

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**THURSDAY, 3 OCTOBER 2024**

**10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES**

**MEMBERSHIP -** East Sussex County Council Members  
Councillors Sam Adeniji, Abul Azad, Colin Belsey (Chair), Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson (Vice Chair) and Alan Shuttleworth

District and Borough Council Members  
Councillor Dr Kathy Ballard, Eastbourne Borough Council  
Councillor Mike Turner, Hastings Borough Council  
Councillor Christine Brett, Lewes District Council  
Councillor Terry Byrne, Rother District Council  
Councillor Graham Shaw, Wealden District Council

Voluntary Sector Representatives  
Jennifer Twist, VCSE Alliance  
Vacancy, VSCE Alliance

### **AGENDA**

1. **Minutes of the meeting held on 30 July 2024** *(Pages 7 - 18)*
2. **Apologies for absence**
3. **Disclosures of interests**  
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. **Urgent items**  
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. **Access to NHS Dentistry Services** *(Pages 19 - 36)*
6. **Access to General Practice in East Sussex** *(Pages 37 - 60)*
7. **NHS Missed Appointments** *(Pages 61 - 68)*
8. **HOSC future work programme** *(Pages 69 - 74)*
9. **Any other items previously notified under agenda item 4**

PHILIP BAKER  
Deputy Chief Executive  
County Hall, St Anne's Crescent  
LEWES BN7 1UE

25 September 2024

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Next HOSC meeting: 10am, Thursday, 12 December 2024, County Hall, Lewes

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Map of County Hall, St Anne's Crescent, Lewes BN7 1UE



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125 – Barcombe, Cooksbridge, Glynde, Alfriston

166 – Haywards Heath

824 – Plumpton, Ditchling, Hassocks, Burgess Hill.

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 30 July 2024

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### PRESENT:

Councillors Colin Belsey (Chair), Sam Adeniji, Abul Azad, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillors Dr Kathy Ballard (Eastbourne Borough Council) and Mike Turner (Hastings Borough Council), Janet Baah (Lewes District Council, substituting for Councillor Christine Brett).

### WITNESSES:

#### **East Sussex Healthcare NHS Trust (ESHT)**

Joe Chadwick-Bell, Chief Executive

Dr Matthew Clark, Consultant Paediatrician, Chief of Women and Children Division

Richard Milner, Chief of Staff

#### **NHS Sussex**

Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex)

Wendy Young, Director of Acute Services Commissioning and Transformation

#### **South East Coast Ambulance NHS Trust (SECamb)**

Ray Savage, Strategic Partnerships Manager (Sussex)

Matt Webb, Associate Director of Strategy and Partnerships

Richard Harker, Operating Unit Manager East Sussex

### LEAD OFFICER:

Martin Jenks and Patrick Major

1. MINUTES OF THE MEETING HELD ON 7 MARCH 2024

1.1 The minutes of the meeting held on 7 March 2024 were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillor Christine Brett (Councillor Janet Baah substituting), Councillor Graham Shaw, and Jennifer Twist.

3. DISCLOSURES OF INTERESTS

3.1 Cllr Colin Belsey declared a personal non-prejudicial interest under agenda item 6 as he has a hearing problem and had previously visited East Sussex Hearing Resource Centre

3.2 Cllr Alan Shuttleworth declared a personal non-prejudicial interest under agenda item 6 as he has a hearing problem.

3.3 Cllr Mike Turner declared a personal non-prejudicial interest under agenda item 6 as he has a hearing problem.

3.4 Cllr Janet Baah declared a personal non-prejudicial interest as she is a Governor for Sussex Community NHS Foundation Trust.

4. URGENT ITEMS

4.1 There were no urgent items.

5. CHANGES TO PAEDIATRIC SERVICE MODEL AT EASTBOURNE DISTRICT GENERAL HOSPITAL (EDGH) - UPDATE REPORT

5.1 The Committee considered a report updating on the outcomes of the changes to the paediatric service model at EDGH, and East Sussex Healthcare NHS Foundation Trust's (ESHT) response to the recommendations of the Committee's review report. Dr Matthew Clark, Chief of Women and Children Division ESHT, introduced the report and highlighted that there had been a slight decrease in the number of children being transferred to Conquest Hospital in

Hastings, and that no patient safety incidents had been raised since the implementation of the new model.

**5.2 The Committee asked for an update how the Scott Unit would be used in the future.**

5.3 Dr Clark confirmed that the Scott Unit, which had previously housed the short-stay paediatric unit, was reserved for paediatric services. The area was currently being used as a paediatric outpatient area as the usual area on Friston Ward had needed to be temporarily closed for fire safety work. There was ongoing work on how the space could be used in the future to create a child-friendly environment for both acute and community paediatric services.

**5.4 The Committee asked why the Committee's recommendation of having the paediatric consultant responsible for GP telephone triage on-site at Eastbourne was not being progressed.**

5.5 Dr Clark noted that presently there was a split between where the paediatric consultant doing telephone triage was located depending on where they were based. Roughly a third to half of the time the consultant was based at EDGH, and half to two thirds of the time they were based in Conquest. Having run the new model for six months there had been no noticeable advantage of having the consultant permanently based on-site at Eastbourne. Extensive discussions had taken place with the consultant body where there was an almost unanimous view that they did not need to be based at Eastbourne and the independent review had agreed. Dr Clark also confirmed that staffing of all services were under constant review, and where staff were based could and would be moved to match need and demand.

**5.6 The Committee asked if ESHT had data on whether any families were travelling independently to Conquest Hospital in Hastings as a result of the changes.**

5.7 Dr Clark noted that there was not a robust way for capturing this information, recognising that the ability of patients to choose where to be treated was a feature of how people accessed NHS healthcare. Dr Clarke added that if a child is unwell enough to be taken to hospital by ambulance, the ambulance would take them to the Conquest hospital and this has not changed.

**5.8 The Committee asked for confirmation of whether there were any trainee paediatric consultants working at EDGH.**

5.9 Dr Clark confirmed that there were currently no resident doctors (previously known as junior doctors) training to be paediatric consultants.

