

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 5 June 2018
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 3rd April, 2018 (HWB.05.06.2018/2)
(Pages 3 - 6)
- 3 Minutes from the Safer Barnsley Partnership held on 28th February, 2018
(HWB.05.06.2018/3) (Pages 7 - 16)
- 4 Minutes from the Provider Forum held on 7th March, 2018 (HWB.05.06.2018/4)
(Pages 17 - 20)
- 5 Minutes from the Stronger Communities Partnership held on 19th February, 2018
(HWB.05.06.2018/5) (Pages 21 - 26)
- 6 Public Questions (HWB.05.06.2018/6)

For Decision/Discussion

- 7 Local Health and Care Records Exemplar (LHCRE) - Dave Robinson/Tom Davidson (HWBB.05.06.2018/7) (Pages 27 - 38)
- 8 Health Protection - Julia Burrows (HWB.05.06.2018/8) (Pages 39 - 46)
- 9 Access to Primary Care - Lynn Richards (HWB.05.06.2018/9) (Pages 47 - 140)

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson – Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director of Public Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Scott Green, Chief Superintendent, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Helen Jaggar, Chief Executive Berneslai Homes

Please contact Peter Mirfin on or email governance@barnsley.gov.uk

Friday, 25 May 2018



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 3 April 2018
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Sir Stephen Houghton CBE, Leader of the Council (Chair)
 Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
 Councillor Jenny Platts, Cabinet Spokesperson - Communities
 Rachel Dickinson, Executive Director People
 Julia Burrows, Director Public Health
 Jayne Hellowell, Head of Locality Commissioning and Healthier Communities
 Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
 Emma Wilson, NHS England Area Team
 Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
 Helen Jaggar, Chief Executive, Berneslai Homes
 Sean Rayner, District Director, South West Yorkshire Partnership NHS Foundation Trust

47 **Declarations of Pecuniary and Non-Pecuniary Interests**

There were no declarations of pecuniary or non-pecuniary interest.

48 **Minutes of the Board Meeting held on 30th January, 2018 (HWB.03.04.2018/2)**

The meeting considered the minutes of the previous meeting held on 30th January, 2018.

RESOLVED that the minutes be approved as a true and correct record.

49 **Minutes from the Children and Young People's Trust Executive Group held on 19th January, 2018 (HWB.03.04.2018/3)**

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 19th January, 2018.

RESOLVED that the minutes be received.

50 **Minutes from the Safer Barnsley Partnership held on 28th February, 2018 (HWB.03.04.2018/4)**

The meeting considered the minutes of the Safer Barnsley Partnership meeting held on 28th February, 2018.

RESOLVED that the minutes be received.

51 Minutes from the Stronger Communities Partnership held on 19th February, 2018 (HWB.03.04.2018/5)

The meeting considered the minutes from the Stronger Communities Partnership held on 19th February, 2018.

RESOLVED that the minutes be received.

52 Minutes from the South Yorkshire and Bassetlaw STP Collaborative Partnership Board held on 12th January, 2018 (HWB.03.04.2018/6)

The meeting considered the minutes from the South Yorkshire and Bassetlaw STP Collaborative Partnership Board meeting held on 12th January, 2018.

RESOLVED that the minutes be received.

53 Public Questions (HWB.03.04.2018/7)

The meeting noted that no public questions had been received for this meeting.

54 Health and Wellbeing Board Performance Update (HWB.03.04.2018/8)

The meeting received a report providing an update on performance and progress against the priorities in the 2016-20 Health and Wellbeing Strategy. The report provided a performance data summary for each priority, identifying areas for improvement and areas of strength. The report identified those activities that were supporting the progress against those priorities, together with those areas where further enquiries were required.

Board members welcomed the progress in developing the performance dashboard but commented on the need for further work to give a sense of how much impact the various actions and activity would have in addressing areas of poor performance and over what timescale. This would help the Board identify those actions that merited further investment or the reallocation of funding. Board members also commented on the need to be clear which individual/agency was accountable for delivering the various actions and activity and what contribution other agencies could have to increase the impact. For this purpose, some clarity about the baseline or comparator for the measure was required.

RESOLVED:-

- (i) that the performance report and action plan updates be noted; and
- (ii) that SSDG consider how the dashboard can be further developed as a basis for making judgements about the effectiveness or otherwise of actions and activity and to provide greater clarity about the accountability for these actions.

55 Director of Public Health's Annual Report 2017 (HWB.03.04.2018/9)

The meeting considered a report providing details of the Director of Public Health's Annual Report for 2017. The report had been produced by asking residents to complete a short diary about their physical and mental health on 7th November, 2017 and what may have made it better or worse. The report had the sub-title "A Day in the Life of..." and diary entries identified five themes: importance of being resilient; the importance of our connections with others; importance of five ways to wellbeing; the importance of sleep; and the importance of work.

The meeting noted the importance that the Board's priorities for actions and activity were linked to the themes identified in the Director's report if this was to have any resonance with local people. Whilst this could not drive all activity, it was important to understand the way that people felt in relation to their physical and mental health, particularly where health improvements relied upon behavioural change.

RESOLVED:-

- (i) that the Director of Public Health's Annual Report for 2017 be received; and
- (ii) that SSDG be requested to give consideration to the issues raised in the report and to identify specific changes to actions, activity and approach that each agency is progressing to take account of the concerns and aspirations of local people.

56 Barnsley Respiratory Assessment and Therapy Service (HWB.03.04.2018/10)

The meeting received a presentation on the establishment of the Barnsley Respiratory Assessment and Therapy Service (BREATHE) seeking to address issues relating to Chronic Obstructive Pulmonary Disease (COPD) and other respiratory illnesses, incidence of which were considerably higher in Barnsley compared to the national rate. The meeting noted the development of a model that provided support in the patient's home, rather than in hospital, and could support clinics based in the locality/GP's surgeries, so significantly reducing the amount of travelling time for patients and their carers.

The meeting noted that smoking was a significant factor in incidence of COPD in Barnsley and directing patients to smoking cessation services would be a key element to the programme. The meeting noted the significant burden which fell on carers for those suffering from respiratory disease and the extent to which, sometimes, the time that patients spent in hospital became respite for the carers. There was a need for the service to ensure that a social care assessment was undertaken, including for the carers, so that these issues could be properly addressed.

RESOLVED that the development of the Barnsley Respiratory Assessment and Therapy Service be welcomed.

57 Excess Winter Deaths (HWB.03.04.2018/11)

The meeting considered a report giving an update on excess winter deaths in Barnsley and setting out proposals for a system wide coordinated action plan to tackle the issue for 2018/19. The action plan included detailed targeted programmes to impact on excess winter deaths, including addressing fuel poverty and protecting vulnerable groups.

The meeting noted the need to link this activity to wider winter planning within the NHS to ensure that the full range of issues were addressed and appropriate connections made. The meeting noted the proposal to devise a revised action plan for 2018/19 by September and it was suggested that this might be need to be done earlier in the year if it was to have an impact over next winter.

RESOLVED:-

- (i) that the content of the report be noted and the proposed action plan and recommendations be approved; and
- (ii) that the need for the action plan for 2018/19 to be finalised sooner than September 2018 if it was to have an impact on excess winter deaths over the next winter be acknowledged.

58 Review of Health and Wellbeing Board Meetings and Development Sessions Schedule 2018/19 (HWB.03.04.2018/12)

The meeting considered a report proposing that two of the Board's scheduled meetings, in August 2018 and February 2019, be scheduled for private development sessions, rather than formal business, in order to allow Board members to give consideration to the development of the Health and Wellbeing arrangements for Barnsley.

RESOLVED:-

- (i) that formal meetings of the Health and Wellbeing Board meetings be held on the scheduled dates of 5th June, 2nd October and 4th December, 2018 and 9th April, 2019, with private development sessions being held on 7th August 2018 and 5th February, 2019; and
- (ii) that SSDG give consideration to suitable topics for discussion at the development sessions, but that this include consideration of the relationship between the Health and Care Together structures and the Health and Wellbeing Board.

Chair



Safer Barnsley Partnership Board
Wednesday, 28 February 2018 : 10.00 – 12.00
Town Hall MR2

Minutes

	<p><u>Attendees</u> Scott Green, Chief Superintendent – SY Police Wendy Lowder, Executive Director Communities – BMBC (Chair) Steve Fletcher – SY Fire & Rescue Service Carrie Abbott, Service Director, Public Health – BMBC Phil Hollingsworth, Service Director, Safer, Stronger & Healthier – BMBC Cllr Jenny Platts, Cabinet Member Communities – BMBC Lennie Sahota, Service Director, Adults Assess & Care Management - BMBC Dave Fullen, Director of Customer & Estate Services – Berneslai Homes Sarah Poolman, Superintendent – S Y Police</p> <p><u>Apologies</u> Ben Finley – Youth Justice Manager : BMBC Cheryl Wynn – Partnerships & Projects Officer : SY PCC Mel John-Ross – Social Care & Safeguarding (Children) – BMBC Brigid Reid – Barnsley CCG Ann Powell – National Probation Service Jade Rose – Barnsley CCG Linda Mayhew – Business Manager – LCJB Sean Rayner – SWYT Stephen Carroll – SY CRC Cllr Linda Burgess, Chair - SY Fire & Rescue Authority John Hallows – Barnsley Neighbourhood Watch</p>
<p>1.</p>	<p>Apologies and Introductions</p>
	<p>The Chair welcomed everyone to the meeting and introductions were made. Apologies were received and noted from the above members.</p>
<p>2.</p>	<p>Minutes & Matters Arising from meeting on 27/11/17</p>
	<p>Page 2 Item 2 - Action: Clarification on representation to be sought from CCG / SWYT and Children’s Social Care & Safeguarding - Sharon Pitt</p> <p>Page 4 Item 5 – Last sentence to be amended to read “The Chair confirmed that recommendations from the report will sit with the LSCB and CSA Sub Group.” – Sharon Pitt to amend</p>

Page 5

Item 6 – It was noted that CRC had been asked for data on numerous occasions but no data had been received to date. Scott Green/Wendy Lowder have a planned discussion with Amanda Cullen from CRC to discuss reoffending stats and relationship with Safer Neighbourhood Service and the Hub.

Subject to the above amendment the minutes were agreed as a true record.

Action Schedule :

From meeting held 10/10/17 :

1.1 Accommodation Providers and Looked After Children – Agenda item – Item discharged

1.2 Update – ‘Fire Station Plus’ Steve Fletcher(SF) confirmed that the building has flexible space for conferencing facilities, kitchen, toilet and meeting space with consultation rooms for commissioning services, flu jabs etc. There is a meeting with Jakki Hardy on Friday to look at all fire service stations across the Borough, including Penistone, Cudworth, Stocksbridge and Barnsley. There are joint exercises planned around Easter, Summer and Dark Nights involving the police and fire service. Peaks in demand for fire service usually accord with police peaks in activity. SF reported there has been an increase in arson which he commented on at the last meeting. Significant increase in service demand was noted in November following which joint development work was undertaken with the police including visits to local schools and homes. Impacts of these actions have been positive and incidence numbers are noted to be reducing. However it was noted that there has been an increase in deliberate fires, fly tipping and waste being set on fire in Lundwood. The Partnership approach is to increase focus on waste/rubbish removal promptly to reduce risk of fire.

The Chair confirmed it would be good to include details of collaborative events as case studies within the re-freshed Safer Barnsley Plan.

Action: Steve Fletcher to supply details of collaborative events which can be built into the quarterly refresh.

From Meeting held on 27/11/18

1.1 Discussions around holding a SBP Public meeting – Agenda item today

1.2 CSE/Safeguarding update – included on forward plan – Item discharged

1.3 CRC Demand Overview – Presentation was circulated - Item discharged.

1.4 Forward Plan – All members to forward future Agenda items – Items were requested and received from Delivery Groups – Item discharged

3. Safer Barnsley Partnership Plan 2018-19 Refresh

Shiv Bhurtun (SB) presented the draft SBP refreshed plan and briefed as follows:

- Confirmed Board's agreement of an annual refresh of the SBP Plan share and evidence progress of strategic actions
- Refresh plan is not to be viewed as a re-write of the SBP Plan but a summary for the broader audience including members of public.
- The annual plan provides assurance on the direction of travel and trajectory for the next 12 months period in terms of actions/activities.
- Key areas of focus within the plan going forward include Domestic Abuse, Rape, CSE and Hate Crimes all of which will be delivered through the Crime, PVP, CTR and ASB Sub Groups.
- Priorities are primarily informed through the JSIA which is an annual assessment and analysis of Needs at a local level. This has informed future sets of actions for the sub groups.
- The draft document is offered for consideration and agreement on the content. Shiv emphasised and acknowledged the significant work and input received from all four sub group's priority leads in developing the annual plan to date.
- The next step will be to finalise the content and to progress to design and final sign off before publication by end of March 2018 as agreed at November 2017 Board meeting.

Comments/ Feedback from Board members :

- Lennie Sahota confirmed that some impressive work has been undertaken by the partnership. However, in some areas the impact is not clear and use of examples would be a good way of showing the difference being made. It was noted that some priority leads have provided case stories and Shiv will request more such examples for future plans.
- Page 4 Item 4.1 Use of monetary values could be reconsidered as this may be mis-interpreted by the reader.
- Page 6 Item 4.2
 - "Last year we would prevent – need to contribute more into this – can talk about early intervention and the Hub. Focus on support and diversion.
 - Instead of saying "Invested in dedicated neighbourhood resources" replace it with "created a Town Centre Team consisting of police officers, PCO's and BMBC staff."
- Page 7 Town Centre –
 - 1st bullet point re investment in police officers – not sure this will mean anything to the public
 - 4th bullet point – begging, homelessness and add "associated vulnerability"

	<ul style="list-style-type: none"> • Page 9 Item 5 (bottom) Sarah Poolman questioned whether the priorities from last year have really been revised. We have just separated Crime and ASB – need to tweak wording not sure priorities have been revised and JSAI findings have not changed dramatically. Suggested including the rationale for their change is included. . • Page 11 - JSIA priorities - CSA/CSE have disappeared so not reflective of the JSIA – proposed that plan notes the role of LSCB Lead is leading CSE.. and how the establishment of the inter partnership protocol helps us to manage the interdependencies between strategic boards. • Page 12 - Sarah Poolman was not sure about the diagram and what it tells us. Questioned the use of “Perpetrator” as a term. Wording needs to reflect the whole document in that some work has been done and continues. Wendy Lowder questioned whether the diagram would be better placed at the beginning of Section 3. • Links from the document to IDAS / DISC contacts / web links would be helpful. • Engagement – there are challenges re lack of response from public. Wendy Lowder suggested clarifying our commitment through offer of a programme of engagement such as “we want to hear from you” and “we will be doing x y z “ may encourage people to engage and signal our intention more strongly within the refreshed document. • Confer around social media activities <p>Action – final comments to Shiv Bhurtun by 09/03 for the document then to be finalised by Scott Green and Wendy Lowder.</p>
4.	<p>Inclusion of public meeting in revised TOR for SBP</p> <p>This has been discussed and debated at the last couple of meetings. The objective of the Board is to increase public awareness, increase visibility but the methodology to achieve this must be effective and not deter from the primary focus.</p> <p>Some options were briefly identified and discussed:</p> <ol style="list-style-type: none"> 1 Public could be invited to attend the full meeting 2 Public could be invited for part of the meeting which would be made public <p>Following comments were shared by members:</p> <ul style="list-style-type: none"> • The benefit of extending invitation to members of the public • The benefit to the public. • Would the Board allow questions from the public and press to be tabled in advance . Questions received on the meeting day could be an issue. • Engagement and activities involving the public throughout the year would

	<p>be of more use.</p> <ul style="list-style-type: none"> • Has this worked anywhere else? • Agenda of meeting would need to be reflective of any changes necessary due to presence of members of the public. • It was considered that agendas had not included any items which could not be discussed with members of the public present. • It would raise awareness and trigger feedback like the Parish Council model. Fire Service meetings are televised. • Gives people the opportunity to comment <p>Scott Green considered if the meeting should be opened up to the public and confirmed that the Sheffield Board is open to the public. Questions are known in advance and attendees confirmed. Would allow members of the public to put forward views. Suggestion was made to open up one meeting per year.</p> <p>It was noted that a public meeting is being held to meet the Safeguarding Boards on 10 July.</p> <p>Action : Shiv to liaise with Cath Erine to join up with the Safeguarding Boards on 10 July and work to open up the Safer Barnsley Partnership Board to the public in 2018/19 and to link this into the launch of the annual plan refresh.</p>
<p>5.</p>	<p>Inter-Partnership Joint Working Protocol</p> <p>Scott Green outlined the background and purpose of the joint working protocol. Each Partnership have defined priorities and in order to ensure effective collaboration and co-ordination the opportunities to collaborate have been mapped and are outlined in Appendix A – Barnsley Strategic Priority Matrix on Page 8.</p> <p>It is important that the 4 Boards (Safeguarding Adults Board, Safeguarding Children’s Board, Safer Barnsley Partnership Board and Stronger Communities Board) talk to each other and therefore the Chairs will meet 6 monthly to talk through themes and ensure everyone is in agreement/aware .</p> <p>The matrix sets out that CSE and CSA are owned by the Safeguarding Board but that the SBP contributes.</p> <p>Prevent and the Channel Agenda are owned by SBP with the Safeguarding Boards being an interested party.</p> <p>The matrix sets down who owns which theme to alleviate the issue of the same documents being presented at all the Boards. Themes need to be managed at a local level to stop repetition at Board level. Each owning Board would then take their priorities forward.</p> <p>Business Managers will know where the real barriers are and need to be confident that issues, at a sub group level, are being raised to the Chairs. Larger issues will be flagged up ie. CSA/CSE.</p>

	<p>Need to cross reference re economies of scale as there are so many opportunities to work more effectively.</p> <p>Action: Lennie Sahota & Phil Hollingsworth to meet and discuss further</p>
6.	Safeguarding & Radicalisation Paper
	<p>Scott Green reported that this DfE paper, prepared by academics, had been taken to the Safeguarding Children Board.</p> <p>The research suggests there is an opportunity for Local Authorities to share knowledge in respect of this issue thereby ensuring that staff who are less confident in their practice are able to draw from the experiences of those who have dealt with more radicalisation cases. Best practice is through prevent where LA areas are confident in their processes and in their use of language and themes.</p> <p>Action: Ben Finley / Ray Powell to present their views on this document at the next meeting before discussion takes place.</p> <p>Phil Hollingsworth confirmed he chairs Prevent and is impressed with attendance and how well agencies understand the agenda. Training is taking place and strong updates given.</p> <p>Action : Phil Hollingsworth to consult re the document at Prevent Silver and bring any feedback to this Board</p> <p>Item noted for escalation – more training needed for Councillors re Prevent.</p> <p>Sarah Poolman asked who performance manages how cases are handled? Figures need to be included in Performance Report. Not just about numbers but which interventions are working and not – Future Agenda item</p>
7.	Performance & Delivery Exception Report
	<p>Sarah Poolman confirmed there is still work to be done on the report and the intention is to have a dashboard of all the 4 Sub Groups 10 PI's so that the Board can be given a perspective of the direction of travel in respect of PPI's. This will be included in the next quarter.</p> <p>Crime –</p> <ul style="list-style-type: none"> • Incidents of burglary have increased due to dark nights etc. and a spike in Nov. Efforts are being made into reducing this through weekly meetings and early intervention activities. • Figures re sheds and houses are now produced separately. • There have been further reductions through February but it is accepted that cold weather does have an impact. • Robust process in place around repeat offenders to track them down which is a good example of joint partnership working.

PVP –

- There are concerns re MARAC referrals and why these are increasing. A new group is being set up with IDAS to review the effectiveness of MARAC and confirm this is improving. Repeat referrals need to be looked at in more depth.
- ‘Inspire to Change’ launches in April led by Amanda Cullen. The challenge is that this is by consent only so we are reliant on people willing to engage in the process. Sarah Poolman confirmed she had asked Jayne Hellowell at PADG for data on take-up in Barnsley to review the impact of this. It is a 2 year programme with an extension for a further 2 years. Need to be sure around value for money and impact.
- Continuing to try to improve reporting on DA. Sarah confirmed that there was a need to focus repeat DA and she is asking Jayne to consolidate a robust process to reduce this.
- There is a lack of knowledge around the age of consent in JSIA and Sarah has asked Jayne to raise awareness of this as a key part of her work.

ASB

- Good news re Town Centre in respect of ASB incremental decreases and encouraging that both Paul Brannan’s Team and SY Police are not seeing displacement of ASB elsewhere.
- Continued reduction of MAAGS with joint newsletters going out across neighbourhood teams and a refresh of neighbourhood profiles reviewing and strengthening the MAAGS process.
- Neighbourhood Teams have only been in place for 9 months and we are already seeing an impact. Need to build on this for next 12 months

CTR

- Tend to focus on hate crime and prevent – need to deal with these issues and work with positive attributes. Working around cohesion with communities
- Membership review needed. This is a small sub group including SY Police Hate Crime Co-ordinator and Jayne Wise. Membership of all sub groups will be reviewed at the next PADG.
- Promote positive messages.

Scott Green confirmed he recognised that the Town Centre presented challenges and how this fits in with the Town Centre governance arrangements. Positive meeting was held re analysis and improving intelligence and an Action Plan has been produced re short/medium and long term. The plan is going to the Town Centre Board next week and will be brought to the next SBP meeting.

Need to decide how we want to use this resource in the Town Centre and how we mobilise. We need a proper Town Centre Team – co-located together and in uniform.

Steve Fletcher confirmed that the Fire Service is keen to be represented on all sub groups.

8.	Forward Plan
	<p>A number of items have been identified for the next meeting :</p> <ul style="list-style-type: none"> • Stronger Communities Partnership update • Youth Offending Management Board update • In-Authority Placements & Accommodation update • CRC Update on re-offending data • New Police structure • Town Centre update • Safeguarding & Radicalisation Paper
9.	Any Other Business
	<p>Wendy Lowder reported on a case study re mental health. Conversations had been held on complexity of needs and mental health and how difficult it seemed to be to access support – practitioners reporting some confusion with understanding the pathway for mental health. Whilst short term investment in mental health capacity had been introduced by the Communities Directorate into the Safer Neighbourhood Service there was a need to improve knowledge and understanding of the service offer from mental health. Wendy Lowder has asked for an integrated pathway to be provided by SWYT who have indicated that they will work with Adult Social Care to provide.</p> <p>Wendy Lowder mentioned the Safer Roads Partnership and whether this was something we should have as an information piece. Scott Green confirmed that a review was taking place at the moment and he will investigate when it would be timely to include this.</p> <p>Scott Green confirmed that Jakki Hardy leaves Barnsley on Friday to join HQ in Sheffield to work on national innovation work. Chief Inspector Mark James will take over her responsibilities in the Partnership role. His Operations Chief Inspector role is being advertised. Jakki Hardy was thanked for her contributions in supporting the development of the safer neighbourhood service.</p>
10.	Date Time and Venue of Next Meeting
	<p>Wednesday, 9 May 2018 10.00am – 12.00noon Gateway Plaza, Level 4 Boardroom</p>

ACTION SCHEDULE

Actions carried forward from meeting held on 27/11/17

Action 1.1 : Representation from CCG/SWYT and Children's Social Care & Safeguarding – Clarification and representation to be sought by Sharon Pitt

Action 1.2 : Action: 'Fire Station Plus' Joint working - Steve Fletcher to supply details of collaborative events which can be built into the quarterly refresh.

Actions from meeting held on 28/02/18

Action 1.3 : Safer Barnsley Partnership Plan 2018-19 Refresh - Final comments to Shiv Bhurtun by 09/03

Action 1.4 : Inclusion of public meeting in revised TOR for SBP - Shiv to liaise with Cath Erine to join up with the Safeguarding Boards on 10 July and work to open up the Safer Barnsley Partnership Board to the public in 2018/19 and to link this into the launch of the annual plan refresh.

Action 1.5 : Inter-Partnership Joint Working Protocol - Lennie Sahota & Phil Hollingsworth to meet and discuss further

Action 1.6 : Safeguarding & Radicalisation Paper - Ben Finley / Ray Powell to present their views on this document at the next meeting before discussion takes place.

Action 1.7 : Safeguarding & Radicalisation Paper - Phil Hollingsworth to consult re the document at Prevent Silver and bring any feedback to this Board

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Minutes of the meeting held on Wednesday 7 March 2018

Present

Helen Jaggar	Berneslai Homes (Chair)
Phil Parkes	SYHA
David Andy	CAB
Sam Goulding	IDAS
Kevan Riggett-Barrett	BPL
Mark Goodhead	BPL
Anne Simmons	Alzheimers Society
Hannah Bailey	Berneslai Homes (Item 3)
Tracey Leach	BMBC (Item 3)

	ACTION
<p><u>Item 1 – Apologies</u> Apologies were received from Sean Rayner, SWYPFT, Ben Brewis, NHS, Marie Hoyle, CCG, Andrew Peace, Caremark, Jo Clark, CAB, Stephen Gallagher, Barnsley Futures</p>	
<p><u>Item 2 – Minutes of meeting held on 13 December 2017</u> Agreed as an accurate record.</p>	
<p><u>Item 2.1- Matters arising</u></p> <p><u>Early Help Steering Group</u> – PP confirmed that the Early Help promotional video was now available to share with the forum (link below). https://www.barnsley.gov.uk/services/children-families-and-education/early-help-for-families/what-is-early-help/</p> <p><u>Item 7 – Public Health Strategies & Key Priorities of CCG</u> - the forum confirmed they would like to invite the Director of Accountable Care in Barnsley to a future meeting to discuss strategies and priorities and how local providers could feed in. Confirmed they would also like to receive further detail on the review of services for the frail elderly. HJ agreed to arrange for representatives to attend a future meeting.</p>	HJ
<p><u>Item 3 – Dementia Discussion</u> T. Leach, Health & Wellbeing Officer, BMBC and Anne Simmons, Alzheimers Society gave a joint presentation (slides below). This provided a summary of facts/statistical data about dementia in Barnsley together with an overview of the work of the Multi-agency Dementia Group and details of the priorities/targets within the joint Action Plan. TL referenced the training that BMBC staff deliver to care homes on dementia and the various forums hosted giving people the opportunity to have a voice and influence.</p> <p>Attention was drawn to the work currently being undertaken on a new web page attached to dementiacarer.net (link below) which will enable people to access all available information/services in one location. This will be linked to the Live Well Barnsley website which providers felt was particularly useful and of interest.</p>	

[http://www.dementiacarer.net/.](http://www.dementiacarer.net/)

A lengthy discussion took place on available data and existing service provision. Providers highlighted where their organisations are currently registered as Dementia Friends or have Dementia Friends Champions in place. Providers outlined where their organisations have connections with people suffering from dementia and potential linkages that could be made to the services/work currently being undertaken by BMBC. Areas were highlighted where it was felt some providers could have a specific input together with dementia related work that is being undertaken:

- TL/HB to look at opportunity for co-production work with Berneslai Homes volunteer with specialist knowledge on dementia regarding consumer technology for carers.
- Berneslai Homes volunteer with specialist knowledge on dementia to attend the Care Planning Event on 9/3/18 to contribute towards what a Care Plan should look like. TL to forward invite to HB.
- TL to provide further detail of the Herbert Protocol (link below) referenced in discussions. Felt this national scheme being introduced by West Yorkshire Police and other agencies encouraging carers to compile useful information which could be used in the event of a vulnerable person going missing (link enclosed below) was useful for some providers
<https://www.youtube.com/watch?v=0YOWrSsnt2o>
- Providers, where appropriate, to register their service onto the new web page when established and input onto calendar any appropriate events.
- Berneslai Homes introduced mental health workers pilot for 1 year which also identifies people with dementia and have established an organisational Dementia Charter and Action Plan

- Berneslai Homes reviewing list of equipment and adaptations to look if anything specific can be included for people with dementia (under £1,000) which will help them to remain independent at home.
- Providers requested a copy of the Butterfly Scheme form that can be completed for people suffering with dementia or needing memory support. This gives specific information on the person which can assist people with responsibility for their care. TL stated that providers could contact victoria.faxon@nhs.net ,Lead Dementia Nurse Specialist if they wished to raise any specific questions in relation to this.

- BPL relaunched previous GP referral scheme which supports people with variety of conditions therefore KRB to liaise with Alzheimers Society regarding training for BPL staff. KRB/TL to look at linking dementia information onto BPL Health and Wellbeing webpage.

TL/HB

TL

TL

KRB

At the conclusion of the discussion the forum made the following pledges:

- All organisations represented at the forum to be dementia

<p>champions</p> <ul style="list-style-type: none"> • Dementia friends training sessions to be promoted to staff within organisations • Providers with relevant services that can be promoted at the Multi Agency Dementia Group to consider attendance at a future meeting of the Group. • The forum to receive feedback from the Multi Agency Dementia Group at future meetings from Ann Simmons, Alzheimers Society. • Citizens Advice Bureau to highlight any specific services they provide and would wish to raise awareness of. 	
<p><u>Item 4 – Health and Wellbeing Board update 30/1/18</u> HJ reported on the key points from the meeting.</p> <ul style="list-style-type: none"> • HJ provided an update on the Health and Wellbeing Provider Forum. Referenced that the forum was well established, had a core group of regular attendees and welcomed the opportunity to be updated on policy discussions. Speakers invited on specific topics/policies which were of particular interest. The Board recognised that providers needed clarity on a number of initiatives within Barnsley Live Well and Be Well Barnsley. • Accountable Care Partnership now badged as “Barnsley Health and Care Together”. • Integrated Carers Service – looking to commission new service to commence August 2018. Currently out to tender with total contract cost of £240,000 p.a. • Paper tabled on falls prevention, early help and frailty with focus on 2 issues: <ul style="list-style-type: none"> - A new concept has been developed and branded “Back on your Feet in Barnsley”. The Universal Offer will identify opportunities for prevention; increase the number of risk assessments; provide a 1st line treatment; establish a clear pathway - Safe and Well Checks – advised that the pilot to be rolled out by the Fire and Rescue Service has been paused. Noted that some providers were not aware of this therefore HJ agreed to provide further update when available. 	<p>HJ</p>
<p><u>Item 5 – Stronger Communities Partnership</u> PP circulated highlight reports from the meetings of the Anti Poverty, Early Help Children & Families and Early Help Adults Groups held on the 19/2/18 together with the Stronger Communities Service 2017/18 Quarter 3 Narrative Report.</p> <p>PP stated that providers may find the start of each section within the Quarter 3 report of particular interest as this provided outcomes for each of the local areas. The forum raised whether the report provided information on community services provided by BMBC or the Partnership. If Partnership focussed the forum raised how information was being received from other organisations. PP requested that the forum consider the report and provide any feedback/examples directly to him or JT to enable him to feedback to the Stronger Communities Partnership. The forum also raised how it is intended to utilise the document and the wider circulation of this.</p> <p>Key points from the highlight reports were noted as:</p>	<p>All PP</p>

<ul style="list-style-type: none"> • Early Help Adults – attendance moving to largely statutory agencies therefore felt the forum may wish to consider further representation to create connections. Focus on launch of Live Well Barnsley site. Organisations requested to register their details. Shared progress in relation to the Assistive Living Technology Review which is led by BMBC and requested people to monitor and feed into this wherever possible. • Anti Poverty – highlighted work on food poverty and the food voucher scheme where evaluation is currently ongoing. Focus on Universal Credit where continuing to monitor/feedback on local impact of UC roll out. Providers, in particular CAB, highlighted issues they were aware of which are impacting on people due to roll out of UC. Issues highlighted included lack of information, people struggling financially and incurring rent arrears whilst awaiting receipt of UC, IT issues when applying/ administration of UC and responsibility for personal budgeting. Agreed therefore to invite a representative from DWP meeting to attend a future meeting to jointly lead a discussion with CAB representative. HJ to arrange. 	<p>All</p> <p>HJ</p>
<p>Item 6 – Future Agenda Items</p> <p>13 June – Be Well Barnsley Accountable Care Partnership – aims/achievements/ impact on Barnsley – CCG rep. to attend</p> <p>12 September - Universal Credit – Joanne Dearnley, Local Partnership Manager DWP representative (lead) & CAB forum rep. to highlight issues experienced Increasing levels of physical activity – Adam Norris & Julie Tolhurst, Public Health, BMBC</p> <p>12 December – Prevention of falls, frail & elderly</p>	
<p>Item 8 – Date of next meeting – 13 June 2018 at 10.00 at GP</p> <p>Future meetings in 2018 all at 10.00 at Gateway Plaza 12th September & 12th December</p>	
<p>Item 9 – Any Other Business</p> <p>9.1 Kevan Riggett- Barrett informed the meeting that Mark Goodhead would be representing BPL at future meetings of the forum. HJ on behalf of providers thanked Kevan for his attendance and contribution he had made to the forum.</p>	



Stronger Communities Partnership Board
Monday, 19 February 2018 : 14:00 – 16:30
Town Hall, MR2

Minutes

	<p><u>Attendees</u> Cllr Chris Lamb, Elected Member – BMBC (Chair) Wendy Lowder, Executive Director – BMBC Phil Hollingsworth, Communities Service Director – BMBC Garreth Robinson, Public Health – BMBC Lennie Sahota, Social Care & Health (Adults) – BMBC Cllr Jenny Platts, Cabinet Member Communities – BMBC John Marshall – Voluntary Action Barnsley Adrian England – Healthwatch Helen Jagggar, Chief Executive – Berneslai Homes Phil Parkes – H&WBB Provider Forum Gill Stansfield - SWYT</p> <p><u>Apologies</u> Margaret Libreri : BMBC – Service Director (Children) Educ & Early Start Prev Dave Fullen : Berneslai Homes Carrie Abbott : BMBC - Service Director, Public Health Cath Bedford : Barnsley CCG Paul Clifford : BMBC - Head of Service – Economic Generation Tom Smith : BMBC – Head of Employment & Skills Steve Fletcher – South Yorks Fire Service Jade Rose : Barnsley CCG Sean Rayner : SWYT</p>
<p>1.</p>	<p>Apologies and Introductions & minutes of last meeting</p> <p>The Chair welcomed everyone to the meeting and introductions were made. Apologies were received and noted from the above members.</p> <p>Helen Jagggar attended for Dave Fullen – Berneslai Homes Garreth Robinson attended for Carrie Abbott, Public Health – BMBC Gill Stansfield attended for Sean Rayner - SWYT Chris Millington did not attend for Cath Bedford – Barnsley CCG Due to a mix up with the meeting venue, Claire Gilmore did not attend for Margaret Libreri</p> <p>Amendments to 21/11/17 Minutes : P2 Item 2</p>

	<p>Second line change wording to read “Job Centre Plus stated that the process is simple</p> <p>P5 Item 5 Last sentence to read “The Service will run for another 3 years”</p> <p>The only action identified was that members to think about items for the Forward Plan – Ongoing</p>
2.	State of the Borough Briefing
	It was confirmed that this item had been withdrawn.
3.	Stronger Communities Service contribution to All Age Early Help strategy
	<p>Phil brought this report for consideration to the meeting in the absence of Kate Faulkes. Inspiring to see work taking place in the communities which links into an early link agenda. The intention is to make connections stronger with the report coming into this Board quarterly.</p> <p>Qr 3 Narrative report –</p> <ul style="list-style-type: none"> • Details the breadth of work across the Borough bringing people together to benefit residents and communities. • Facilitating community events to take place with volunteer stories pulled out as examples. Environmental examples too. • Identifies the health benefits to volunteers taking part in these events. • St Helens Project – through anti-poverty to promote work with the most deprived children. Feeding children during the school holidays with activities for the children to get people to attend. Over 1,000 meals were provided during the school summer holiday. Children really enjoyed it. This work has been carried on through half terms and Christmas and Feb half term through Ward Alliance funding and will continue. • Other Projects included : <ul style="list-style-type: none"> - Sloppy Slippers – Dearne (Elderly & People with mobility problems) - Reducing Loneliness & Isolation – Goldthorpe • Environmental projects : <ul style="list-style-type: none"> - Litter picks – Darton West & Old Town - Community allotments – multiple benefits in learning how to cook for themselves and health benefits of going to allotments. • Celebration events are held to recognise volunteer work <p>It was suggested that a snapshot of work taking place each quarter would be helpful to give everyone an idea of the work being done.</p> <p>Cllr Lamb expressed his regret that this work hasn’t been recognised earlier and would love to see opportunities identified on a small scale where work can be done jointly with other agencies and volunteers. He thought it would be helpful to get a regular snapshot of things going on so that projects can be embraced.</p> <p>Wendy Lowder agreed that it was helpful to share this information and suggested members should share more widely. Also about how we share</p>

