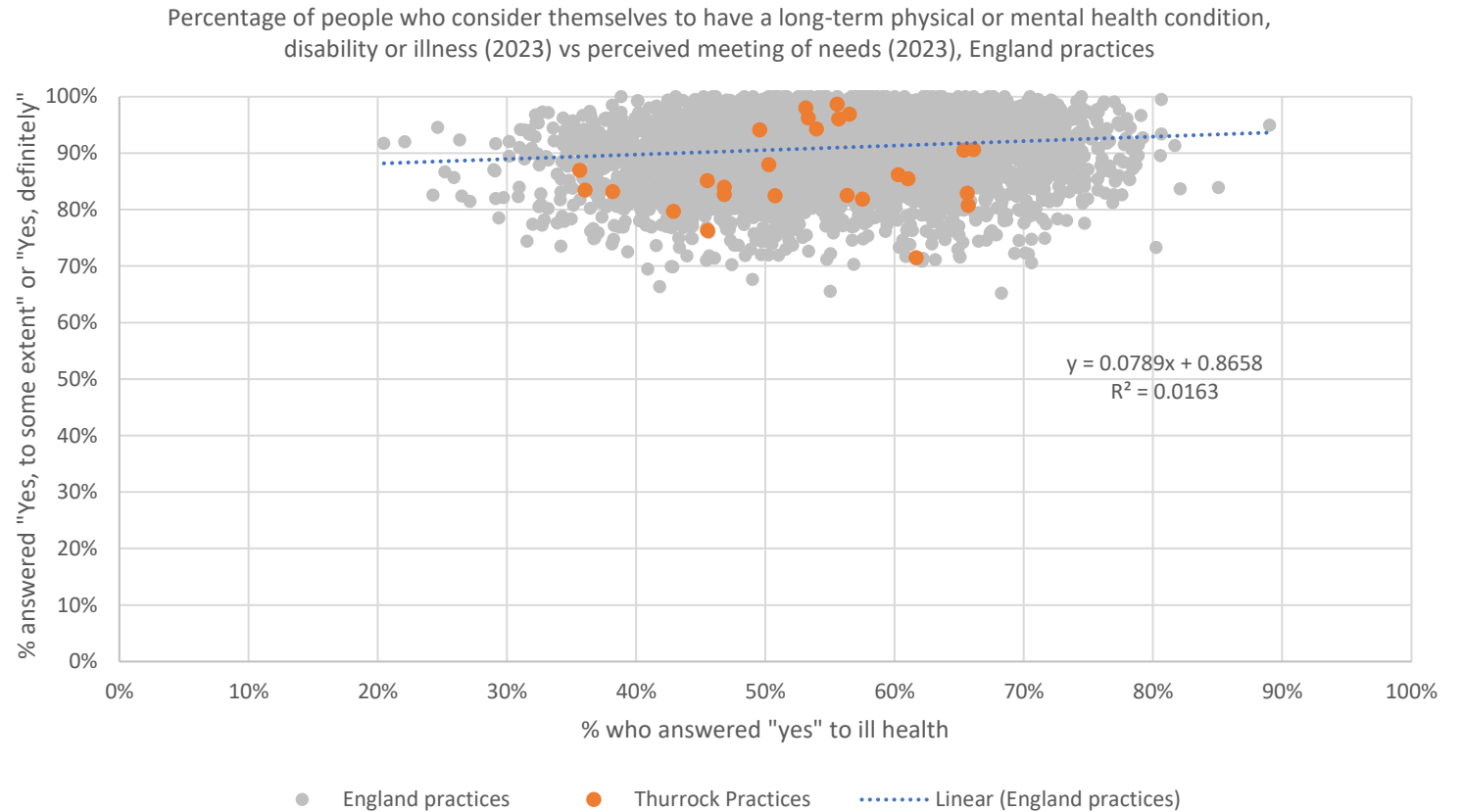
Evidence Number: 10c

What does it show?

- Patients reporting that their needs were met at their last appointment was very high (>70%) for almost all practices and for all Thurrock practices
- On average, satisfaction increased by 0.6% for every 10% increase in prevalence of ill health

What does it mean?