**5.10 The Committee asked if there had been any changes in the number of complaints from staff, patients or families.**

5.11 Dr Clark noted that the number of complaints had remained stable, and there had not been a noticeable increase or decrease in the number. There had also been no formal staff grievances made and despite some initial disruption people had successfully moved into their new roles. The additional Advanced Paediatric Nurse Practitioners in the Emergency Department were working well with the team. Richard Milner, ESHT Chief of Staff, added that if a formal complaint came into the Trust, it would be reviewed by either himself or Joe Chadwick-Bell (Chief Executive), and he confirmed that there had not been a single formal complaint from a member of the public about the new model.

**5.12 The Committee asked if ESHT were confident it had sufficient capacity to deal with the level of demand in Hastings.**

5.13 Dr Clark confirmed that the new model had not resulted in increased demand for paediatric care in Hastings. It was unusual for Hastings to not have enough capacity on the ward to meet demand, although it did occasionally happen. There was consultant ward rounds seven days a week and a consultant always on call. In addition, there were now two consultants on site during winter to support the level of demand and had made recent changes to resident doctors rotas to make them more available. He added that ESHT was also pleased to be supporting local GPs to deliver paediatric services closer to communities, especially in areas with greater deprivation.

**5.14 The Committee whether high ambulance wait times impacted on children when they needed to be transferred from Eastbourne to Hastings.**

5.15 Dr Clark answered that if a child was sufficiently unwell that they needed to be transferred between hospital sites they would be prioritised by the ambulance service. The Trust had an existing transport policy to support vulnerable families to travel between sites that are unable to do so via their own means.

**5.16 The Committee asked for an update on the implementation of recommendations 5 and 6 of HOSC's review, relating to finalisation of care pathways and communications to families.**

5.17 Dr Clark confirmed that all care pathways had been finalised and were to be signed off at an internal meeting soon, although children were already being cared for along those pathways. ESHT agreed to share the details once they had been formally ratified. Dr Clark also confirmed that there had been communication with families of those with very complex needs who are regular attendees at the hospital to develop their individual care pathways. There was still work to develop some chemotherapy pathways, which was highly specialised and needed careful consideration to ensure it was done correctly.

**5.18 The Committee asked if there had been any significant safety issues or service incidents since the Committee last received an update in March.**

5.19 Dr Clark confirmed that there had been no serious patient safety incidents reported since the new model had been implemented.

**5.20 The Committee asked if Healthwatch's feedback related to the new model and paediatric space could be shared with the Committee.**

5.21 Dr Clark answered that the Trust was happy to share the feedback Healthwatch had provided.

**5.22 The Committee asked how patients and families would be consulted on the future use of the Scott Unit.**

5.23 Dr Clark explained that there was an ongoing programme of work on how the Trust could best utilise its estate for paediatric services, which would involve consultation with staff and service users. ESHT would hopefully be in a position to provide a more detailed update at the December HOSC meeting.



5.24 The Committee RESOLVED to note ESHT's response to HOSC's review recommendations, ESHT's update report, and the independent report on the new service model in Appendix 2.

## 6. NHS SUSSEX AUDIOLOGY SERVICES OVERVIEW

6.1 The Committee considered a report from NHS Sussex providing an overview of audiology services in East Sussex, including an outline of pathways, barriers to accessing audiology services and how services were commissioned including whether there were any commissioning gaps. The report also outlined future commissioning plans, noting the fragility of the provider market, and that NHS Sussex was seeking to implement a new model from July 2025.

### **6.2 The Committee noted that current audiology pathways were confusing to patients asked how this was being addressed.**

Wendy Young, NHS Sussex Director of Acute Services Commissioning and Transformation, accepted that the pathways could be confusing for patients, as the Any Qualified Provider (AQP) contract model resulted in there being number providers. As part of the future commissioning of the service NHS Sussex aimed to make access to information and services much simpler, which would likely move away from the AQP model and to a single-Sussex model that would provide patients with a single point of entry for accessing the service.

### **6.3 The Committee raised concerns that there were insufficient levels of provision in some areas of the county, especially rural ones, and asked for comment.**

6.4 Wendy Young noted that the current AQP model made it difficult to ensure there was sufficient coverage in areas with lower population density, because providers were paid based on activity, which made it more cost effective for them to be based in more densely populated areas. Wendy also noted that there was good coverage across East Sussex, but this could be improved under the new commissioning approach.

### **6.5 The Committee noted that in some cases people were being directed to private services where their GP practice did not provide earwax removal services and asked for explanation.**

6.6 Wendy Young responded that the expectation of locally commissioned services was that if a particular practice did not offer earwax removal, then there should be an inter-practice referral to another practice that does offer it. There were ten practices in East Sussex that did not offer the service which should be offering inter-practice referral, and Wendy agreed to check that this was happening.

### **6.7 The Committee asked what services were available for people in domiciliary and care home settings.**

6.8 Wendy Young explained there was a domiciliary service for patients unable to travel to appointments and this would continue under new commissioning arrangements. Wendy agreed to share the detail of the provision and criteria for access outside the meeting.

**6.9 The Committee asked for detail on what the expected new commissioning model would look like.**

6.10 Wendy Young responded that consideration was being given to a number of different commissioning models, noting that the AQP model incentivises providers to base themselves where they get the highest footfall and therefore highest income. It would most likely move towards a single-Sussex primary provider model, which would enable NHS Sussex to have more influence on the location of provider sites and ensure better access for patients.

6.11 The Committee noted that better access was hugely important, and an understanding of where the current gaps in provision were should inform future commissioning. It therefore asked that information be provided on which specific audiology services were provided at each GP practice in the county. Wendy Young agreed to share the information requested outside of the meeting.

**6.12 The Committee asked about access for those on lower incomes, noting that some people were being signposted to private providers, but could not afford those services.**

6.13 Wendy Young answered that practices should not be signposting for earwax removal services to private providers. NHS funded ear irrigation and microsuction services were available and agreed to confirm that practices which did not provide those services were signposting to NHS-funded services.

**6.14 The Committee asked for confirmation on whether microsuction was the safest means for earwax removal and why it was not more widely offered.**

6.15 Wendy Young answered that the NHS Sussex three-tiered pathway of self-care first, followed by ear irrigation, followed by microsuction, followed National Institute for Health and Care Excellence (NICE) guidance.

**6.16 The Committee noted that Hastings had fewer primary care providers than other parts of the county, and asked what plans were in place to support access and improvement to audiology services in Hastings.**

6.17 Wendy Young responded that audiology services were provided in Hastings, and agreed to share information on current volumes of activity and locations of services in the borough. If there were issues with access to services via the locally commissioned service then Wendy agreed to investigate these further.

