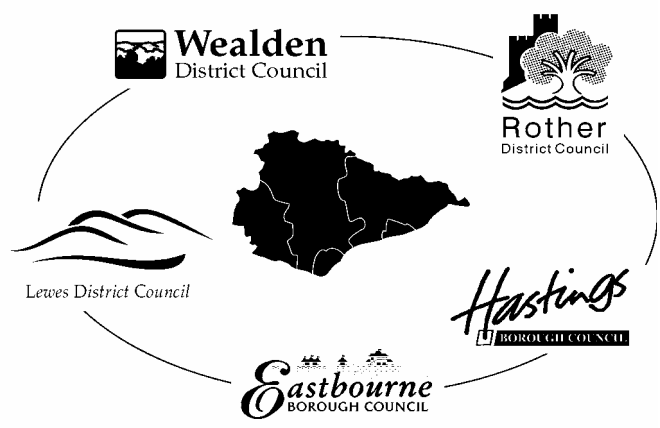
Health Overview and Scrutiny Committee

Patient Choice – Reality or Pipedream?

A report by the Project Board

Cllr Ron Dyason, Chairman of the Project Board
East Sussex CC
Cllr Mrs Joanne Gadd, Rother DC
Cllr David Rogers, East Sussex CC
Cllr Ronald Rushbrook, Hastings BC
Mr Ralph Chapman
Chair of Age Concern East Sussex



12 March 2004

Patient Choice – Reality or Pipedream?

Index **page**

1. Introduction

1.1 This first Review Board (the Board) was set up to examine the concept of patient choice: the setting for the examination was Primary Care. There are a number of very specific conditions which apply to this field at the present time. These have been taken into account in compiling this report.

1.2 This is a preliminary report of initial findings from a time limited examination of a complex area of primary care provision. The Board has concluded that there is a need for a much wider evidence-gathering exercise around some of the key findings found in this report. The Board is, therefore, proposing to move into a second phase of wider investigation of issues which concern patients.

1.3 The Board is proposing to reconvene in July 2004 after a period of consultation. This consultation will involve a wider range of patients and be conducted by the project manager and officers through a leaflet format. The Board agreed that the preliminary findings of this review warranted further and deeper investigation in order that a final report would lead to robust recommendations for improvements.

1.4 HOSC members of the Board recognised the complex NHS environment which they were reviewing. This confirmed the need for further investigation of this topic.

1.5 The field of enquiry is in a state of great change. The demographic picture in East Sussex has altered over the past decade. Although there is more money in the NHS than ever before, changes in demand and usage have been profound. The PCTs are at a relatively immature stage in their development and they are driving through a major change to the GP contract that lies at the heart of primary care. The effect of this on professional practice, staff morale and the delivery of services will be deeply felt throughout the service. Many strategies are still in a process of evolution or development and this process will continue through the current calendar year and into the next. Moreover, the NHS Plan, a national requirement makes stringent demands for change and sets targets that demand attention.

1.6 National bodies such as the National Institute for Clinical Excellence (NICE) are monitoring all changes in the health service and the work of HOSC must be seen within a wider inspection context.

1.7 The financial climate within which the health economy has to operate has never been more difficult. PCTs alongside the colleagues in the acute sector, have been forced to exert strict controls on budgets in order to minimise the end-of-year deficit; this landscape has characterised the whole period of this review.

1.8 At a time of great change therefore, this Board has made a fair attempt to garner evidence about its subject matter. The result is a report which should be seen as a representation of a given enquiry at a given point in time. It should not be read as a tablet of stone and will bear repeating at a future stage. The recommendations might best be considered as a list of action points for managers to consider over the coming months. This report acknowledges the state of transition that characterises the whole NHS and has been written to give pointers and clues to assist improvement.

2. Background

2.1 The Health Overview and Scrutiny Committee was formally established on 1 October 2003. In taking this action, East Sussex County Council followed the statutory guidance which was issued under section 38 of the Local Government Act 2000.

2.2 At its first meeting the East Sussex Health Overview and Scrutiny Committee reiterated its commitment to placing patients and the public at the centre of health services. The County Council declared that it sees the HOSC as a fundamental way in which democratically elected community leaders can voice the views of their constituents and require local NHS bodies to listen and respond. In this way, the heath scrutiny process can assist in the reduction in health inequalities and in the promotion and support for health improvement.