	<p>information on projects undertaken with partners and community groups around the Borough. Feeding projects, such as the one highlighted, could be done all over the Borough not just in St Helens during school holidays</p> <p>Gill Stansfield confirmed SWYT have a breadth of services such as neighbourhood nursing events and communications tracker but could look at what council have got coming up to improve joint working.</p> <p>Helen Jaggar confirmed it was useful to see the work going on in communities and stated that Berneslai Homes were working with Kate Faulkes to ensure efficient communication. Need to identify what would be effective and where. It would be useful to know what the Ward Alliance priorities were.</p> <p>It was agreed that the most important priorities need to be identified jointly, including the police, to develop a systematic response. Also committed dialogue is needed with GPs on a locality basis. Team Leaders' conversations must work collaboratively.</p> <p>Lennie Sahota agreed it was good to see everything going on. It is about how we use the Universal Advice Service to get the information out there and through into the social prescribing service.</p> <p>Phil Parkes confirmed that there are 6 geographical areas with other providers out there plus small providers who need to know about these events.</p> <p>Live Well Barnsley site would be the ideal place to communicate this information but has not had a strong launch. It is important it has a more high profile launch with links to Primary Care so that the service can then be continually developed together.</p> <p>Action: Phil Hollingsworth to feedback comments to Kate Faulkes</p>
<p>4.</p>	<p>Inter-Partnership Joint Working Protocol</p> <p>About 6 months ago Scott Green, Wendy Lowder (SBP Chairs), Bob Dyson (Chair of Safeguarding Boards) and Cllr Lamb (SCP Chair) felt the need to ensure that the 4 Boards were working as a collective whole as it had been recognised that sometimes there are shared objectives. Therefore a document would be created detailing how we would seek to work together across boards and identify interdependencies and network. A network took place last week to look at forward plans.</p> <p>Cllr Lamb confirmed it was essential to agree to identify where we could offer something of value and where individual boards would work.</p> <p>Helen Jaggar asked whether Berneslai Homes could be referenced as a signatory to the partnership – this was agreed.</p> <p>The question was asked whether children transitioning into adult safeguarding should be a separate item. Following discussion it was considered that the wording should be changed but it was not felt that transitions should be a separate item.</p>

	<p>Action: Shiv Bhurtun to have a further discussion with Mel John-Ross regarding the appropriate wording.</p>
<p>5.</p>	<p>All Age Early Help Strategy Annual refresh & Performance Data Planning</p> <p>Following agreement of the priorities in March 2017 and the delivery against the strategic outcomes, through the Early Help Adults, Children and Anti-Poverty delivery groups, it is proposed that the priorities are refreshed annually to more clearly set out specific items that delivery groups are looking at and help agenda setting for future meetings.</p> <p>Action: Delivery Groups to do a refresh for the next Board meeting to give them a clear forward plan plus a matrix so that long term performance measures can be identified. Details of things that are going well and where concerns exist also need to be included.</p> <p>Following discussion it was agreed helpful that issues from JSNA and public health are detailed but different/new issues need to be identified. Amendments needed on flow chart for refresh to be brought back to SCP.</p>
<p>6.</p>	<p>Delivery Group Highlight Reports</p> <p>6a Early Help Adults</p> <p>The template has been simplified to concentrate on key achievements and future actions.</p> <ul style="list-style-type: none"> • Recognised Barnsley and Doncaster have social prescribing in place which will help. • Live Well Barnsley – there is work to do re a more high profile launch. • Carers Resource Service has gone out to tender and the offer for Barnsley will be brought back to this meeting. • Assisted Living (BIL) Hub - work is progressing according to the plan. • Transitions – How can we identify support to replace current format. Discussion to take place to explore issues/solutions. Lennie Sahota asked that Children’s Services be involved in any discussion. • Acute Frailty Network – being worked on by partners • Social Action bid with Age Concern – outcome awaited <p>Assisted Living Review – Wendy confirmed it was helpful to have a procurement report to confirm the growing requirement for intermediate care. However, the budget is not growing in line with requirements in respect of children coming through to young people and adults. Need to work collaboratively to sort out pathways more efficiently. OT is a separate piece of work and lack of Therapists is an issue.</p> <p>6b Early Help Children</p> <p>Due to a mix up with the meeting venue, Claire Gilmore had not attended for Margaret Libreri so no verbal update was available but a report had been submitted which confirmed the following future actions :</p> <ul style="list-style-type: none"> • Multi agency audits into school readiness, quality of early help assessments and active plans. • Neglect Graded Care Profile tool to be launched in Family Centres

	<ul style="list-style-type: none"> • Launch of media campaign focusing on school attendance and punctuality. <p>6c Anti Poverty</p> <ul style="list-style-type: none"> • First meeting of Food Access steering group has taken place • Barnsley Advice Network (BAN) has been re-established • Formal evaluation will be done re Universal Credit – over 200 referrals received in this period. • Action Plan has been refreshed with themes which are pertinent at the time and good work continuing. <p>Wendy confirmed she had had a discussion with Pam Warhurst from Incredible Edible which is a growing network of people that help communities. Could work with Pam and bring together interested parties to understand what is going on, introduce a food strategy and neighbourhood services review around what Incredible Edible are doing. Pam is coming to Barnsley for a meeting on 25 April when more info will be available.</p> <p>Adrian England agreed it was important to educate children and young people and push schools to provide information on healthy eating etc. There should be strategies in place in academies to encourage young people to eat properly – can we have any influence on this?</p> <p>Cllr Lamb confirmed that the Leader of the Council has stressed the importance of focussing much of our preventative activity on young children to educate them re healthy food and living.</p>
7.	<p>Forward Plan</p> <p>Apologies noted for this not going out in advance. At the last meeting members were asked for any items. No response was received so items have been identified from a delivery group view :</p> <p>21 May 2018</p> <ul style="list-style-type: none"> • 2 Year Old Progress Check – Lisa Bosson & Alison Addy • All Age Early Help Annual Plan – Shiv Bhurtun • Town Spirit – Phil Hollingsworth <p>20 August 2018</p> <ul style="list-style-type: none"> • Barnsley Brand and My Local Pantry – Andrea Hoyland & Gary Stott <p>26 Nov 2018</p> <ul style="list-style-type: none"> • Early Help for Families – Nina Sleight & Margaret Libreri • Early Help for Young People – Nina Sleight & Margaret Libreri • Carer’s Resource Centre Offer – Provider (once known) <p>Annual Plan refresh will help to populate this further. Cllr Lamb reiterated his request for items.</p> <p>Action: Any items should be forwarded to saferb-strongerc@barnsley.gov.uk</p>

	Wendy Lowder reported that Diane Lee is doing a piece of work around improvement of the approach to mental health re Prevention and Early Help. Diane's work will go to SSDG.
8.	Any Other Business
	No further business was identified.
9.	Date & Time of Next Meeting
	Monday, 21 May 2018 : 14:00 – 16:30 Gateway Plaza Level 4 Boardroom
	Action Schedule
	<p>Action carried forward from 15/08/2017 Item 4a) Margaret Libreri to identify representative from Schools Alliance – carried forward to 21/05 meeting</p> <p>Actions identified from 19/02/2018 Item 3) Phil Hollingsworth to feed back comments re All Age Early Help to Kate Faulkes</p> <p>Item 4) Further discussion needed with Mel John-Ross as to wording re Transitions on the Inter Partnership Joint Working Protocol</p> <p>Item 5) All Age Early Help Strategy Annual refresh & Performance Data Planning - Delivery Groups to do a refresh for the next Board meeting to give a clear forward plan plus a matrix so that long term performance measures can be identified. Details of things that are going well and where concerns exist also need to be included.</p> <p>Item 7) Forward Plan – Members to identify items for the Forward Plan.</p>

Briefing for Health & Well Being Boards

Yorkshire & Humber Local Health and Care Record Exemplar bid

One Vision – One Voice

NHS England recently invited regions across the country to bid to become a Local Health and Care Record exemplar site. Over the last few weeks, a collaboration of NHS, care and local government organisations in Yorkshire and Humber has worked to put together a strong bid and this has now been submitted to NHS England.

The bid sets out our combined ambition to create a Yorkshire and Humber Care Record (YHCR) and a Patient Held Record (PHR). Our aim is to build an information sharing environment that helps health and care services continually improve the treatments we use, ensures that care is tailored to the needs of each individual and empowers people to look after themselves better and make informed choices about their own health and care.

Our programme will:

- Ensure all health and care professionals involved in a person's care have real time access to a comprehensive care record when and where they need it
- Empower citizens and carers to manage their own care by giving them access to their own healthcare records
- Provide a rich, secure information base of de-personalised and anonymous information to support research into conditions, the development of new treatments and improved and innovative pathways for care and prevention
- Provide an insight into general population health issues and supporting better management of health and care resources
- Enables delivery of the 'left shift' towards early intervention, prevention and community based approaches

These principles are at the heart of Joint Health & Well Being Strategies and this initiative will be of particular interest to members of Health & Well Being Boards.

For a more detailed background to the bid and YHCR, please see the following pages where we have attempted to answer some of the common questions raised during the work done to date.

Seven collaborations across the country have been invited to bid for LHCRE status, of which five will be chosen as pilot sites. Each LHCRE will receive grant funding of £7.5m, which will need to be matched with local investment and support. NHS England is expected to announce the winning bids in mid-May 2018.

What are Local Health and Care Records?

Local Health and Care Records are programmes of work that aim to interconnect the record systems of different NHS and partner organisations and share information safely and securely.

They will align to a recognised locality defined by factors such as major patient flows and existing collaborative organisational arrangements. The size of the population covered by a Local Health and Care Record will vary. Many existing shared care record initiatives cover populations in the order of 1m-3m but it is envisaged that future Local Health and Care Record solutions may cover populations in the order of 2m-5m

While different localities may implement solutions from different suppliers, the aim of this initiative is to ensure that there are common consistent national standards – technical, clinical, cybersecurity and information governance – that enable information to be shared between Local Health and Care Record solutions.

Why is this important?

Safe and effective use of information protects people when they are most vulnerable. Joining up IT systems so that doctors, nurses and other care professionals can see vital information about your health and care history immediately means they can determine the right treatment, or escalate you to the right specialist, as quickly as possible.

How will the Yorkshire and Humber Care Record be delivered?

A Yorkshire & Humber Care Record (YHCR) will build on established digital solutions delivered within Yorkshire and Humber over the last 10 years. It will respect and enhance exemplar implementations of Lorenzo in Hull and Sheffield and Cerner in Bradford, Calderdale and Huddersfield and a strong regional implementation of SystmOne and EMIS in primary care across the whole region. It will be delivered through a programme of development to ensure information within agreed, clear standardised models, flows between different information systems ensuring clinicians can use their local systems of choice to benefit from the shared data.

Yorkshire and Humber's priorities are closely aligned in developing New Models of Care to transform cancer, urgent & emergency care, mental health, maternity, primary and community care to achieve the aims of the Five Year Forward View. 80 organisations have united as the Yorkshire and Humber Collaborative (YHC), with a commitment to build on proven regional exemplars to deliver truly integrated care for our 5.4m population.

YHC recognises the work its partners have put into record sharing via local solutions and national primary care/community systems. We will build upon this through integration, supporting the move to place-based care within each locality, without disrupting those delivering care.

What will this mean for citizens/patients?

We know that people expect their information to be available to the health and care professionals that they are involved with and find it frustrating to keep answering the same questions when dealing with different care providers. By making information more easily available, we will reduce the number of times that people are asked the same questions and ensure that health and care professionals have ready access to information at the right time and in the right place.

We also want to empower patients to be active participants in their own care through the adoption of person held records (PHRs). Building on a £1.8M investment in the Helm PHR, we will work with NHS Digital to deliver secure access to key elements of the care record including problems/diagnoses, medication/allergies and key information on community-based support. This will empower patients to contribute to their health record both actively, through digital interaction, and passively, capturing data from medical and consumer devices. Through the open platform approach and established innovation hubs across the region, we will engage the wider market to develop new capabilities/innovations to address citizen needs.

What will this mean for care professionals?

As well as the inconvenience for individuals, there is also a serious safety issue associated with not sharing information, as having access to information from other parts of the health and care system helps inform professionals when they are discussing treatments with individuals and their carers.

The best information is captured at the point of care in systems that support the professional's workflow. Open platforms will allow high quality information to be shared securely in real time, supporting multi-professional teams working in New Models of Care. This will improve safety and efficiency around transfers of care, support hospital avoidance, shorter lengths of stay and quicker discharge.

We will ensure that the YHCR improves the quality of care offered to our patients, by delivering new models of care via effective use of digital solutions. We will extend the benefits of this approach across the depth and breadth of health and social care, initially we will focus on two key clinical exemplars (cancer, urgent and unplanned care). With cancer we will aim to deliver enhanced access to diagnostic services through region-wide electronic referrals, enhanced communication between all members of the complex care teams required, new models of follow-up for patients on active treatment and most importantly for cancer survivors in long-term follow-up. In urgent and unplanned care, we will ensure that access to high quality information allows clinicians to place patients in the most appropriate service for the delivery of high-quality, cost-effective care.

How will this improve population health?

We will extend linked datasets to the entire Yorkshire & Humber population, supporting the triple aim of improving health, care and cost-efficiency, and targeting health inequalities. We will extend coverage of IG-approved (Leeds Data Model) data flows for three distinct purposes: Research-ready, Commissioning (Population Health Management), and Operational (Direct Care real time). As well as providing a richer dataset we will simplify and standardise capability to avoid cost and duplicated effort.

Improving knowledge about our population and linking these records with our understanding about new treatments, community services and 'extended primary care' models will enable us to intervene earlier with at-risk groups to prevent disease. It will also enable us to work more creatively in the poorest area and pilot/develop new interventions that seek to narrow the outcome gap between vulnerable groups and the wider population. Ultimately, it will help us meet our objectives to reduce premature mortality and increase the time people live free of disease.

Why is the YHCR different to existing shared care records?

We recognise the work partners have put into record sharing via local solutions and national primary care/community systems. We will build upon this through integration, supporting the move to place-based care within each locality, without disrupting those delivering care.

The level and maturity of system integration varies across Yorkshire and Humber. There are pockets of excellence e.g. Rotherham and Leeds, where whole system integration including third sector is mature and embedded (1.25m+ population), and there are areas where integration is limited. We will take the learning and best practice from our exemplars and adopt and extend these across Yorkshire and Humber.

We are already supporting the national development of digital discharge standards between health and social care which will be adopted across Yorkshire and Humber. The Rotherham Health Record team has secured funding from NHS Digital to develop this connectivity with Liquid Logic, which is used by 80 per cent of Yorkshire and Humber local authorities.

We recognise the need to better support multi-agency treatment areas e.g. maternity, mental health, stroke care, and people with long term conditions in community settings. A YHCR will provide an integrated record supporting a holistic approach to multi-agency care and ensuring citizens only have to tell their story once.

The PHR will be adopted across Yorkshire and Humber. It will develop the capability for citizens to register and authenticate to securely access and contribute information to their health and care record. It will also provide the opportunity for citizens to access and utilise trusted and validated directories of services, psychoeducational material and digital tools to optimise their recovery, improve their wellbeing and enable them to source 'self-help' information. There is a vibrant and growing Yorkshire and Humber digital health and care ecosystem, which will develop many new capabilities to address the varied use cases of individuals/groups.

Additionally, we will grow established informatics international exemplars, including Born in Bradford, the secure "Data Ark" and the Connected Health Cities Programme (Leeds, Sheffield, Bradford, York).

Who is involved/leading this?

We set up a small core team (representatives listed below) with regional and organisational representation from across primary, secondary, mental health, social care etc. to progress the bid. Chief Executives from both the Sustainability and Transformation Partnerships and the Integrated Care System within the Yorkshire and Humber region also signed an initial "Charter for Collaborative Success" further endorsing the strength of the Yorkshire and Humber bid.

Members of the Yorkshire & Humber Care Record Delivery Board:

Lee Rickles Programme Director
Dylan Roberts CDIO Place Based Lead
Neil Bartram Local Authority Lead
Richard Corbridge CDIO LTHT
John Mitchell CIO HCV STP
Dex Hannon Health Watch - Citizen Lead
Nicola Haywood-Alexander - SYB ISC
Alastair Cartwright Informatics Programme Director WYH STP
Cindy Fedell BTHT Architecture Lead
Dr Neville Young Y&HAHSN Research Lead
Dr Paul Rice PhD NHS England
Esme Crabtree Comms Lead
Mandy Griffin Technical Lead

Ola Zahran Urgent Care Lead
Louise Whitworth/Barry Jackson IG lead
Lilly Dobson CCIO HCV
Richard Cullan CCIO SYB ISC
Geoff Hall CCIO LTHT and Cancer lead
Dr Jason I Broch CCIO WYH STP
Nicola Haywood-Alexander Citizen Lead and SYB ISC
Richard Cullan CCIO SYB ISC
Dr Jason I Broch CCIO WYH STP
Alastair Cartwright CIO WYH STP

The Senior Responsible Owner is responsible for establishing membership of the Yorkshire and the Humber Care Record Delivery Board.

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Humber, Coast and Vale STP, West Yorkshire and Harrogate STP and South Yorkshire and Bassetlaw ICS - Local Health & Care Record Exemplars

A Charter for Collaborative Success

The Y&H region has been invited to bid for central funding worth £7.5M over 2 years, to become one of only five national places to become an NHS-E "Local Health and Care Record Exemplar" (LHCRE). Being invited is a significant step and an important pre-cursor to ultimately becoming a Digital Innovation Hub (DIH).

The aim of the LHCRE programme is to create regional information sharing environments that will help our health and care services continually improve the treatments we use, ensure that care is tailored to the needs of each individual and can empower people to look after themselves better and make informed choices about their own health and care.

Each regional LHCRE will look to build on local solutions already in place to create a more joined up and holistic regional health and care information capability. The requirement will be for all of our NHS and Social Care organisations to contribute to this ambition.

We have recently set up a small core team with regional and organisational representation from across primary, secondary, mental health, social care etc. to help progress the bid. The timescale for submission of our initial bid response is challenging and the deadline is 25 April 2018.

Working together cohesively across the region will be a critical consideration in the bid assessment process and so this 'charter' sets out a minimal set of core principles that as an executive leader in one of our collective organisations, we are asking you to underwrite to help ensure a successful bid. Please note, if we are successful, we will develop a more comprehensive 'Memorandum of Agreement' to underpin the associated development and change programme. These principles are:

1. That Humber, Coast and Vale STP is prepared to support the Y&H bid and make reasonable endeavours to ensure success if the Y&H region becomes one of the five regions invited to develop a LHCRE.
2. That within the bounds of legal compliance, appropriate information governance and security, citizen/patient and clinical/practitioner safety, your organisation will commit to sharing the necessary information required to ensure that citizen/patient and clinical/practitioner benefits of a regional LHCRE are maximised.
3. That where Humber, Coast and Vale STP is working on an existing related project or plans to work on a related project or is expending clinical/practitioner effort on a related initiative or plans to expend effort, then you will be agreeable in principle to counting this towards our requirement to match fund the £7.5M.
4. That Humber, Coast and Vale STP is prepared to contribute in principle to any governance arrangements constituted in order to deliver the programme successfully.
5. That Humber, Coast and Vale STP subject to discussion and agreement may in principle commit resources (paid or otherwise) to help deliver the programme successfully.

Name Chris Long.....

Signature:



Position: Chief Executive Officer

Date: 17 April 2018.....

Humber, Coast and Vale STP, West Yorkshire and Harrogate STP and South Yorkshire and Bassetlaw ICS - Local Health & Care Record Exemplars

A Charter for Collaborative Success

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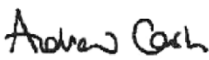
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1. That South Yorkshire and Bassetlaw ICS is prepared to support the Y&H bid and make reasonable endeavours to ensure success if the Y&H region becomes one of the five regions invited to develop a LHCRE.
2. That within the bounds of legal compliance, appropriate information governance and security, citizen/patient and clinical/practitioner safety, your organisation will commit to sharing the necessary information required to ensure that citizen/patient and clinical/practitioner benefits of a regional LHCRE are maximised.
3. That South Yorkshire and Bassetlaw ICS is working on an existing related project or plans to work on a related project or is expending clinical/practitioner effort on a related initiative or plans to expend effort, then you will be agreeable in principle to counting this towards our requirement to match fund the £7.5M.
4. That South Yorkshire and Bassetlaw ICS is prepared to contribute in principle to any governance arrangements constituted in order to deliver the programme successfully.
5. That South Yorkshire and Bassetlaw ICS subject to discussion and agreement may in principle commit resources (paid or otherwise) to help deliver the programme successfully.

Name: Sir Andrew Cash

Signature: 

Position: South Yorkshire and Bassetlaw Shadow Integrated Care System Lead

Date: 24/4/18

Humber, Coast and Vale STP, West Yorkshire and Harrogate Health and Care Partnership and South Yorkshire and Bassetlaw ICS - Local Health & Care Record Exemplars

A Charter for Collaborative Success

The Y&H region has been invited to bid for central funding worth £7.5M over 2 years, to become one of only five national places to become an NHS-E "Local Health and Care Record Exemplar" (LHCRE). Being invited is a significant step and an important pre-cursor to ultimately becoming a Digital Innovation Hub (DIH).

The aim of the LHCRE programme is to create regional information sharing environments that will help our health and care services continually improve the treatments we use, ensure that care is tailored to the needs of each individual and can empower people to look after themselves better and make informed choices about their own health and care.

Each regional LHCRE will look to build on local solutions already in place to create a more joined up and holistic regional health and care information capability. The requirement will be for all of our NHS and Social Care organisations to contribute to this ambition.

We have recently set up a small core team with regional and organisational representation from across primary, secondary, mental health, social care etc. to help progress the bid. The timescale for submission of our initial bid response is challenging and the deadline is 25 April 2018.

Working together cohesively across the region will be a critical consideration in the bid assessment process and so this 'charter' sets out a minimal set of core principles that as an executive leader in one of our collective organisations, we are asking you to underwrite to help ensure a successful bid. Please note, if we are successful, we will develop a more comprehensive 'Memorandum of Agreement' to underpin the associated development and change programme. These principles are:

1. That the West Yorkshire and Harrogate Health and Care Partnership is prepared to support the Y&H bid and make reasonable endeavours to ensure success if the Y&H region becomes one of the five regions invited to develop a LHCRE.
2. That within the bounds of legal compliance, appropriate information governance and security, citizen/patient and clinical/practitioner safety, the West Yorkshire and Harrogate Health and Care Partnership will work with their member organisations to encourage the sharing of the necessary information required to ensure that citizen/patient and clinical/practitioner benefits of a regional LHCRE are maximised.
3. That where the West Yorkshire and Harrogate Health and Care Partnership or one of its member organisations is working on an existing related project or plans to work on a related project or is expending clinical/practitioner effort on a related initiative or plans to expend effort, then you will be agreeable in principle to counting this towards our requirement to match fund the £7.5M.
4. That the West Yorkshire and Harrogate Health and Care Partnership is prepared to contribute in principle to any governance arrangements constituted in order to deliver the programme successfully.
5. That the West Yorkshire and Harrogate Health and Care Partnership, subject to discussion and agreement may in principle commit resources (paid or otherwise) to help deliver the programme successfully.

Name Rob Webster Signature 

Position Chief Executive Date 23.04.18

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I want to provide my endorsement and commitment on behalf of XXXXX to the Yorkshire and Humber Health and Social Care Record (YHCR) and the Local Health and Care Record Exemplar (LHCRE) bid that will help make it happen. This builds on the commitment we have already demonstrated through each STP Chief Executive signing up to our LHCRE Charter which was included in our bid documentation.

Integrated care across our places and the "left shift" that is required involving patients and citizens in their own health and wellbeing is a shared ambition across the region that this project will help to enable.

We recognise pockets of excellence and maturity in different parts of the region, e.g. Leeds, Rotherham and Sheffield and we are committed to extend and integrate these capabilities in terms of people, process, clinical practice and technology across our places.

It is a great credit to the partnership created across the geography that elements of the bid response are now being developed ready for delivery in particularly the Helm Person Held Record.

This new funding and the additional support afforded through LHCRE areas will provide the necessary regional capacity and capability to standardise and reuse the capabilities and work already done across the region. This will involve working with our health and care professionals to apply these capabilities into the different local contexts whilst at the same time creating the integrated YHCR. The impact on citizens throughout Yorkshire and the Humber will be significant and against a timeline that will see benefit to those people who need it most.

The region is committed to working as one in this endeavour and we will collectively be holding the team to account for its delivery. This is a key enabler to Yorkshire and Humber being the best place to receive care and support and due to what will be the creation of a combined longitudinal normalised record for up to 5.4m people it provides the potential to become a global centre of excellence for clinical research.

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REPORT TO THE HEALTH & WELLBEING BOARD

5th JUNE 2018

HEALTH PROTECTION

Report Sponsor: Julia Burrows
Report Author: Rebecca Clarke
Received by SSDG: 14th May 2018
Date of Report: 18th May 2018

1. Purpose of Report

1.1 This report outlines the role and scope health protection work being undertaken in Barnsley. It also describes the system where a range of organisations have responsibility to respond to threats to the health of the population.

2. Recommendations

2.1. Health and Wellbeing Board members are asked to:-

1. Note the system around health protection and the need for organisations to cooperate to contribute to health protection work.
2. To agree the Health Protection Board minutes be received by the Health and Wellbeing Board by exception along with an annual update on the Boards activity to provide assurance that the health of the residents of Barnsley is being protected in a proactive and effective way.

3. Introduction/ Background

3.1 Health Protection includes activities intended to protect individuals, groups and populations from infectious diseases and environmental hazards. This work includes preparing for and responding to public health emergencies, for example pandemic flu. Health Protection operates across a wide range of organisations responsible for specific components. Achieving success in health protection relies on strong working relationships at a local level.

3.2 The scope of the health protection work for the population of Barnsley (whether resident, working or visiting) is as follows;

- Vaccine preventable diseases and Immunisation programmes
- National screening programmes
- Infection, Prevention and Control including Health Care Associated Infections (HCAIs)
- Communicable disease control including Tuberculosis (TB), blood borne viruses, gastro-intestinal infections (GI) and seasonal influenza
- Public Health aspects of emergency planning and preparedness (including severe weather, pandemic influenza)
- Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety

- Sexually Transmitted Infections including HIV and Hepatitis
- Substance Misuse and blood borne viruses

3.3. A well-functioning health protection system means that the people of Barnsley are, as far as possible, protected from risk of harm from environmental hazards or infectious diseases. This will mean that prevention, preparation, reactive work and enforcement will be effective in reducing risk of harm.

4. Responsibilities of organisations across Barnsley

4.1. Health protection operates across the system where a range of organisations have responsibility to respond to threats to the health of the population. This has potential to increase the risk of lack of communication, coordination, leadership or governance of health protection. Figure 1 outlines the organisation and individual health protection responsibilities.

Figure 1: Organisation and individual health protection responsibilities

Public Health England	Provides advice to protect and improve the nation’s health and wellbeing, for example, vaccination and immunisation, advice and support on prevention and control of communicable diseases and management of outbreaks.
Barnsley Council	<p>Delivers a range of health protection functions including: environmental health regulation and enforcement, and providing support to the public and businesses about adherence to law and codes of practice in relation to areas such as health and safety, food standards and animal health. A number of these roles relate to statutory responsibilities. These Regulatory Services functions (trading standards, food hygiene and safety, animal health and pollution control) will transfer to Public Health from 1st August 2018.</p> <p>Barnsley Council also provides and commissions and services which provide health protection and health promotion including sexual health services and the public health nursing service.</p> <p>Barnsley Clinical Commissioning Group (BCCG) and Barnsley Metropolitan Borough Council (BMBC) are working together to provide a Community Infection Prevention and Control Commissioning Advisory Service. The aim service is to prevent infections through provision of comprehensive high quality evidence-based infection control support in the community.</p>
Director of Public Health	Statutory duty under the Health and Social Care Act 2012 and associated regulations, to provide information and

	<p>advice to relevant organisations and to the public and has an oversight function to ensure that all parties discharge their roles effectively for the protection of the local population.</p>
NHS England (NHSE)	<p>Oversees Quality and Patient Safety of Barnsley CCG, including Health Care Acquired Infections (HCAIs) such as MRSA and Clostridium difficile.</p> <p>NHSE also is responsible for the co-ordination and support for the Local Health Resilience Partnership (LHRP), which along with preparedness, co-ordinates any NHS multi-agency response to an emergency</p> <p>Responsible for the commissioning of immunisation and screening services as well as specialised commissioning including HIV treatment services.</p>
Barnsley Clinical Commissioning Group	<p>Works with GP practices across Barnsley, commissions treatment services from providers, and holds community and acute healthcare providers to account for HCAIs.</p> <p>Joint commissioner for Community Infection Prevention and Control Commissioning Advisory Service with Barnsley Council.</p> <p>The CCG will support NHS England in:-</p> <ul style="list-style-type: none"> • the coordination of their local health economy. • discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents.
NHS organisations including GP practices, Barnsley District General Hospital and South West Yorkshire Partnership Foundation Trust	<p>Provide services that provide health promotion, and prevent and treat disease including: preventing and treating sexually transmitted infection; delivering immunisation programmes in schools; carrying out antenatal screening; and primary care delivering immunisations and treatment for infectious diseases.</p> <p>Reduce the risk of HCAIs through promotion of good infection prevention and control practices lead by Directors of Infection Prevention and Control.</p>
South Yorkshire Police (SYP) and South Yorkshire Fire and Rescue (SYFR)	<p>Work closely with partners on preparedness and respond to any emergencies and major incidents.</p>
Businesses,	<p>May be involved in health protection work through, for</p>

workplaces, schools and the voluntary sector	example, providing information and support to staff in the event of outbreaks, applying for permits to regulate against environmental hazards, vaccinations delivered through occupational health departments, and implementation of infection prevention and control policies in schools.
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5. What assurance mechanisms are in place to monitor and address health protection risks?

- 5.1 The Barnsley Health Protection Board chaired by the Director of Public Health meets on a quarterly basis includes a range of stakeholders outlined in Figure 1 to assess and make recommendations about work to mitigate risks to health. The purpose of the Health Protection Board is to provide assurance on behalf of the population of Barnsley that there are safe, effective and well-tested plans in place to protect the health of the population.
- 5.2 The Health Protection Board has made considerable progress over the year. Board members continually look for opportunities of inter-disciplinary and multi-agency joint working which will bring system wide improvements and improved outcomes for the population.
- 5.3 The Health Protection Board and partners remain vigilant, ensuring continuous surveillance and that multi-agency plans are fit for purpose to control any future incidents/outbreaks effectively. In the event of an outbreak, Barnsley Council and partner agencies will continue to work together to investigate the situation and put in place measures to protect the public's health.
- 5.4 The Health Protection Board's terms of reference are included in Appendix 1 for information.

Officer: Rebecca Clarke

Contact: rebeccaclarke@barnsley.gov.uk

Date: 18th May 2018

Barnsley Health Protection Board

Terms of Reference

Vision

The Health and Social Care Act 2012 placed a duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health in the local authority. The Barnsley Health and Wellbeing Board is the forum that was formerly established from 1st April 2013 to receive assurance on local strategies and plans to improve and protect the health of the population.

The Health Protection Board (HPB) is a sub-committee of the Barnsley Health and Wellbeing Board. It has responsibility to provide assurance that local health protection arrangements are effective. The HPB will escalate risk and progress in minimising threats to the health of the population to the Barnsley Health and Wellbeing Board. The HPB will take a system wide overview of stakeholders contributing to health protection in Barnsley and provide a whole system overview.

Purpose

- **Prevention:** There is a system in place to assure that appropriate preventative actions are being taken to protect the health of the population, based on identification of risks and assurance mechanisms put in place. These actions cover areas related to control and prevention of communicable diseases, including immunisation and vaccination, and screening. Assurance shall be received via minutes of meetings, reports/plans of various committees overseeing specific areas of work related to health protection.
- **Incidents and Outbreaks:** There is a system in place to assure that there are effective arrangements for dealing with health protection incidents and outbreaks with key risks identified and appropriate mitigation measures undertaken.
- **Surveillance:** There is an effective system for surveillance of diseases that pose a threat to the population, identifying key hazards and actions required for escalation, including Health Protection concerns from neighbouring areas.
- **Emergency Preparedness Response and Resilience:** Assurance to the HPB that there is a system in place to assure that there are adequate plans and preparedness in place to respond to major emergencies to protect the health of the population, with risks identified and a robust action plan to mitigate the risks.

Wider Relationships

- **The South Yorkshire Local Resilience Forum** is responsible for ensuring the health response to any major incidents, in partnership with the Public Health response. The HPB will have a relationship with South Yorkshire LRP regarding the relevant Emergency Planning risks for Barnsley.
- **Safeguarding Adults Board (SAB):** There are local multi-agency arrangements in place to manage the safeguarding of infection control through the HPB and individual agency arrangements/structures. There are appropriate SAB representatives that are

involved in the work of health protection and its governance structures and to avoid duplication of effort and resource the SAB will be advised of strategic matters relevant to the protection of vulnerable adults. Public Health representative will present an annual report to the SAB on the work of the HPB and any matters relevant to the SAB by exception.

- **Barnsley Safeguarding Children Board (BSCB)** comprises of representatives from a range of statutory partners, whose role is to promote the safeguarding and wellbeing of local children, young people and families in Barnsley. The independently chaired BSCB provides a forum to hold partners to account and test effectiveness of multi agency working to safeguard children.
- **Public Health England (PHE)** is accountable for the prevention, surveillance and management of infections in the local working community with a variety of partners to ensure effective response.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

Scope

The scope of the HPB is to minimise local hazards to human health and to gain assurance that any threats are appropriately mitigated, therefore, the Board will receive risks that:

- relates to more than one organisation;
- is a concern only to one organisation but other organisations need to be informed;
- is a population concern either by volume and/or severity.

Functions

The function of the HPB is:

- to gain assurance that systems are fit for purpose in managing the interdependencies between organisations and programmes which have responsibility for providing health protection functions in Barnsley.
- to gain assurance that effective health protection data is obtained, assessed, and used appropriately so that appropriate action can be taken where necessary.
- to identify priorities for effective partnership working.
- to contribute to the Barnsley Health and Wellbeing Board annual report.
- to lead the Pandemic Influenza Planning and Response Group.

Reporting Processes

To the Health and Wellbeing Board in respect of risk escalation.

Core Membership

- Chair - Director of Public Health, BMBC
- Deputy Chair – Chief Nurse, NHS Barnsley Clinical Commissioning Group
- Service Director Public Health - Health Protection Lead, BMBC
- Public Health Principal – Health Protection, BMBC
- Head of Quality for Primary Care Commissioning, NHS Barnsley Clinical Commissioning Group
- PHE representative
- Emergency planning lead, BMBC
- Primary Care representative
- Environmental health leads
- NHS England, Yorkshire and The Humber Team

- Major providers of health and social care services in Barnsley Directors of Infection Prevention and Control
- Berneslai Homes representative

It is expected that core members will attend all meetings and representation will be from Executive Director level or equivalent where appropriate. Where they cannot, an appropriately competent deputy, with the relevant skills and delegated authority, should attend in their place.

Attendance of core members to Board meetings will be monitored and reported in the annual reports of the Board.

Co-opted attendees

As required for specific areas of work.

Quoracy

- Chair - Director of Public Health, BMBC
- Deputy Chair – Chief Nurse, NHS Barnsley Clinical Commissioning Group
- PHE representative
- At least one of the major providers of health care

Frequency of meetings

- Quarterly as a minimum and by exception as required.

Administration

The administration for the HPB will be provided by BMBC Public Health.

Practical Operation

Routine work identifies vulnerabilities, threats and how these can be mitigated. This is generally monitored through existing systems both in individual organisations and jointly e.g. LRF for emergency planning. Duplication of entries on existing systems is not required. For purposes of the Board, the focus is to highlight risks where there is an issue (often not being addressed) and other action by partners on Board (either individually or in partnership), is needed. Impact refers to impact on both population and /or organisational finance/reputation.

Review

The terms of reference for the HPB will be reviewed on a 12 monthly basis or as and when required

Review Date

July 2018

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REPORT TO THE HEALTH AND WELLBEING BOARD**Access to Primary Care in Barnsley**

Report Sponsor: Dr Nick Balac
Chair, Barnsley CCG
Report Author: Lynne Richards, Primary Care
Commissioning Manager
Received by SSDG:
Date of Report:

1. Purpose of Report

1.1 The purpose of this report is to provide an overview of access arrangements to primary medical care in Barnsley.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the contents of this report and the access arrangements for Primary Care in Barnsley.

3. Introduction

In November 2015 an issue was highlighted by Councillor Gollick, on behalf of people living in the Dearne, which detailed that people were struggling to access their General Practice. Healthwatch Barnsley published a report in 2016 which had been developed following engagement with patients and service providers in the Dearne on the above issue. The purpose of this report is to highlight what initiatives Barnsley CCG has implemented to improve access overall to General Practice.

NHS Barnsley Clinical Commissioning Group represents 33 Member GP practices and over 250,000 patients. We have responsibility for commissioning healthcare for the population of Barnsley which includes delegated commissioning for Primary Medical Services.

Public satisfaction with general practice remains high overall, but in recent years patients have increasingly reported, through the [GP Patient Survey](#), more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice. Historically, access to General Practice has been defined on how long it takes to get an appointment with a GP but General Practice and General Practice access is much wider than just GP appointments. In line with

General Practice Forward View, General Practice has changed to incorporate a wider range of healthcare professionals to meet the needs of the patient population through new roles and additional staff training. Barnsley CCG recognises that good access is not just about getting an appointment when a patient needs it. It is also about access to the right person, providing the right care, in the right place at the right time.

Barnsley CCG and its 33 Member GP practices have implemented a number of initiatives to ensure all registered Barnsley patients have good access to Primary Care at the right time, an overview of the initiatives is provided in this paper.

3.1 Core contract

The Core Contract is the main contract held with GP practices and comes in the form of three contract types; General Medical Services, Personal Medical Services and Alternative Provider Medical Services. All of the three contract types have within them the same arrangements for core hours summarised as 'The practice is to provide essential primary medical services between 8:00 and 18:30 Monday to Friday'.

This means that the practice retains responsibility for ensuring that the care provided during core hours is appropriate to meet the reasonable needs of its patients and that all practices should be open for routine appointments during core hours.