**6.18 The Committee asked that NHS Sussex further consider how to improve communications to residents about availability and access to audiology services, especially in more deprived areas.**

6.19 Wendy Young agreed further consideration would be given to this, in particular to ensure people understood that NHS funded services were available and that people did not need to seek private provision if they did not wish to.

**6.20 The Committee noted that in areas with high GP wait times patients were more likely to feel compelled to access private services, and asked how this was being addressed.**

6.21 Wendy Young answered that consideration could be given to pathways that would allow patients to self-refer for audiology services, as access to a GP could be a limiting factor for

some patients. Wendy agreed to consider whether self-referral could be built into the pathways as part of the future service specification.

**6.22 The Committee asked why a significant proportion of people surveyed [by Healthwatch] went to private providers for earwax removal if there was sufficient NHS provision.**

6.23 Wendy Young responded that communication of what services were available was important, and that there was an issue in primary care about patients being signposted to NHS funded services if their practice could not offer earwax removal. Private sector provision was often easier for people to access, and there was a need for improvement to messaging and signposting.

**6.24 The Committee asked what monitoring and regulation of private sector providers there was.**

6.25 Wendy Young responded that if NHS Sussex did not commission a service, then it did not have oversight of them. All healthcare providers should still be registered and have Care Quality Commission (CQC) regulation. Wendy agreed to provide further clarification outside of the meeting.

**6.26 The Committee asked where the new provider, The Outside Clinic, was based.**

6.27 Wendy Young agreed to provide information of where the provider came from outside of the meeting. Even if it was not a local organisation it could still provide a local service within the county to NHS standards.

6.28 The Committee commented that its view was that the audiology services in East Sussex did not appear to be provided consistently or as intended, and was insufficient in some areas. It agreed to establish a Review Board of the Committee to explore the issue further and make recommendations about future service provision. Wendy Young and Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex) accepted that there were issues with the service and welcomed the opportunity to work closely with HOSC to improve these.

6.29 The Committee RESOLVED to:

- 1) note the report from NHS Sussex; and
- 2) carry out a review of the provision of audiology services in East Sussex.

**7. SOUTH EAST COAST AMBULANCE FOUNDATION NHS TRUST (SECAMB) CARE QUALITY COMMISSION (CQC) INSPECTION - UPDATE REPORT**

7.1 The Committee considered a report providing an overview of SECAMB's progress in its Improvement Journey following the findings of its 2022 CQC report, and updating on the latest performance figures of the Trust.

**7.2 The Committee asked how SECAMB was working with other NHS bodies to prevent a loss of staff to other services, including GP practices.**

7.3 Richard Harker, SECAMB Operating Unit Manager East Sussex, answered that staffing levels in East Sussex and across SECAMB were improving, following a fall in staff a few years ago. In the East Sussex area there was a fully established paramedic workforce. This was attributed to the improving culture within the service, and rising staff satisfaction. Matt Webb, SECAMB Associate Director of Strategy and Partnerships, added that the professional development offer at SECAMB, from working in a variety of healthcare settings, was one of its strengths and something that would improve staff retention levels.

**7.4 The Committee asked how patients who had difficulty articulating their issues were triaged to ensure that the right support was sent to them.**

7.5 Richard Harker noted that there was always a slight risk of mis-categorisation of priority, but call handlers were supported by the NHS Pathways system to ensure they were asking the right questions and people were correctly triaged. If there was any level of uncertainty that a patient could be in a higher category or a risk that they could deteriorate then an ambulance would always be dispatched. Matt Webb added that NHS Pathways was a tried and tested triaging system that was used nationally with a number of safety nets and a high risk threshold built. SECAMB's service model of triaging quickly and accurately was to ensure patients were supported by the most appropriate clinician, as this was shown to be key to improved patient outcomes. An immediate physical response would not guarantee the right clinician was sent to a patient and therefore would not necessarily lead to the best patient outcome.

**7.6 The Committee asked if there was always a paramedic present on every ambulance.**

7.7 Richard Harker explained that there would not always be a registered paramedic onboard a dispatched ambulance. There were a number of grades below registered paramedic, such as associate ambulance practitioners and ambulance technicians who were qualified clinicians who could work on ambulances.

**7.8 The Committee asked how ambulance crews had enough information to provide the correct support to patients.**

7.9 Richard Harker explained that an ambulance crew would look for a number of different forms when it arrived at a scene, including ReSPECT (Recommended Summary Plan for Emergency Care and Treatment), do not resuscitate, and treatment escalation plans. The condition of the patient would determine the urgency of asking for or finding these forms. SECAMB also had a service where these forms could be uploaded to its computer systems, giving ambulance crews advance sight of them prior to arrival on scene.

**7.10 The Committee asked why the information referenced in the previous answer was not available at every incident.**

7.11 Richard Harker explained access to information would depend on the condition of the patient and how quickly the crew arrives on scene, as it depended on correctly identifying the patient and required information such as their NHS number and date of birth. It was also dependent on the information having been uploaded to SECAMB's systems, which was not something all care providers did. Ray Savage, SECAMB Strategic Partnerships Manager (Sussex), added that SECAMB was currently working with NHS Sussex to access the countywide Plexus Care Record platform which brought together primary and community care plans on one system. This would give clinicians in Emergency Operations Centres access to further information on patient incidents, to improve clinical decision making. This would

hopefully be in place within the next few months. Ray agreed to confirm how care providers linked into the Plexus system.

**7.12 The Committee asked when SECamb expected handover delays at Eastbourne and Conquest hospitals to reach the target of 65% under 15 minutes.**

7.13 Richard Harker explained that the handover delays at Eastbourne and Conquest hospitals were relatively good compared to other areas. SECamb worked closely with East Sussex Healthcare NHS Trust to reduce handover delays, holding regular meetings to discuss the issue. Ray Savage, added that SECamb compared well to other ambulance trusts on the level of ambulance delays.