- The majority of patients reported that their needs were met at their last appointment
- There was a trend to greater satisfaction with greater prevalence of ill health but the effect was small



Data sources:

[Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)

[Appointments in General Practice, June 2023 - NHS Digital](#)

[GP and GP practice related data - NHS Digital](#)

Notes and caveats:

1. Ill health is self reported
2. Appointments per 10,000 calculated from appointments recorded and practice list size as recorded in June 2023



Health and Wellbeing Overview and Scrutiny Committee

Briefing Note: An update from Mid and South Essex NHS Foundation Trust

Purpose of the briefing note: To answer previous questions from members and provide updates on operational data from Mid and South Essex NHS Foundation Trust

- 1.1 This briefing provides an update on topics of questioning from members at the previous HOSC meeting on 31 August 2023
 - 1.2 Escalation processes – Healthwatch Thurrock and the Mid and South Essex Integrated Care Board (ICB) held a meeting to determine clear routes for escalation of complaints. A process is now in place and has been agreed between the Trust and ICB for referring for onward support for people who are treated at Southend or Broomfield hospitals.
 - 1.3 Cancer care – The Trust has followed up with clinics and staff around the process for provision of care once a person out of Thurrock returns from hospital. Process updated to include out of hospital care and district care referral routes.
- 2.0 Operational update from the Trust
- 2.1 Industrial action
- Staff continue to work hard to provide patients with the best possible care during the ongoing industrial action
 - Wherever possible, elective activity (both outpatients and inpatient) continues – especially high-priority services for example, cancer treatments. Where cancellations happen, the vast majority of patients are given another appointment close to their original date
 - The Trust has had to cancel 4,362 surgeries since April 2023 – this includes both inpatient and day-case surgeries. 444 or 10.2% of these were cancer-related surgeries
 - The Trust has had to cancel 31,614 outpatient appointments since April 2023 – this includes both new and follow up appointments. 3,264 or 10.3% were cancer-related appointments
 - Please note that these statistics include all cancellation activity on strike days, some of which may have been cancelled for other reasons.
 - The Trust focuses on putting on catch up clinics in some areas where there is particular pressure.

2.2 Urgent and emergency care

- Across the Trust's emergency departments (EDs), performance against the four-hour standard in September was 67.1%, down slightly from 67.5% in August
- The average time across the Trust to triage patients after arrival was 12 minutes in September. At Basildon Hospital this was five minutes; at Broomfield Hospital it was 11 minutes; and at Southend Hospital it was 22 minutes
- The Trust is redesigning processes when seeing patients in its EDs. Basildon Hospital is working to develop surgical and frailty same-day emergency care (SDEC), Broomfield Hospital is focusing on frailty, and Southend Hospital is reviewing the unnecessary use of its SDEC and is looking to establish a medical receiving unit.

2.3 Ambulance handovers

- There were 6,463 ambulance arrivals in September 2023, compared to 4,262 in September 2022, which is a 51.6% increase
- In September the average time for an ambulance to offload a patient was 22 minutes, down from 25 minutes in August and the quickest time since February 2022
- In September 44.7% of ambulances handed over in under 15 minutes, and 84.9% under 30 minutes, which are both improvements from August. There were 253 ambulances waiting over 60 minutes, down from 460 in August
- We are already seeing an increase in ambulance attendances in October, indicating that we are getting busier.

2.4 Cancer performance

- The Trust has a target that 75% of people are seen within the 28-day faster diagnosis standard by March 2024. Performance was 64.9% in August, down from 68.8% in July, although this remains a key area of focus we are on trajectory to meet the target
- At the end of September there were 770 patients waiting over 62 days on GP-referred pathways to rule out or treat cancer, up from 653 in August. There is a target of under 475 patients waiting over 62 days by March 2024
- Performance has been affected by industrial action and higher than expected dermatology referrals which will mean extra capacity needs to remain in place until the tele dermatology service sees more patients in the community. August also saw more staff on leave although this reduced in September
- The top cancers contributing to the backlog are colorectal, urology, skin, and gynaecology.

2.5 Elective care and referral to treatment

- In September there were 247 patients waiting more than 78 weeks for treatment, in part due to the impact of industrial action. This is up from 192 patients in August
- The Trust has been validating its waiting list to check with patients to see if they still need an appointment, which has led to some being discharged and releasing appointments for those who need care

- The majority of patients waiting over 65 weeks will have an appointment booked by the end of October 2023. The Trust remains assured that we can virtually eliminate this cohort of patients by the end of the year.