GP practices are required to make an annual e-Declaration that they are compliant with their core contract and core hours and the CCG is currently undertaking a mapping exercise, based on practices December 2017 Annual Contract e-declaration to identify if all practices are meeting the core contract requirement.

3.2 GP Patient Survey – comparison

The GP Patient Survey is an annual independent survey run by Ipsos MORI on behalf of NHS England. The GP Patient Survey is designed to give patients the opportunity to feed back about their experiences of their GP surgery and is sent out each year in January.

The survey results for 2017 were published in July 2017 and are included at Appendix 2. Although the results of the survey are already publically available, the CCG has undertaken an analysis to compare the results from the survey from 2016 to 2017.

The results of the survey have been shared with GP practices and where there are recurrent themes, these have been discussed directly with individual practices. The information has been presented in a locality format so that this can also help to gain a picture of access across Barnsley but also to facilitate conversations and strategic planning for access improvements.

The information from the GP Patient Survey is used to support planning and delivery of access initiatives through the CCG's General Practice Forward View plan. The GP Patient Survey Results help practices determine when to open up for extended hours and also feed into the locally commissioned care navigation and capacity and demand training which is described in the sections below in more detail.

3.3 Extended Hours DES

Direct Enhanced Services (DES) are defined as primary medical services other than essential services, additional services or out-of-hours services. Practices have a choice of whether or not to take part in a DES but would usually base this decision on the needs of their patients and by utilising the patient survey results discussed above.

The extended opening hours DES give practices the opportunity to offer more appointments outside of the core contract hours linked to additional payments, this would mean that patients could access appointments before 08.00, after 18.30 or on weekends. The Extended Hours DES supports one of the recommendations from the Healthwatch report which was to 'Consider introducing workers appointments'.

The additional period of the routine appointments provided by the practice must, as a minimum, equate to weekly extended hours access of 30 minutes per 1,000 registered patients. The hours should be set according to the needs and wishes expressed by patients and practices are asked to submit evidence that their extended hours meets the needs and requests of their patients by providing evidence when they sign up to the DES or make a request to change their extended hours. Practices are also asked to consult their Patient Participation Group or Patient Reference Group when agreeing or changing extended opening hours.

In Barnsley 20 practices currently offer the extended hours DES meaning that their practices routinely open up to offer more appointments outside the core hours of 08.00 to 18.30. [NHS Choices](#) details all practices current opening times including Extended Hours.

3.4 Extended Access

The [General Practice Forward View](#) (GPFV) published in April 2016 set out plans to enable Clinical Commissioning Groups (CCGs) to commission and fund additional capacity across England to ensure that by 2020 everyone has improved access to GP services, including sufficient routine appointments at evenings and weekends. Prior to the GPFV, Barnsley CCG and its member practices came together to look at how improved access could be delivered to all Barnsley patients through Primary Care 'at scale'.

All practices came together to submit a bid to the Prime Ministers Challenge fund which received £2.5m to deliver extended access to Primary Care for Barnsley patients and in 2015 the i-HEART Barnsley Service was launched.

i-HEART Barnsley is designed to help patients access same day appointments during the evening and weekends. The service created additional ways for patients to receive medical advice outside of core GP surgery opening times. The service is open for appointment booking and advice between 08.00 – 18:30, Monday to Friday and 09:00 – 13:00 Saturday, Sunday and Bank Holidays. Appointments are available at Woodlands Drive GP Surgery and Chapelfield Medical Centre between 18:00 – 22:00 Monday to Friday and 10:00 to 13:00 Saturday, Sunday and Bank Holidays. Appointments are also available at the Primary Care Centre, Barnsley Hospital between 07:00 – 23:00 Monday to Friday and 09:00 to 23:00 Saturday, Sunday and Bank Holidays.

The i-HEART service pre-dated the General Practice Forward View however funding from the GPFV set out the funding trajectory for this work to continue ensuring that all patients could continue to receive extended access to Primary Care outside core hours.

NHS England set a national target to ensure that 100% of registered patients had access to extended primary care services by 2020 and this was achieved in Barnsley in 2015, 5 years before the nationally agreed target. This means that Barnsley residents live in one of very few areas across the country where 100% of residents are able to access same day appointments during the evening and at weekends.

The i-HEART service receives positive feedback from patients and very low number of patient complaints. It is operated and managed by Barnsley Healthcare Federation.

3.5 Out of Hours

Barnsley Healthcare Federation is also the provider of the GP Out of Hours service for the whole of Barnsley and was awarded this contract by the CCG in July 2017. This enabled the provider to launch i-HEART 365 which amalgamated the pre-existing i-HEART service with the Out of Hours services giving patients an integrated experience and continuity of service from extended hours to out of hours.

Barnsley Healthcare Federation provide clinical triage and home visits and access to GP and ANP appointments across the Out of Hours sites in Barnsley, between the hours of 18:30 to 8:00, Monday to Thursday, and then from Friday 18:00 through to Monday 8:00 including Bank Holidays

Access to i-HEART 365 is managed seamlessly after a patient has called NHS 111. Patients receive an initial assessment before referred to the GP Out of Hours service.

3.6 Primary Care Streaming

Barnsley Healthcare Federation provides a GP Streaming service within the Accident and Emergency Department at Barnsley Hospital. The Federation works in partnership with the A & E team and initial assessments are undertaken by qualified clinicians. If patients attending A & E require Primary Care services, they are

directed to the GP service which is located next door to Accident and Emergency. This supports patients to receive treatment quicker and also supports the A & E Department in ensuring that patients needing Primary Care have access to a Primary Care service on site.

Recent figures provided by Barnsley Healthcare Federation indicate that 25% of people attending A & E were streamed to the GP service.

3.7 Care Navigation

As part of the General Practice Forward View, a fund was created to contribute towards the costs for practices of training reception and clerical staff to undertake enhanced roles in active signposting for patients. This is to ensure that patients are seen by the right practitioner in a timely manner.

Evidence has shown that this innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in the majority of practices. It also makes more appropriate use of each team member's skills and increases job satisfaction for receptionists.

Barnsley CCG wanted to ensure that every GP practice had the opportunity to train their staff to undertake the enhanced roles to improve access to Primary Care and therefore the CCG commissioned a Care Navigation training package called First Port of Call Plus. This package was designed to be bespoke to each practice and this training has been delivered to numerous sites by Barnsley Healthcare Federation. In support of this work, a number of group sessions have been held which trained a wider cohort of staff, for example, Practice "My Best Life" (social prescribing) Champions and Dementia Champions so that all parts of the system can be connected and navigation undertaken successfully.

As part of the training sessions, staff are educated in discussing a patient's needs and they are given access to a directory of service information in order to effectively direct patients to the most appropriate source of help or advice. This may include services in the community as well as within the practice. Benefits of this approach should ensure that it is easier for patients to get an appointment with the GP when they need it and shortens the wait to get the right help.

In Barnsley, there are currently 100 GP practice staff who are trained Care Navigators working across 14 practices. The CCG has an ambition to roll this out across all 33 GP practices to ensure 100% coverage by the end of March 2019.

The Care Navigation training builds on the First Port of Call (FPOC) training programme which was delivered to all practices in 2016. This initial programme developed receptionists with the aim of harnessing the significant untapped potential within this element of the Primary Care workforce. The FPOC approach is based upon the premise that reception staff are the first point of access in General Practice and that they should have a positive influence upon the start of the patient journey by being:

First – **FRIENDLY**
Port – **POLITE**
Of – **ORGANISED**
Call – **COMPASSIONATE**

3.8 Workforce

Expanding the Primary Care workforce to ensure that patients have access to the right person at the right time has been another successful area for Barnsley CCG.

Clinical Pharmacists:

A Clinical Pharmacist programme has been rolled out to all Barnsley CCG practices to integrate the role into General Practice. The programme has seen 15 Pharmacists supported by a strategic support team of 6 (1 Manager and 5 Administrators) employed to work within GP practices across Barnsley. The aim of the programme is to increase the capacity of GP's and Practice Nurses through the principle of patients being treated by the right clinician at the right time. The addition of Clinical Pharmacists also increases quality and safety in prescribing; maximising cost effective prescribing and reduce prescribing queries, complementing and enhancing the existing successful medicines management team.

The data below highlights the impact that the Clinical Pharmacist Programme has had on General Practice in Barnsley (*Full year data October 16 – October 2017*):

- Clinical Pharmacists have undertaken 4119 Medication Reviews which has reduced the GP workload by approximately 687 hrs.
- 6037 Patients medicines have been reconciled which has reduced GP workload by approximately 1006 hrs.
- 2322 Requests for medication and queries have been actioned which has reduced GP workload by approximately 290 hrs.
- The programme has saved 11898 GP appointments which has allowed GP's more time to focus on complex needs and increase access to primary care.

HCA Apprentices:

The CCG has rolled out a Health Care Assistant Apprenticeship programme aimed at encouraging administrative staff to become Health Care Assistants and for Health Care Assistants to receive further clinical skills training. This has seen the development of a locally commissioned Apprenticeship Programme in co-operation with Barnsley College to increase clinical capacity and skill mix to support Primary Care. This initiative also supports changes in roles currently undertaken in practice to improve alignment of the existing skill base ensuring the right people are delivering the right care interventions. The CCG currently has 14 apprentices on the programme.

International Recruitment of GP's:

The GP Forward View committed to strengthening the primary care workforce and to support this, NHS England is delivering an international GP recruitment programme. The programme has recently been scaled with a view to recruiting up to a total of 2,000 overseas doctors nationally by 20/21.

The South Yorkshire and Bassetlaw Integrated Care System (ICS) has submitted a joint bid in which Barnsley confirmed that it would like 12.5 GPs to strengthen the Barnsley GP workforce. This number was agreed by engaging with our Member Practices to gain the commitment that the GPs would be employed within practices. Practices are required to fund the salary of the GP once any necessary training is completed, just as they would any other doctor employed by the practice.

The scheme recruits doctors from the European Economic Area where GP training is recognised in the UK and there is automatic recognition to join the GMC's GP Register. The recruitment, training & support and relocation of recruited doctors will be co-ordinated nationally and fully funded by NHS England. The ICS bid included funding to ensure that GPs will be integrated into the local community and to support the retention of the recruited GPs.

Doctors recruited will meet the highest standards of practice and speak good English. NHS England will be bound by the World Health Organisation's Global Code of Practice on International Recruitment of Health Personnel. Those countries with the best choice of affordable supply will be targeted.

Neighbourhood Working:

The GP Forward View commits to developing locality working to support general practice in becoming more resilient and providing additional capacity. In 2017/18, Barnsley GP practices began to meet with their neighbouring GP practices across 6 neighbourhoods which map broadly to the local area council profiles and exactly with the neighbourhood nursing model. The focus of the meetings has been to enable GP practices to come together, agree joint priorities for their neighbourhoods and to explore the potential of working 'at scale'. This new way of working is presenting opportunities to address localised health issues which will form Neighbourhood plans to address the specific health needs of that neighbourhood. Barnsley is at the start of a journey in neighbourhood working and realises the potential positive impact that this could have on GP practice resilience and patient care. The CCG will continue to support neighbourhood development as a priority within 2018/19.

3.9 System Resilience & Demand

The CCG works with member partners such as Barnsley Healthcare Federation, the A & E Delivery Board and NHS England to anticipate peaks in demand across the

whole care system and where possible, provide additional capacity to meet the demand.

Over the 2017/18 Christmas period i-HEART Barnsley opened up an additional hub located within the A & E Department to support the additional demand on the service and provide additional capacity to patients requiring Primary Care treatment. The CCG will continue to work in this way when additional demand is required to deliver a whole system approach to ensure patients have access to the right service at the right time.

Barnsley GP Practices, through Barnsley Healthcare Federation, have access to a Capacity and Demand Tool. The tool helps the practice team to gain a better understanding of their current demand and how the available capacity (i.e. workforce) can be better used to manage this locally. The tool is now live in four practices and the CCG is encouraging other practices to take part in utilising this tool to aid their future resilience and planning.

3.10 Patient Online Access

Patient Online is designed to support GP practices to offer and promote online services to patients. These services include:

- Booking and cancelling of appointments
- Ordering of repeat prescriptions
- Viewing of their GP record (which includes coded information about allergies, immunisations, diagnoses, medication and test results).

The Healthwatch report about patients who DNA their appointments in the Dearne, highlighted and recommended the use of electronic appointment systems to be considered as part of the work to improve access to GP practices. It was felt that using an online or telephone based cancellation service would offer more opportunities for patients to cancel an appointment and would also free up telephone capacity. If patients utilise online services to book or cancel their appointments, staff time could be utilised on other tasks within the practice or manage increasing demand more effectively. The CCG is working with all GP practices to support them in promoting the patient online service to their patients.

One Barnsley GP Practice, Hillbrow Surgery in Mapplewell, currently has 43% of its patients registered to use patient online services. The practice has seen a significant increase in the number of appointments booked online and repeat medications ordered. The practice estimates that this has saved around 118 days of administration staff time within the last year which allows staff on the telephone to effectively navigate patients to the most appropriate service.

3.11 Patient Partner

In 2015 Barnsley CCG rolled out the Voice Connects system called 'Patient Partner. The Patient Partner system allows patients to book, change, cancel appointments and order repeat perscriptions via an automated system connected to the practices

main telephone line. The system is accessible 24 hours per day, 7 days per week. The patient partner system is live across 21 Barnsley GP Practices and is extremely well utilised by patients. The February 2018 utilisation figures below highlight the impact that the system is having in general practice:

February 2018 figures across 21 Barnsley GP practices:

1205 appointments were booked
650 appointments were cancelled
827 appointments were checked
1259 repeats were requested
1805 repeats were reviewed

This resulted in approximately 368 hours of staff time being saved.

This system also supports the reduction in DNA appointments as it gives patients the opportunity to easily cancel their appointment at any time in the day.

4. Conclusion

Access to General Practice remains a national and local priority and Barnsley CCG has implemented a number of initiatives to support this locally with the engagement of GP practices. GP practices have developed their own internal processes for DNA appointments and also for triaging patient calls to ensure timely access, these are developed at practice level to ensure that they meet the needs of the practices' registered patients. The CCG's Primary Care Development Workstream group continues to look at initiatives within the GP Forward View and continually look at how access could be improved further. This involves wider work around the workforce delivering primary care and also delivering primary care at scale.

5. Appendices

5.1 Healthwatch Barnsley Report - 'Did Not Attend' Appointments at GP Surgeries in Goldthorpe Thurnscoe and Bolton upon Dearne

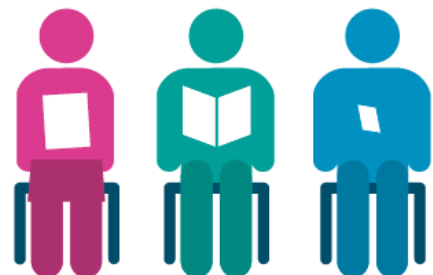
5.2 GP Patient Survey Results 2016 – 2017 comparison.

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Report on 'Did Not Attend' Appointments at GP Surgeries in Goldthorpe Thurnscoe and Bolton upon Dearne

WAITING ROOM



Author: Lorna Lewis, Jade Bligh

Surveyors: Lorna Lewis Jade Bligh

Report Reviewed by: Healthwatch Champions, Healthwatch Strategic Advisory Board.

Published August 2017

Introduction

About Healthwatch Barnsley

Healthwatch Barnsley is commissioned by Barnsley Metropolitan Borough Council and hosted and managed by Voluntary Action Barnsley (VAB). Healthwatch Barnsley (HWB) is a community led, community driven organisation with a Strategic Advisory Board, responsible for determining the direction of the organisation. We are also assisted by volunteers (Healthwatch Champions) whose role is to gather information and prioritise areas of work, ensuring engagement with all sections of the local population. This enables us to be representatives of as many health and social care service users as possible. We are part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.

We gather views from the community, report these views to the people responsible for providing and commissioning local services, engage people in decisions about services and monitor the service provision. As part of our work to gather views, we also can exercise our right to visit services through a process known as Enter and View. We also have a role in providing people with information about health and social care services available in the area.

In some areas, Healthwatch organisations provide advocacy for people making a complaint about NHS services. In Barnsley, this service is provided by DIAL and their details are at the end of this report. DIAL is not limited to dealing just with health service complaints and can also look at problems with social care services. Through our partnership with DIAL, we have been able to successfully close a number of complaints from our clients regarding their experiences of local services.

The national picture in relation to patients not attending appointments at their general practice

Patients' not attending appointments at their general practice is a major issue and cost to the National Health Service (NHS). DNA rates have an enormous impact on the health care system in terms of cost and waiting times, significantly adding to delays along the patient pathway.

The financial cost of missed appointments in the NHS has been estimated, in 2015, at £300m per year, based on 14m appointments being missed per year¹. By reducing the number of patients not attending appointments at general practices, even by a small amount, would result in a large financial saving. Reducing the rate of patients who did not attend their appointment (DNA) would also ensure that time was available for other

¹ <http://www.gponline.com/infographic-dnas-affect-general-practice/article/1352205>

patients who needed medical advice. This could then directly impact on the number of patients that present at A&E as they cannot get a GP appointment and are worried about their health, or get admitted to hospital due to their condition becoming serious.

The impact of patient ‘Did Not Attend’ (DNA) appointments at GP surgeries in the Dearne

In November 2015 an issue was brought to our attention by Councillor Gollick, on behalf of people living in the Dearne. The issue was that people were struggling to access their general practice. We reported on this issue in 2016. This report is a continuation of our outreach and engagement work in the Dearne area.

Gathering views and feedback

In order to gather more information and to speak to people living in the Dearne area, we arranged two engagement events at Goldthorpe and Thurnscoe Library. These events were publicised in the local press and via social media. As a result of this work, we spoke to a total of 42 people and found that the issue of people being able to get an appointment at their practice was a common theme.

In order to find out what service providers thought about these access issues, we visited two surgeries in the Dearne and spoke to staff and the practice managers. At both surgeries staff raised the issue that the biggest problem affecting access to appointments was patients not attending appointments they had booked.

In addition to our outreach and engagement work, we were called as a witness at the Overview and Scrutiny Commission led by Barnsley Council, as they had called a meeting to look at the local GP Federation and GP Access. At this meeting we were able to report on our findings to date and our plans for the next few months.

Working with the ‘Dearne Approach’

The ‘Dearne Approach’ is a partnership of different organisations, including Barnsley Council, working to improve the area for the people living there. Access to GPs was one of the issues that residents had identified to the ‘Dearne Approach’ and we went to meetings to provide an update on our findings and to ask for support. We wanted help to raise awareness of the importance of people cancelling their appointments when they are unable to attend, to ensure that other people could benefit from seeing a medical professional. We informed the meeting that one practice reported that 350 patients did not attend their appointments in one quarter at an estimated cost of £10,850 (based on The King’s Fund’s presentation that suggested a ten minute appointment with a GP costs £31²).

Healthwatch Barnsley agreed to explore the issues relating to DNA’s with service users and General Practices across the Dearne. We also agreed to raise awareness about the importance of keeping appointments or cancelling appointments where necessary.

² <https://www.slideshare.net/kingsfund/making-the-case-for-public-health-interventions>

Gathering Information

To gather more information we spoke to 350 patients living in Thurnscoe, Goldthorpe and Bolton upon Dearne. We also spoke to four general practices about DNA's and the impact they have on their surgery.

We used a survey (see appendix 1) when speaking to patients to ensure that we used a consistent approach and asked everyone the same question. During this work we wanted to focus on the following three areas:

1. How far in advance did patients have to wait for an appointment?
2. In the last six months have they booked an appointment at their GP practice but not attended.
3. If patients have tried to cancel an appointment but couldn't and what prevented them.

We spoke to people at events, local clubs and services; some of which are listed below:

- Salvation Army Goldthorpe
- Goldthorpe Library
- Willow Croft Flats, Bolton upon Dearne
- Snap Tin Café, Goldthorpe
- Willowcroft Flats, Bolton upon Dearne
- Rainbow Centre, Thurnscoe
- Thurnscoe Library
- St Helens Church, Thurnscoe
- Thurnscoe TARA
- Unity Club Goldthorpe
- Goldthorpe Centre

We also spoke to people at four general practices covering Goldthorpe, Thurnscoe and Bolton upon Dearne. These included:

- Dearne Valley Group Practice
- Goldthorpe Medical Centre
- Lakeside Surgery
- Hollygreen Surgery

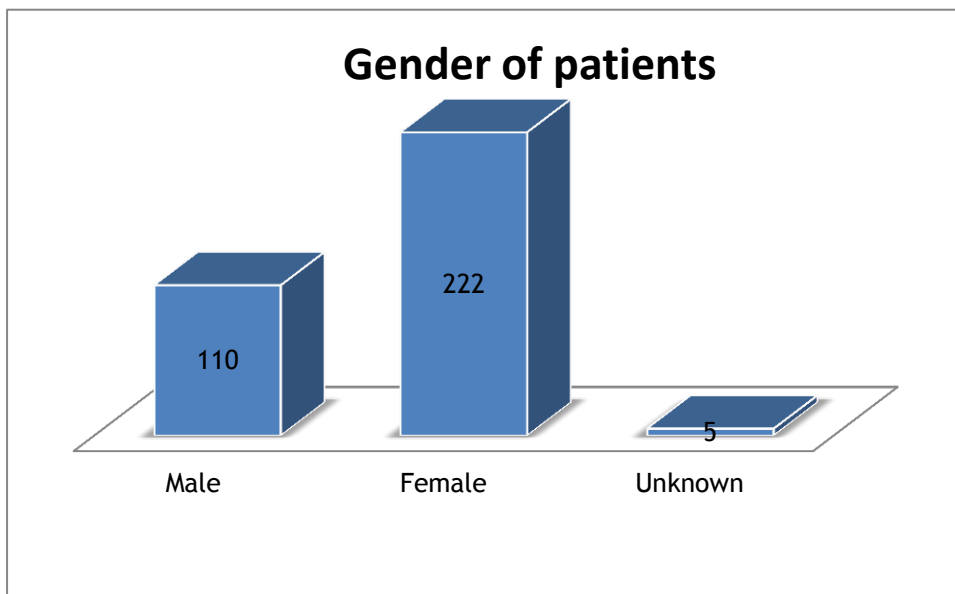
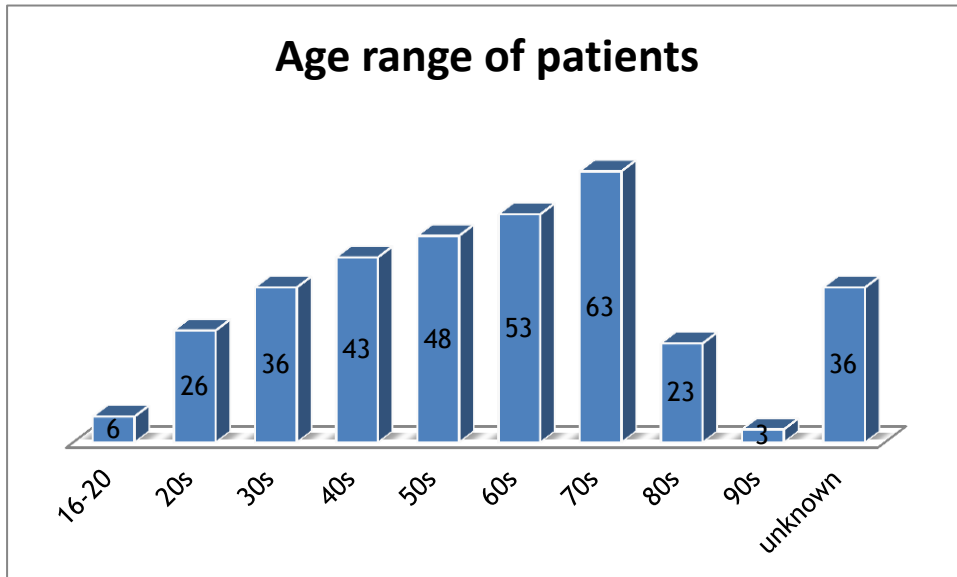
In addition we gave each GP surgery a short questionnaire (see appendix 2). The questionnaire focused on gaining statistics on DNA's from the surgeries. The information provided by the surgeries included the period November 2016 to May 2017.

Validation of information received

During the analysis process there were a number of responses which had to be withdrawn from the final data analysis due to the following reasons:

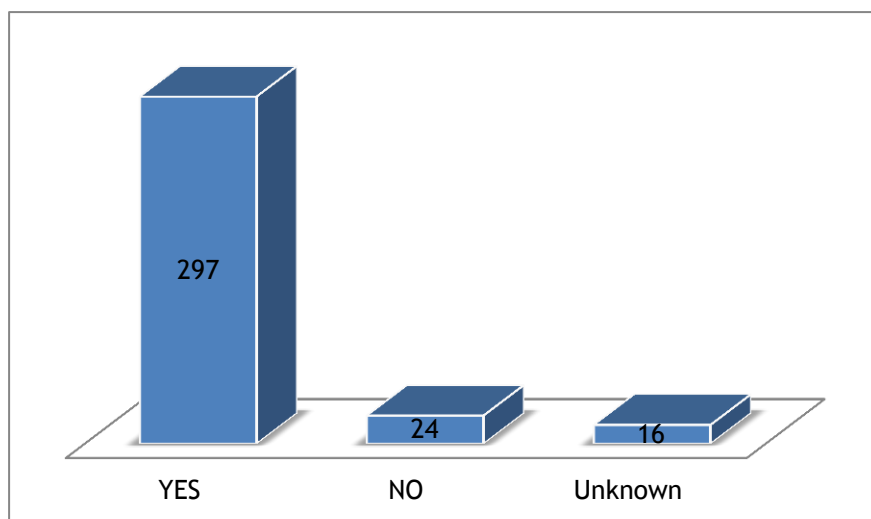
- 2 participants did not identify their GP practice in the survey.
- 3 participants were not registered at a GP surgery in the areas we were focusing on.

The feedback received has been broken down into the location of the GP practice the patients accessed, rather than where the patients lived. Graphs to show the age range of the patients we spoke to and their gender can be seen below:

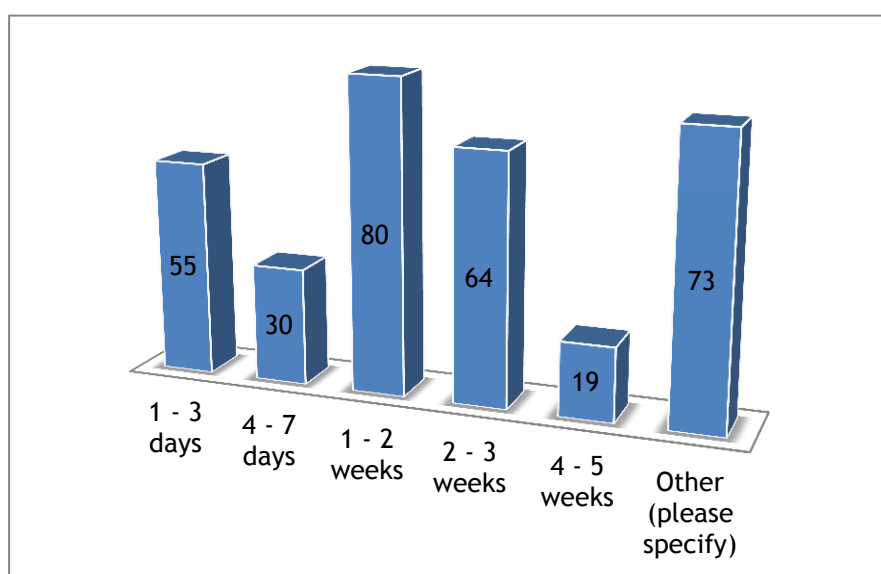


Results from the patient survey

In the last 6 months have you tried to book an appointment with your GP practice?



How far in advance did you have to wait for an appointment?



Our results show that just under 50% of patients can get an appointment within 2 weeks and just over 50% have to wait between 2 and 7 weeks. A GP online survey has shown that

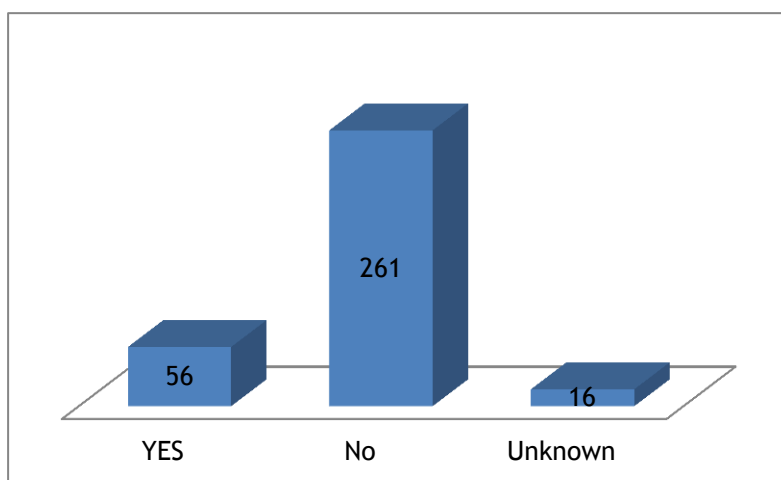
limiting the time that people have to wait for an appointment has help reduce the number of DNA's.

Other Comments (for a full list see appendix 3)

A total of 178 patients left feedback on booking appointments, below are a few examples of the comments we received. Many patients were raising similar concerns about the difficulty they faced when booking an appointment.

- “I had to wait 4-5 weeks for an appointment, rang every day to get this. I have to ring out of hours. I have learning difficulties and depression that makes me more anxious.”
- “Difficulty getting in to see a doctor, generally good once you're in. My dad had an accident and was in and out of hospital, now he has a district nurse who is brilliant.”
- “My wife has an ongoing medical condition and the doctor said at her last visit that if she becomes ill she must be seen by him straight away. A few weeks later she had to return home from work early as she was ill. We came straight here to the doctors as we were told, where the receptionist would not book us in for the same day, she would not even check with the doctor on what we was saying to see if this was true what he had said, that night my wife was rushed in to hospital where she had to stay in for 5 days, if she becomes ill again I will take her straight up the hospital without trying here at the GP first as there is no point. This booking system is failing the patients.”
- “If you need a quick appointment you need to come in at 8 am.”
- “Can only get an appointment on the day if you ring at 8 am. I've never been able to get through on the phone to get an appointment.”
- “Booked an emergency same day appointment.”
- “Have to phone the same day, when you get through all the appointments are gone.”
- “It's impossible to get an appointment when you need one.”
- “Same day, I went to the doctors at 8 as when you call for an appointment they have all gone.”
- “Not too bad I got through and got an appointment for when I needed.”
- “8 weeks, very hard to get an appointment, you have always recovered or got worse by the time you get to see your doctor.”
- “The booking line is a joke, you can never get through. They do not support working people. The receptionist told me to come in at 8 in the morning. I explained I work, she then abruptly told me to go online at midnight to book one. I work at 5 am and to get up at midnight is just not appropriate for me, a better appointment booking system needs to be in place.”

In the last 6 months have you booked an appointment at your GP practice but did not attend the appointment?



If YES please state why you did not attend

Transport problems	9
Caring responsibilities	4
Not able to take time off work	2
Illness or condition improved	7
Illness or condition meant you were not well enough to attend	9
Forgot	16
Other	16

As it can be seen from above the most common reason a patient did not attend the appointment is because they had forgotten about it. 16 patients gave the reason their condition improved or they were too unwell to attend.

Other reasons

- No longer needed.
- Needed one sooner.
- I was in hospital needed treatment before I could get an appointment.
- Wanted to change appointment.
- Other things to do.
- GP and nurse appointments booked consecutively; one over-ran and I subsequently missed the other as a result.

If you tried to cancel the appointment but couldn't, why was the reason?

- Bad service, no answer most of the time.
- Was hard to get through, I gave up.
- My mum could not get through.
- I could not get through.
- The line was always busy, by the time I got through my appointment time was over.

90% of the patients, who left comments, gave the same reason that the cancellation line was difficult to get through, and there was no answer which would enable them to cancel their appointments. (A full list of comments can be found in appendix 4).

Feedback received from general practices

The following statistics are based on the information provide by:

- Dearne Valley Group Practice
- Goldthorpe Medical Centre
- Hollygreen Practice, Goldthorpe
- Lakeside Surgery

Each surgery provided information on how many appointments were booked in each given month.

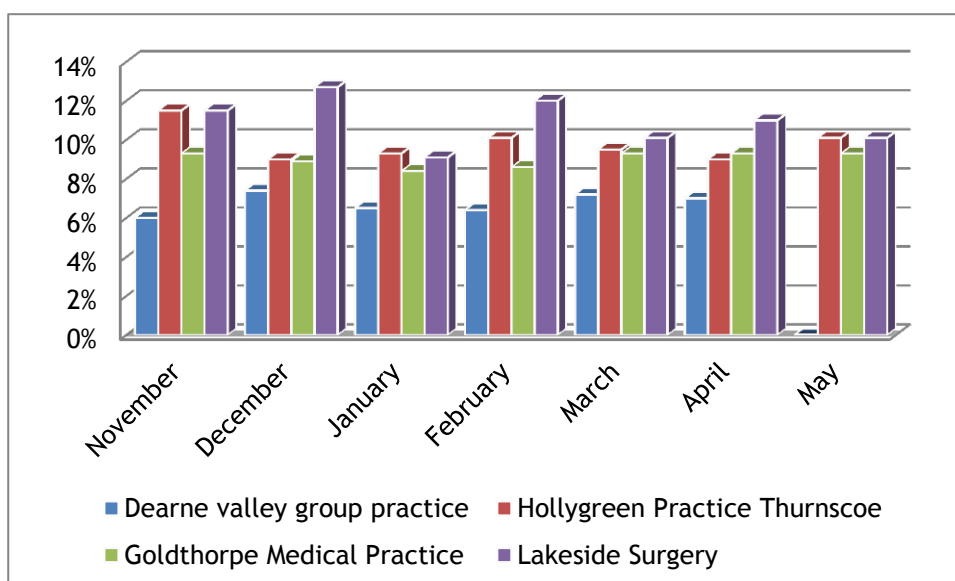
	Dearne Valley Group Practice	Hollygreen Practice Thurnscoe	Goldthorpe Medical Practice	Lakeside Surgery
November	3534	3413	2071	1033
December	3224	2986	1415	924
January	4238	3370	1878	879
February	3719	3060	1858	911
March	4172	3417	2158	1122
April	3330	3091	1516	918
May	2031 to 10/05	3214	1217	1074

The table below shows how many appointments were missed by patients who did not attend (DNA)

	Dearne Valley Group Practice	Hollygreen Practice Thurnscoe	Goldthorpe Medical Practice	Lakeside Surgery
November	211	392	192	119
December	239	302	126	117
January	257	313	158	80
February	239	310	159	109
March	302	323	201	114
April	232	276	141	101
May	64 to 10/05	325	113	108

The table and graph below shows the percentage of patients who did not attend their appointment each month, showing comparisons between the four surgeries.

	Dearne valley group practice	Hollygreen Practice Thurnscoe	Goldthorpe Medical Practice	Lakeside Surgery
November	6%	11.5%	9.3%	11.5%
December	7.4%	9%	8.9%	12.7%
January	6.5%	9.3%	8.4%	9.1%
February	6.4%	10.1%	8.6%	12%
April	7%	9%	9.3%	11%
May	3.2% (to 10/5)	10.1%	9.3%	10.1%



We asked each surgery to provide feedback about how DNA's affect the surgery:

- Dearne Valley Group Practice:

“Whilst the GP can always find something to do in the time slot that is not attended, patients become frustrated because the missed appointment could have been used by them. When we put the amount of DNA's on our Facebook page it always generates several comments. Several have commented that patients who DNA appointments should be fined like the patients of Dental Practices.

Unfortunately people who DNA do not value the General Practitioner Appointments and think that the service costs nothing so nothing is lost.

I have had patients DNA appointments that they have booked the same day - and in the past a patient told me that they did not attend because they had a hair dressers appointment. Patients do not value a GP appointment right until they cannot get an appointment themselves when the clinic is fully booked, a clinic that will ultimately have its own group of DNA's from patients”

- Hollygreen Practice Thurnscoe:

“We have a high demand for appointments across the whole range of healthcare professionals therefore when someone DNA's this is a waste of clinic time, if the patient had cancelled the appointment someone else could have booked it”

- Goldthorpe Medical Practice:

“It is a waste of valuable time with our clinicians and also stops someone else being seen”

- Lakeside Surgery:

“Waste of appointments, can extend GP surgery to see extra patients”

We asked each practice which appointment systems they have available

	Dearne Valley Group Practice	Hollygreen Practice Thurnscoe	Goldthorpe Medical Practice	Lakeside Surgery
Telephone appointments	√	√	√	√
Drop in appointments	√	√	√	√
Online appointments	√	√	√	√
Automated appointments	√	X	X	√
Pre booked appointments	√	√	√	√
Triage appointments	√	X	√	√

Do you have any of the following in place?

	Dearne Valley Group Practice	Hollygreen Practice Thurnscoe	Goldthorpe Medical Practice	Lakeside Surgery
Text message appointments reminder	√	√	√	√
Email appointment reminder	√	x	x	x
pharmacy	√	√	√	√
Appointment cancellation line	x	x	√	√
Do you have any plans to change the booking system?	No	We are always reviewing our appointment system	No	No

Do you have any information as to the reasons your surgery is experiencing this number of DNAs?