2.3 A Project Initiation Document (PID) was approved by the Board and became the scoping document for the review. This document is attached at Appendix A and set out the project objectives, timetable and management arrangements for the work.

2.4 Between October 2003 and March 2004, the Board's Project Manager visited 3 PCTs, arranged evidence gathering from a number of communities in the county and engaged individuals at a face-to-face level. He also undertook desk-based research, questionnaire analysis and telephone interviews as the means to obtain a careful studied approach.

2.5 The term 'primary care' is used to cover a number of quite specific professional groups working in the NHS. These are the family doctor usually known as the General Practitioner or GP, staff working in the surgery for the family doctor; pharmacists working in the community but regulated in relation to their dispensing function; dentists and opticians. Dentists were excluded from this review on the grounds that NHS dentistry will be examined in a future review. Opticians, although playing an important part in family health care, are not regulated by any NHS body and were therefore excluded for this reason.

3. Main areas of inquiry

3.1 The points below describe the lines of enquiry initially followed by this review and which will be tracked later:

- Is the Primary Care provision acceptable to the population of East Sussex
- Does the service actually improve the health of the population
- Are there any instances of people being detrimentally affected by the provision of primary health care
- Is there any evidence of a `post-code lottery` that relates to the provision of primary health care
- To what extent is access to primary health care driven by financial realities
- Is there sufficient emphasis on prevention within primary care
- Does the population get value for money from the primary care provision and are people able to express qualitative opinions about their experiences
- What factors influence the satisfaction/dissatisfaction levels expressed by patients
- Are the four Primary Care Trusts providing a good service
- Are the PCTs commissioning strategies robust enough
- Is there evidence to show how effective the PCTs are in improving primary health care in their own area

3.2 A variety of mechanisms have been chosen find answers to these key questions using the directions proposed by the NHS 10 year plan as a benchmark. They include

- Desk based research
- Survey of facts from PCTs
- Community consultation groups
- Visits to settings

4. Points for Action

4.1 Caring role of some carers

Examples have come forward to demonstrate that the caring role of some carers is being obstructed by a failure of communication to them from the GP of their partner/relative and a lack of recognition of their role by the GP.

4.2 Prevention

The current system of access to primary care allows insufficient attention to be paid to prevention. Consultees have pointed out the difference between the management of their general health needs and the management of their dental health. This comparison is perhaps indicative of the higher expectations of health services as well as being a reflection of the high value placed on local services.

4.3 Well-person clinics

The widely accepted practice in general dental medicine is for patients to be called on a regular basis (usually a 6 month interval); the appointment allows the health professional to deploy preventive approaches as well as curative solutions. The same is not usually true in the GP surgery. Financial incentives have been available in the past for more routine screening but such interventions as Well-Man Clinics appear to have disappeared from the picture in most surgeries.

4.4 Patient surveys

Patient surveys continue to have a high profile within the PCTs in East Sussex. The patient experience is actively sought, charted and explained. With some exceptions, East Sussex patients are in the higher `best performing` trusts; where this is not the case, strong measures are taken. The Review Board have noted that these measures are all taken at PCT level and possibly disguise the experience at an individual/professional level although there were very few examples of unsatisfactory experience fed to the Board during this review.

4.5 Patients' expectations and out of hours service

It is clear that East Sussex patients have very high expectations of their Primary Care providers and that, for the most part, these expectations are met. Previous experience of *NHS Direct* however, has not been strong and this service may be at the heart of the new Out of Hours (OoH) arrangements. A nurse-led telephone helpline will have to prove its efficiency to a sceptical public who have also reported a strong affinity with SEEDOC, the current provider. Further involvement of the

HOSC in OoH services is to be encouraged and will be a line of enquiry for the future.

4.6 External organisations' role

Evidence has been collated to testify that several local external organisations e.g. *LifeLine,* *Age Concern* and *Care for the Carers* all offer facilities and schemes which contribute significantly to the quality of life for many people. Access to such organisations could be greatly enhanced using the surgery as a conduit for patients to self refer and some surgeries have certainly demonstrated this.