**7.14 The Committee asked how SECamb measured improvements in organisational culture and what the key metrics were.**

7.15 Matt Webb explained that getting things right for its staff was a key element of SECamb's Improvement Journey. This included a review and overhaul of freedom to speak up (FTSU) processes to ensure people felt comfortable to raise concerns. There had been an increase in the number of FTSU grievances raised following that review, which showed people felt safer to report issues within the workplace. There was also a focus on meeting sexual safety charter commitments, which had involved senior leadership and managers completing sexual safety training to foster a safe working environment across the organisation. SECamb had also enhanced its Equality, Diversity and Inclusion plan, improving workforce equality data monitoring and presenting equality reporting to the Trust's Board to ensure compliance. A key metric for measuring improvement was the number of individual and collective grievances being opened and the subsequent closure of those grievances once they had been resolved in an appropriate timeframe, with an aim to reduce average case length. There was now a downward trend in the number of bullying and harassment, disciplinary and sexual safety grievances being opened. Richard Harker also noted that NHS staff survey results showed an increase in satisfaction, which suggested they culture was improving.

**7.16 The Committee asked how ambulance response times in Seaford compared to average response times.**

7.17 Richard Harker agreed to provide comparative figures outside of the meeting.

**7.18 The Committee asked if ambulances were placed outside of ambulance stations during core hours to improve response times along the coast.**

7.19 Richard Harker explained that ambulance crews were sent to ambulance community response posts at the start of shift if there were no outstanding emergencies. There was a prioritised list of where crews would be sent if there was capacity, and there was one in Seaford.

**7.20 The Committee asked what the outcomes had been of the Flow Improvement Workshop with the Royal Sussex County Hospital (RSCH).**

7.21 Ray Savage explained that the multi-partner workshop took place in May 2024 and there were a number of actions and outputs that different organisations had taken away to improve patient flow. The Brighton and Hove health and care system was particularly challenged, and consideration was being given to whether an unscheduled care navigation hub could be placed in Brighton to reduce the number of patients needing to present to the RSCH. Further information could be provided in a future report to the Committee.

**7.22 The Committee asked what response category children’s mental health issues and epileptic seizures were placed in.**

7.23 Ray Savage explained that the category would be determined through with the support of NHS Pathways to ask the right questions understand how a patient is presenting and what support they need. Category 1 was a life-threatening condition that would receive an immediate ambulance dispatch. Category 2 covered heart attacks and strokes, and could also cover epileptic fits, and in most cases, this was an automatic ambulance dispatch also. Category 3/4 were classed as urgent, which a majority of mental health issues would likely fall into. SECAMB was working with the mental health trust to improve how mental health incidents were responded to. Category 3/4 response times were improving, and through the new SECAMB strategy there would be improvements in the call-back rate to those patients to understand their conditions and unsure the right clinician is available to them when they need one. Richard Harker added that patients were advised to call 999 again if they notice a condition worsening, and these would always be re-triaged and in some cases would result in the response Category changing.

**7.24 The Committee asked when the Trust would be in a position to exit the Recovery Support Programme (RSP).**

7.25 Matt Webb responded that there were some benefits to the Trust remaining in the RSP, including the support of an Improvement Director from NHS England, as well as other support from NHSE. SECAMB had demonstrated significant progress which had been recognised by commissioners and NHSE, particularly in the areas of clinical and corporate governance, risk management and organisational culture. It was important the Trust was also set up to successfully deliver its new strategy and that it was financially sustainable before it exited the RSP. SECAMB was aiming to exit the RSP between Q3 and Q4 of the current financial year, but no proposed date had been set.

**7.26 The Committee asked why ambulances did not carry CPAP for people with breathing difficulties.**

7.27 Richard Harker explained that ambulances have never routinely carried CPAP, and ventilators were not required to be carried by ambulances either. There were critical care paramedics at each dispatch desk who do carry CPAP, and they had the right equipment for responding to Category 1 emergencies which could be transported to a scene if needed.

7.28 The Chair noted that the Committee had previously requested a visit to SECAMB’s Medway Emergency Operation Centre, and Ray Savage agreed to work with HOSC officers to arrange that.

7.29 The Committee RESOLVED to:

- 1) note the report; and
- 2) receive an update report from SECAMB in March 2025.

**8. HOSC FUTURE WORK PROGRAMME**

8.1 The Committee discussed the items on the future work programme.

8.2 The Committee noted that it had received a report outside of the meeting from NHS Sussex on access to diabetes technology and agreed that it was not necessary to have anything further on this issue on the work programme.

8.3 The Committee RESOLVED to amend the work programme in line with paragraphs 6.29 and 7.29.

9. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

9.1 None.

The meeting ended at 12.07 pm.

Councillor Colin Belsey

Chair

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**Report to:** East Sussex Health Overview and Scrutiny Committee (HOSC)

**Date of meeting:** 3 October 2024

**By:** Deputy Chief Executive

**Title:** Access to NHS Dentistry Services

**Purpose:** To provide an outline of progress being made to improve access to NHS Dentistry services in East Sussex

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## RECOMMENDATIONS

The Committee is recommended to:

- 1) note the report; and
  - 2) consider whether to further scrutinise any of the areas covered in the report.
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### 1. Background

1.1 The Committee has previously been made aware and has considered the difficulties in accessing NHS dentistry services in East Sussex. There has been widespread reporting in the media that people are finding it hard to get NHS dental treatment and this has been raised as an issue in East Sussex by Healthwatch as part of their ongoing work.

1.2 NHS Sussex were one of the first Integrated Care Boards (ICBs) to take on commissioning responsibility for community dental services. At its meeting on 15 December 2022 HOSC considered a report that gave an overview of dental commissioning and access to dentistry, as part of a more general update on primary care services from NHS Sussex.

1.3 This report sets out the actions NHS Sussex have taken to make full use of available resources to enhance routine and urgent dental care access for people across Sussex, and the resultant additional capacity created in East Sussex. The report also outlines how NHS Sussex intends to progress activity within 2024/25.

### 2. Supporting information

2.1. Enhancing access to dental services is a national and local priority. The NHS Planning and Operating Guidance 2024/25 includes a national objective to increase dental activity by implementing the national plan to recover and reform NHS dentistry, improving units of dental activity (UDA) towards pre-pandemic levels. Ensuring adequate primary care dentistry provision both universally, as well as for the groups with the highest level of oral health need, is one of the greatest immediate challenges for Sussex. Patient demand for NHS dental services currently exceeds the available capacity dental service providers are willing or able to provide.