- Dearne Valley Group Practice:
"People forget to cancel; because an appointment has no visible cost to them they think it doesn't matter if they do not attend"
- Hollygreen Practice:
"No, we do not know why we have a large number of DNA's as we have notices up in the surgery and in our patient newsletters asking people to cancel their appointments if they no longer need them"
- Goldthorpe Medical Practice:
"No, sometimes even patients DNA same day appointments"
- Lakeside Surgery:
"No, we have notices in reception asking patients to cancel if they cannot make their appointment"

Do you have ideas on how DNA's can be reduced?

- Dearne Valley Group Practice:
"We are going to discuss the possibility of a cancellation line for patient use and the possible benefits this could bring to the surgery.
We attempt to call patients in a morning that have long duration appointments

e.g.: above twenty minutes long but tend to find this means patients want to cancel Nurse and HCA appointments and rebook for a later date as they have too much to do on that day and then have to try and fill the slots with other patients at last minute”

- Hollygreen Practice:

“I think that that the only way we would ever reduce our DNA rates is if we could charge patients”

- Goldthorpe Medical Practice:

No comment provided for this question.

- Lakeside Surgery:

“GP/Nurse to talk about this to the patient at their next appointment”

Conclusion

From this research we can clearly identify a real problem in the Dearne with patients not attending booked appointments at their GP Surgery. Why patients are failing to attend is very important. Are we experiencing a growing culture that ‘it’s free so it doesn’t matter’? Do people’s lifestyles mean they are just too busy to commit? In some cases there are clear barriers that lead to non-attendance such as transportation or caring responsibilities. Whatever the reason, the concern is not just the cost to our health service or the fact that patients are experiencing problems getting an appointment with their GP. The most important factor must be that patient safety is at risk if they cannot get an appointment when things are going wrong with their health.

We recognise that DNA only forms one part of patient access issues. The number of GPs retiring and current lack of replacement trained medical staff available is a national issue. Better lifestyles and access to services has resulted in more people living longer, many with long term health conditions leading to increase demand on services. Technology has also opened up opportunities to book online appointments which is open to abuse (some examples were highlighted to us that patients were booking multiple appointments and would select only the most convenient to them).

The following recommendations are based on findings in the Dearne area:

Recommendations

- We would recommend that action should be taken to provide better education to patients about the impact of missing appointments. Offending patients need to understand that they should be held accountable when they DNA.
- Patient use of electronic appointment systems may need to be considered, both from a perspective of access, but also where online appointment systems are being abused.
- Patients with a genuine reason for DNA e.g. carers or people with Mental Health conditions should be supported if they are experiencing difficulties attending their GP appointment. Reassurances by GP practices that support mechanisms are available and in place for patients with personal barriers must be given.
- Further work is required to consider the barriers patients face when wishing to cancel their GP appointment. What is working well for some practices with limited DNAs could be mirrored by others.
- Use of cancellation lines should be considered where people can leave their details and cancel their appointment without having to try to get through to the main switchboard.
- Consider not booking appointments too far in advance as some patients have indicated that this is why they sometimes forget.
- Consider introducing workers appointments where they do not exist already.
- Consider use of text reminders that ask for a yes/no response.
- Consider “sit and wait clinics”. Some patients said that they would rather sit and wait for hours than not be seen at all.
- Consider queuing calls in order of contact and telling people where they are in the queue, where the technology is available.
- Consider the development of an “i Heart Hub” in the Dearne area: -
To provide a service for those patients who find it difficult to attend their GP’s surgery during normal opening hours, and
To provide an out of hours emergency service within the Dearne area

Healthwatch Barnsley will work with a range of local media sources to present the key findings of this report.

Healthwatch Barnsley recommend that commissioners consider extending the DNA work throughout the borough to further research the impact of DNA’s on the local economy and the health of local people and their ability to gain access to GP appointments. Part of this work should include local awareness raising about the costs and effects of people not attending GP appointments. Healthwatch Barnsley would welcome any commissioning opportunities to undertake further research.

Special Thanks

Healthwatch would like to thank the 350 Patients who took part in the survey and gave up their valuable time. We would also like to thank Hollygreen Practice, Lakeside, Dearne Valley Group Practice and Goldthorpe Medical Practice and the groups and services across the Dearne who welcomed us in to undertake this piece of work.

If you have read this report and have any further questions or experiences you would like to share they will be gratefully received and shared via our intelligence

networks. Your continued feedback will also help us to keep up to date with what is happening within the service. Your feedback will also inform us of progress within the service.

Contact us

If you would like to contact us about anything in this report, or about any health or social care issue in Barnsley, you can do so in the following ways:

Address: The Core, County Way, Barnsley, S70 2JW

Telephone: 01226 320106

Text/SMS: 07870 599445

Email: healthwatch@vabarnsley.org.uk

Website: www.healthwatchbarnsley.co.uk

Facebook: Healthwatch Barnsley

Twitter: @HWatchBarnsley

Appendix 1 Patient Survey

GP Appointments DNAs (Did Not Attends) Patient Survey

Healthwatch Barnsley is currently looking at the significant impact to patients on availability to book an appointment with your GP (or any services offered by your GP Practice such as with the Practice Nurse). We are also aware that for many GP surgeries the number of people not attending pre-booked appointments is impacting on this problem. To support this work we also need to hear the experiences from patients and would be grateful if you could complete the following short survey. Your answers will be kept anonymous.

1. Are you... Male Female
2. How old are you? _____
3. Name of your GP Practice _____
4. In the last 6 months have you tried to book an appointment at your GP Practice?
Yes No
5. How far in advance did you have to wait for an appointment?
Seen immediately
1 - 3 days
4 - 7 days
1- 2 weeks
2 - 3 weeks
4 - 5 weeks
other please state _____
6. In the last 6 months have you booked an appointment at your GP Practice but did not attend the appointment?
Yes No

If yes, please tick why you did not attend:
 - Transport problems
 - Caring responsibilities
 - Not able to take time off work
 - Illness or condition improved
 - Illness or condition meant you were not well enough to attend
 - Forgot
 - Other (please state) _____
7. If you tried to cancel the appointment but couldn't, why was this e.g. appointment line was busy? (please state)

Thank you for completing this information, the information you have provided has been very important in helping to influence improvements to GP services in the future.

So that we can see if the Healthwatch membership is representative of the different communities we have in Barnsley it would be helpful if you would fill in the following questions. Please tick the boxes below which you feel are appropriate.

Ethnicity	Tick		Tick
British		Other Asian	
Irish		Caribbean	
Other White		African	
White & Black Caribbean		Other Black	
White and Black African		Chinese	
White and Asian		Any other	
Other mixed		Gypsy Traveller	
Indian		Polish	
Pakistani		Greek	
Bangladeshi		Turkish	
		I do not want to answer this question	
Religion	Tick		Tick
No Religion		Jewish	
Buddhist		Muslim	
Christian		Sikh	
Hindu		Any other religion or belief	
		I do not wish to answer this question	
Disability	Tick		Tick
Physical Impairment		Learning Disability	
Mental Health Condition		Other	
Long-standing illness or health condition such as Cancer, HIV, Diabetes		I do not wish to answer this question	
Sensory impairment		None	
Gender	Tick		Tick
Male		Female	
Transgender		I do not wish to answer this question	
Sexuality	Tick		Tick
Bisexual		Gay Man	
Gay Woman (Lesbian)		Heterosexual / Straight	
Other		I do not wish to answer this question	
Age Range	Tick		Tick
0-5		6-11	
12-19		20-30	
31-40		41-50	
51-60		60+	

Data Protection

Your details will be stored on a confidential, secure register used only by Healthwatch Barnsley. This form will be stored anonymously and will only be shared as statistical data for monitoring purposes. Healthwatch Barnsley is registered under the Data Protection Act. Should you decide at any time that you no longer wish to be a member, simply contact us and we will remove you from the database

Appendix 2

GP Survey

Healthwatch Barnsley is conducting an independent survey about the impact of Do Not Attends (DNA) on individual GP surgeries across the Dearne in Barnsley. The information we receive will be collated into a report and used to highlight the impact on patient's access to GP and clinic appointments across Thurnscoe, Goldthorpe and Bolton upon Dearne. The survey will close on June 5th, 2017 and your input will be invaluable in helping to address what actions might need to be taken (globally) to reduce DNA and increase patient appointments.

- 1. Name of Surgery**

- 2. Please state the number of patients registered at your surgery**

- 3. Please state the number of appointments for each month**

November 2016

December 2016

January 2017

February 2017

March 2017

April 2017

May 2017

- 4. Please state the number of DNA's (Did Not Attend) for each month**

November 2016

December 2016

January 2017

February 2017

March 2017

April 2017

May 2017

5. How do DNA's affect your surgery? Please state.

6. Currently what appointment systems do you have available?

Telephone appointments

Same day appointment

Online appointments

Automated appointments

Pre booked appointments

Triage appointments

7. Do you have any of these in place?

Please answer yes, no or intend to.

Y N I

Text Message Appointment Reminders

Email Appointment Reminders

Pharmacy

Appointment Cancellation Line

Other (Please specify)

8. Do you have any plans to change your booking system?

9. Do you have any information as to the reasons your surgery is experiencing this number of DNAs?

10. Do you have ideas on how DNA's can be reduced?

Thank you for completing this questionnaire for more information contact Lorna Lewis (lorna.lewis@vabarnsley.org.uk)

Appendix 3

1. Have to phone the same day, when you get through all the appointments are gone.
2. It's impossible to get an appointment when you need one.
3. Booked an emergency same day appointment.
4. Same day appointment.
5. 4-5 weeks, possibly longer.
6. I am called in when I need to be seen.
7. If I am down here at 7.30 I get to see the doctor, if not it can be weeks.
8. Only have same day appointment, can't book in advance.
9. Called up early this morning for a same day appointment.
10. Usually weeks, but if you come in early or call early, you may get a same day appointment.
11. Husband has had major problems, he can never get an appointment.
12. A long time. I can never get an appointment, I go in and they say I need to call early for an appointment, why can't they book me an appointment when I am there?
13. No appointments available, long wait they should give you one sooner.
14. Same day, I went to the doctors at 8am because when you call for an appointment they have all gone.
15. They say call at 9am then you cannot get through. This goes on for days until you eventually give up.
16. Not too bad, I got through and got an appointment for when I needed.
17. Booked last night at 4pm.
18. 8 weeks. Very hard to get an appointment, you have always recovered or got worse by the time you get to see your doctor.
19. Very hard to get an appointment, had to get up early today just to be seen and to get an appointment, the automatic telephone line is terrible.

20. I came to the surgery to get my mum an appointment with suspected pneumonia, they refused to see her and told me to book her an appointment at midnight online, I got her in at i-Heart Barnsley and she did have pneumonia.
21. The booking line is a joke, you can never get through. They do not support working people, the receptionist told me to come in at 8 in the morning. I explained I work, she then abruptly told me to go online at midnight to book one. I work at 5am and to get up at midnight is just not appropriate for me. A better appointment booking system needs to be in place.
22. I once called 96 times to try and get through for an appointment and I still did not get one, the system is a joke, it just isn't working.
23. I booked this appointment online, it is not very good as this was the only one available. I work offshore and when I came back I tried 3 times over the phone that day and all the appointments were gone. They should be a system where you can book an appointment over the phone for sooner and not just on the day.
24. Pre-booked.
25. I have been here since 7.45am to get an appointment. I was given one for this morning, I am still sat here waiting. I know it is a same day appointment and I am grateful for this, but 30 mins late up to now. They should know what appointments they have so why give me a wrong time?
26. My wife has an ongoing medical condition and the doctor said at her last visit that if she becomes ill she must be seen by him. A few weeks later she had to return home from work early as she was ill. We came straight here where the receptionist would not book us in for the same day, she would not even check with the doctor to see if what we was saying was true. That night my wife was rushed into hospital where she had to stay in for 5 days. If she becomes ill again I will take her straight to the hospital without trying here first as there is no point, this booking system is failing the patients.
27. Could not book it, there was no appointments available, the system is a joke, they need a new system.
28. 5 weeks.
29. If you can get one at all!! The appointment scheme is a big joke!
30. Couldn't get one.
31. If you call up at 8am you might be lucky and get one that day if it is an emergency, if not you could be waiting up to 6 weeks!
32. Husband has had problems, he can never get an appointment, and I can as I am more assertive.

33. A long time, I can never get an appointment. They say I need to call for an appointment, why can't they book me an appointment when I am there?
34. If you need a quick appointment you need to come in at 8am.
35. Seen immediately.
36. Same day.
37. No sooner appointments.
38. No quicker appointments.
39. They send for me.
40. I cannot get an appointment quick unless i come in at 8am and queue up to get a same day appointment.
41. 1-3 days depending on what the problem is.
42. I've waited up to 2 weeks, but when I ring for my son we generally get an appointment for the same day.
43. Every time you phone up fully booked or phones don't work or lines are busy.
44. No chance / do not have a prayer.
45. No chance of appointment.
46. Still waiting after 2 weeks no appointment come through.
47. Varies.
48. Booked appointment got one straight away.
49. Can only get an appointment on the day if you ring at 8am, I've never been able to get through on the phone to get an appointment.
50. Got one straight away.
51. 6 weeks.
52. 5 weeks to see my GP and 1 week to see another.
53. Couldn't get in.
54. Can't recall.

55. Tried to but couldn't get through so I went down but there were no appointments.
56. 4-5 weeks, rang every day to get this, have to ring out of hours. I have learning difficulties and depression that makes me more anxious.
57. 1-3 days and 2-3 weeks you have to ring every day, you can get in if it's an emergency.
58. 1-2 weeks. Really hard to get through
59. Unable to get through to surgery
60. 1-3 days, phone early but you can't always get through to Thurnscoe.
61. 2-3 weeks, nightmare, can't get through.
62. 6 weeks Dr Sen - sent to GH practitioner or nurse in 4 weeks went to casualty Mexborough who wouldn't look at it
63. Same day rang up.
64. Hospital informed to doctors has open appointment at hospital.
65. Workers appointment too long
66. Working appointment waste of time
67. Only offered a nurse practitioner appointment.
68. 2.5 months.
69. Same day.
70. 2.5 months.
71. Have to ring every day, can get you in if it is an emergency.
72. Been brilliant, can't fault them, no complaints.
73. Difficulty getting in to see a doctor, generally good once you're in. Dad had an accident was in and out of hospital, now he has a district nurse who is fantastic.
74. No problem, would recommend them.
75. On occasion can get in, have to phone at 8am.

76. Six weeks wait for post-natal check-up, fortunately both were fine but might not have been.

77. Straight away.

Appendix 4

- Cannot always get through
- Cannot get through (telephone) to get appointments and to cancel
- Yes was ok
- Bad service, no answer most of the time
- Was hard to get through, I gave up
- my mum could not get through
- I could not get through
- The line was always busy, by the time I got through my appointment time was over
- My friend is at a GP and they have a cancellation line, so if you press 2 you can leave your cancellation on the answer machine
- Line is always busy, can never get through
- When I have tried in the past you cannot get through
- You're lucky if you can get through to them
- Yes was ok
- Bad service, no answer most of the time
- Long wait on phone
- Yes been ok
- On a morning it is really difficult
- I hear it is difficult
- I don't try using the phone line, i come in to change the appointment
- Yes - could not get through only way to get through is call at 5 past midnight
- The surgery ring in the morning to make sure you still want your appointment
- Couldn't get through. Too ill to attend
- Booked at Great Houghton couldn't get there didn't bother
- Rang, cancelled, further appointment made
- No text message
- Cancelled it
- Appointment was a workers appointment too far away and no reminder
- Tried to cancel but couldn't get through
- Said they would send a reminder but didn't get one
- Couldn't get through
- Couldn't get through to speak to anyone. I don't have internet access either
- Couldn't get through
- Did not receive text reminder
- Wouldn't be able to get through
- Was too far in advance. They have started texting now so that might help
- Arrived late missed appointment

- Forgot what day it was
- Couldn't get through on phone. don't have internet

GP Patient Survey

NHS Barnsley CCG, Network and Practice comparison of 2016 and 2017 survey results

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Penistone Locality	27
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Overall, experience of making an appointment:

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Waiting times at the GP Surgery:

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North Locality	41
North East Locality.....	42
Dearne Locality	43
South Locality	44

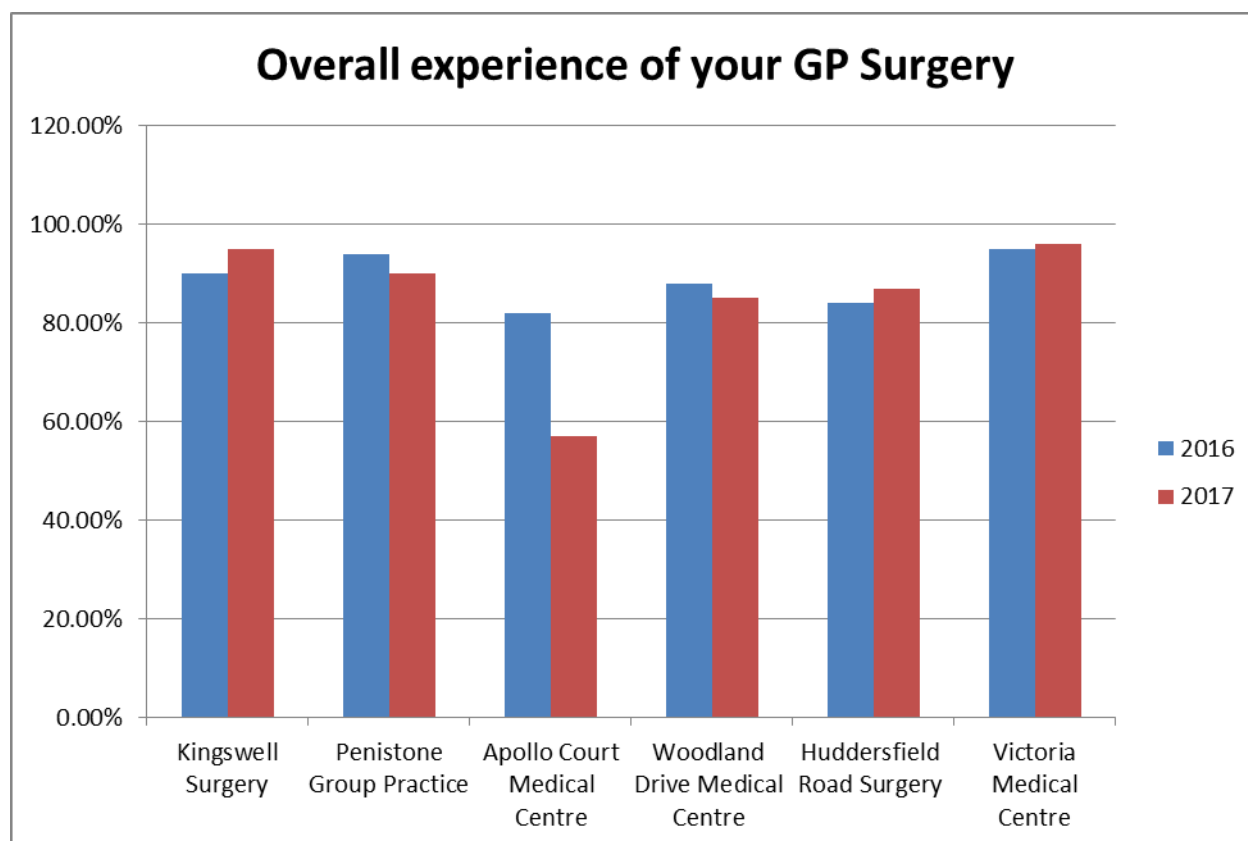
Did you have confidence and trust in the GP you saw or spoke to?:

Penistone Locality	45
Central Locality.....	46
North Locality	47
North East Locality.....	48
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Did you have confidence and trust in the Nurse you saw or spoke to?:

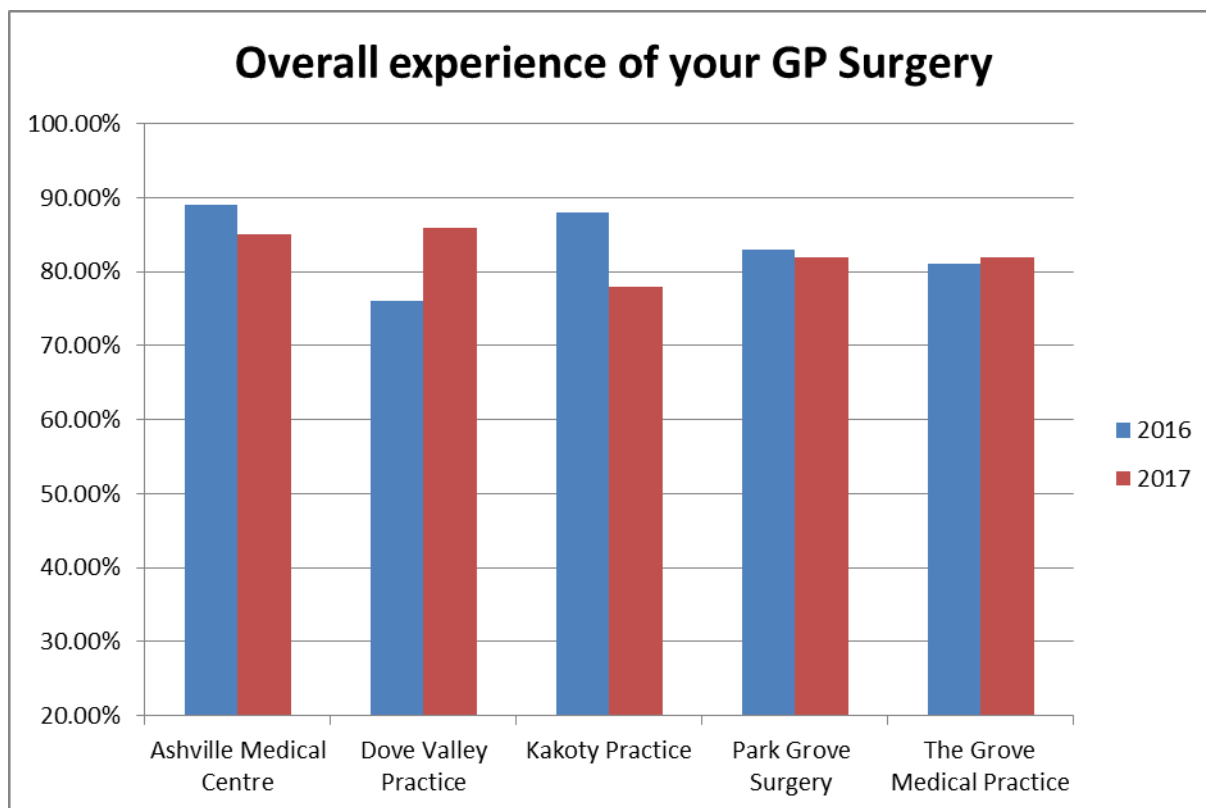
Penistone Locality	51
Central Locality.....	52
North Locality	53
North East Locality.....	54
Dearne Locality	55
South Locality	56

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



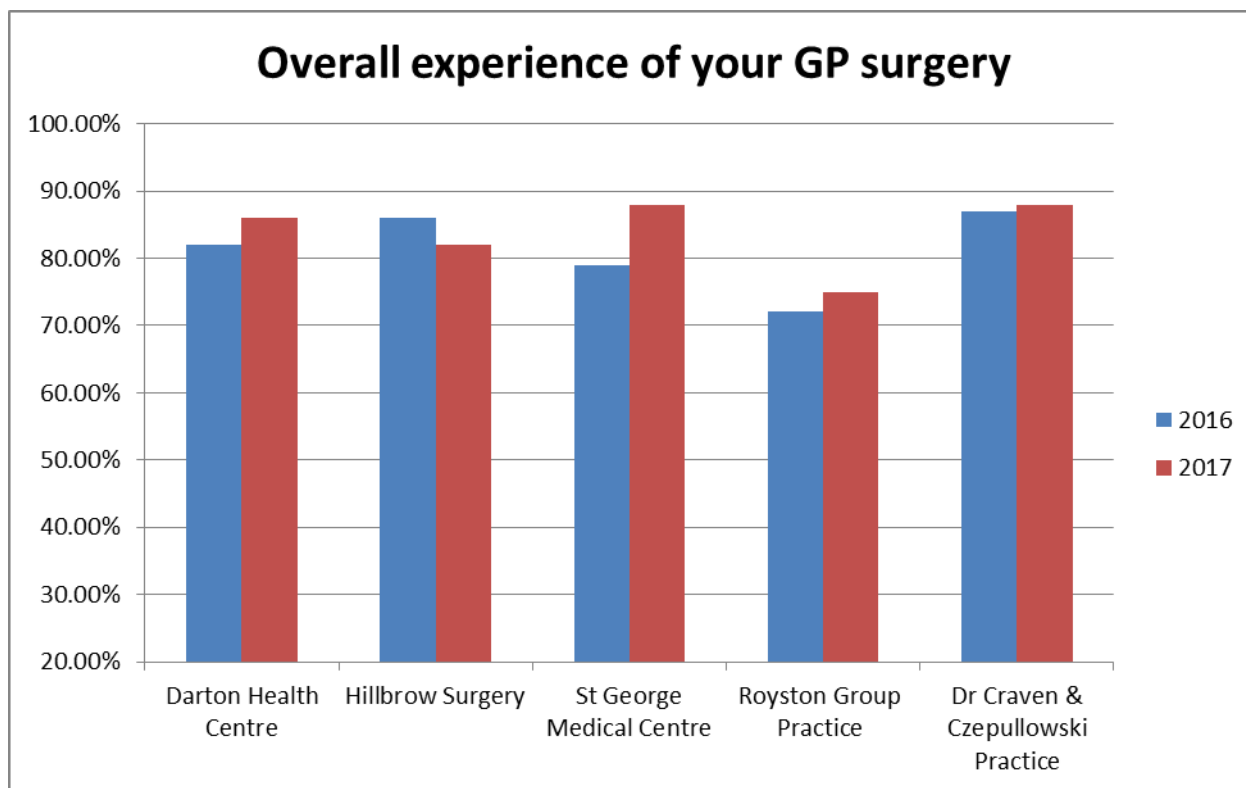
Penistone Locality Practices	2016	2017
Kingswell Surgery	90.00%	95.00%
Penistone Group Practice	94.00%	90.00%
Apollo Court Medical Centre	82.00%	57.00%
Woodland Drive Medical Centre	88.00%	85.00%
Huddersfield Road Surgery	84.00%	87.00%
Victoria Medical Centre	95.00%	96.00%

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



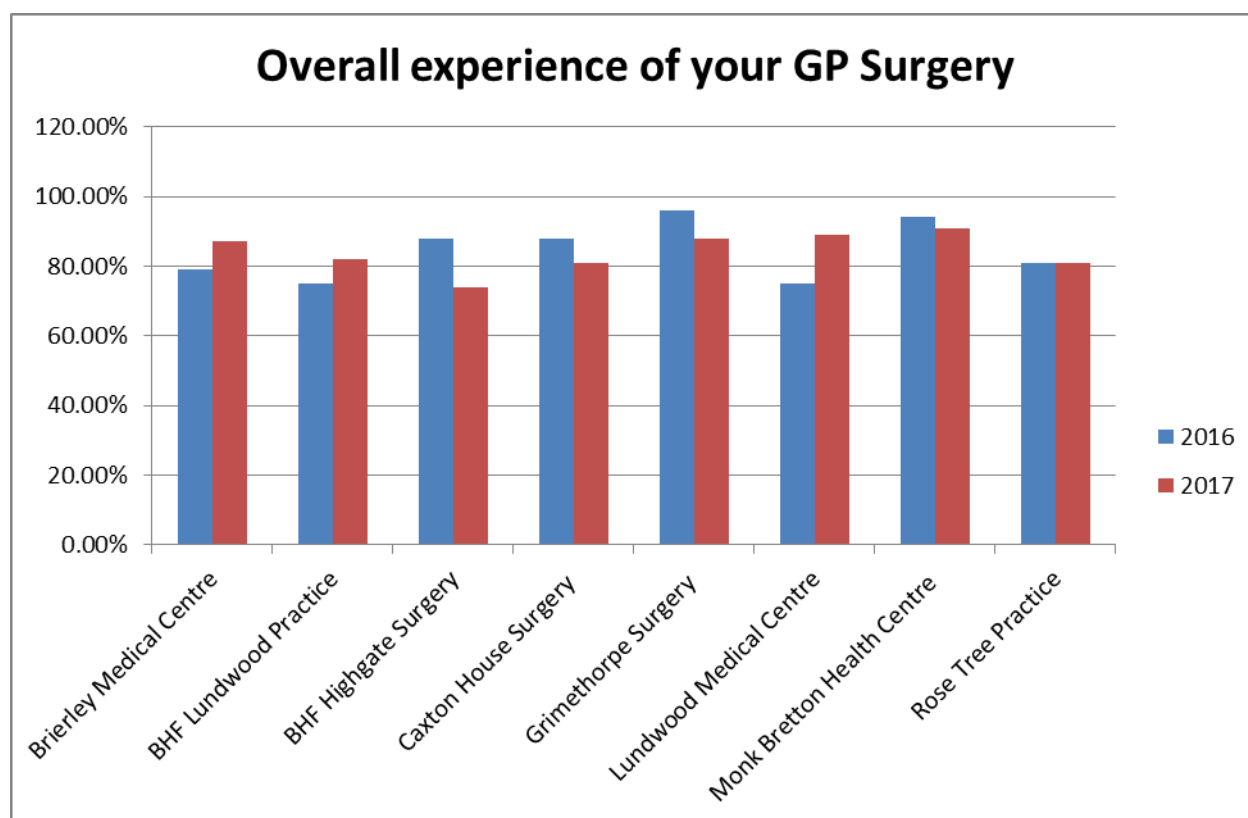
Central Locality Practices	2016	2017
Ashville Medical Centre	89.00%	85.00%
Dove Valley Practice	76.00%	86.00%
Kakoty Practice	88.00%	78.00%
Park Grove Surgery	83.00%	82.00%
The Grove Medical Practice	81.00%	82.00%

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



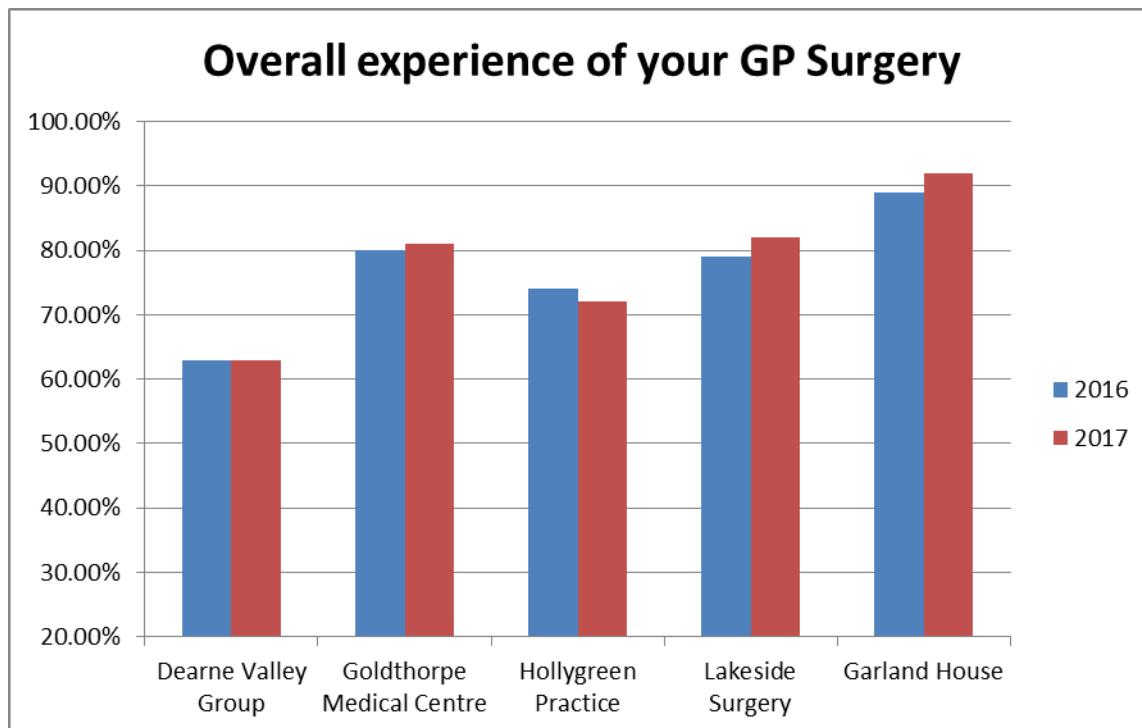
North Locality Practices	2016	2017
Darton Health Centre	82.00%	86.00%
Hillbrow Surgery	86.00%	82.00%
St George Medical Centre	79.00%	88.00%
Royston Group Practice	72.00%	75.00%
Dr Craven & Czepullowski Practice	87.00%	88.00%

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



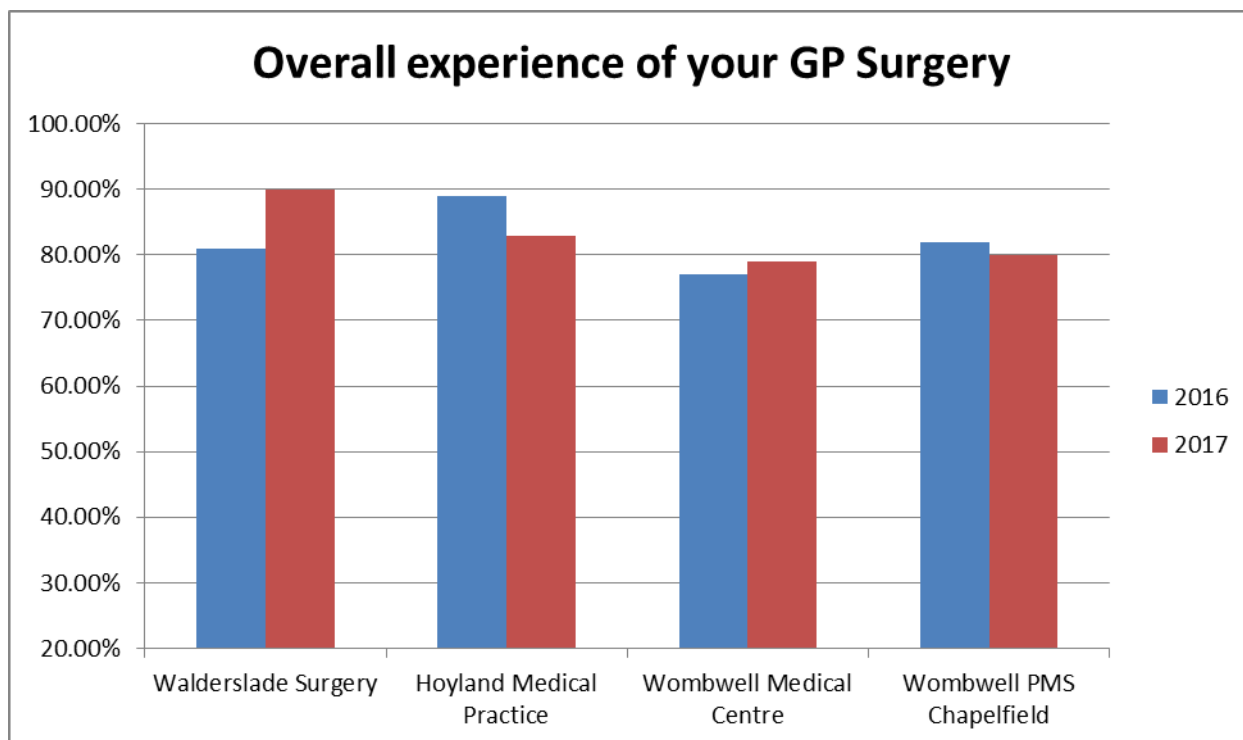
North East Locality Practices	2016	2017
Brierley Medical Centre	79.00%	87.00%
BHF Lundwood Practice	75.00%	82.00%
BHF Highgate Surgery	88.00%	74.00%
Caxton House Surgery	88.00%	81.00%
Grimethorpe Surgery	96.00%	88.00%
Lundwood Medical Centre	75.00%	89.00%
Monk Bretton Health Centre	94.00%	91.00%
Rose Tree Practice	81.00%	81.00%