4.7 Access to surgeries

There are issues of access to the surgery in both the rural and urban setting. Many surgeries have benefited from up grading and refurbishment; some high quality primary care is still offered from older, less suitable buildings. The issue to be most forcibly expressed during this review concerned problems of car parking. The case has been made for the PCTs and the local authorities to examine the detrimental effect on the patient experience that car-parking difficulties can lead to. An elderly or higher dependency patient can have significant problems of access to the surgery when a car has to be parked at a distance; it is felt that there is a real case to be made for an extension to the blue badge scheme. Currently this measure is applied only to categories of physical disability. Learning disability and dementia present similar need for car transport and yet have no access to any preferential parking arrangement. Within the rural area, voluntary transport schemes do exist. These make a big difference to patients who have no alternative means of transport, particularly for non urgent appointments as the car has to be booked in advance. Services such as the *Westfield Wheelies* are constantly under threat and patients understandably feel worried about potential cessation of an invaluable service.

4.8 Accelerated appointments

The accelerated appointments scheme has been trialled throughout the county and is leading to advances in time taken for the patient to get to the appropriate healthcare professional. Many surgeries now allocate appointments on a same-day basis resultant from an early morning telephone call. Telephony systems do not always cope with extreme pressures but a simple ring-back instruction has been shown to work where it has been implemented. This could have an added advantage of reducing tension between busy receptionist staff and anxious patients.

4.9 Role of pharmacists

Pharmacists are a key part of the primary healthcare provision and are extensively used. Their commercial role, however, can compromise their potential to be of greater service to their public. A community pharmacy is a busy environment in which there is often no opportunity for confidential comment. A number of respondents to this review stated that they would have felt better equipped to seek advice from the pharmacist had it been a less frenetic environment.

4.10 Prescription process

Evidence from this study confirmed that the prescription process works well for the most part. Some practices have a pharmacy attached or very close to the surgery. Some patients did question the status of the review period for repeat prescriptions.

4.11 Technology

Modern technology is used routinely in every practice. The use of the internet as a source of additional information about a diagnosis has been noted within this study. In some instances, internet connection is provided at the surgery and has been used by GP as well as patient. No matter how developed the communication media is, more specific communication is sometimes overlooked. The Board heard evidence that the use of Braille, signing or other interpretation means is in very short supply. Some patients do have special needs when they present to the primary care team and information technology is not necessarily the best way of recognising these.

4.12 Planning issues

The PCTs are often put into the position of having to take remedial action in respect of planning issues. The PCTs are not always consulted regarding any new population centres and are not always active consultees in any proposal made to the local authority.

5. Potential recommendations

The following recommendations arise out of the findings so far. The Board is not yet submitting these recommendations but in order for completeness are placing on record the sorts of improvements that seem important from the evidence gathered to date. These recommendations will be reviewed after stage 2 of this review.

5.1 *Carers Assessment process*

Consideration to be given to the involvement of primary care staff in the Carers Assessment process. It is recommended that a carer and their relative should be registered with the same GP or at least be placed within the same practice unless there are strong contraindications.

5.2 Health promotion

More proactive opportunities for health promotion should be provided and/or promoted within surgeries.

5.3 Out of Hours service monitoring

The proposed changes to the Out of Hours service (OoH), brought about because of the implementation of the new GP contract, will need careful monitoring.

5.4 Community groups/voluntary organisations

Opportunities need to be found to increase the awareness of Primary Care practitioners of community groups/voluntary organisations who can play a key role in keeping people well.

5.5 Patient transport issues

The PCT, working with the Social Services department, should examine ways of extending the transport issue into primary care provision and should put its weight behind measures designed to ensure continuity of important schemes which provide patient transport.

5.6 Appointment systems

Practice managers should be urged to examine different telephone systems that include a ring-back facility and include appointments booking procedures in comprehensive training courses for receptionist staff.

5.7 Pharmacies

The HOSC understands that a new pharmacy contract is to be implemented shortly this could allow for the re-examination of community pharmacy services and to be used as a means to address improvements in pharmacy environments.

5.8 Repeat prescriptions

The review of repeat prescriptions is a matter on which the PCT could offer guidance to GPs if they do not do so already.