2.6 Diagnostics

- The Trust has a diagnostics target is to ensure patients receive tests within six weeks. In September this was provisionally achieved for 70.4% of patients, down from 74.5% in August
- Performance was lower than planned for investigations of the upper digestive system (gastroscopy), the heart structure (echocardiography), the colon (colonoscopy), how well the bladder releases urine (urodynamics) and the lower part of the large bowel (flexi-sigmoidoscopy)
- There has been successful recruitment of radiographers, and elective recovery funding has been agreed to bring in additional external staff and resources into the organisation for endoscopy
- Further work is planned on general anaesthetic endoscopy and cystoscopy, and the Trust is putting on additional echocardiography sessions.

2.7 Services in Thurrock

- Community diagnostic centres (CDCs) will increase diagnostic capacity. They are in progress, but until they are built the Trust is installing mobile capacity to speed up community diagnostics. By the end of 2023 there will be mobile MRI and CT facilities based at the Orsett Hospital site. Planning work is underway to bring further temporary diagnostic capacity to the area from April 2024, and details will be shared once plans are confirmed. There will also be a temporary endoscopy unit coming to Orsett Hospital for late 2023, allowing the Trust to provide additional endoscopy services to south Essex residents until the Pitsea CDC is built.
- While we recognise the condition of Orsett Hospital is not optimal, we can assure that regular health and safety checks by our estates teams are carried out to ensure the site remains safe for use. If urgent repair work is required, this is addressed while being mindful of avoiding unnecessary spend until the future of the site is confirmed.

2.8 News and developments

- Staff based at the Trust's Essex Cardiothoracic Centre have carried out the country's first procedure to place a new pacemaker into a patient's heart that suffers from a slower-than-normal rate. The new device is leadless and is implanted via a patient's leg, avoiding a visible incision. It is more easily retrievable and has double battery life of traditional pacemakers
- State-of-the-art manikins are the centre piece of a new simulation suite at Basildon Hospital that will help improve patient care, by helping the Trust's doctors better train for a range of medical situations. The five hi-tech dummies in the suite have the ability to realistically mimic breathing, blinking, produce heartbeats, and even talk and scream.
- The Trust ran public engagement events at The Place in Pitsea to share news of the planned Pitsea CDC. Across the events on 28 September and 9 October, over 200 residents had the opportunity to hear from representatives from the

Trust, the ICB, Essex County Council, and Basildon Council, and provide their feedback.

- 3.0 CQC Update – a verbal briefing will be provided to members at the committee meeting.

For any questions regarding this briefing note, please contact:

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Health and Wellbeing Overview and Scrutiny Committee

Briefing Note: Phlebotomy update from Mid and South Essex NHS Foundation Trust

Purpose of the briefing note: To answer previous questions from members and provide updates on the provision of phlebotomy services in Thurrock

- 1.1 This briefing provides an update on topics of questioning from members at the previous HOSC meeting on 31 August 2023. It explains why there has been difficulty booking appointments for some patients and what the Trust, working with Pathology First, is doing to improve wait times for blood tests.
- 1.2 Capacity - During the pandemic, there was a need to move phlebotomy clinics away from the hospital settings to reduce footfall. This has involved new clinics opening in the community and encouraging GPs and their patients to use these new clinics. This also enabled the opportunity to increase capacity. However, demand for appointments continues to grow from 30,000 phlebotomy appointments per month in 2020 to 42,000 in 2021 and 45,000 in 2022.
- 1.3 Availability of walk-in clinics and urgent on the day appointments – Patients needing non-urgent blood tests are attending clinics for patients requiring urgent blood tests. As a result, the clinics offering urgent blood tests are experiencing exceptional demand and often vulnerable patients requiring urgent tests are reporting waits of several hours. Where this is the case, we are encouraging patients and GPs to use the non-urgent service. There are approximately 2000 non-urgent phlebotomy appointments readily available each weekday at clinics across the area. Patients book these in advance via the dedicated phone line or online. Once booked, patients using these appointments and clinics typically wait five minutes for their booked appointment.
 - If GPs require an urgent appointment for a patient, they can book by calling a specific mobile number available only to GPs.
 - More urgent appointments have been made available at some of the larger clinics.