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



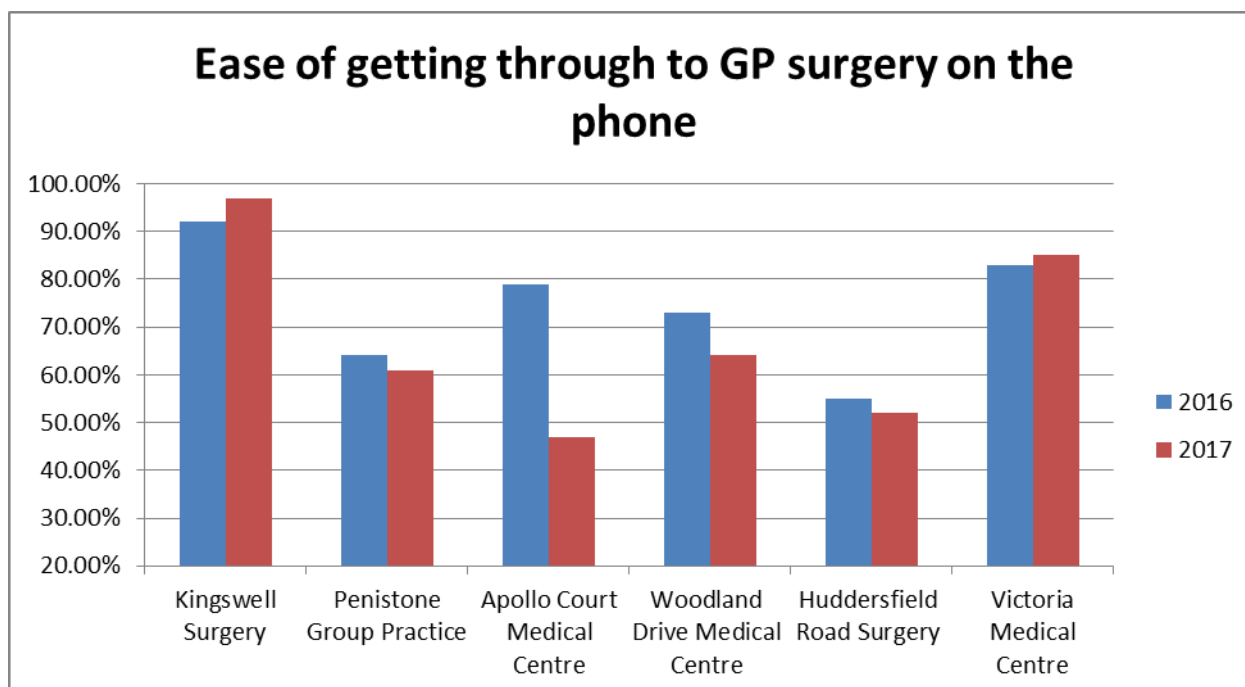
Dearne Locality Practices	2016	2017
Dearne Valley Group	63.00%	63.00%
Goldthorpe Medical Centre	80.00%	81.00%
Hollygreen Practice	74.00%	72.00%
Lakeside Surgery	79.00%	82.00%
Garland House	89.00%	92.00%

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



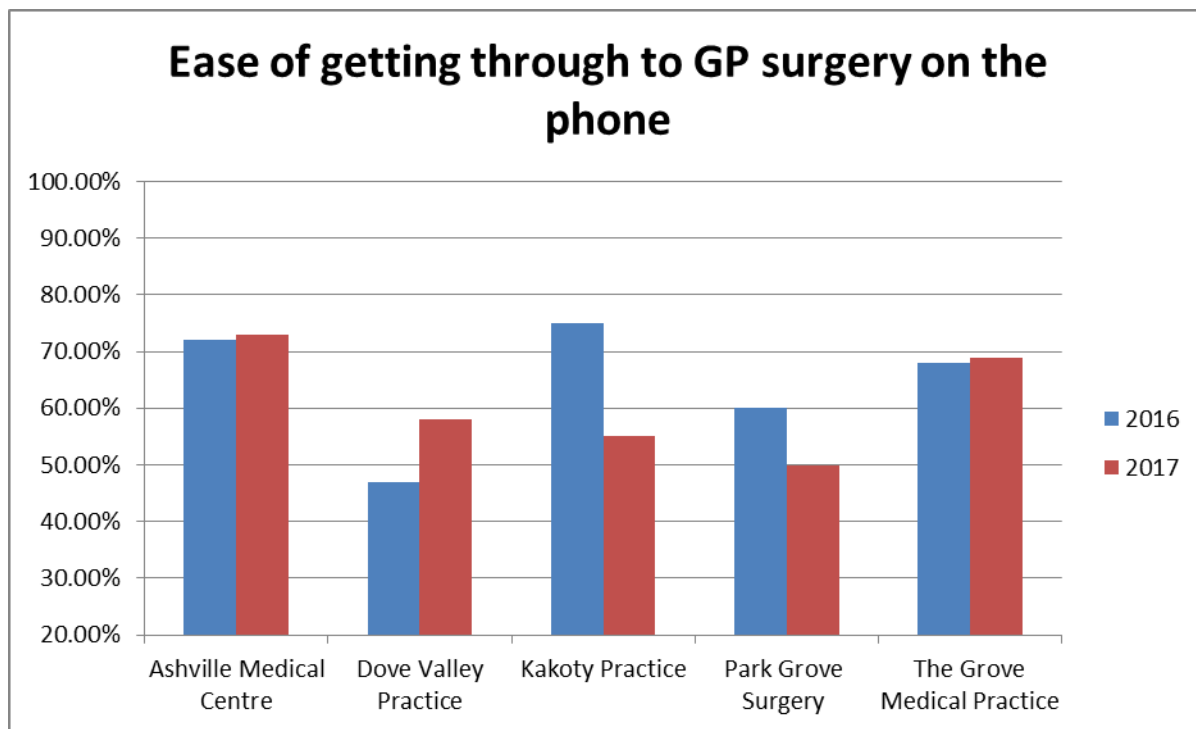
South Locality Practices	2016	2017
Walderslade Surgery	81.00%	90.00%
Hoyland Medical Practice	89.00%	83.00%
Wombwell Medical Centre	77.00%	79.00%
Wombwell PMS Chapelfield	82.00%	80.00%

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



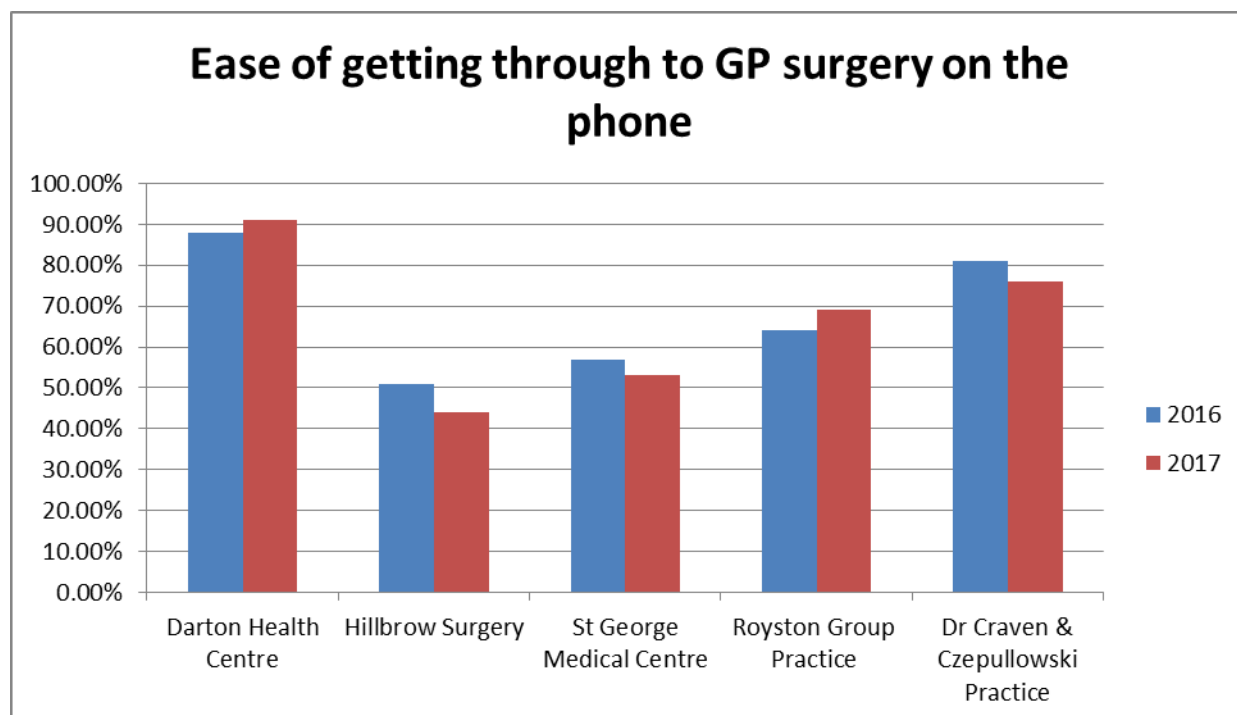
Penistone Locality Practices	2016	2017
Kingswell Surgery	92.00%	97.00%
Penistone Group Practice	64.00%	61.00%
Apollo Court Medical Centre	79.00%	47.00%
Woodland Drive Medical Centre	73.00%	64.00%
Huddersfield Road Surgery	55.00%	52.00%
Victoria Medical Centre	83.00%	85.00%

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



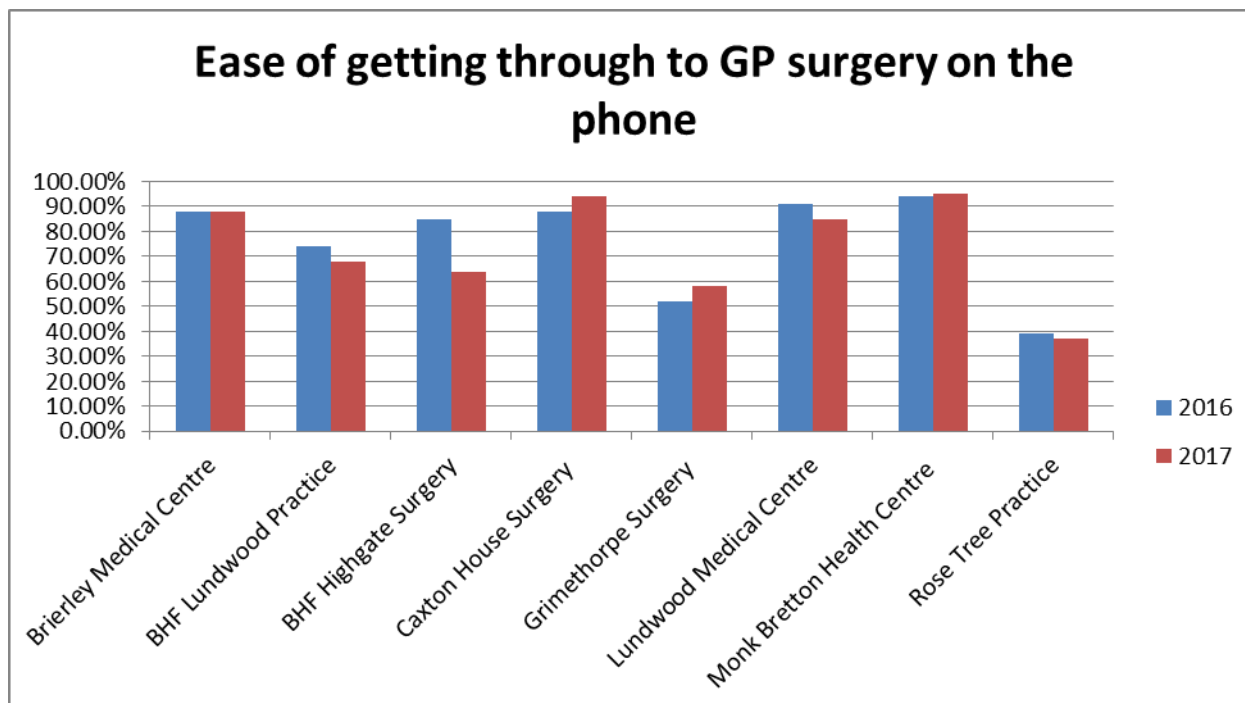
Central Locality Practices	2016	2017
Ashville Medical Centre	72.00%	73.00%
Dove Valley Practice	47.00%	58.00%
Kakoty Practice	75.00%	55.00%
Park Grove Surgery	60.00%	50.00%
The Grove Medical Practice	68.00%	69.00%

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



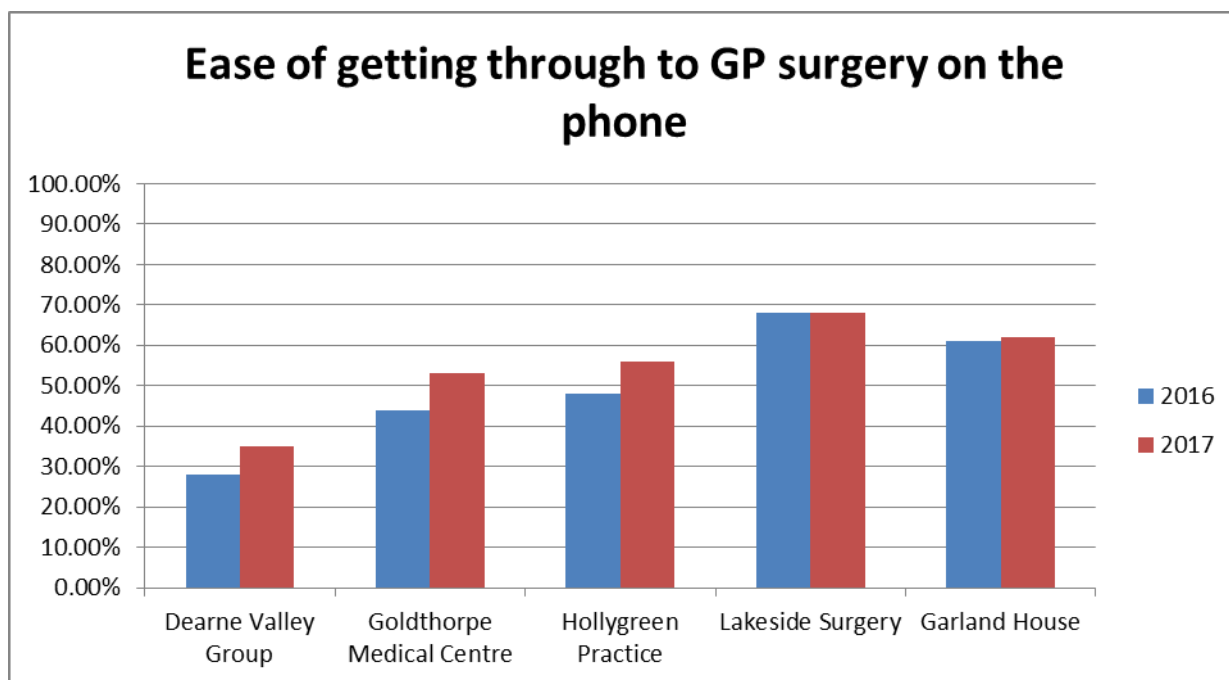
North Locality Practices	2016	2017
Darton Health Centre	88.00%	91.00%
Hillbrow Surgery	51.00%	44.00%
St George Medical Centre	57.00%	53.00%
Royston Group Practice	64.00%	69.00%
Dr Craven & Czepullowski Practice	81.00%	76.00%

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



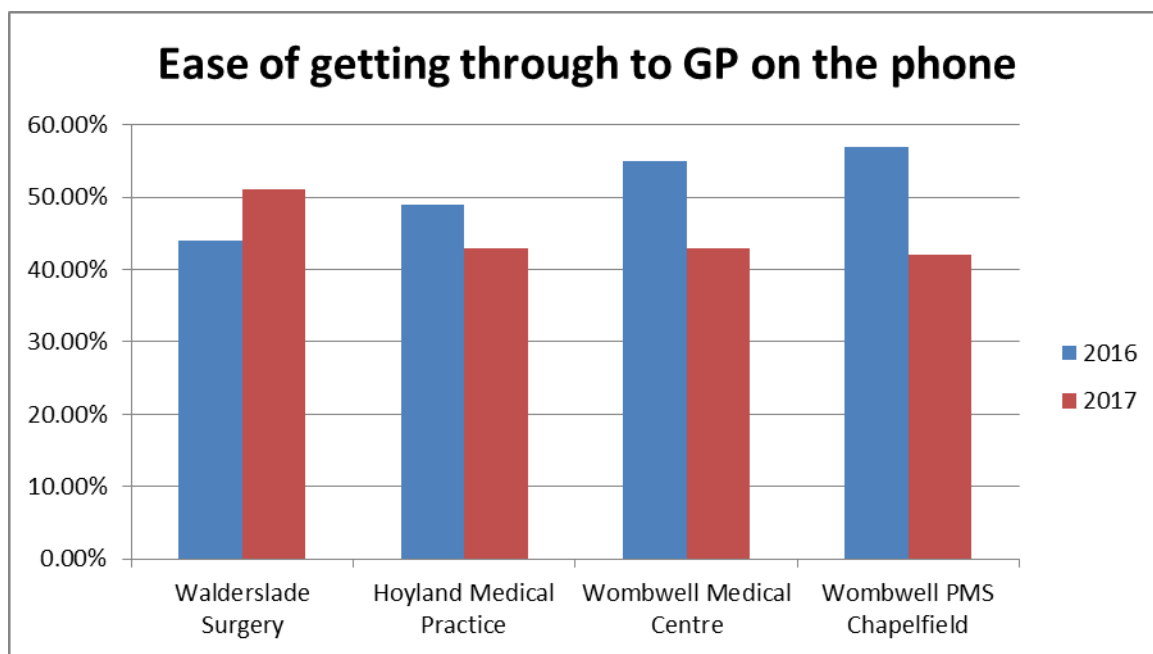
North East Locality Practices	2016	2017
Brierley Medical Centre	88.00%	88.00%
BHF Lundwood Practice	74.00%	68.00%
BHF Highgate Surgery	85.00%	64.00%
Caxton House Surgery	88.00%	94.00%
Grimethorpe Surgery	52.00%	58.00%
Lundwood Medical Centre	91.00%	85.00%
Monk Bretton Health Centre	94.00%	95.00%
Rose Tree Practice	39.00%	37.00%

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



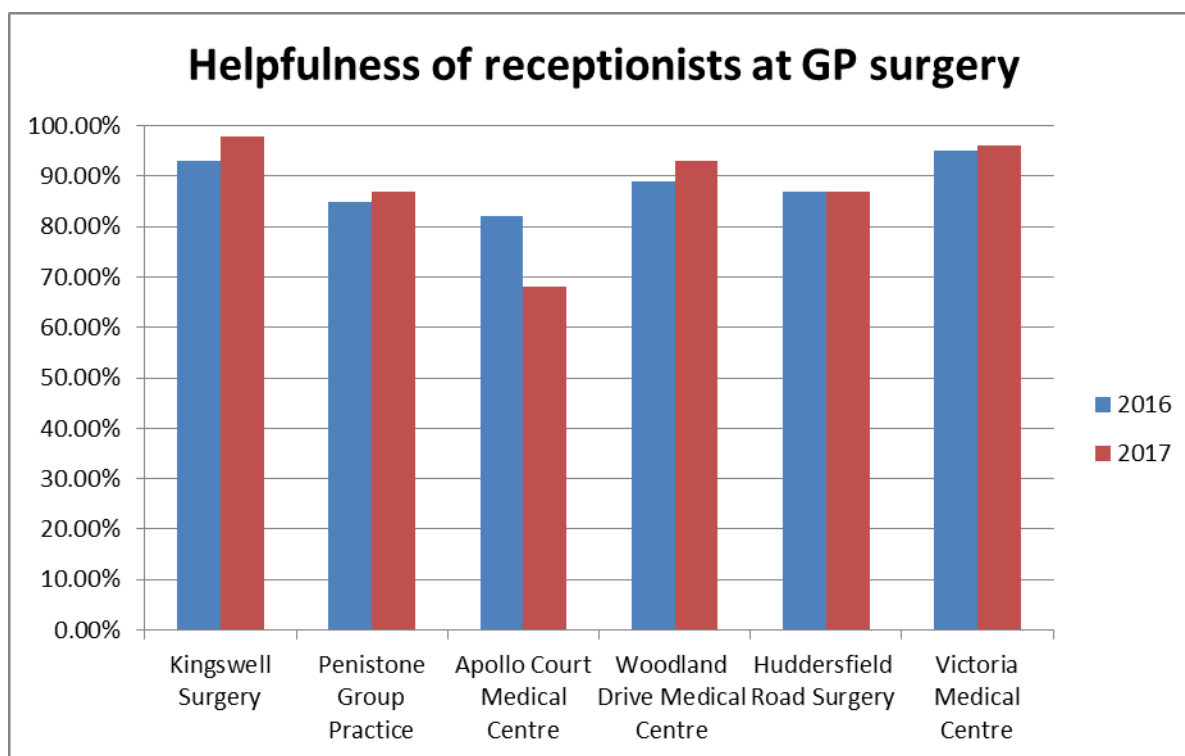
Dearne Locaility Practices	2016	2017
Dearne Valley Group	28.00%	35.00%
Goldthorpe Medical Centre	44.00%	53.00%
Hollygreen Practice	48.00%	56.00%
Lakeside Surgery	68.00%	68.00%
Garland House	61.00%	62.00%

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



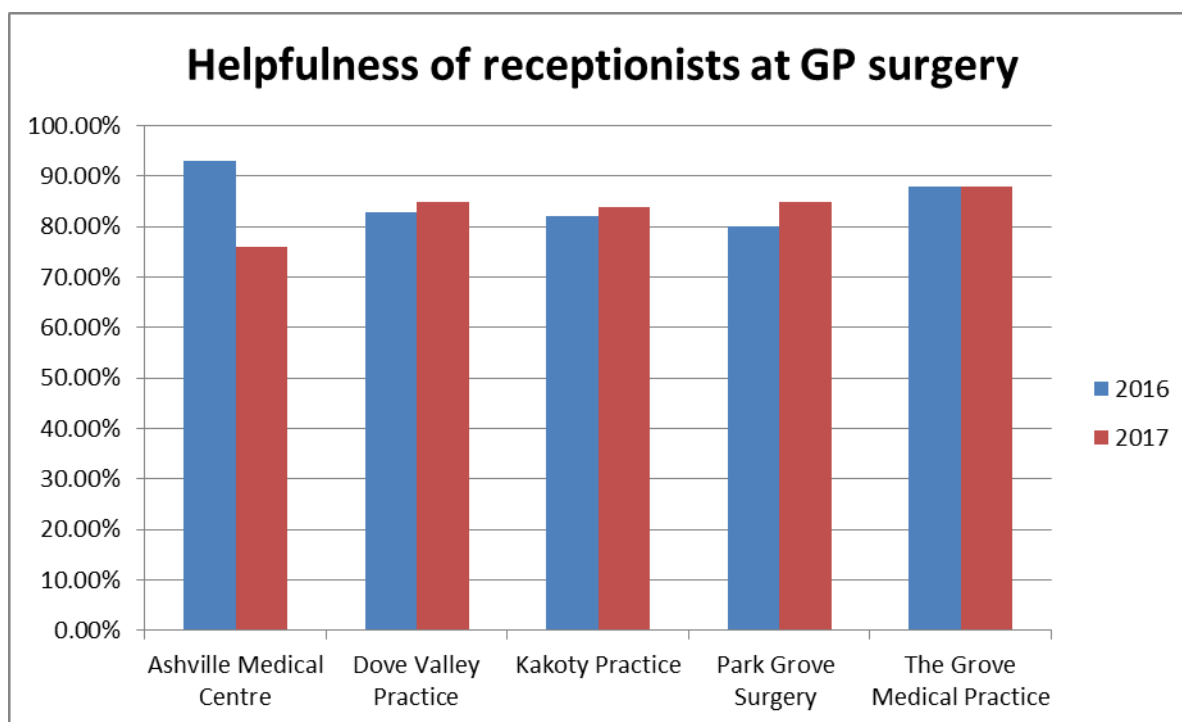
South Locality Practices	2016	2017
Walderslade Surgery	44.00%	51.00%
Hoyland Medical Practice	49.00%	43.00%
Wombwell Medical Centre	55.00%	43.00%
Wombwell PMS Chapelfield	57.00%	42.00%

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



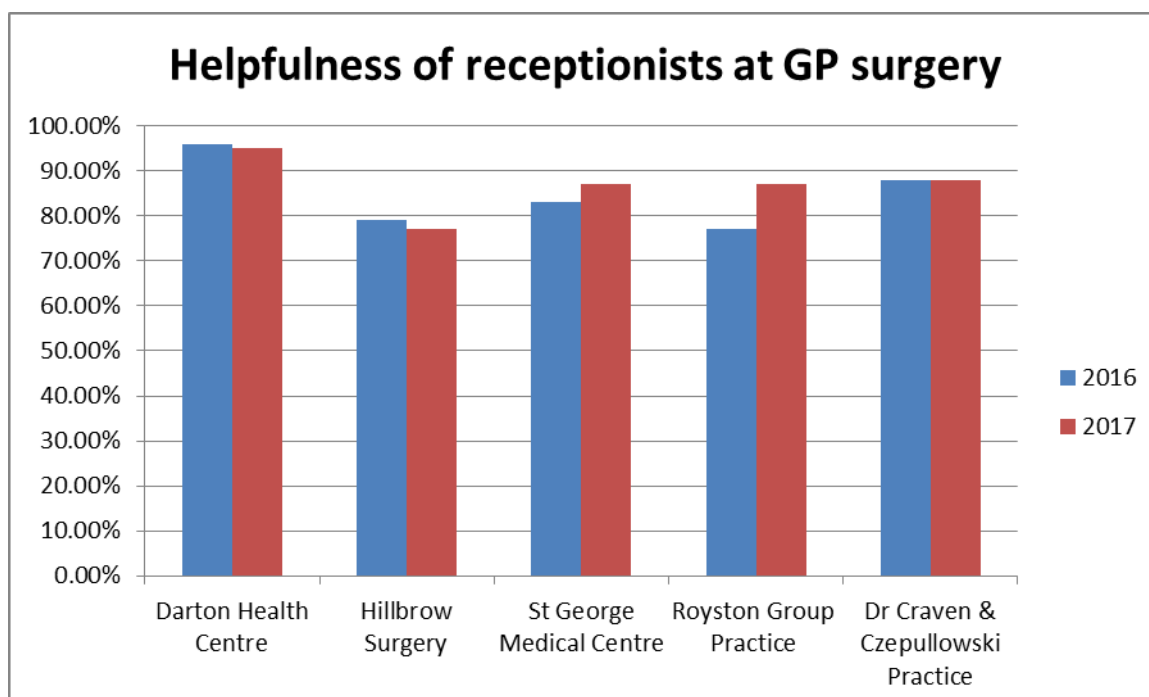
Penistone Locality Practices	2016	2017
Kingswell Surgery	93.00%	98.00%
Penistone Group Practice	85.00%	87.00%
Apollo Court Medical Centre	82.00%	68.00%
Woodland Drive Medical Centre	89.00%	93.00%
Huddersfield Road Surgery	87.00%	87.00%
Victoria Medical Centre	95.00%	96.00%

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



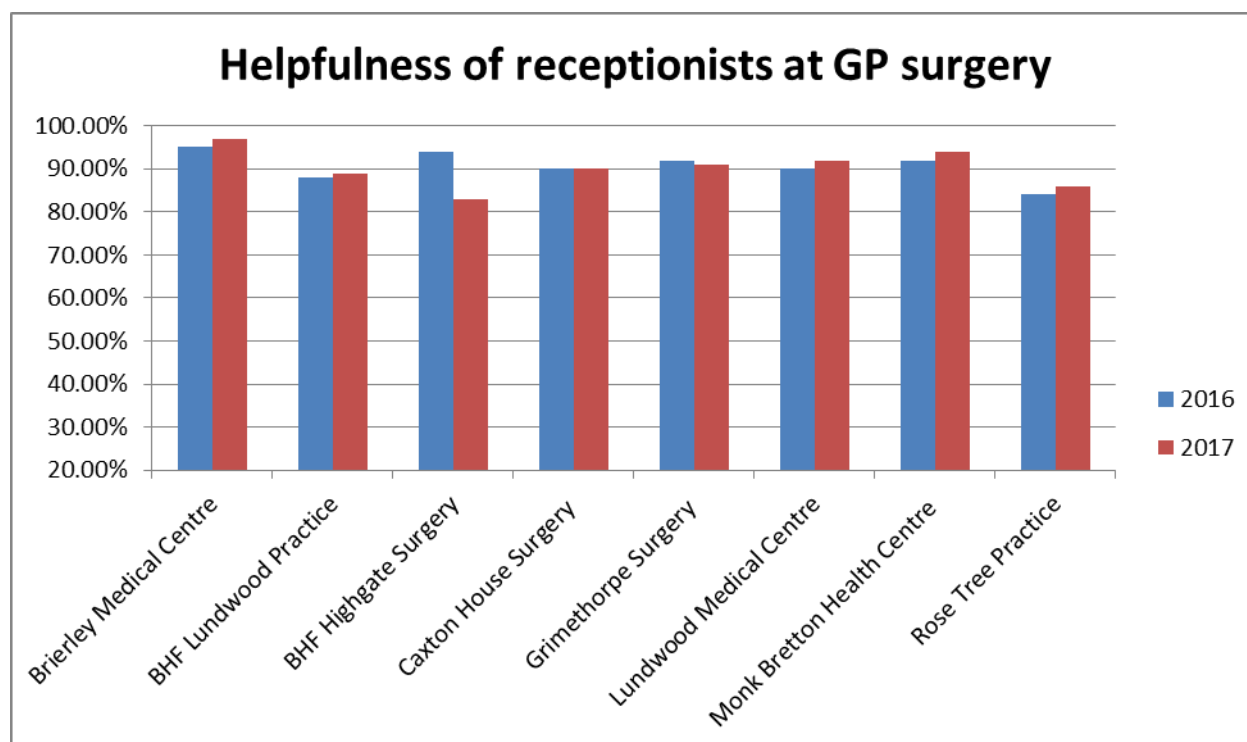
Central Locality Practices	2016	2017
Ashville Medical Centre	93.00%	76.00%
Dove Valley Practice	83.00%	85.00%
Kakoty Practice	82.00%	84.00%
Park Grove Surgery	80.00%	85.00%
The Grove Medical Practice	88.00%	88.00%

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



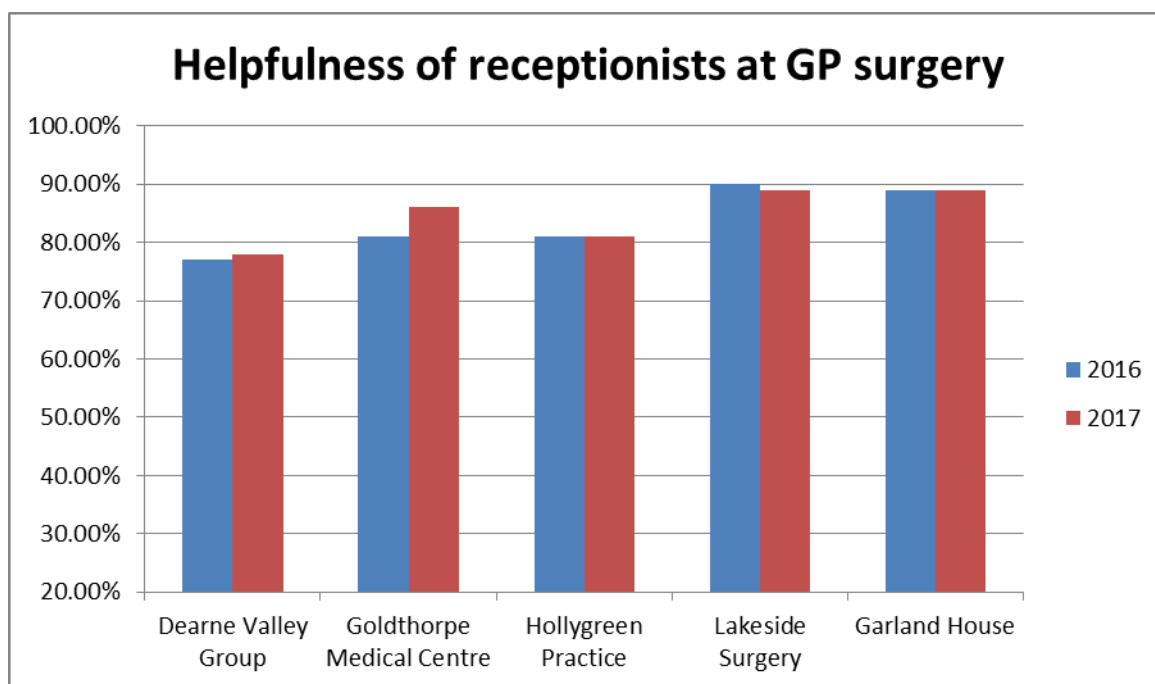
North Locality Practices	2016	2017
Darton Health Centre	96.00%	95.00%
Hillbrow Surgery	79.00%	77.00%
St George Medical Centre	83.00%	87.00%
Royston Group Practice	77.00%	87.00%
Dr Craven & Czepullowski Practice	88.00%	88.00%

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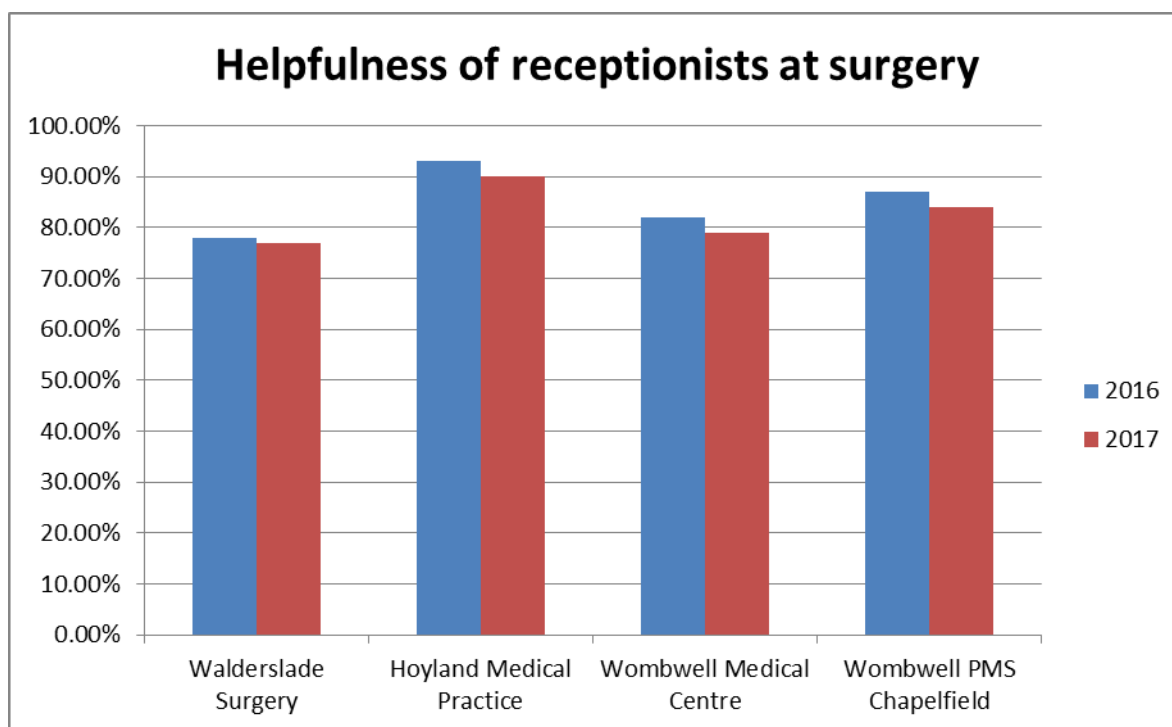
North East Locality Practices	2016	2017
Brierley Medical Centre	95.00%	97.00%
BHF Lundwood Practice	88.00%	89.00%
BHF Highgate Surgery	94.00%	83.00%
Caxton House Surgery	90.00%	90.00%
Grimethorpe Surgery	92.00%	91.00%
Lundwood Medical Centre	90.00%	92.00%
Monk Bretton Health Centre	92.00%	94.00%
Rose Tree Practice	84.00%	86.00%

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



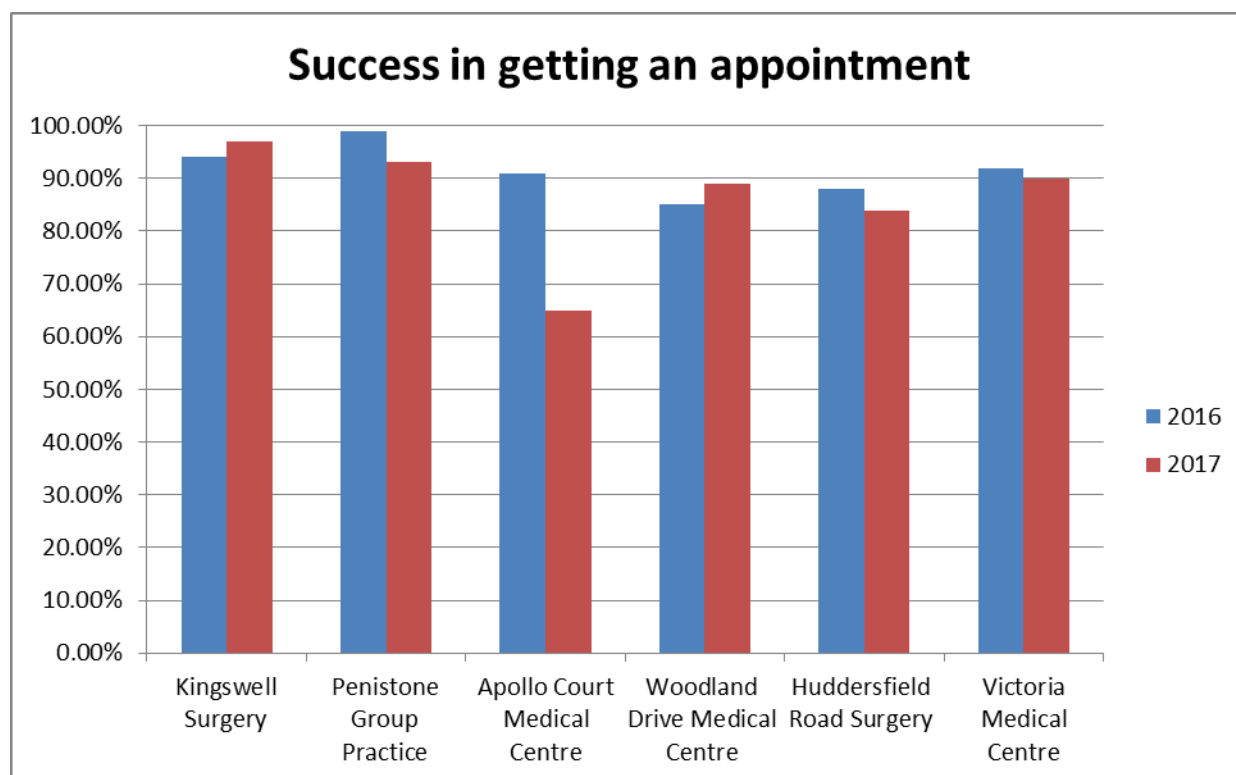
Dearne Locality Practices	2016	2017
Dearne Valley Group	77.00%	78.00%
Goldthorpe Medical Centre	81.00%	86.00%
Hollygreen Practice	81.00%	81.00%
Lakeside Surgery	90.00%	89.00%
Garland House	89.00%	89.00%