5.9 Inclusion/equal opportunities

Primary Care settings should be reminded of inclusion/equal opportunity issues as they apply to the variety of differing needs of patients. The PCT should demonstrate compliance with the disability discrimination act and offer practical support or guidance in how to communicate this effectively with all patients

5.10 Planning

Local authority planning departments must recognise the need for early consultation with the NHS regarding health needs in housing development areas.

6. NARRATIVE

6.1 Enquiry Area - Is The Provision Acceptable?

- Within the timescale of this review, a number of patient surveys were scrutinised alongside some consultations that HOSC was able to make by the use of existing structures or arrangements. This aspect of the work has been drawn to the conclusion that the patient experience for many across East Sussex, is very favourable comparisons in this context probably mean very little but the Review Board never the less noted high satisfaction levels together with crude measures of comparison with other parts of the country. HOSC has noted that the reputation of local health services has been cited as a reason for retirement to East Sussex. The patient experience throughout the period of this review has been overwhelmingly positive.

- Some issues concerning prevention have been drawn to the attention of HOSC by both patients and staff alike. These have been picked up in action points 2 and 5 above. Some concerns were expressed about less acceptable dimensions to Primary Care referrals. These included reference to appointments, the dispensing of repeat prescriptions and IT. These concerns have been highlighted by action points 7, 9 and 10.

6.2 Enquiry Area - Health Improvement

- A key thread to emerge form this study is that individual health could be further improved through changes to the Primary Care culture which has developed over past years. Evidence was taken from individuals, groups and by questionnaire during the course of the work. A particular reference was made to the absence of health screening programmes and the role of the voluntary sector. These points have been picked up in points of action 2 and 5.

6.3 Enquiry Area - Detrimental Effect of Current Planning for Provision

- No examples of any detrimental effect were cited. The review board did however take evidence from one GP who has expressed profound reservations of the implementation of the new contract. His resignation, to become effective on 1 April 2004, may be followed by others. The PCT will need to monitor the effect of possible resentment towards the new contract and condition of service.

- Local authority plans understate the infrastructure needed when housing expansion programmes are listed. HOSC review found one significant housing development in the county into which a single handed GP was parachuted more as a response than a planned development there relationship between the local PCT and the local authority should now be strong enough to ensure that this does not happen.

- Comparison of the demographic map to Primary Care addresses suggests that there is no identifiable postcode lottery in relation to Primary Health Care in East Sussex. HOSC was surprised that a more sophisticated mapping of demographic change was not utilised by PCTs and local authorities working in concert. This issue has been picked up as action point 11.

6.4 Enquiry Area - Financial Realities and Value For Money

- By the end of March 2004, and £18 million deficit will be the overwhelming characteristic of the local health economy much of this of course occurs within secondary services but not all. The HOSC was unable to engage research into the effect of this deficit and will therefore take careful note of the report from Kent County Council HOSC which has specifically looked at the issue of NHS funding.

6.5 Enquiry Area - The PCT Role

- The questionnaire circulated to PCTs brought in a response from each. A summary of this exercise together with the notes from the community consultation exercises is attached as appendix D. In each case reference was made to the NHS Plan as the main driver for reform in Primary Care.

6.6 Enquiry Area - The NHS Plan

- The NHS Plan, published 2000, is a ten-year investment plan for the NHS, which envisages far reaching changes to bring about a health service designed around the patient. Public consultation for the plan showed the public wanted to see.

  - More and better paid staff using new ways of working
  - Reduced waiting times and high quality care centred on patients
  - Improvements in local hospitals and surgeries.

- The local health economy in East Sussex is in the middle of implementing this Plan and this first health review will provide an opportunity to assess progress to date.

- Among the priorities listed in the NHS Plan are

  - Improving access to all services through - better emergency care - reduced waiting - increased booking for appointments and admission and more choice for patients.
  - Improving the overall experience for patients
  - Responding to local priorities.

- Within the NHS, planning is expected to be from the bottom upwards; PCTs as the lead planners will be responsible for creating local plans which describe health and service improvements in their area. These will be developed using local clinicians knowledge as well as patients and the public. They will address the needs of the community as a whole and incorporate the national priorities.

- These local delivery plans will draw on contributions from both county and district/borough councils. These local delivery plans should cover a 3-year period and the trajectory of delivery will be identified through reference to the milestones which are stated for achievement.