There is some same-day queue / walk-in appointments – These are for hospital-based patients, but we allow a few appointments for those patients with urgent GP referrals. These are available at either Basildon or Orsett Hospital Outpatient Departments (OPD).

- 1.4 A high number of people book appointments but do not attend (DNA). For example, our Thurrock clinic has one of the highest levels of patients not attending their appointment. The total number of patients who did not attend their appointments in August across all clinics was 2,931. We are working on a patient communication to explain the impact of DNAs.
- 1.5 We have opened another phlebotomy chair on Saturdays in Basildon Hospital and continue to offer additional clinic hours as and when staffing allows in Basildon and Orsett hospitals.
- 1.6 Capacity at our clinic in Corringham Integrated Medical and Wellbeing Centre has been reviewed and increased.
- 1.7 Phlebotomy staffing – we are recruiting more staff and have recently appointed a new Quality Lead, several Supervisors, and a new Training Lead for the service. We are also training Healthcare Assistants (HCAs), who predominantly work on Basildon Hospital wards, to be able to bleed patients. We are working to train seven HCAs as a matter of priority which will enable us to provide better coverage in the hospitals, releasing our phlebotomists to undertake more community work. We are also looking to work with our health partners across Thurrock to add another one-day phlebotomy service in one of our clinics in the area.

For any questions regarding this briefing note, please contact:

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**Health and Wellbeing Overview & Scrutiny Committee
Work Programme
2023/2024**

Dates of Meetings: 19 July 2023, 31 August 2023, 2 November 2023, 11 January 2024, 7 March 2024

Topic	Lead Officer	Requested by Officer/Member
19 July 2023		
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
Terms of Reference	Democratic Services	Officers
ICB Community MSK and Pain Service	Tina Starling (NHS Report)	Officers
Direct Payment Support Services	Ian Kennard	Officers
Verbal CQC report on Basildon Hospital	NHS	Members
Work Programme	Democratic Services	Officers
31 August 2023		
2022/23 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Safeguarding Adult Board – Three Year Strategic Plan	Jim Nicolson	Officers
Tobacco Control Strategy	Jo Broadbent	Officers
Agree Working Group Terms of Reference	Democratic Services	Members
Updates from Mid and South Essex Trust	Fiona Ryan	Members
Healthwatch	Kim James	Members
Work Programme	Democratic Services	Officers

2 November 2023

Thurrock Safeguarding Adults Board Annual Report 2022/23	Jim Nicolson	Officers
General Practice Patient Survey 2023	Jo Broadbent	Members
HealthWatch	Kim James	Members
Updates from Mid and South Essex NHS Foundation Trust	NHS Report	Members
Phlebotomy Update	NHS Report	Officers
Work Programme	Democratic Services	Officers

11 January 2024

Integrated Medical Centres Update Report	Aleksandra Mecan	Members
EPUT Update	Paul Scott and Alex Green	Members
Domiciliary Care Tender	Sarah Turner	Officers
Updates from Mid and South Essex Trust	Fiona Ryan	Members
Bridging (Hospital Discharge Service)	Sarah Turner	Officers
Annual Public Health Report – Fuel Poverty	Jo Broadbent	Officers
Commissioning report – Hospital Discharge Service	Ceri Armstrong	Officers
Co-Production	Ceri Armstrong	Members
Commissioning report – Domiciliary Care	Ceri Armstrong	Officers
HealthWatch	Kim James	Members
Work Programme	Democratic Services	Officers

7 March 2024

Integrated Medical Centres Update Report	Aleksandra Mecan	Members
Report of the Cabinet Member for Health, Adult Social Care, Community and Public Protection	Cllr Coxshall	Members
Updates from Mid and South Essex Trust	Fiona Ryan	Members
SERICCC	Rebekah Brant / Sheila Coates	Members
Dentistry	Tbc	Members
Advocacy to include Healthwatch	Tbc	Members
HealthWatch	Kim James	Members
Work Programme	Democratic Services	Officers
Briefing Notes		

Working Groups

1. Mental Health Services
2. Healthy Living

Items to be included or plans for 2024/25 Work Programme:

1. Community Musculoskeletal (MSK) and Pain service Community Musculoskeletal (MSK)

Clerk: Jenny Shade
Last Updated: August 2023

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