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



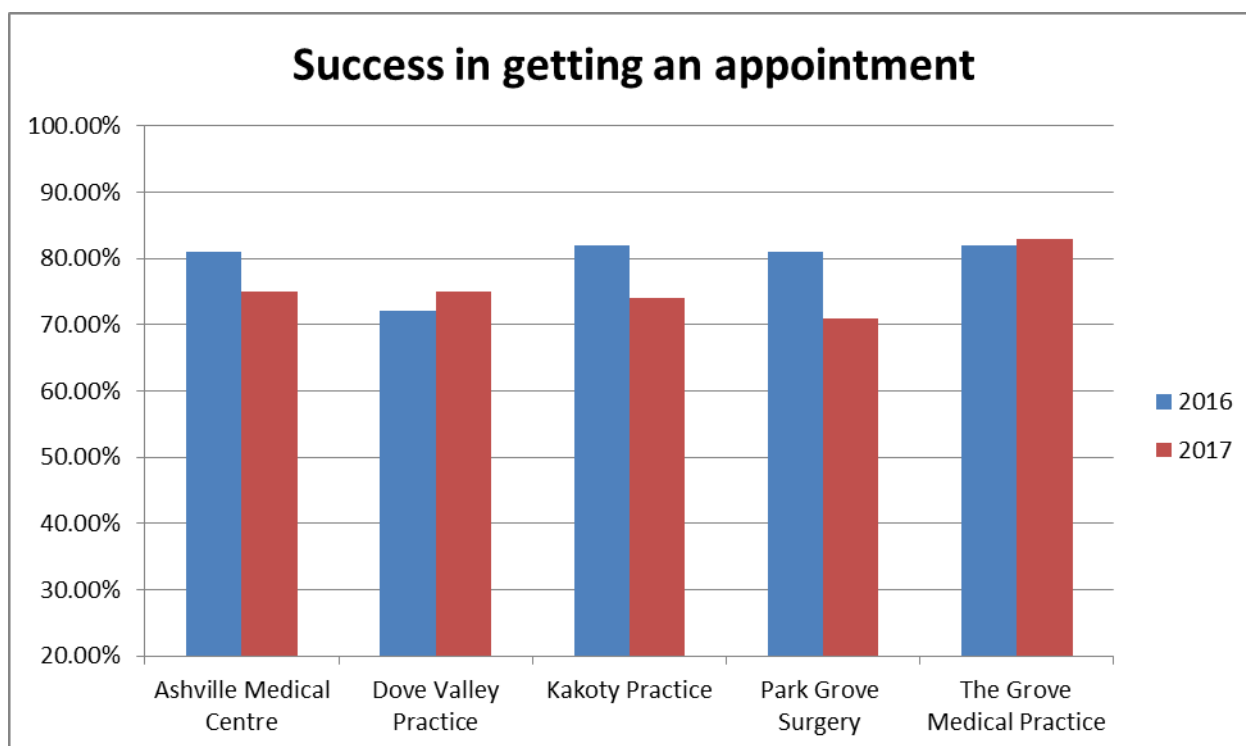
South Locality Practices	2016	2017
Walderslade Surgery	78.00%	77.00%
Hoyland Medical Practice	93.00%	90.00%
Wombwell Medical Centre	82.00%	79.00%
Wombwell PMS Chapelfield	87.00%	84.00%

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



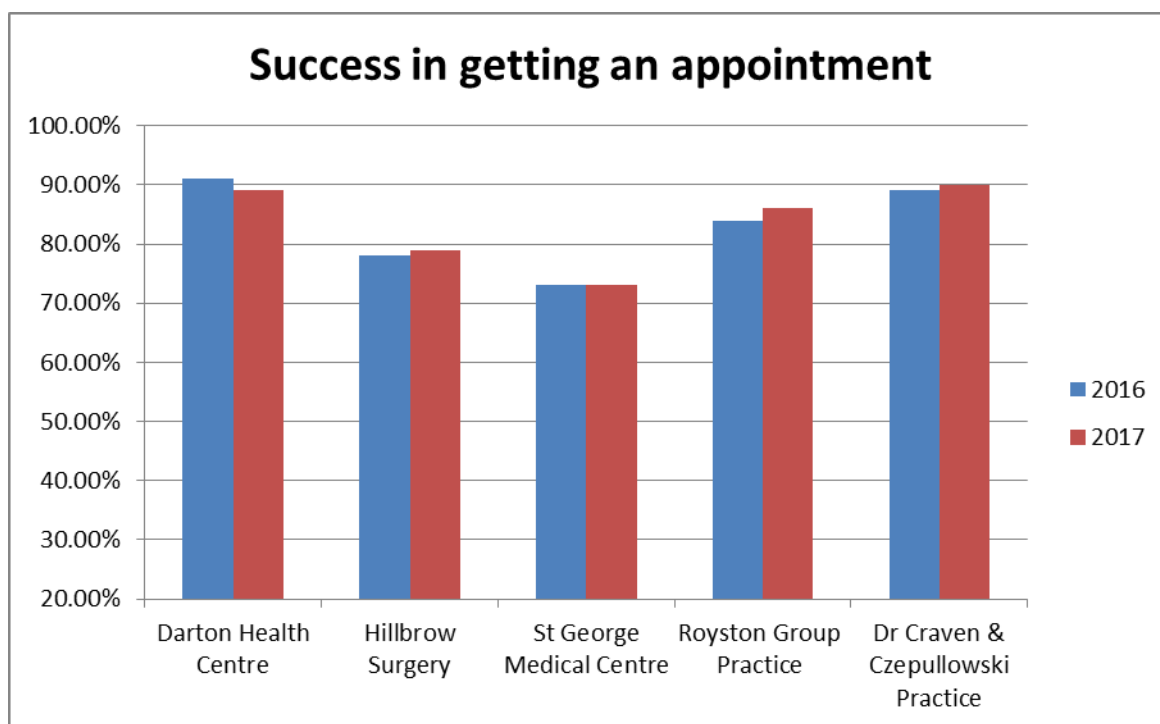
Penistone Locality Practices	2016	2017
Kingswell Surgery	94.00%	97.00%
Penistone Group Practice	99.00%	93.00%
Apollo Court Medical Centre	91.00%	65.00%
Woodland Drive Medical Centre	85.00%	89.00%
Huddersfield Road Surgery	88.00%	84.00%
Victoria Medical Centre	92.00%	90.00%

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



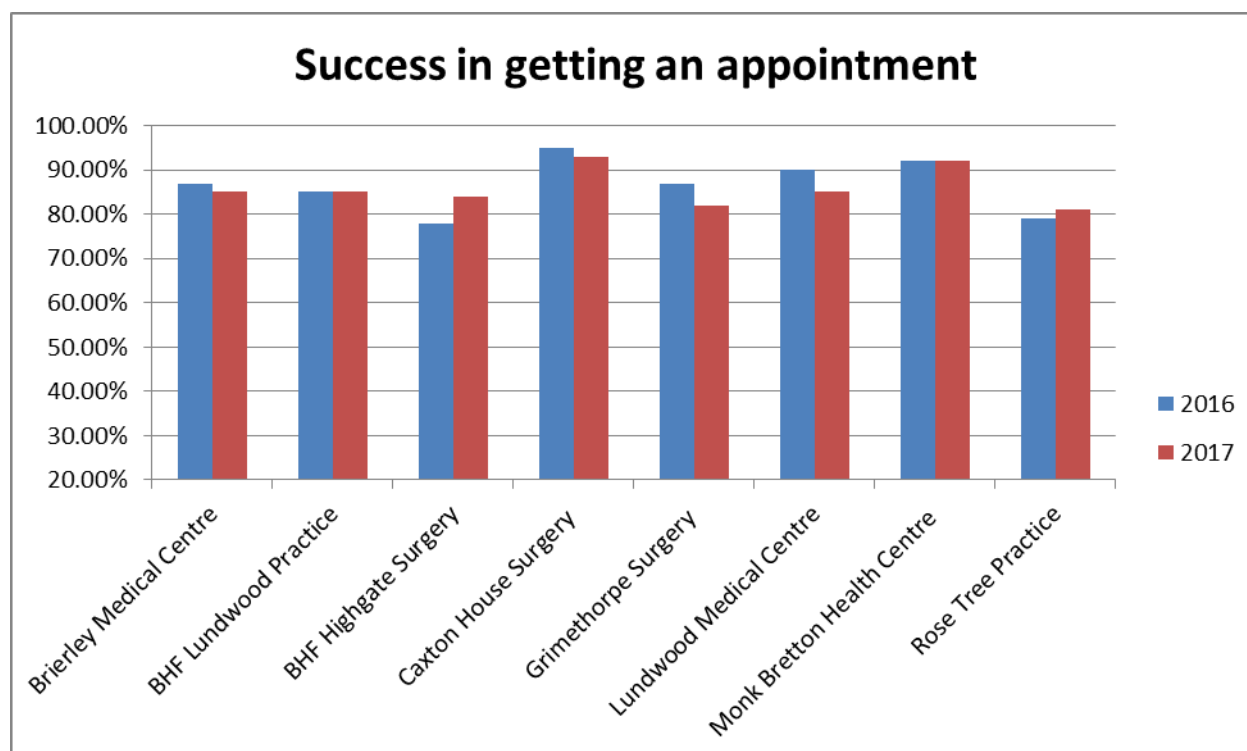
Central Locality Practices	2016	2017
Ashville Medical Centre	81.00%	75.00%
Dove Valley Practice	72.00%	75.00%
Kakoty Practice	82.00%	74.00%
Park Grove Surgery	81.00%	71.00%
The Grove Medical Practice	82.00%	83.00%

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



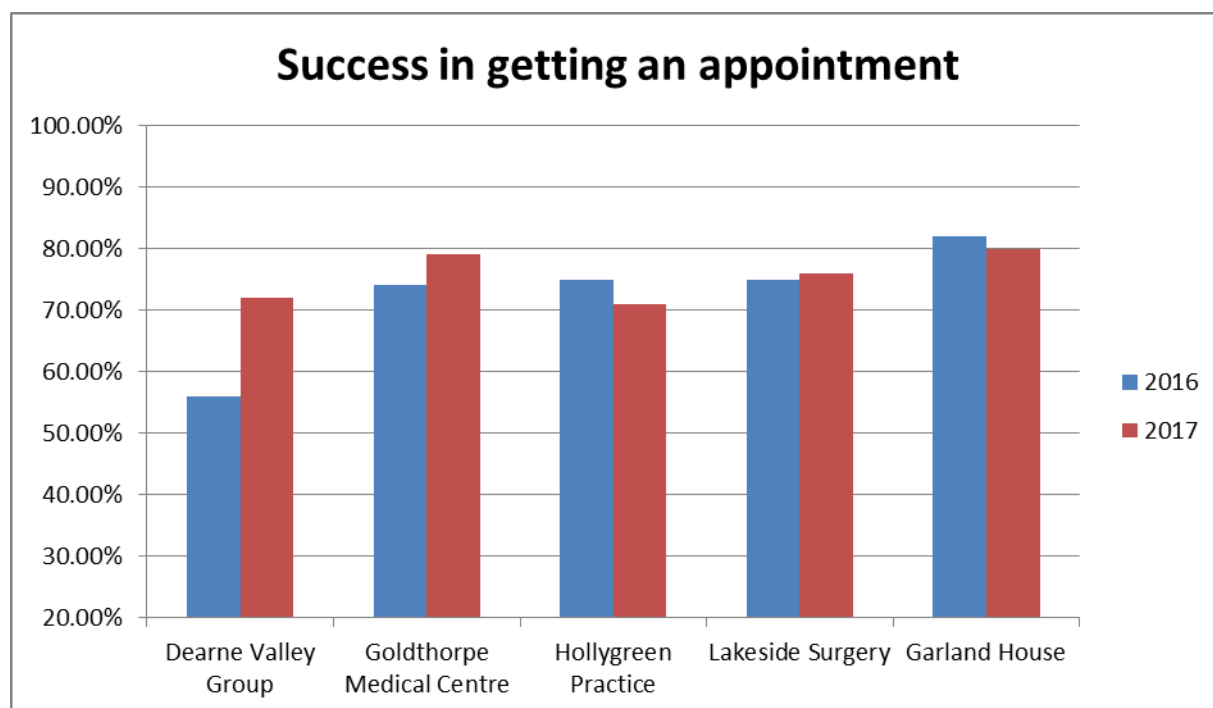
North Locality Practices	2016	2017
Darton Health Centre	91.00%	89.00%
Hillbrow Surgery	78.00%	79.00%
St George Medical Centre	73.00%	73.00%
Royston Group Practice	84.00%	86.00%
Dr Craven & Czepullowski Practice	89.00%	90.00%

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



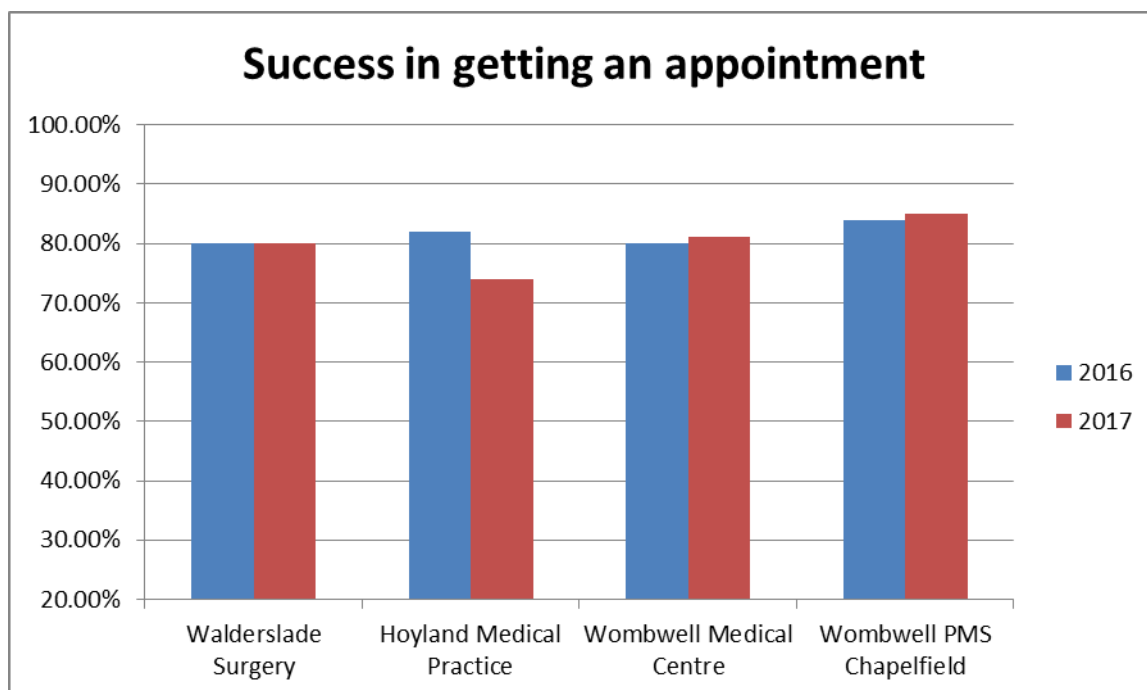
North East Locality Practices	2016	2017
Brierley Medical Centre	87.00%	85.00%
BHF Lundwood Practice	85.00%	85.00%
BHF Highgate Surgery	78.00%	84.00%
Caxton House Surgery	95.00%	93.00%
Grimethorpe Surgery	87.00%	82.00%
Lundwood Medical Centre	90.00%	85.00%
Monk Bretton Health Centre	92.00%	92.00%
Rose Tree Practice	79.00%	81.00%

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



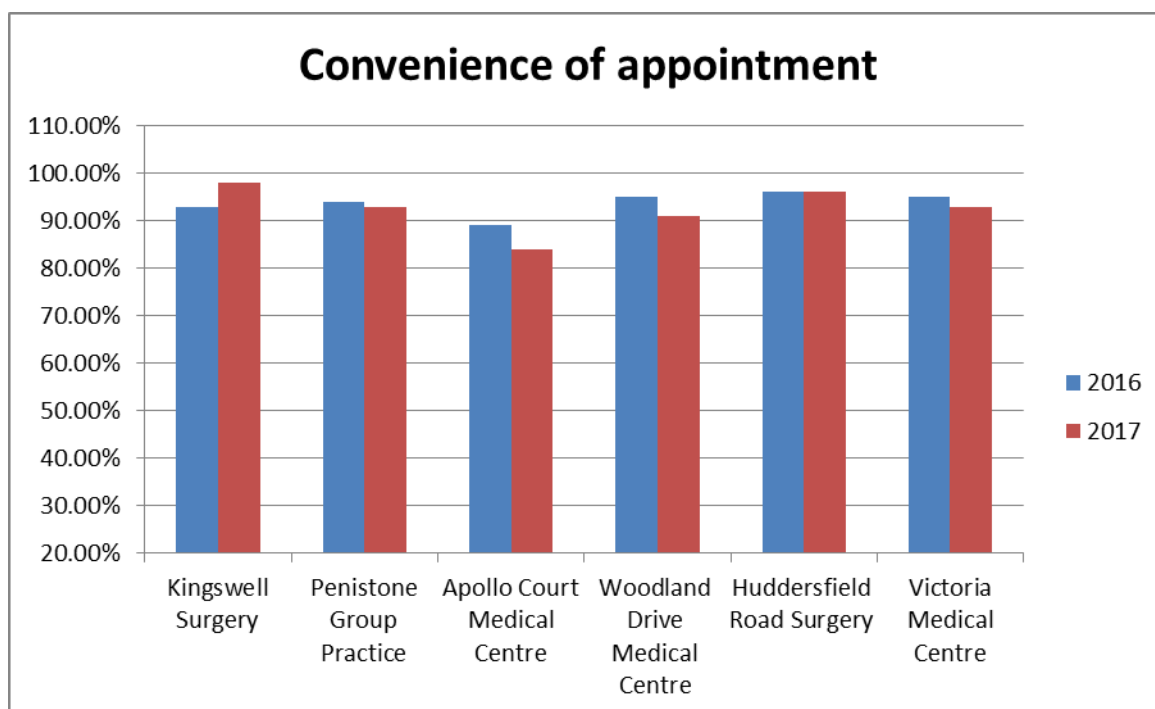
Dearne Locality Practices	2016	2017
Dearne Valley Group	56.00%	72.00%
Goldthorpe Medical Centre	74.00%	79.00%
Hollygreen Practice	75.00%	71.00%
Lakeside Surgery	75.00%	76.00%
Garland House	82.00%	80.00%

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



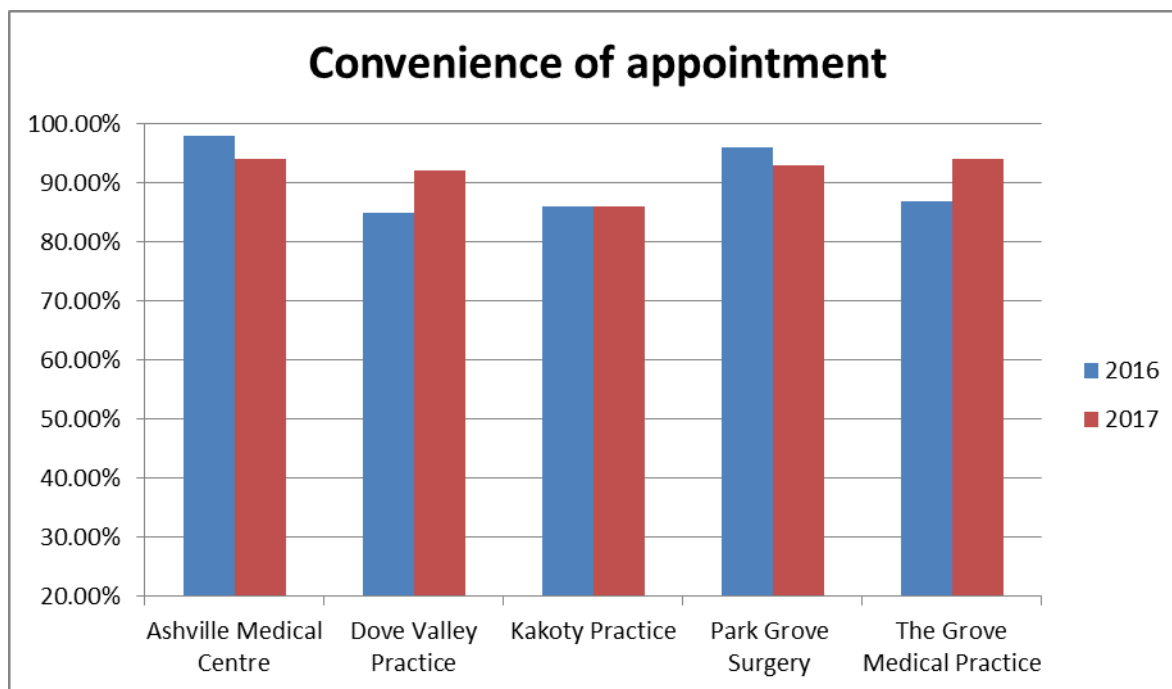
South Locality Practices	2016	2017
Walderslade Surgery	80.00%	80.00%
Hoyland Medical Practice	82.00%	74.00%
Wombwell Medical Centre	80.00%	81.00%
Wombwell PMS Chapelfield	84.00%	85.00%

How convenient was the appointment you were able to get?



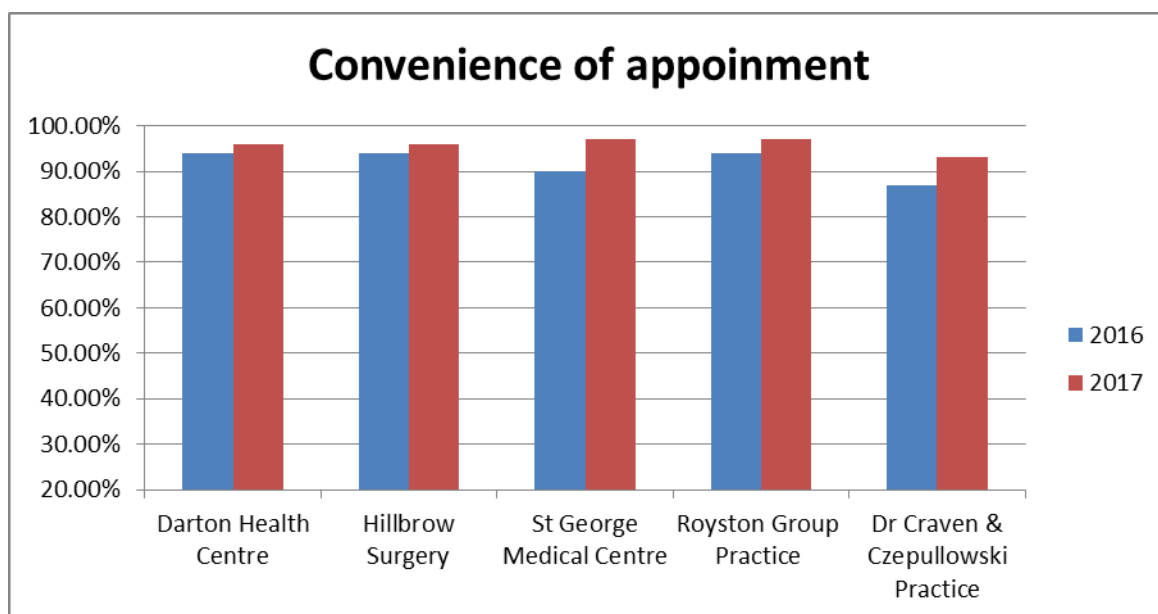
Penistone Locality Practices	2016	2017
Kingswell Surgery	93.00%	98.00%
Penistone Group Practice	94.00%	93.00%
Apollo Court Medical Centre	89.00%	84.00%
Woodland Drive Medical Centre	95.00%	91.00%
Huddersfield Road Surgery	96.00%	96.00%
Victoria Medical Centre	95.00%	93.00%

How convenient was the appointment you were able to get?



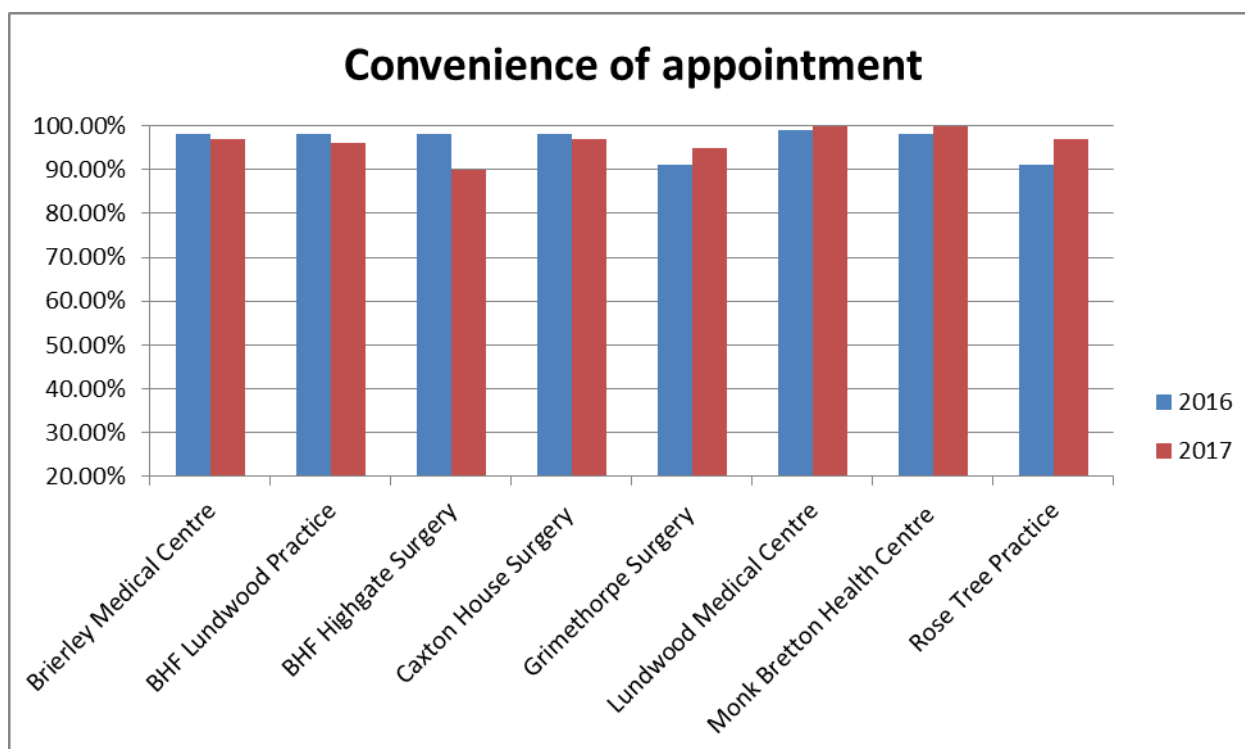
Central Locality Practices	2016	2017
Ashville Medical Centre	98.00%	94.00%
Dove Valley Practice	85.00%	92.00%
Kakoty Practice	86.00%	86.00%
Park Grove Surgery	96.00%	93.00%
The Grove Medical Practice	87.00%	94.00%

How convenient was the appointment you were able to get?



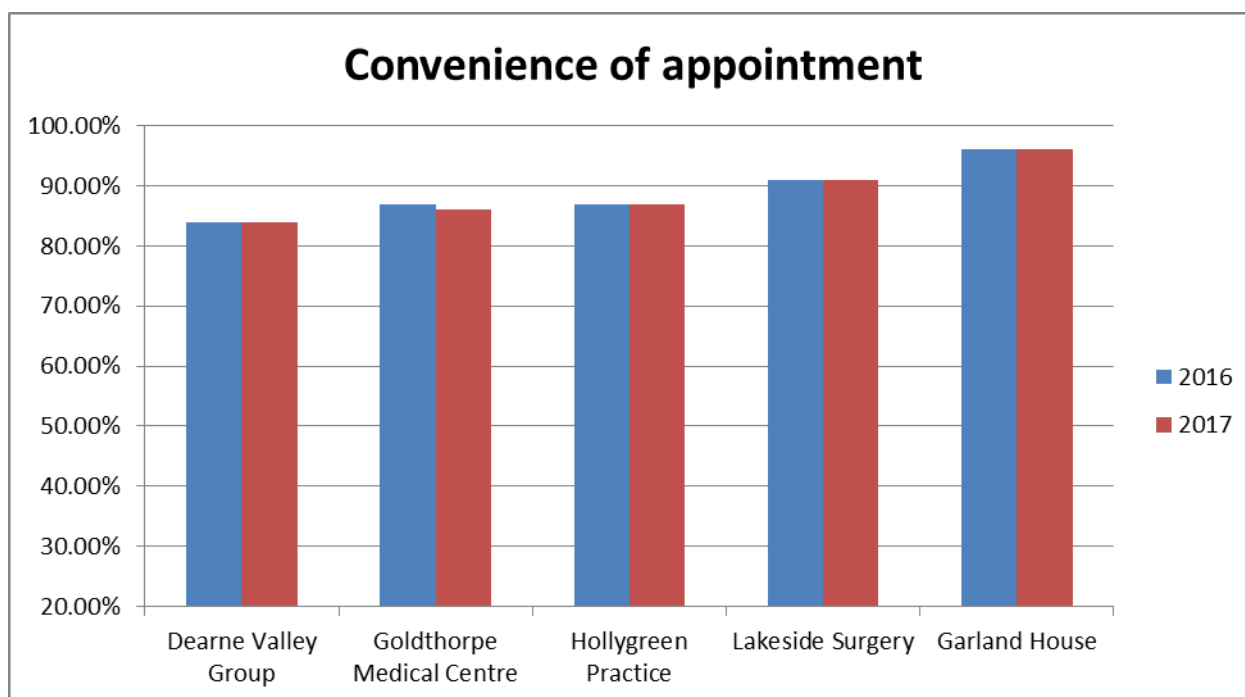
North Locality Practices	2016	2017
Darton Health Centre	94.00%	96.00%
Hillbrow Surgery	94.00%	96.00%
St George Medical Centre	90.00%	97.00%
Royston Group Practice	94.00%	97.00%
Dr Craven & Czepullowski Practice	87.00%	93.00%

How convenient was the appointment you were able to get?



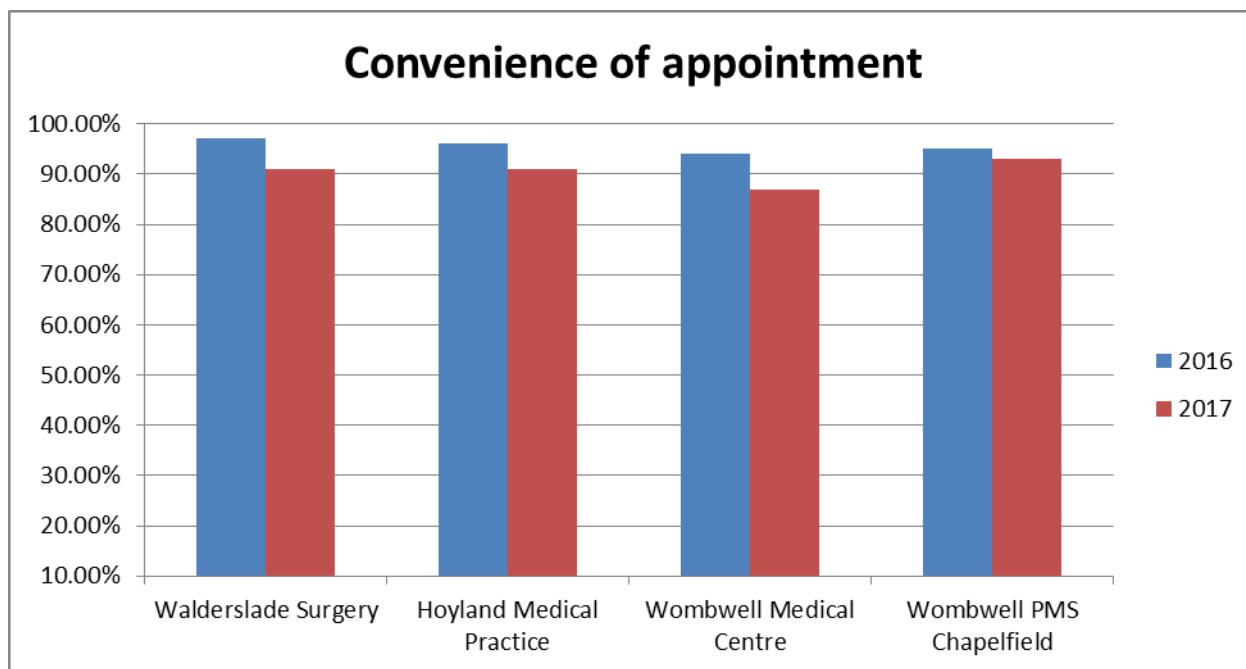
North East Locality Practices	2016	2017
Brierley Medical Centre	98.00%	97.00%
BHF Lundwood Practice	98.00%	96.00%
BHF Highgate Surgery	98.00%	90.00%
Caxton House Surgery	98.00%	97.00%
Grimethorpe Surgery	91.00%	95.00%
Lundwood Medical Centre	99.00%	100.00%
Monk Bretton Health Centre	98.00%	100.00%
Rose Tree Practice	91.00%	97.00%

How convenient was the appointment you were able to get?



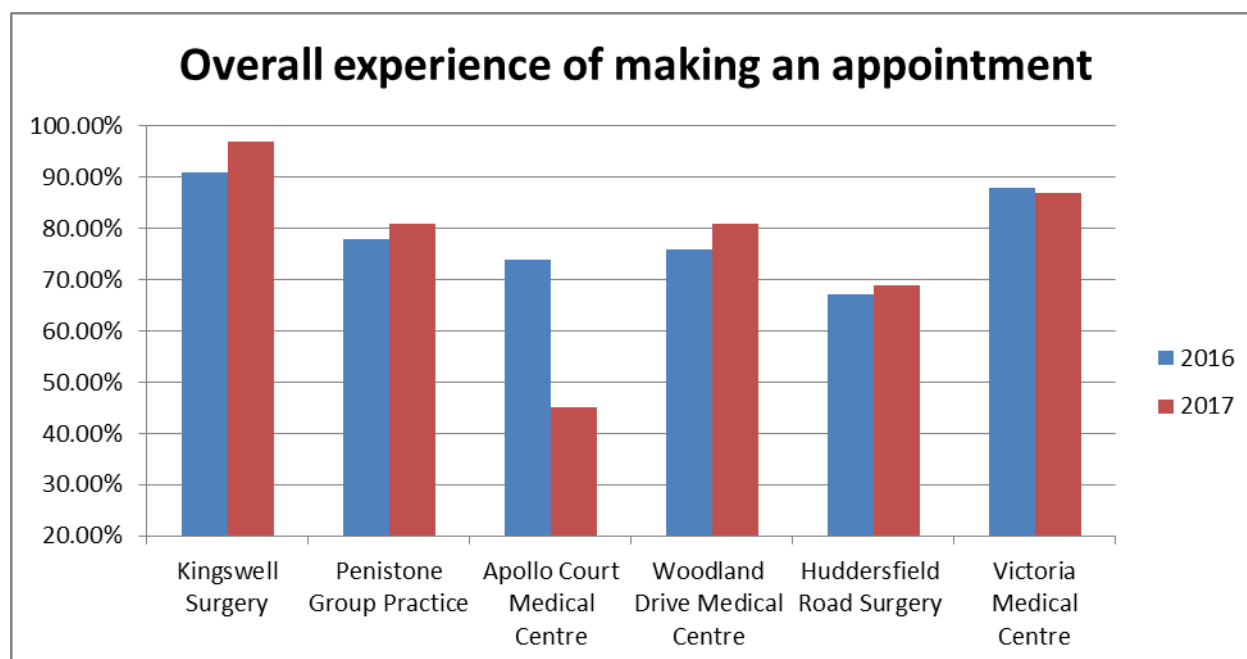
Dearne Locality Practices	2016	2017
Dearne Valley Group	84.00%	84.00%
Goldthorpe Medical Centre	87.00%	86.00%
Hollygreen Practice	87.00%	87.00%
Lakeside Surgery	91.00%	91.00%
Garland House	96.00%	96.00%

How convenient was the appointment you were able to get?