2.2. NHS Sussex has produced a report for the HOSC attached as **Appendix 1**. The report covers:

- How NHS dental services are delivered
- Current provision and access to NHS dental services in East Sussex
- How patients can access NHS dentistry in East Sussex
- Sussex Dental Recovery & Transformation Plan

### **3. Conclusion and reasons for recommendations**

3.1 The HOSC is recommended to consider the report and decide whether it wishes to further scrutinise any of the areas covered in the report.

**PHILIP BAKER**  
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## NHS Sussex paper to East Sussex Health Overview Scrutiny Committee (HOSC) on Dentistry

### 1. Introduction

- 1.1 An NHS Sussex report on Dentistry was shared with the East Sussex Health Overview Scrutiny Committee (HOSC) in December 2022. The report set out the position of the delegated commissioning responsibility for Dentistry and the next steps to identify and prioritise commissioning principles.
- 1.2 This update now provides an overview of how dental services are being delivered and describes how the NHS Sussex Dental Recovery and Transformation Plan (DRTP) is supporting the development of NHS dental services across Sussex.
- 1.3 On 1 July 2022 NHS Sussex was one of the first Integrated Care Boards (ICBs) to take on commissioning responsibility for community pharmacy, optometry and primary, secondary and community dental (POD) services from NHS England (NHSE). Local Authorities (LA) are responsible for commissioning oral health promotion services.
- 1.4 Delegated commissioning allows us to move away from transactional models towards a more collaborative approach to planning and improving services. This means that instead of us focusing on procurement and contract management, commissioners can work closely with key partners across the system (including dental providers) to understand population needs, determine key priorities and design, plan and resource services to meet those needs.
- 1.5 Enhancing access to dental services is a national and local priority. The [NHS Planning and Operating Guidance 2024/25](#)<sup>1</sup> includes a national objective to increase dental activity by implementing the national plan to recover and reform NHS dentistry<sup>2</sup>, improving units of dental activity (UDA) towards pre-pandemic levels. Ensuring adequate primary care dentistry provision both universally as well as for the groups with the highest level of oral health need is one of the greatest immediate challenges for Sussex. Patient demand for NHS dental services currently exceeds the available capacity dental service providers are willing or able to provide.
- 1.6 Since POD delegation NHS Sussex has worked in collaboration with Public Health dental consultants, the dental profession, our LA system partners and our local communities to fully understand the barriers to accessing NHS dental services.

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2024/03/PRN00715-2024-25-priorities-and-operational-planning-guidance-27.03.2024.pdf>

<sup>2</sup> <https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry>

1.7 This report sets out the actions we have taken to make full use of available resources to enhance routine and urgent care dental access for people across Sussex, and the resultant additional capacity created in East Sussex. It also outlines how we intend to progress activity within 2024/25.

## **2. How are NHS dental services delivered?**

2.1 NHS dental services are delivered through:

- General dental practices (high-street practices) for most of the population.
- Specialist dental services (may be delivered as part of the General Dental Practices or standalone) for more advanced care such as oral surgery and complex restorative treatment
- Community dental services which deliver dental care for children and adults who have additional needs which means they need special skills and facilities to be treated safely
- Hospital dental services which act as referral centres for those patients who require access to secondary care skills and facilities, including for procedures which need to be carried out in an operating theatre

2.2 Dental practices that provide NHS services are paid and contracted to deliver an agreed number of UDA. The various treatments people receive from dentists attract different charges based on bands and are also assessed as representing different number of UDA. There are four bands of charges for all dental treatment. Each band of NHS dental treatment (Band 1, 2, 3 and Urgent Band) equates to a number of UDA, which are based on the complexity of treatment. NHS general dental service providers are commissioned to deliver a set number of UDA, as a rough guide – 7,000 UDA equates to 1 full time dentist.

2.3 Following the General Election this year, the new government committed to delivering their manifesto pledges published on 24 June 2024, which included their Dentistry Rescue Plan, [Labour's plan to rescue NHS dentistry and provide 700,000 new appointments – The Labour Party](#), with four areas of focus, to:

- Reform the dental contract, to rebuild NHS dentistry and make sure everyone who needs a dentist can get one
- Roll out supervised toothbrushing for 3 to 5-year-olds, to prevent children forced to hospital to have their rotting teeth pulled out
- Fill the gap of appointments with an extra 700,000 urgent and emergency dental appointments a year
- Flood dental deserts with new dentistry graduates, with 'golden hellos' of £20,000 for those who spend at least three years working in underserved areas

2.4 These actions build upon the previous government's national Dental Recovery Plan, [Faster, simpler and fairer: our plan to recover and reform NHS dentistry<sup>\[1\]</sup>](#) jointly

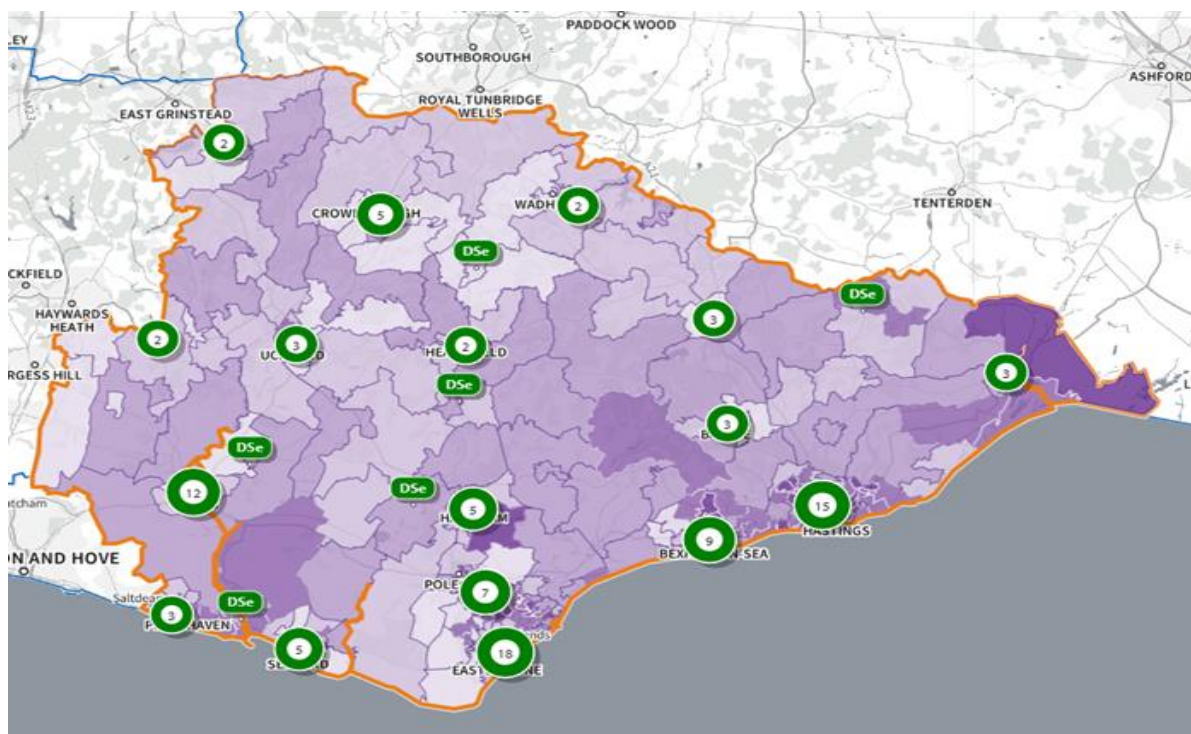
published by the Department for Health and Social Care (DHSC) and NHS England (NHSE) on 7 February 2024. The plan was intended to be jointly delivered between NHSE and DHSC with twenty-one actions identified for both organisations, and associated requirements for ICBs.