- In order to achieve the expectations of the NHS Plan, a radical change in culture will be expected across the NHS.

	From	To
A shift in organisation and ways of working	• Hierarchical and nationalised • Detailed guidance with many milestones and targets • Focus on institutions	➢ Devolved local networks ➢ Clear long term outcomes with latitude about method ➢ Working through networks
A shift in the scale and quality of staff, patient and community involvement	• Small pockets of excellence • Many enthusiasts but not fully embedded • Supported by time limited 'soft' funding • Many Boards still viewing this as peripheral to core business	➢ Mainstream way of achieving change ➢ Professional and systematic everywhere ➢ Properly resourced thorough recurring funds ➢ Central to Boards' way of working
A shift in management focus	• All management effort driven by delivery of centrally imposed key targets as ends in themselves • Meetings, plans and strategy dominating management time • Risk avoidance because of fear of penalties	➢ Delivery of targets achieved as the by-product of wider and sustained improvements in service quality ➢ Walking the job with a strong focus on clinical quality ➢ Incentives as a key part of improvement ➢ Penalties seen by all as fair

- The single organisation at the heart of achieving this change agenda is the Primary Care Trust.

➢ Four **Primary Care Trusts** in East Sussex are responsible for improving the health of local people, for developing the primary care services in their area and for making sure that other services (provided mainly through hospitals and local community health services) are in place.

- The four PCTs serve the whole population of East Sussex. They combine the services of GPs and their teams with a range of nursing

services and work closely with local social services within the areas shown below;

- **Bexhill and Rother Primary Care Trust**
  Covering the Rother district and Ninfield.

- **Eastbourne Downs Primary Care Trust**
  Covering Eastbourne, Hailsham, Pevensey, Polegate and Seaford.

- **Hasting and St Leonards Primary Care Trust**
  Covering the local government Borough of Hastings.

- **Sussex Downs and Weald Primary Care Trust**
  Covering the Lewes district (except Seaford) and northern half of Wealden including Heathfield, Crowborough and Uckfield.

- Evidence about progress within the PCTs comes from a questionnaire distributed to the 4 PCTs as shown at Appendix C.

6.7 Enquiry Area - An Integrated Approach to Primary Health Services

- During the course of this review, HOSC was looking for examples of integration with voluntary sector and private initiatives. Good practice was noted with regard to both; the campus approach exemplified by the Princes Park Primary Care Centre in Eastbourne. The HOSC recognises that similar approaches remain a distant dream for many smaller practices. Nevertheless a healthy future awaits those who are prepared to take risks and broaden their horizons.

- Some deficiencies concerning linkage with the voluntary sector were identified and have been picked up as action point 5.

6.8 Enquiry Area - Appointments Within Primary Care Services

- National and local targets have resulted in many changes to the appointment system which results in an individual seeing a member of the Primary Care team. The waiting time for appointments is considerably reduced as a result but further improvements can be expected. Best practice evidence highlights some small but significant measures that have been picked up in action point 7.

6.9 Enquiry Area - Out of Hours cover

- The new GP contract removes the 24 hour responsibility for medical cover from the family doctor and gives it to the PCT.

- Each PCT has a written contract with the Department of Health. A feature of this document is that they must provide Out of Hours (OoH) cover for their population: this will become effective in April 2004 when the new GP contract is brought in. It is likely that the PCTs will

translate this responsibility as one to provide overall OoH cover in which GPs play a leading part. This is a significant difference to the current situation; presently some GPs provide OoH cover themselves; many contribute to a GP co-operative to share the workload and others pay a private deputising company to provide the cover.

- The cost to the PCT of having to find a way to provide this service will in part, be met by a £6000 penalty to be applied to those GPs who agree a restricted service option within their contract. A survey by `Pulse`, a GP newsletter found that 47% of respondents are intending to take the restricted contract.

- The core business of the new arrangements will continue to be the delivery of the traditional services. However, as is already happening in a significant number of areas, the development and training of first-contact clinicians and nurses, and the use of triage procedures, is resulting in a wider group of clinicians sharing the workload.

- Public involvement on the provision of OoH cover is seen to be an important measure. The new Patient & Public Involvement Forums (PPIF), working together with HOSC could supply this involvement in East Sussex and ensure that the monitoring of OoH cover is routed back to democratically elected representatives of the local community. This proposal is picked up in action point 4.