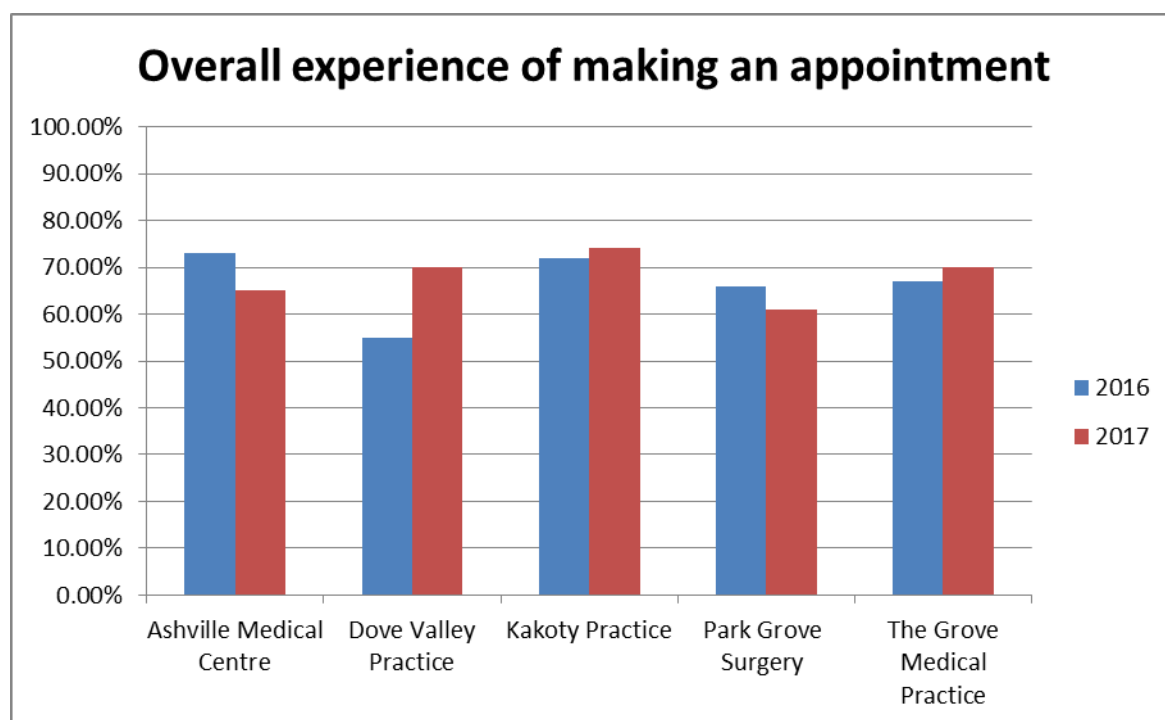
South Locality Practices	2016	2017
Walderslade Surgery	97.00%	91.00%
Hoyland Medical Practice	96.00%	91.00%
Wombwell Medical Centre	94.00%	87.00%
Wombwell PMS Chapelfield	95.00%	93.00%

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



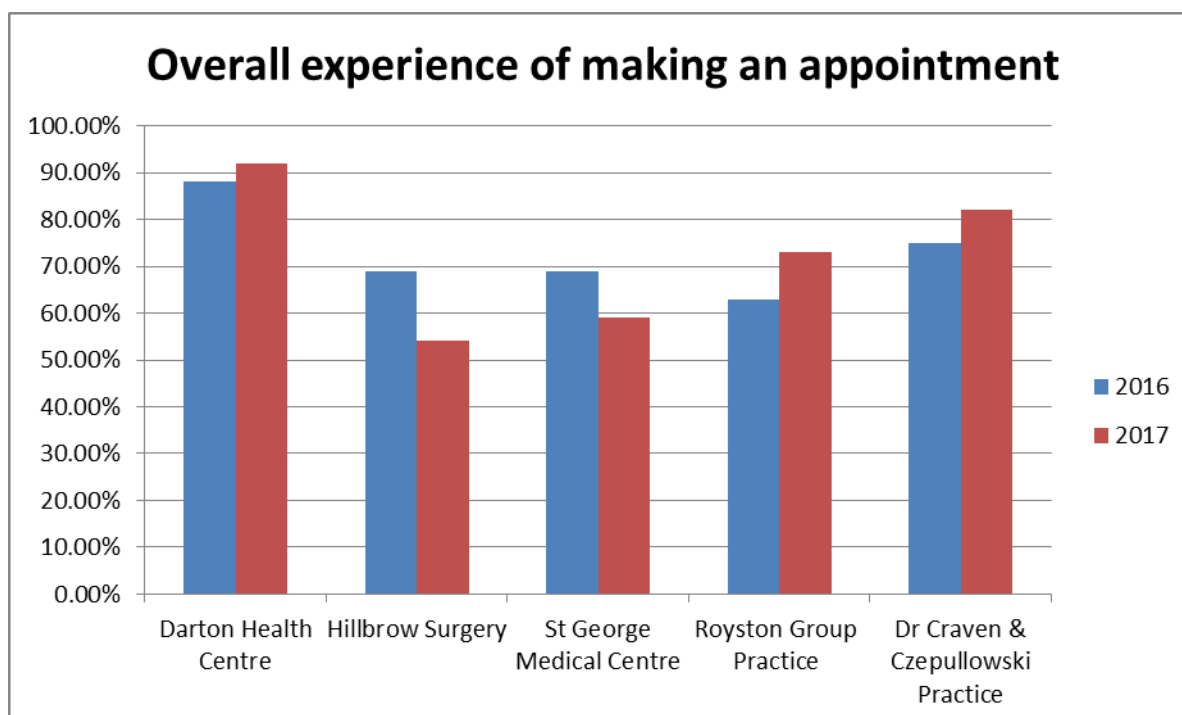
Penistone Locality Practices	2016	2017
Kingswell Surgery	91.00%	97.00%
Penistone Group Practice	78.00%	81.00%
Apollo Court Medical Centre	74.00%	45.00%
Woodland Drive Medical Centre	76.00%	81.00%
Huddersfield Road Surgery	67.00%	69.00%
Victoria Medical Centre	88.00%	87.00%

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



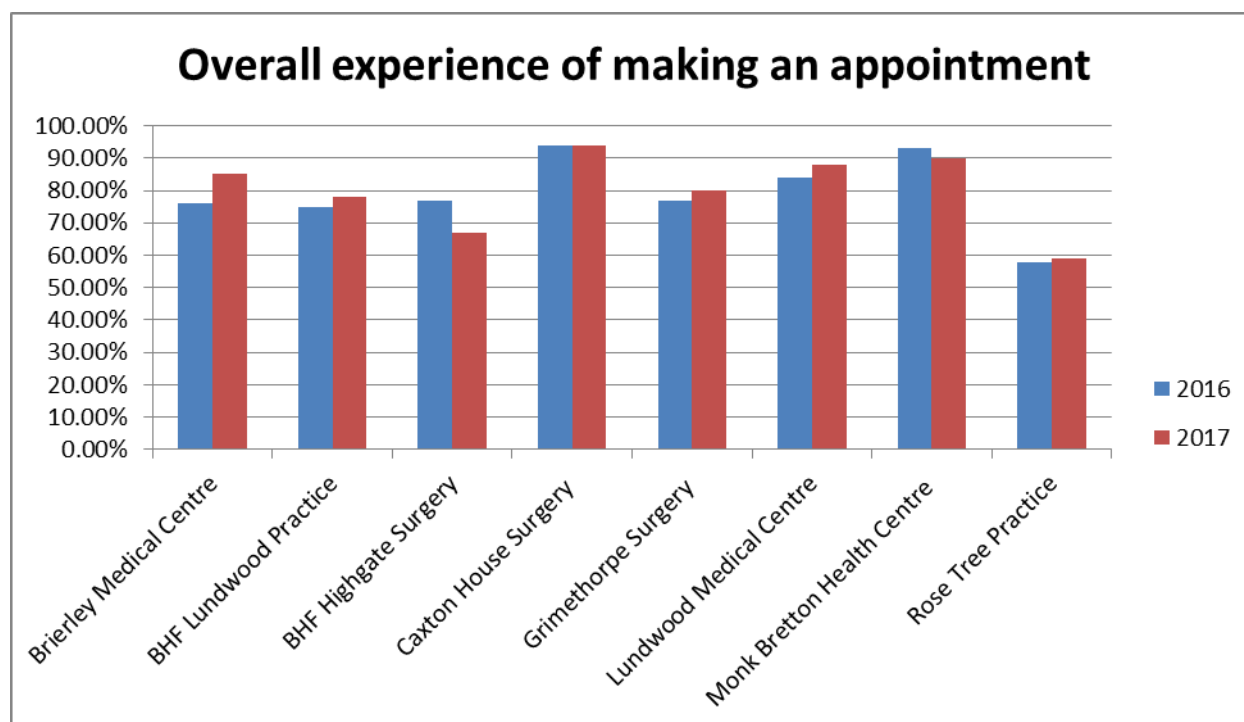
Central Locality Practices	2016	2017
Ashville Medical Centre	73.00%	65.00%
Dove Valley Practice	55.00%	70.00%
Kakoty Practice	72.00%	74.00%
Park Grove Surgery	66.00%	61.00%
The Grove Medical Practice	67.00%	70.00%

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



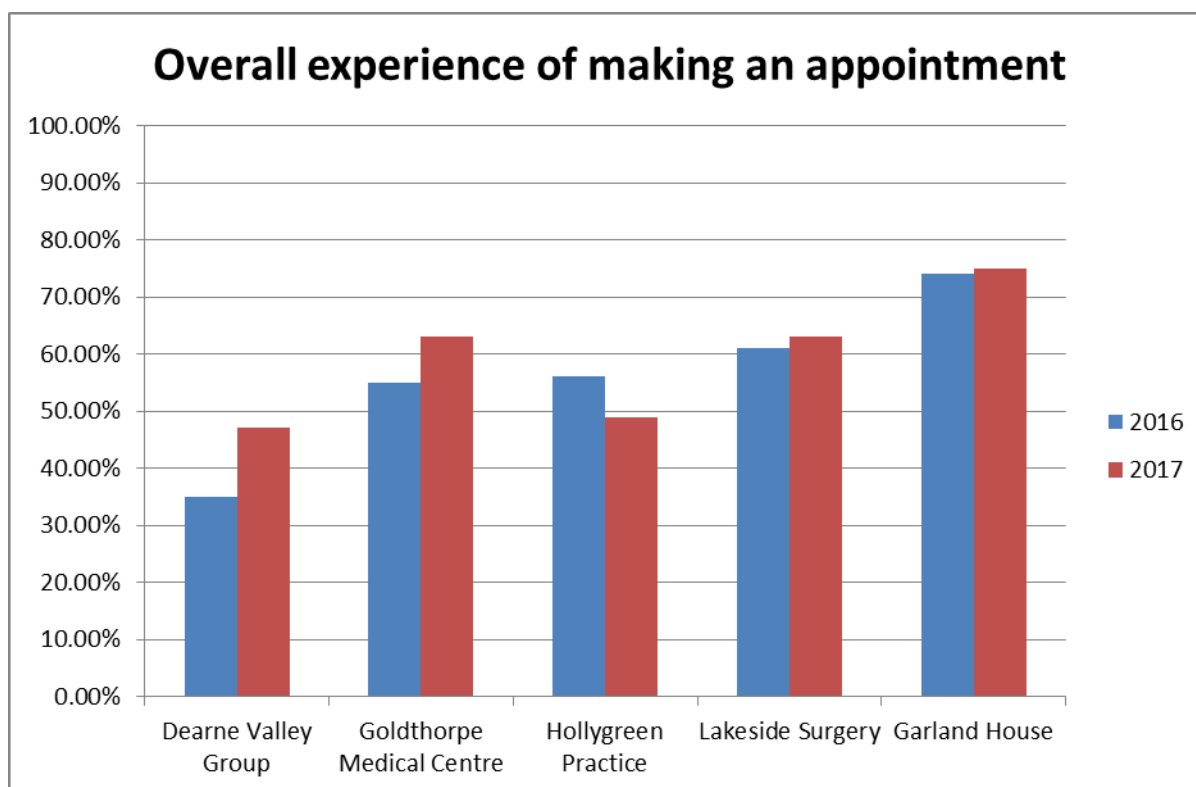
North Locality Practices	2016	2017
Darton Health Centre	88.00%	92.00%
Hillbrow Surgery	69.00%	54.00%
St George Medical Centre	69.00%	59.00%
Royston Group Practice	63.00%	73.00%
Dr Craven & Czepullowski Practice	75.00%	82.00%

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



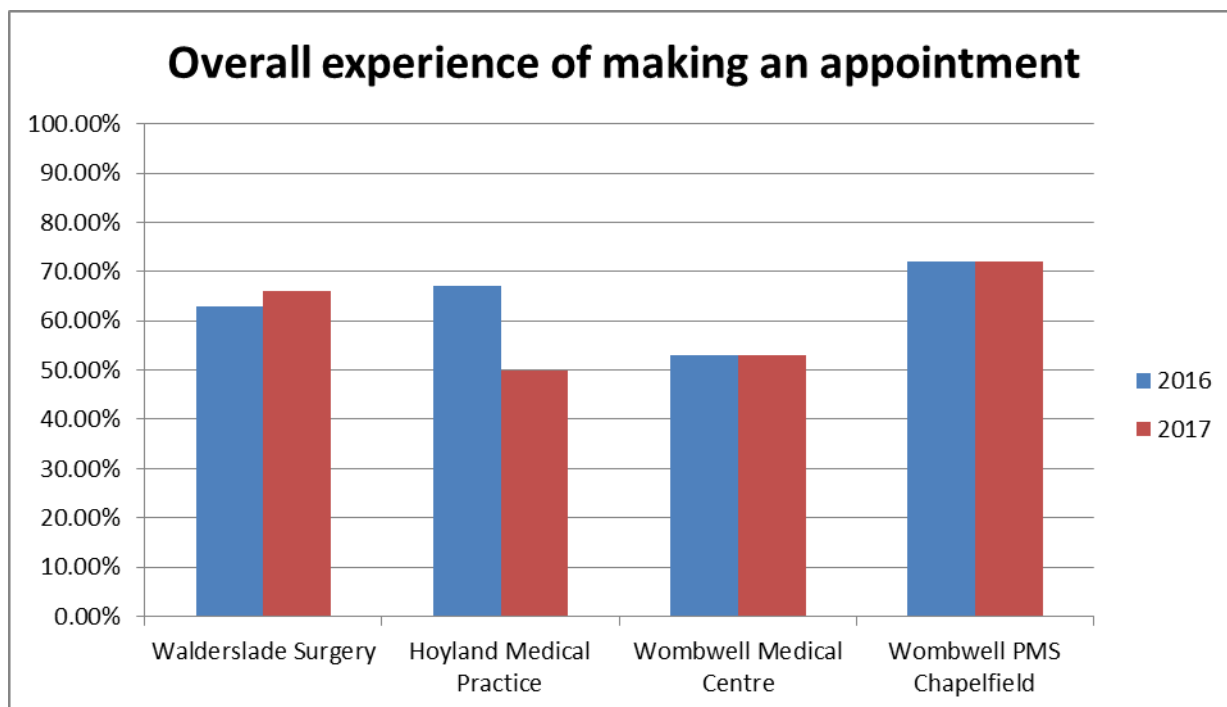
North East Locality Practices	2016	2017
Brierley Medical Centre	76.00%	85.00%
BHF Lundwood Practice	75.00%	78.00%
BHF Highgate Surgery	77.00%	67.00%
Caxton House Surgery	94.00%	94.00%
Grimethorpe Surgery	77.00%	80.00%
Lundwood Medical Centre	84.00%	88.00%
Monk Bretton Health Centre	93.00%	90.00%
Rose Tree Practice	58.00%	59.00%

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



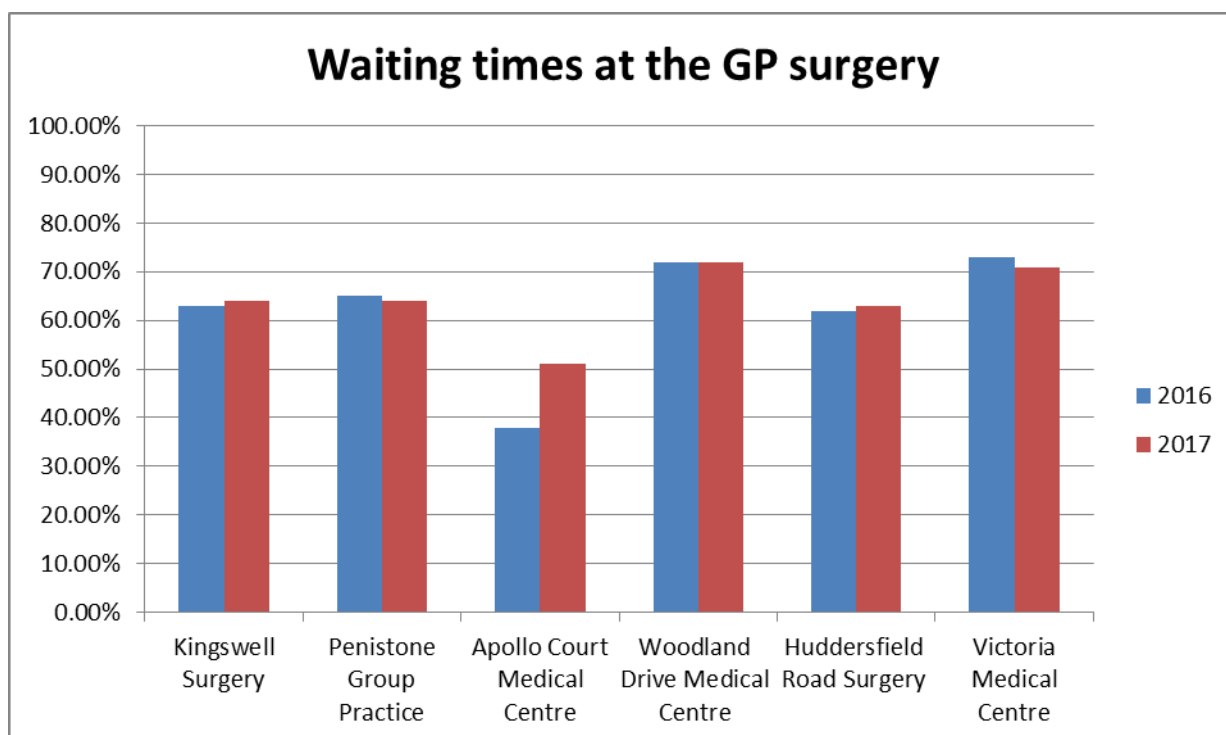
Dearne Locality Practices	2016	2017
Dearne Valley Group	35.00%	47.00%
Goldthorpe Medical Centre	55.00%	63.00%
Hollygreen Practice	56.00%	49.00%
Lakeside Surgery	61.00%	63.00%
Garland House	74.00%	75.00%

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



South Locality Practices	2016	2017
Walderslade Surgery	63.00%	66.00%
Hoyland Medical Practice	67.00%	50.00%
Wombwell Medical Centre	53.00%	53.00%
Wombwell PMS Chapelfield	72.00%	72.00%

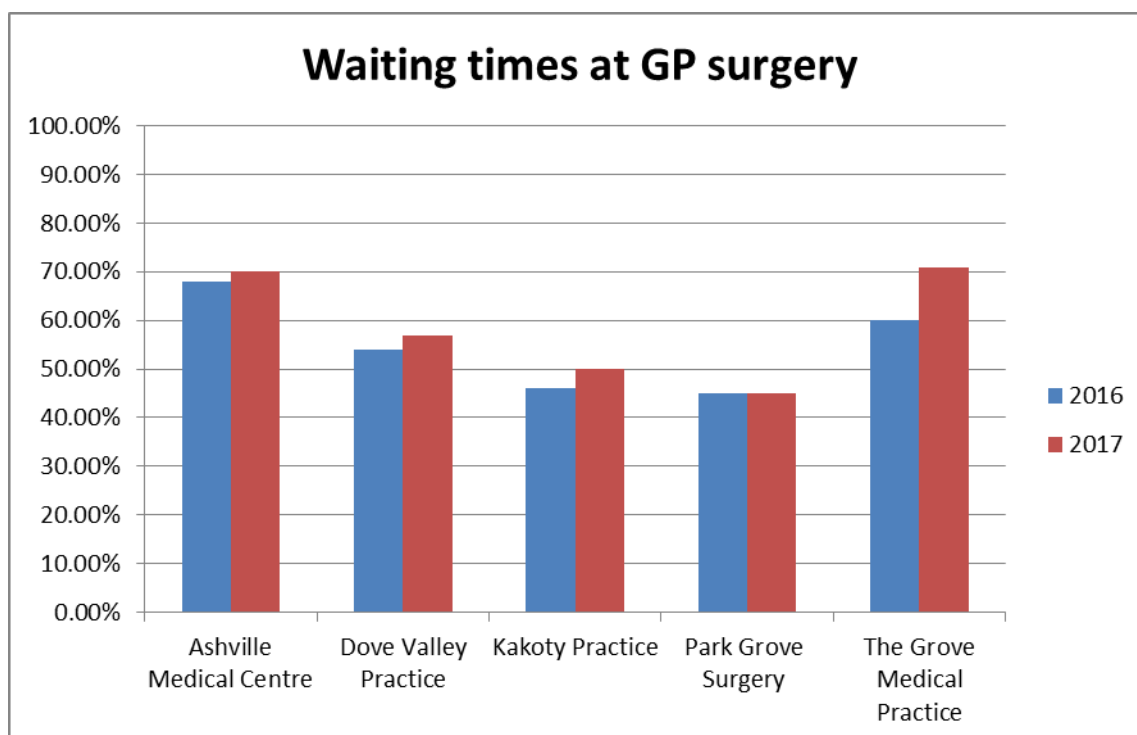
How do you feel about how long you normally have to wait to be seen?



Penistone Locality Practices	2016	2017
Kingswell Surgery	63.00%	64.00%
Penistone Group Practice	65.00%	64.00%
Apollo Court Medical Centre	38.00%	51.00%
Woodland Drive Medical Centre	72.00%	72.00%
Huddersfield Road Surgery	62.00%	63.00%
Victoria Medical Centre	73.00%	71.00%

Percentage of patients saying they 'don't normally have to wait too long'

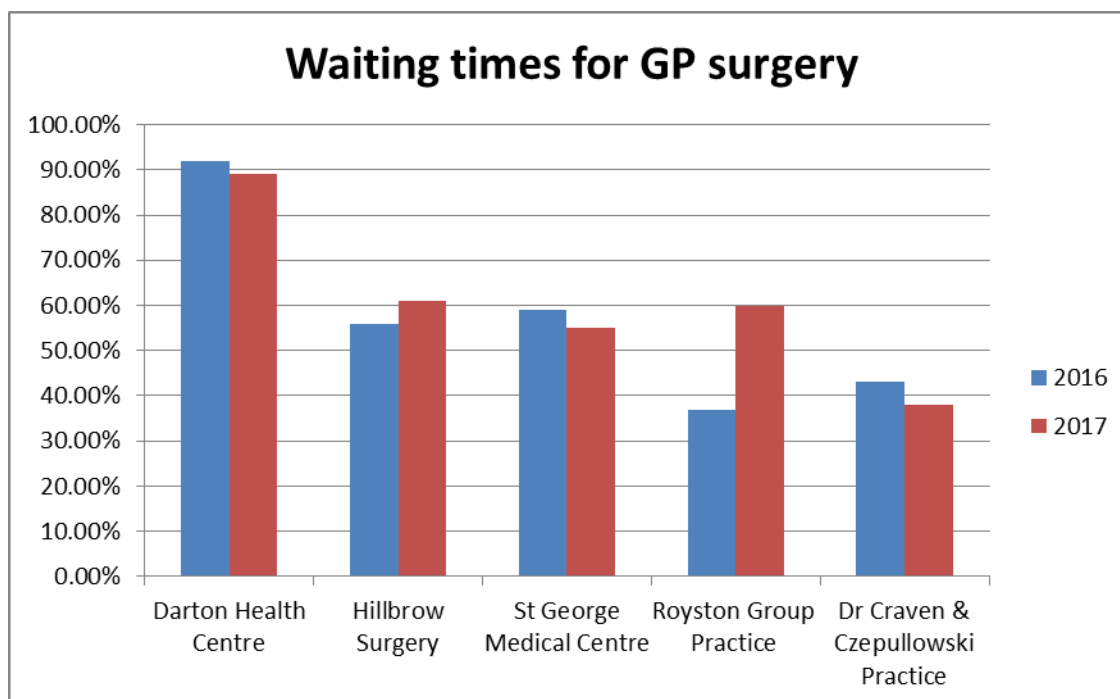
How do you feel about how long you normally have to wait to be seen?



Central Locality Practices	2016	2017
Ashville Medical Centre	68.00%	70.00%
Dove Valley Practice	54.00%	57.00%
Kakoty Practice	46.00%	50.00%
Park Grove Surgery	45.00%	45.00%
The Grove Medical Practice	60.00%	71.00%

Percentage of patients saying they 'don't normally have to wait too long'

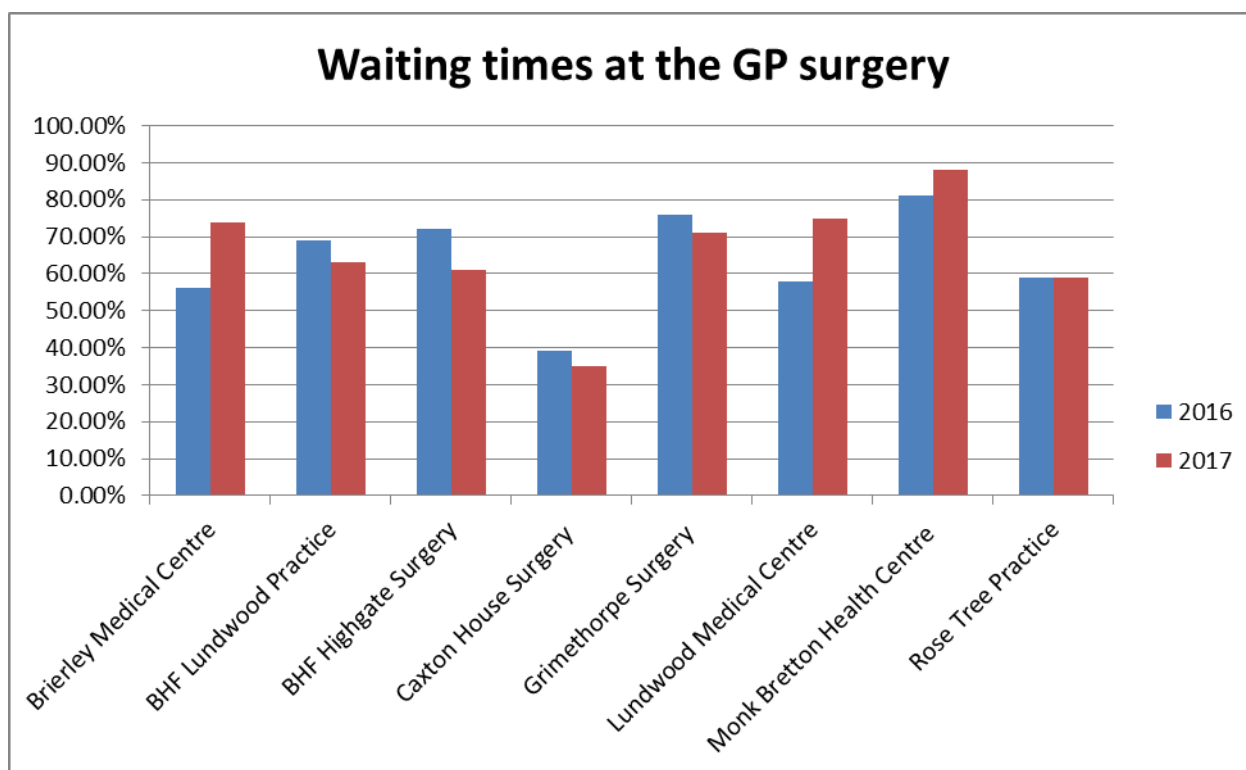
How do you feel about how long you normally have to wait to be seen?



North Locality Practices	2016	2017
Darton Health Centre	92.00%	89.00%
Hillbrow Surgery	56.00%	61.00%
St George Medical Centre	59.00%	55.00%
Royston Group Practice	37.00%	60.00%
Dr Craven & Czepullowski Practice	43.00%	38.00%

Percentage of patients saying they 'don't normally have to wait too long'

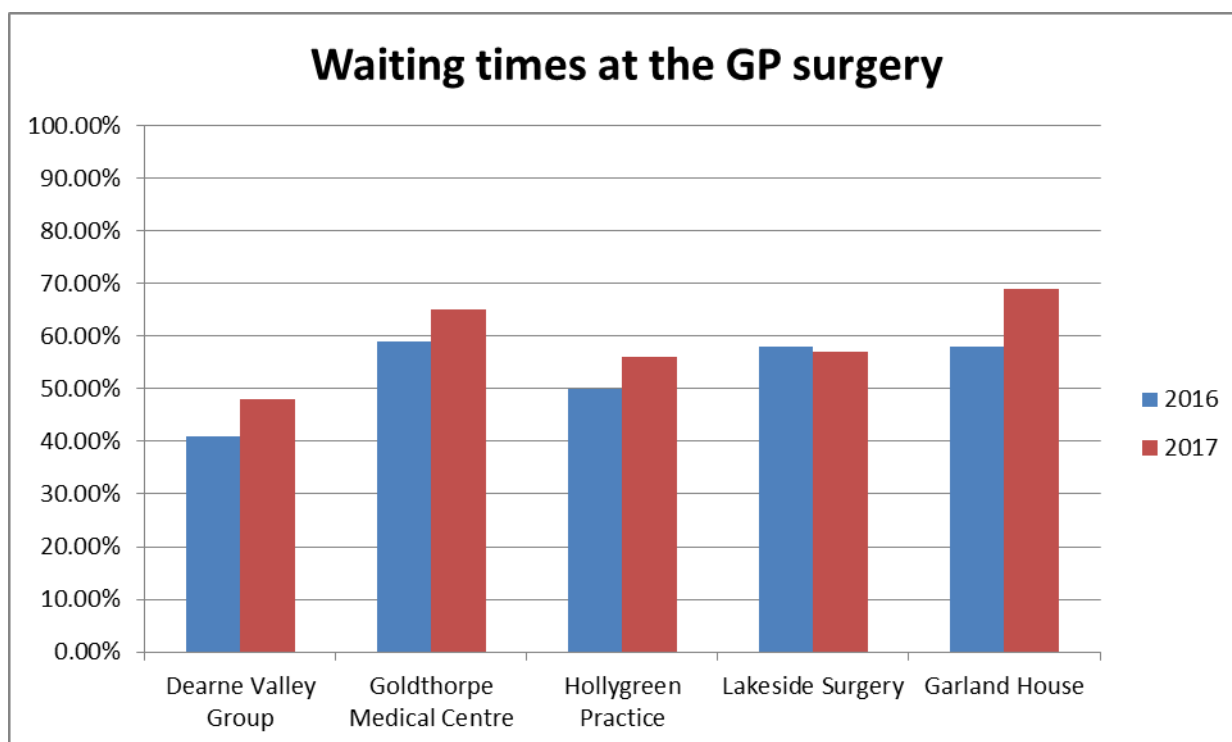
How do you feel about how long you normally have to wait to be seen?



North East Locality Practices	2016	2017
Brierley Medical Centre	56.00%	74.00%
BHF Lundwood Practice	69.00%	63.00%
BHF Highgate Surgery	72.00%	61.00%
Caxton House Surgery	39.00%	35.00%
Grimethorpe Surgery	76.00%	71.00%
Lundwood Medical Centre	58.00%	75.00%
Monk Bretton Health Centre	81.00%	88.00%
Rose Tree Practice	59.00%	59.00%

Percentage of patients saying they 'don't normally have to wait too long'

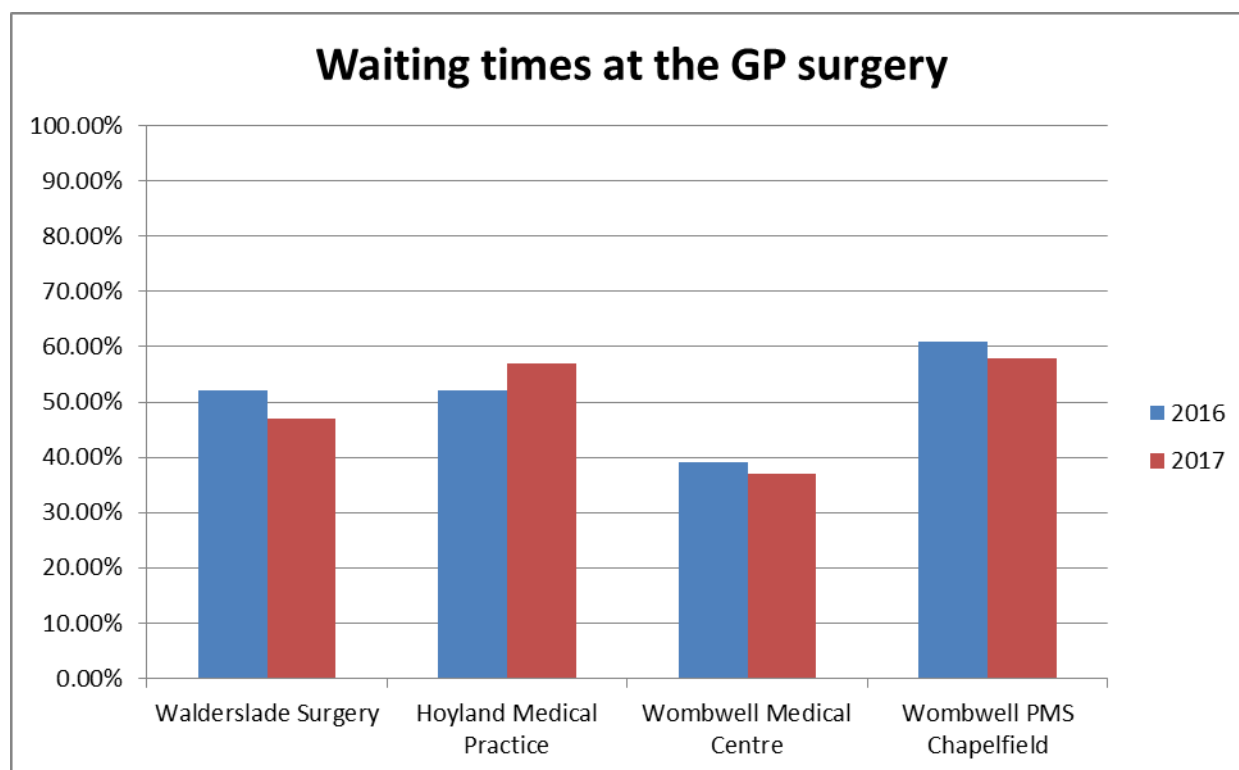
How do you feel about how long you normally have to wait to be seen?



Dearne Locality Practices	2016	2017
Dearne Valley Group	41.00%	48.00%
Goldthorpe Medical Centre	59.00%	65.00%
Hollygreen Practice	50.00%	56.00%
Lakeside Surgery	58.00%	57.00%
Garland House	58.00%	69.00%

Percentage of patients saying they 'don't normally have to wait too long'

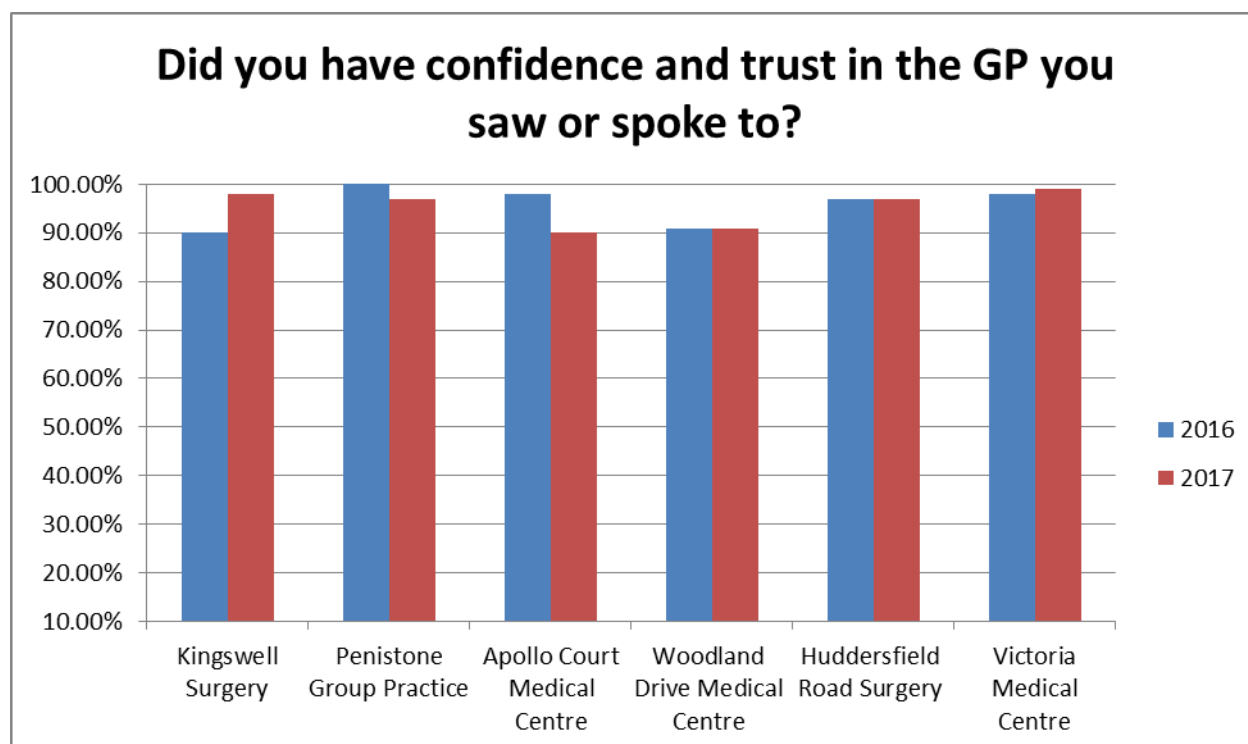
How do you feel about how long you normally have to wait to be seen?