### 3. What do we know about access to NHS dental services in East Sussex?

#### *How are dental services commissioned in Sussex?*

3.1 Dental providers in East Sussex are identified on the map below (Figure 1) by green boxes labelled “DSe” (Dental Service) to indicate one provider, or a green circle with a number in the centre that shows how many providers are within that location. The purple shading reflects deprivation levels for the area with the deeper shades indicating higher levels of deprivation.

**Figure 1 - Map of East Sussex Dental Service providers**



Note that the map above includes all NHS Dental service contracts (not just general ‘high street’ dentistry and specialist services).

3.2 As of 27 August 2024, there were seventy-nine contracts for NHS Mandatory Dental Service (MDS) across East Sussex. These providers offer general ‘high street’ dental services, totalling 855,309 contracted annual UDA. In addition to MDS some East Sussex practices offer a range of specialist services (outlined below).

- 3.3 NHSE reported in Quarter 1 (Q1) this year, that 27% of dental practice in East Sussex had updated their NHS profile on [www.nhs.net](http://www.nhs.net), of those practices 62% were accepting new NHS patients. Further information about NHS dental profiles is included in section 4.
- 3.4 Three practices are contracted to deliver domiciliary dental services for housebound patients alongside general services:
- Mydentist, 1 Cantelupe Road, Bexhill-on-Sea TN40 1JG
  - Seahaven Dental Practice, 2d Meeching Road, Newhaven BN9 9QX
  - Beech House, 16 College Road, Eastbourne BN21 4HZ
- 3.5 Three practices offer MDS services under sedation (referral only service):
- Station Plaza Dental Practice, Station Approach, Hastings TN34 1BA
  - Seahaven Dental Practice, 2d Meeching Road, Newhaven BN9 9QX
  - Battle Road Dental Practice, 84 Battle Road, St Leonards-on-Sea TN37 7AG
- 3.6 Oral Surgery (referral only service) is offered at the following locations:
- Croft Road, Crowborough TN1 1DR
  - 17 High Street, Lewes BN7 2LN
  - 37 Sackville Road, Bexhill-on-Sea TN39 3JD
  - 70 Broad Road, Eastbourne BN20 9QX
  - 84 Battle Road, St Leonards-on-Sea TN37 7XL
  - Sackville House, Lewes BN7 2FZ
  - 22 Strood Road, St Leonards-on-Sea TN37 6PN
  - 7 College Road, Eastbourne BN21 4JA
- 3.7 Orthodontic care for children (by referral only) is provided at six practices:
- Neo Orthodontics, The Queens Apartments, Hastings TN34 1JN
  - Neo Orthodontics, Sackville House, Brooks Close, Lewes BN7 2FZ
  - Neo Orthodontics, The Strand, Rye TN31 7DB
  - Portman Healthcare, 21 High Street, Hailsham BN27 1AN
  - Total Orthodontics, 3 Terminus Buildings, Eastbourne BN21 1BA
  - Total Orthodontics, 127a High Street, Uckfield TN22 1EH
- 3.8 Three practices in East Sussex have identified their capability to deliver additional sessional capacity under the Additional Hours Scheme (AHS) and the Urgent Dental Care and Stabilisation (UDCS) pilot scheme:
- Flint House Dental Practice, 22 Strood Road, St Leonards-on-Sea TN37 6PN
  - Prioory Road Dental Surgery, 371 Prioory Road, Hastings TN34 3NW
  - Springfield Road Dental Surgery, 6 Springfield Road, St Leonards-on-Sea TN38 0TU
- 3.9 Both schemes are intended for patients who do not have access to a regular dentist and have not been seen by a dentist in the last twenty-four months (adult) or twelve

months (child), and have an urgent dental need or have only received temporary care and require further treatment to stabilise their oral health. In addition, the following categories of patients can be seen, even if they are not ‘new patients’:

- People who are clinically vulnerable and need a dental assessment or treatment to enable them to receive medical or surgical care, such as cardiac patients, cancer patients and people who are immunosuppressed.
- Looked after children/children in care
- Patients referred for Orthodontic treatment by a practice that has since ended its NHS contract and requiring extraction before orthodontic treatment can commence
- Care home residents who are able to travel to a dental practice, for a check-up or assessment and subsequent course of treatment if they need it
- Asylum seekers and refugees (UDCS only)
- Homeless people (UDCS only)

Eligible patients can contact the practice directly to access these urgent appointments, or may be directed by NHS 111, the Sussex Dental Helpline (0300 123 1663 [kcht.dentalhelpdesk@nhs.net](mailto:kcht.dentalhelpdesk@nhs.net) 8am-4pm), out-of-hours Emergency Dental Services, A&E/paramedic services, GP and pharmacy teams, specialist medical teams, social workers and Voluntary Community and Social Enterprise (VCSE) organisations.

- 3.10 The UDCS scheme includes capacity to provide follow up courses of treatment to stabilise oral health, by addressing underlying dental issues, in addition to resolving the urgent complaint.