7. Conclusions

7.1 A leaflet will be produced summarising this preliminary report. We will attempt to distribute the leaflet as widely as possible using primary care setting and the HOSC website as well as conventional media. Results from this exercise will be taken forward by the project review board which will reconvene in July 2004.

8. Project Board:

Cllr Ron Dyason, Chairman of Project Board, East Sussex CC
Cllr Mrs Joanne Gadd, Rother DC
Cllr David Rogers, East Sussex CC
Cllr Ronald Rushbrook, Hastings BC
Mr Ralph Chapman, Chair Age Concern East Sussex

Contact officers:

Hugh Graham
Project Manager
Tel: (01323) 646600 E-mail: hgcy@mistral.co.uk

Roger Howarth
Scrutiny & Best Value Co-ordinator
Tel: (01273) 481327 E-mail: **roger.howarth@eastsussexcc.gov.uk**

Appendix A

Patient Choice - Reality or Pipedream?

Project Initiation Document.

1. Background

1.1 The Health Overview and Scrutiny Committee (HOSC) was formally established on 1 October 2003. It agreed that its first priority review should examine aspects of the delivery and access to health services. This has been communicated to the NHS as shown below:

> Patients' Choices and Access to Services: the main focus to include
>
> - Ease of access to local health services in East Sussex. A mapping exercise will be undertaken to establish the spread of practices/GPs through the county.
>
> - Whether the first place a person goes to with a health problem is easily accessible. This will include amongst others, waiting times to see General Practitioners; the out-of-hours services and the availability of a solution to peoples health care needs being close to home
>
> - Identifying the extent to which patients choices are taken into account in their health care provision

1.2 The NHS is engaged in a ten-year plan which will change the way in which health services are delivered. Putting the patient first has become the 'cri de coeur' for the East Sussex health economy and the HOSC will lend its support to the local health economy.

The NHS' commitment to local people

- The NHS should **meet** the **present and future health needs** of local people. This is more than recognition of their need for NHS care. It includes ways of helping people to stay healthy, or of stopping them getting ill in the first place.

- The NHS should **put its patients first.** Management will look at what it is like to be treated in East Sussex for a range of illnesses or conditions and see how it can improve that experience.

- The NHS should make sure that our health service is **fair for everyone.** Local people should get health care and treatment that is:

  - **Good quality**
  - **Effective and efficient**
  - **Affordable from the public money available**
  - **Provided at a time and place that is most appropriate** – both for patients and for staff

    - Services should be located in the best place. Health services should be provided close to where the patients live, and take account of transport links across East Sussex. Wherever possible, services should be brought out of hospitals and help given to doctors, nurses and therapists to provide them through health clinics and GP surgeries. Where that is not possible, specialist hospital departments will be developed that will be centres of excellence, based on the best of what already exists in the two main hospitals.

The NHS will be looking for evidence of

- **Committed input** from staff and patients
- **Less demand** on our hospitals
- **Better results** for our patients (including medical outcomes and quality of life)
- Opportunities to **learn from others**
- The creation of **high quality clinical networks** and ways to **develop** the **skills and knowledge of the staff.**

East Sussex Clinical Services Review

.

1.3 Consideration must be given to the financial climate of the local health economy. A deficit of £18 million in the current financial year places severe financial constraints on the local health economy. In

establishing the scope for this study, it would be inappropriate to ignore this fact. A balance needs to be found between any unrealistic expectations and the reality faced by hard-pressed health managers.

1.4 It is recognised that the deficit may have an impact on the primary care services. However, although this Board could make comments on this impact, it is beyond the scope of this project to determine how this deficit has arisen. This would be the responsibility of HOSC to decide if the deficit should be the subject of a review.

2. Project Objectives

- Access to primary care services. The local health development plan for each PCT has set out the intentions to provide care closer to home. These will be examined as part of the review. The HOSC will need to establish the range of working practices operating through the various surgeries/practices e.g. waiting times, out of hours arrangements, practice nurses etc.

- Building an integrated approach to health services. The East Sussex community will be asked for its views about attempts to integrate primary care, secondary services and the private sector. This part of the review might include views about complementary medicine as well as more conventional treatments.