South Locality Practices	2016	2017
Walderslade Surgery	52.00%	47.00%
Hoyland Medical Practice	52.00%	57.00%
Wombwell Medical Centre	39.00%	37.00%
Wombwell PMS Chapelfield	61.00%	58.00%

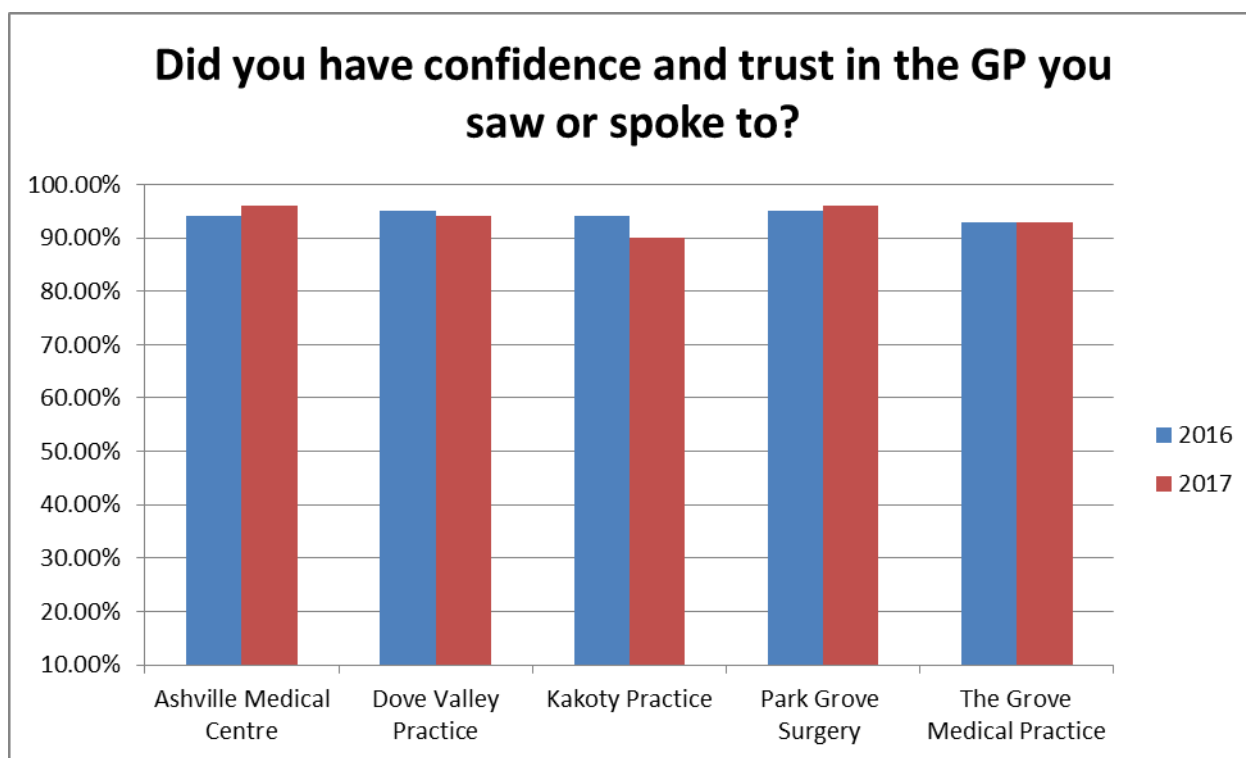
Percentage of patients saying they 'don't normally have to wait too long'

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



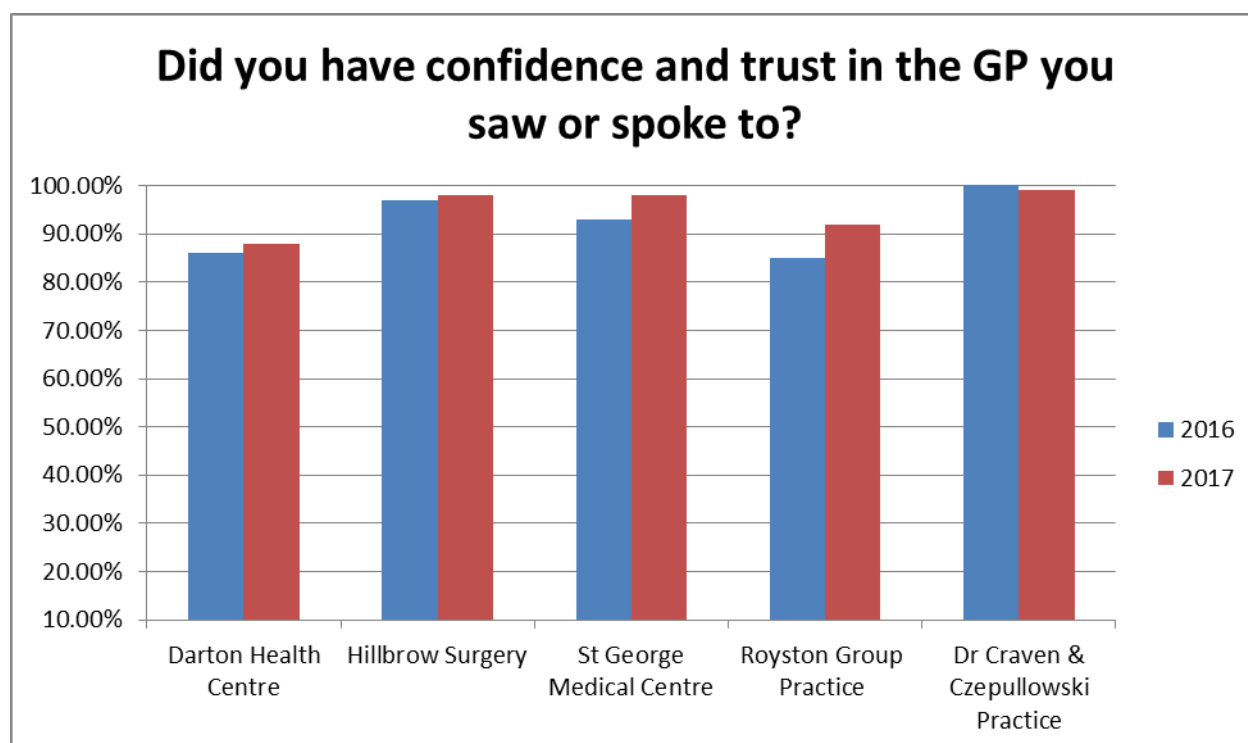
Penistone Locality Practices	2016	2017
Kingswell Surgery	90.00%	98.00%
Penistone Group Practice	100.00%	97.00%
Apollo Court Medical Centre	98.00%	90.00%
Woodland Drive Medical Centre	91.00%	91.00%
Huddersfield Road Surgery	97.00%	97.00%
Victoria Medical Centre	98.00%	99.00%

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



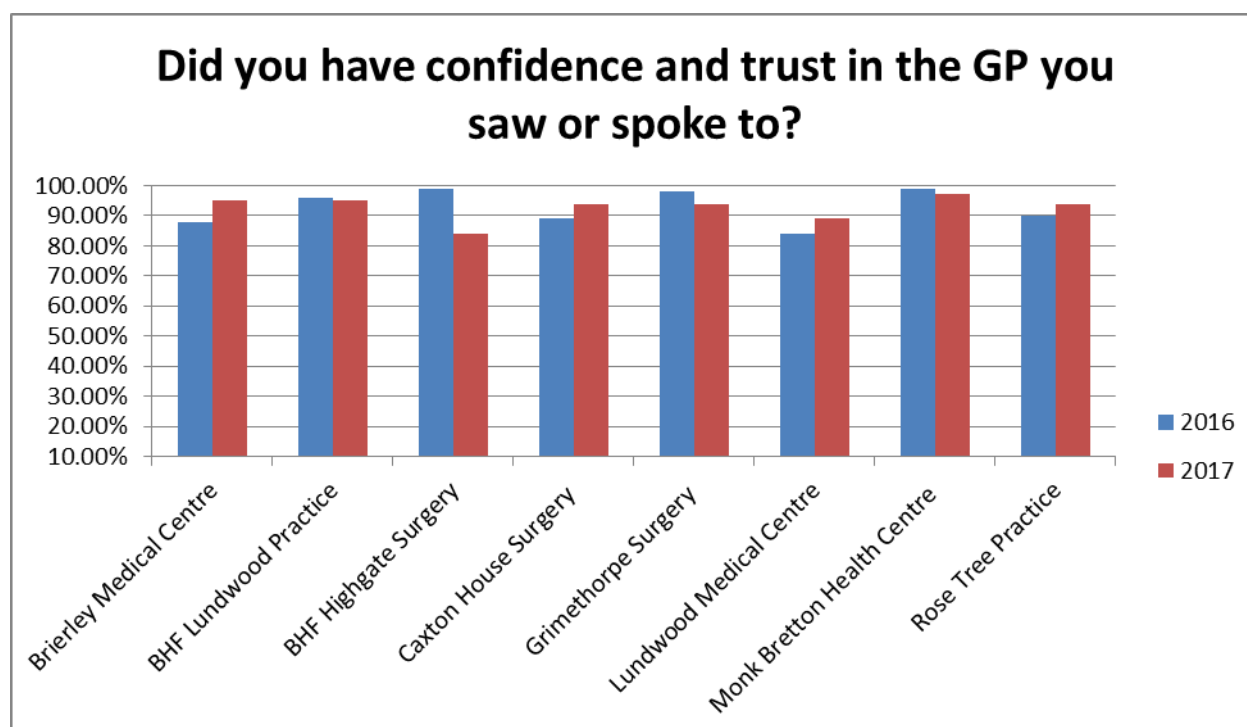
Central Locality Practices	2016	2017
Ashville Medical Centre	94.00%	96.00%
Dove Valley Practice	95.00%	94.00%
Kakoty Practice	94.00%	90.00%
Park Grove Surgery	95.00%	96.00%
The Grove Medical Practice	93.00%	93.00%

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



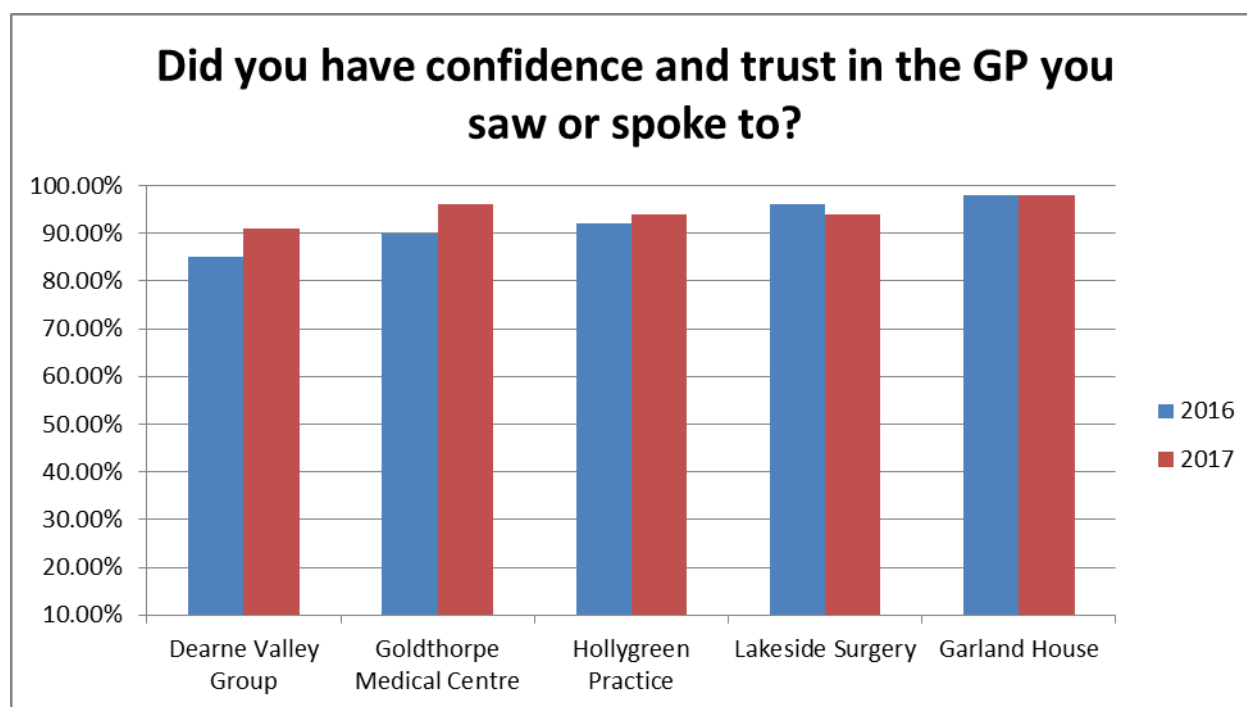
North Locality Practices	2016	2017
Darton Health Centre	86.00%	88.00%
Hillbrow Surgery	97.00%	98.00%
St George Medical Centre	93.00%	98.00%
Royston Group Practice	85.00%	92.00%
Dr Craven & Czepulkowski Practice	100.00%	99.00%

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



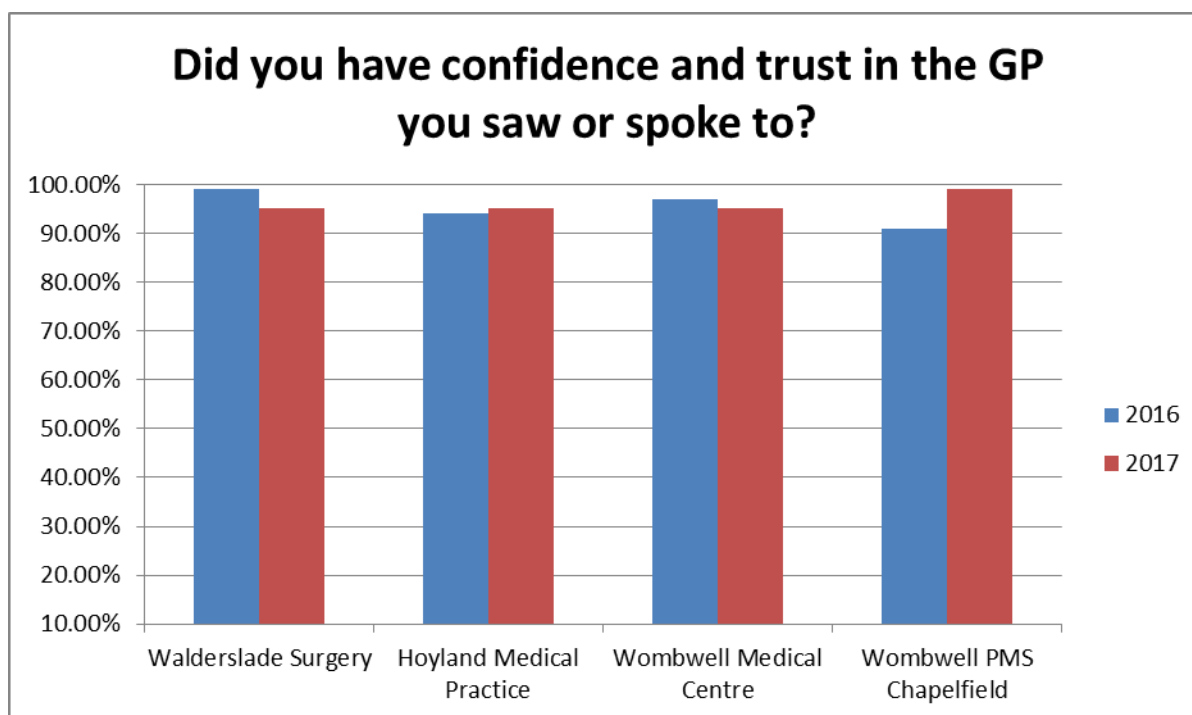
North East Locality Practices	2016	2017
Brierley Medical Centre	88.00%	95.00%
BHF Lundwood Practice	96.00%	95.00%
BHF Highgate Surgery	99.00%	84.00%
Caxton House Surgery	89.00%	94.00%
Grimethorpe Surgery	98.00%	94.00%
Lundwood Medical Centre	84.00%	89.00%
Monk Bretton Health Centre	99.00%	97.00%
Rose Tree Practice	90.00%	94.00%

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



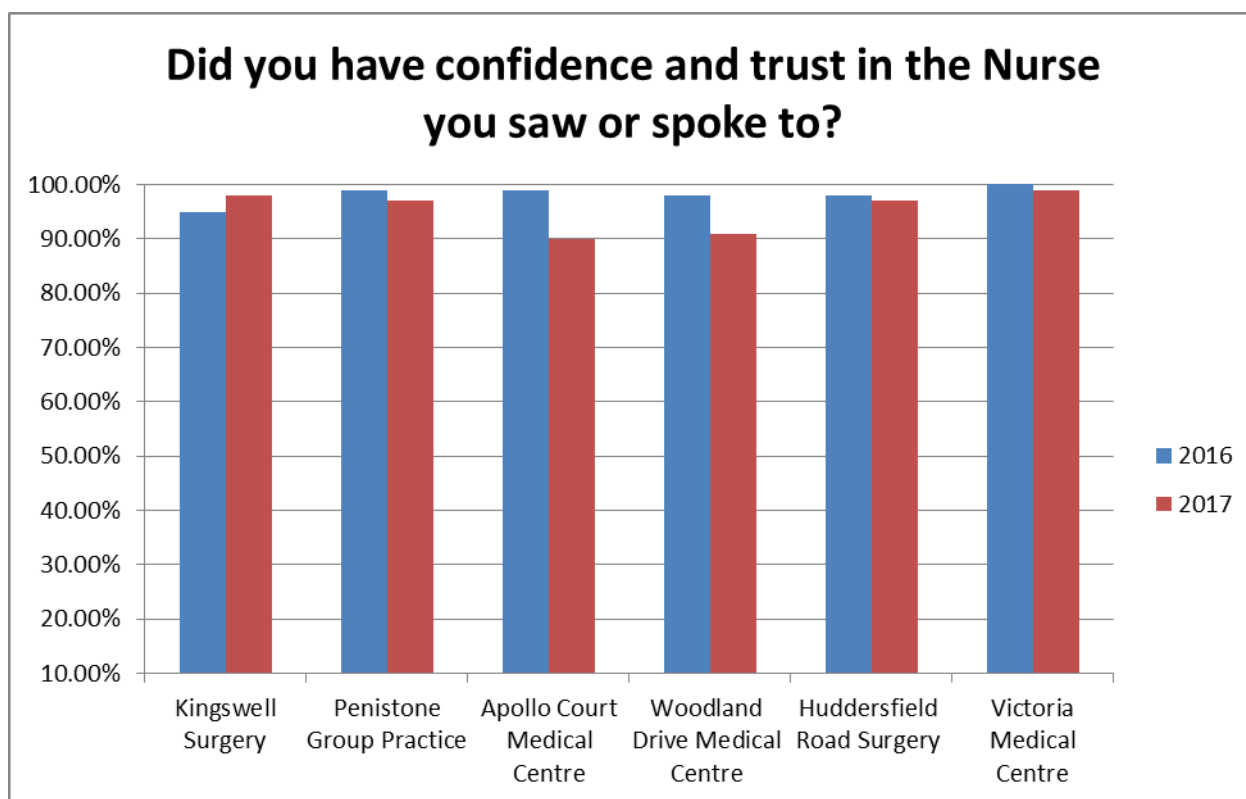
Dearne Locality Practices	2016	2017
Dearne Valley Group	85.00%	91.00%
Goldthorpe Medical Centre	90.00%	96.00%
Hollygreen Practice	92.00%	94.00%
Lakeside Surgery	96.00%	94.00%
Garland House	98.00%	98.00%

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



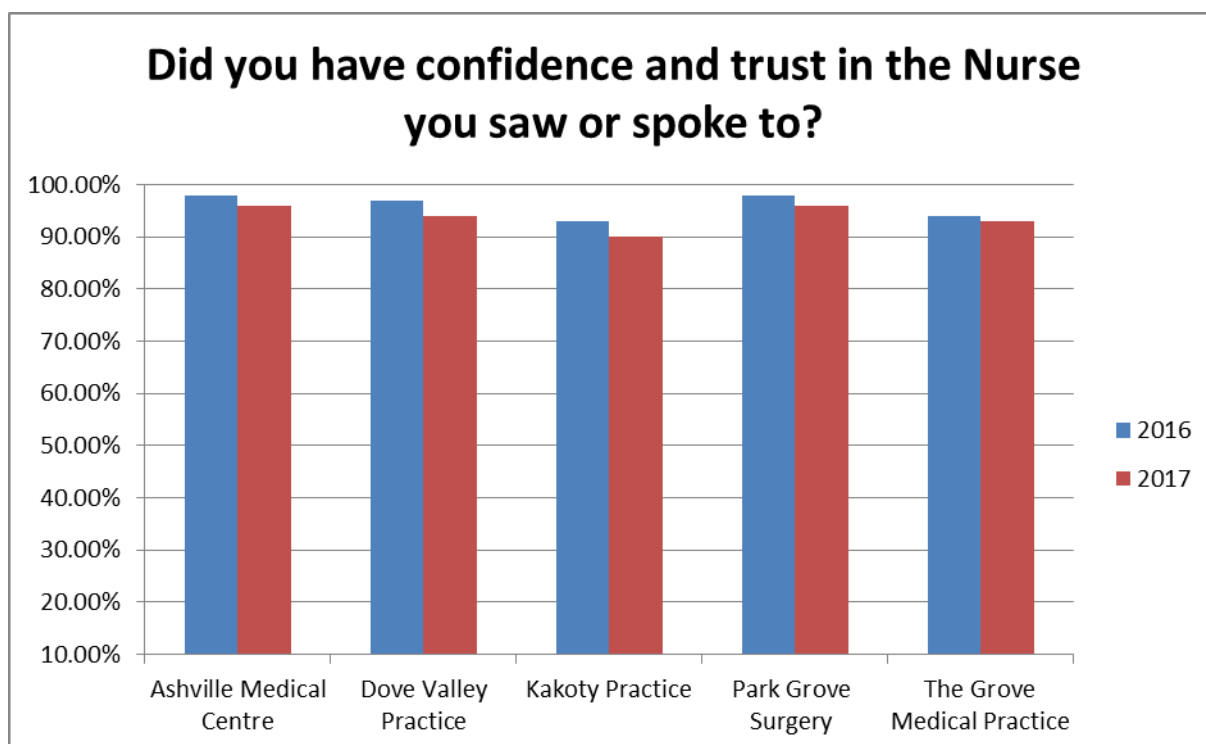
South Locality Practices	2016	2017
Walderslade Surgery	99.00%	95.00%
Hoyland Medical Practice	94.00%	95.00%
Wombwell Medical Centre	97.00%	95.00%
Wombwell PMS Chapelfield	91.00%	99.00%

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



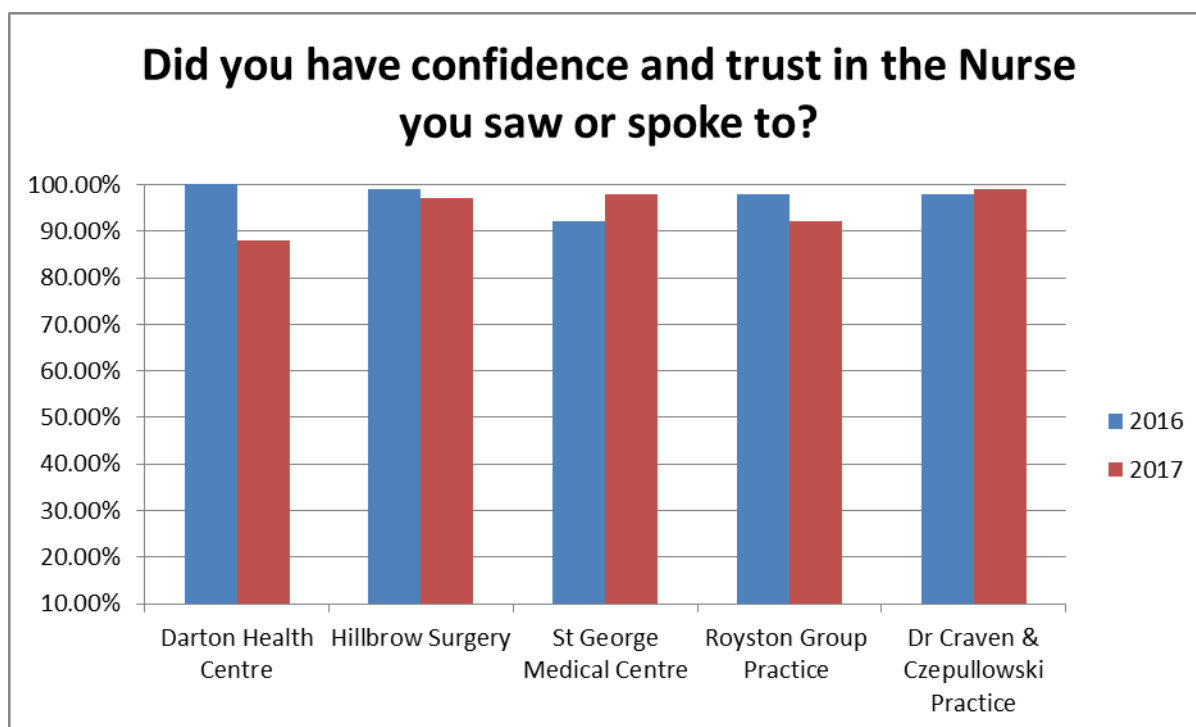
Penistone Locality Practices	2016	2017
Kingswell Surgery	95.00%	98.00%
Penistone Group Practice	99.00%	97.00%
Apollo Court Medical Centre	99.00%	90.00%
Woodland Drive Medical Centre	98.00%	91.00%
Huddersfield Road Surgery	98.00%	97.00%
Victoria Medical Centre	100.00%	99.00%

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



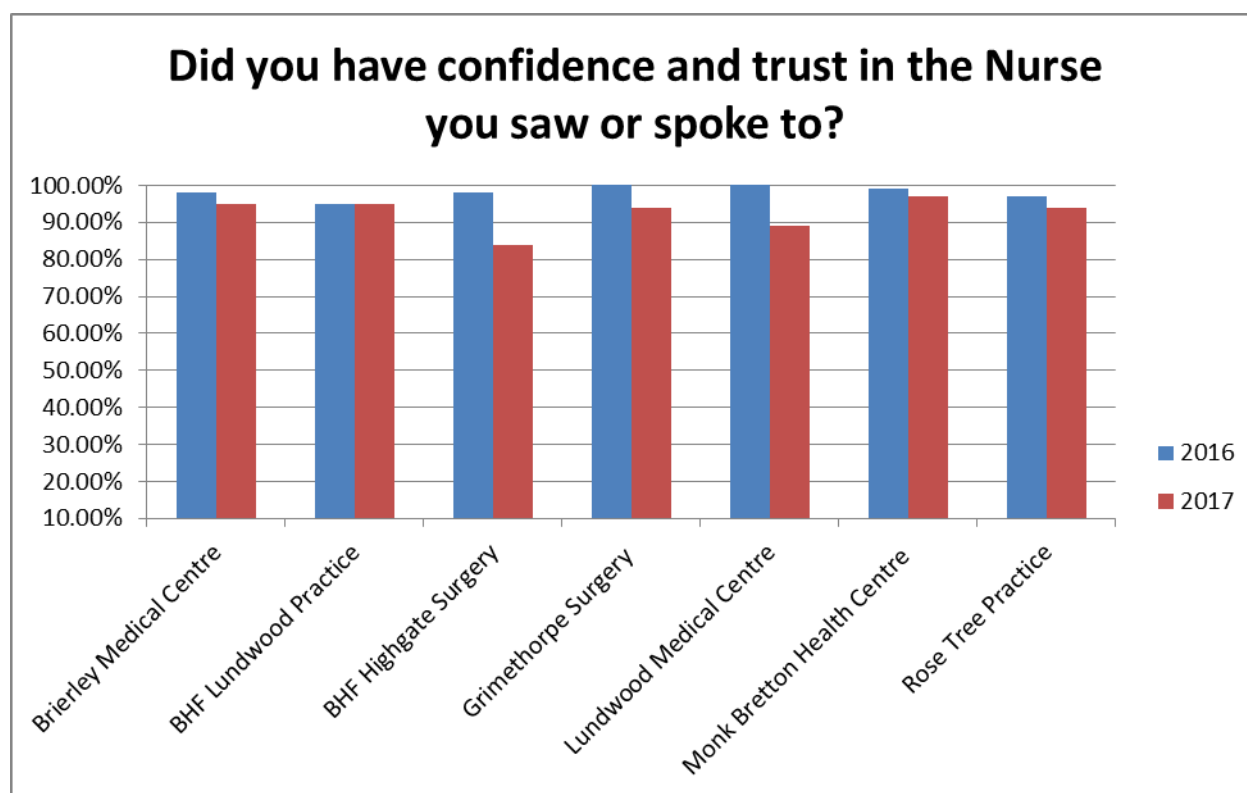
Central Locality Practices	2016	2017
Ashville Medical Centre	98.00%	96.00%
Dove Valley Practice	97.00%	94.00%
Kakoty Practice	93.00%	90.00%
Park Grove Surgery	98.00%	96.00%
The Grove Medical Practice	94.00%	93.00%

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



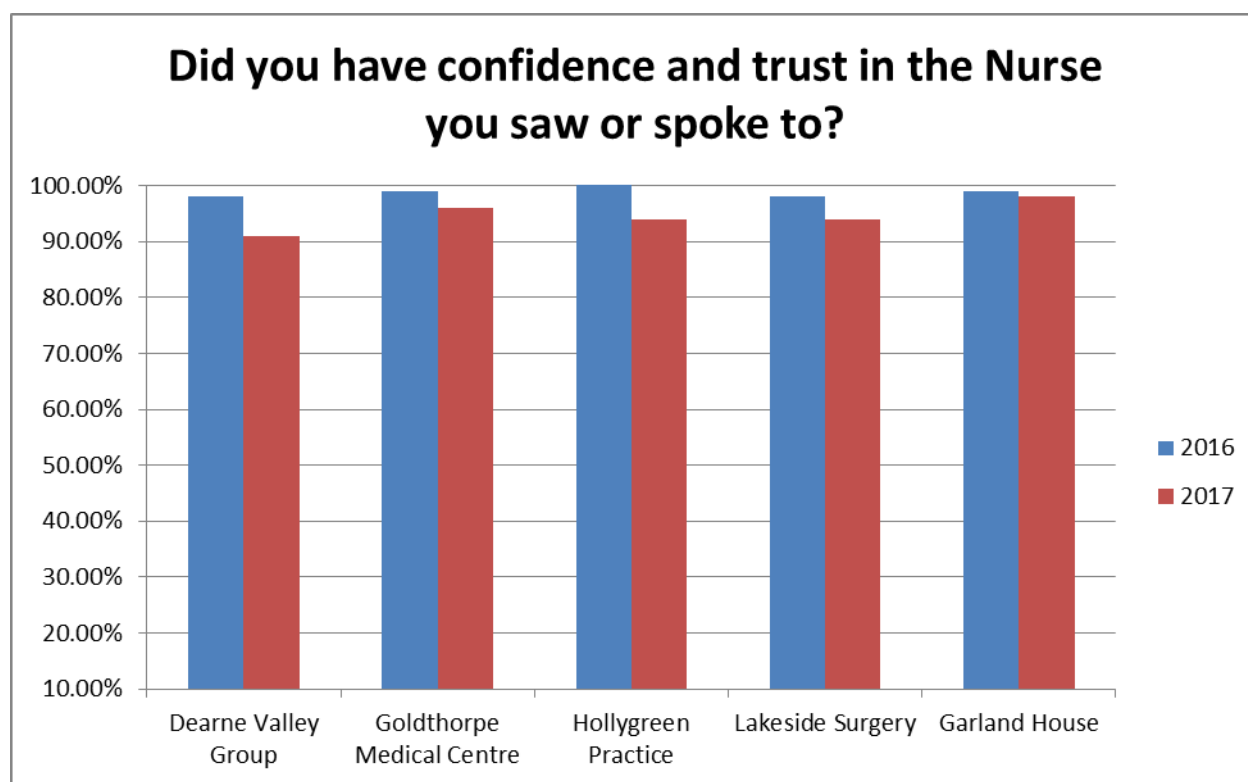
North Locality Practices	2016	2017
Darton Health Centre	100.00%	88.00%
Hillbrow Surgery	99.00%	97.00%
St George Medical Centre	92.00%	98.00%
Royston Group Practice	98.00%	92.00%
Dr Craven & Czepullowski Practice	98.00%	99.00%

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



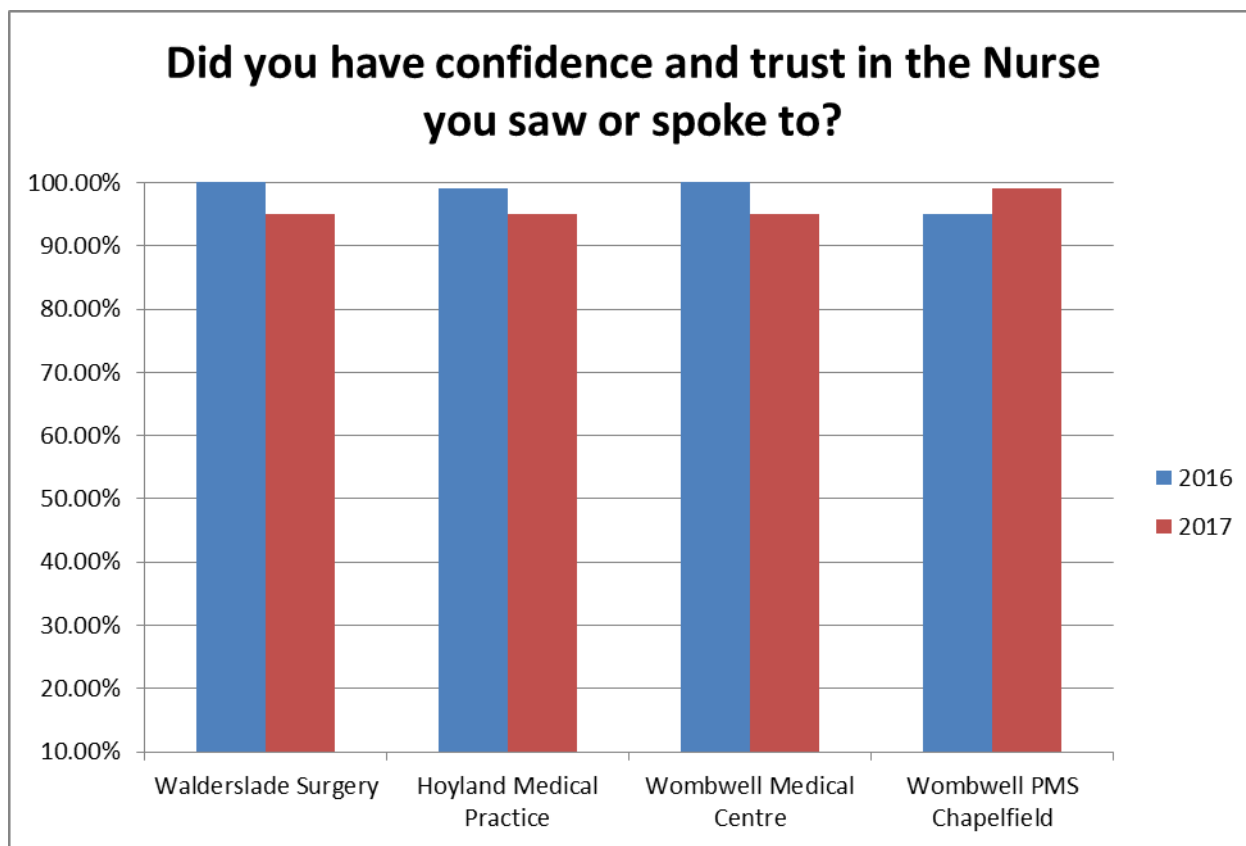
North East Locality Practices	2016	2017
Brierley Medical Centre	98.00%	95.00%
BHF Lundwood Practice	95.00%	95.00%
BHF Highgate Surgery	98.00%	84.00%
Grimethorpe Surgery	100.00%	94.00%
Lundwood Medical Centre	100.00%	89.00%
Monk Bretton Health Centre	99.00%	97.00%
Rose Tree Practice	97.00%	94.00%

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



Dearne Locality Practices	2016	2017
Dearne Valley Group	98.00%	91.00%
Goldthorpe Medical Centre	99.00%	96.00%
Hollygreen Practice	100.00%	94.00%
Lakeside Surgery	98.00%	94.00%
Garland House	99.00%	98.00%

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



South Locality Practices	2016	2017
Walderslade Surgery	100.00%	95.00%
Hoyland Medical Practice	99.00%	95.00%
Wombwell Medical Centre	100.00%	95.00%
Wombwell PMS Chapelfield	95.00%	99.00%