***How are dental providers delivering contracted NHS activity?***

- 3.11 Under-performance by NHS dental providers against their contracted activity reduces dental access. Sussex dental performance data shows a steady decline in delivery of UDA since 2016, decreasing from 94% in 2018/19 to 65% in 2021/22. This trend was mirrored at a regional and national level.
- 3.12 Our latest dental performance figures for 2024/25 indicate steady improvement across Sussex. As of June 2024, our local target delivery UDA count was 387,959 for Q1 2024/25. Actual UDA delivered was 406,501. This equates to 2.6% above plan. We have seen significant improvement in 2023/24, with an increased number of UDA delivered from 65% in 2021/22 to 84% (+19%) across Sussex (Table 1). This is particularly positive in East Sussex where delivery was only 1% below 2019/20 performance.

***Table 1 - UDA delivery against contracted performance for 2019/20 and 2023/24 by Sussex Local Authority and the Sussex total\****

Locality	Delivery	
	19/20	23/24
Brighton and Hove	94%	83%
East Sussex	87%	86%
West Sussex	89%	84%
Sussex	89%	84%

*\*Please note caveats to the data due to changes that took place during this period, including commissioning geographical changes and changes in payment types.*

### **How have NHS dental contract hand backs affected East Sussex and the wider system?**

3.13 Since the onset of the COVID-19 pandemic, we have seen an increase in NHS dental contract hand backs. Since 2019/20 there have been 27 contract hand backs across Sussex, resulting in 186,946 less commissioned UDA. During this period, in East Sussex there were five contract hand backs in total, equating to an activity loss of 30,049 UDA annually (16% of the Sussex total hand backs). These were seen as follows:

- In 2023/24 three contract hand backs in the Lewes locality, totalling 26,562 UDA
- In 2022/23 two contract hand backs in the Hastings area, equating 3,487 UDA.

### **What is the impact on Urgent and Emergency Care (UEC) services from dental-related issues?**

3.14 Recent analysis of NHS111 data has shown that most of the Sussex patients contacting the service with dental-related queries are signposted to general dental services. From June 2023 to May 2024 of the 17,168 NHS111 service dental-related enquiries, 28% were from East Sussex callers. Total call results show that 42% of patients were signposted to a 'high street' dentist within twenty-four hours. 33% of patients were advised to be seen within twelve hours, and 12% signposted for dental care within five working days. Only 1% of patients were advised to go to emergency departments. A&E services in Sussex report high volumes of attendees with dental-related issues who have already been in contact with NHS111 about their dental condition. This suggests that patients may be choosing to attend emergency walk-in services if they are unable to access an appointment with a 'high street' dentist. To help manage unmet urgent dental care demand, NHS Sussex mobilised the UDCS pilot scheme in March 2024 (see paragraph 3.9). This involved the participation of three East Sussex practices.

### **What do we know about patient experience NHS dentistry in Sussex?**

3.15 We have reviewed patient feedback collected in April 2023 from a Sussex



Healthwatch survey, Experiences of Dentistry in Sussex<sup>3</sup> [PowerPoint Presentation \(healthwatchwestsussex.co.uk\)](https://healthwatchwestsussex.co.uk) as well as data and insight gained through our own review of the current position of NHS dentistry in Sussex to inform and develop our Dental Recovery and Transformation Plan. The Healthwatch report highlighted that 25.5% of respondents had accessed NHS dental treatment without any issues, but 40.9% of respondents were unable to receive NHS dental treatment as they had been unable to find dentists able to offer it.

- 3.16 The most recent GP Patient Survey (2024) results show that 67% of Sussex patients described their experience of NHS dental services as “Good” and 21% described it as “Poor”, slightly lower than in the national response of 69% saying “Good” and 20% “Poor”. This indicates that there is further work needed to improve patients’ experience of NHS Dental Services in Sussex.

### ***What do we know about NHS dental workforce?***

- 3.17 Dental workforce recruitment and retention is challenging nationally and across the South East (SE) region. Dental professionals in Sussex tell us that recruiting and retaining a dental workforce willing to deliver NHS dental services is one of the greatest challenges they currently face and is one of the main reasons dental providers hand back their NHS contracts. Data<sup>4</sup> shows that Sussex has consistently had more dentists undertaking NHS activity per 100,000 population than the national and regional average between 2018/19 and 2022/23. Between 2021/22 and 2023/24 the number of dentists delivering NHS care in Sussex experienced a net increase of 2% (from 918 to 939 dentists).
- 3.18 In 2023/24 East Sussex had 274 dentists delivering NHS activity. This equates to fifty dentists per 100,000 population. This is higher than the England average of forty-three dentists per 100,000 population. Note these figures are provisional based on latest available mid-year population figures.
- 3.19 The NHS Long Term Workforce Plan published in June 2023 [NHS Long Term Workforce Plan \(england.nhs.uk\)](https://www.england.nhs.uk/long-term/workforce-plan/) sets out the national vision for dental workforce supply to meet expected demand across England. The national LTWP ambition is to support expansion in dental workforce supply, by:
- Increasing training places for dental therapy and dental hygienists by 28% by 2028/29, to support expansion to more than 500 (40%) by 2031/32
  - Increasing training places for dentists by 24% for dentists to 1,000 places by 2028/29, to support expansion to more than 1,100 (40%) by 2031/32
  - Exploring the creation of new dental schools in underserved parts of the

<sup>3</sup> <https://www.healthwatchwestsussex.co.uk/sites/healthwatchwestsussex.co.uk/files/HWiS-Experiences-of-Dentistry-in-Sussex-Poll-April-2023-FINAL.pdf>

<sup>4</sup> [https://nhsbsa-odata.s3.eu-west-2.amazonaws.com/dental/dental\\_workforce\\_23\\_24\\_v001.xlsx](https://nhsbsa-odata.s3.eu-west-2.amazonaws.com/dental/dental_workforce_23_24_v001.xlsx)

country

- Promoting apprenticeship and other vocational routes to train across the whole dental workforce

3.20 NHSE acknowledges that the SE region does not currently have sufficient dental schools to support the desired expansion. There is no dental school within the SE or East of England region – both regions have been historically underserved.