- Appointments to see the GP. The NHS is looking at ways in which the individual patient might be able to see his/her own family doctor on a more regular basis. The NHS investigation will be studied as part of the review.

- This review centres on primary care. Although secondary care could be a topic for a future review, the Board recognised that some people go direct to an Accident & Emergency Department (A&E) rather than via their GP. This review has to take this aspect into account and look at such things as:

  - why people bypass their GP;
  - what A&E do to dissuade these patients;
  - how many people are not registered with a GP;
  - are waiting times a factor in making patients go direct to A&E.

  It is recognised that contacting a GP out of hours may result in the person being directed to A&E when the GP is unable to help.

  The Board recognised that many people in East Sussex have to go to a hospital outside of the county for secondary care or to see a consultant - Brighton, Haywards Heath, Tunbridge Wells.

3. Methodology

3.1 The role of HOSC will be:

- To challenge how this intention is being realised.

- To invite comparison of one PCT to another and more broadly to other bench marks. It is recognised that there will be a great deal of data already available at PCT level but the HOSC Board has to get beneath this data and establish the true picture and range of performance. There will be a great deal of data already available at PCT level but the Board has to get beneath this data and establish the true picture and range of performance.

- To consult with local service users about their views of this strategy. The review has to take account of the socio economic factors operating in the county. E.g. some people are unable to access a GP without the help of a third party. The review has to take account of physical access to surgeries e.g. do they all have wheelchair access, facilities for deaf people etc.

- To take competing views about efficacy.

3.2 Desk-based research will be complemented by questionnaire instruments which can be carefully targeted at appropriate groups. The baseline standard will be established following a scrutiny of the Princes Park surgery, in Eastbourne. This practice has recently been awarded the "Best Designed Primary Care Facility" accolade for its partnership with the Apollo Centre for Health.

3.3 The Board will aim to find models of good practice operating within the county and recommend that these could be transferred to other practices.

4. Timescale

4.1 The review will commence in October 2003 and it will be concluded by March 2004 (see constraints). The final report, including the executive summary and recommendations, will be presented the HOSC meeting on 12 March 2004. An interim report will be submitted to the HOSC meeting on 4 December 2003.

5. Management Arrangements

5.1 The Project Board comprises Cllrs Ron Dyason (East Sussex CC), David Rogers (East Sussex CC), Ronald Rushbrook (Hastings BC) and Mrs Joanne Gadd (Rother DC). The voluntary sector representative is Mr Ralph Chapman, Chair Age Concern East Sussex.

The Project Manager: Hugh Graham of HGC, a public sector consultancy.

The Project Officer: Hugh Graham

The Scrutiny Lead Officer: Roger Howarth, Scrutiny & Best Value Co-ordinator, East Sussex CC

Project support: Sam White, Scrutiny Support Officer, East Sussex CC

6. Costs

6.1 The estimated costs of the project are:

Project Management	**20-25 days work - £5000**
Administration and sundries	**£2,000**

There is also a need for the project to have an operating budget for such items as site visits, procuring information or external evaluations and research material. These are not expected to exceed £1,000.

Therefore the total projected cost of undertaking the review is estimated at £8,000

7. Quality Requirements

7.1 The review will follow the quality standards laid down in the East Sussex Best Value and Scrutiny Review Guide.

8. Constraints

8.1 The timescale of the review may be adversely affected by the consultation programme, sickness or unforeseen circumstances

9. Conclusion

9.1 Scrutiny of this type and a series of standards that could be disseminated across the East Sussex health economy will assist NHS management to work collaboratively towards an improved service. The HOSC will win the respect of the local health economy through a careful, studied approach in an area of work that is vital to all parties.

Contact details:

Hugh Graham

Telephone: (01323) 646600
E-mail: hgcy@mistral.co.uk
Address: HGC, PO Box 2608, Eastbourne, BN20 8DZ

Roger Howarth

Telephone: (01237) 481327
E-Mail: roger.howarth@eastsussexcc.gov.uk
Address: Floor E, East Block, County Hall, Lewes,
East Sussex BN7 1SF

Sam White

Telephone: (01273) 481581
E-mail: **sam.white@eastsussexcc.gov.uk**
Address: Floor E, East Block, County Hall, Lewes
East Sussex BN7 1SF

End.