***What actions has NHS Sussex taken to enhance dental access in East Sussex?***

3.21 We have consistently applied all incoming national guidance aimed at enabling increased access. This includes:

- Introducing the New Patient Premium payment scheme from 1 March 2024 (for thirteen months) to help incentivise practices to take on new NHS patients - we continue to monitor the impact
- Applying an uplift to UDA rates from 1 April 2024 to all relevant providers to implement the new national minimum UDA value of £28 - this was achieved without any loss to commissioned activity
- Approving twelve dental providers in East Sussex (30 in total across the Sussex system) to deliver up to 10% additional activity (in excess of their contract value) in 2023/24 - this represented a potential of 14,091 additional UDA and 91 sedation courses of treatment across providers in East Sussex

3.22 This year, nineteen dental contracts in East Sussex have been approved to ‘overperform’ by up to 10% in 2024/25. This includes seventeen general dentistry contracts, two offering sedation services, representing delivery of up to 24,481 additional UDA in East Sussex and up to 81 additional sedation courses of treatment. All but one of these services operates in an area of medium to high relative deprivation.

3.23 To help us develop data-driven approaches to mitigate losses of commissioned activity across Sussex, we have determined the number of UDA per head of population (PHP) at LA district level and compared areas that have similar levels of relative deprivation, to help us address any inequity in service provision. We know that areas of high relative deprivation are associated with some of the greatest levels of dental clinical need.

3.24 Lewes in East Sussex has been identified as a locality that has experienced a loss in activity falling below the average Sussex UDA PHP rate for an area with similar levels of deprivation according to Index of Multiple Deprivation (IMD) rankings. We have taken immediate steps to address the identified shortfall in dental access by offering temporary UDA increases to all existing NHS dental providers in the Lewes area (and wider system).

- 3.25 To help us to better understand current challenges around delivering NHS dental services and co-design solutions with dental professionals, we are hosting a dental provider listening event in Lewes on 7 November 2024. This will help us to work together to identify opportunities to increase commissioned activity and improve contractual performance in Lewes.
- 3.26 Lewes and Hastings have been identified as target areas to offer ‘golden hellos’ under the Dentist Recruitment Incentive Scheme (DRIS) in 2024/25. Three ‘golden hello’ posts have been agreed in total for practices in these areas. This is intended to help practices experiencing challenges with longstanding vacancies.
- 3.27 As outlined in paragraphs 3.8 to 3.10 we are continuing to fund the AHS to offer additional capacity for new patients and support access for vulnerable patient cohorts. We are also continuing to offer the UDCS scheme, following a successful 12-week pilot earlier this year. The pilot scheme was subject to robust evaluation and generated comprehensive learning for us to take forward in our commissioning of urgent dental care services (and other sessional arrangements of dental activity).
- 3.28 Our work with the national NHS Business Services Authority (BSA) has provided analysis on the quality and impact of the pilot and informs how we can iterate the model of care to scale up and target in areas of highest clinical need. Data capture from 21 March to 1 May 2024 demonstrated the pilot has:
- Delivered 106 sessions
  - Seen an average of 4.9 patients per session
  - Delivered 514 appointments and seen 351 patients (319 adults and 32 children)
  - Delivered 911 UDA
  - Most care delivered was urgent care, with a high volume of stabilisation provided
  - Most care involved extractions and restorations – but some endodontic care was provided
  - The pilot patient cohort showed high levels of disease risk – the programme is targeting health inequality.
- 3.29 Our evaluation is available to read on our website, with a summary article being published within the British Dentistry Journal. This follows the publication of an article<sup>5</sup> co-authored with the NHS BSA dental team which outlined our approach to data collection and monitoring.
- 3.30 We continue to assess NHS dental services, targeting activity to areas of greatest need wherever possible. Testing new ways of working and service delivery will

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<sup>5</sup> [Sessional Urgent Dental Care Flexible Commissioning Data Tool: describing health outcomes through intelligent data | BDJ In Practice \(nature.com\)](#)

bring benefits to the whole Sussex population. There is no national registration system in dentistry like there is in general practice and people do not need to be registered with a dentist to receive NHS care. Patients are therefore able to go to any dental practice that holds an NHS contract for treatment, without any geographical or boundary restrictions.

3.31 Since our last progress update to East Sussex HOSC members, we have continued to make significant progress delivering key priorities for our patients, as summarised below in Table 2.

**Table 2 – Summary of activity undertaken to enhance access to NHS dental services across Sussex**

Action	Rationale	Impact
Procured new contracts (Brighton & Hove and Worthing)	Mitigate activity losses	79,500 additional permanent UDA
Implemented a new initiative to rapidly procure more permanent activity in targeted areas of West Sussex with lower rates of activity per head of population compared with similar IMD areas in Sussex	Attempts to re-procure new contracts and increase temporary UDA were unable to attract market interest	38,327 additional permanent UDA
Commissioned temporary activity In June 2024 expressions of interest were sought from providers in Lewes for 17,776 temporary UDA to help mitigate immediate losses due to recent contract hand backs while market engagement is undertaken to inform future commissioning arrangements	Address immediate activity losses due to contract hand backs whilst more longer-term provision is implemented.	30,700 temporary UDA (2023/24)  To date 4500 temporary UDA have been commissioned in Lewes in 2024/25
Agreed contractual over-performance of up to 10% for those with capacity in 2023/24 (30 providers agreed, 12 in East Sussex)	Address under-performance across Sussex	Up to 34,433 additional UDA across Sussex. For East Sussex this means an additional 14,091 UDA and 91 sedation courses of treatment in 2023/24
Agreed contractual over-performance of up to 10% for those with capacity in 2024/25 (54 providers agreed, 19 in East Sussex – 17 MDS and 2 Sedation)	Address under-performance across Sussex	Up to 67,636.9 additional UDA across Sussex. For East Sussex this means an additional 24,481.2 UDA and 81 sedation courses of treatment in 2024/25
The continuation of the South East Additional Hours scheme (AHS) which increases access for new and clinically vulnerable patients with 2 providers in East Sussex	Continuation of South East scheme to improve access to urgent dental care	6 providers across Sussex offering max of 1,118 contracted sessions per year. 3 providers based in East Sussex (Hastings and St Leonards-on-Sea)

Tested an alternative approach to provide UDCS. 10 providers (3 in East Sussex) in areas of highest need. Offer appointments to patients who do not have access to a regular dentist as well as vulnerable patient groups who require urgent dental treatment or need an urgent dental assessment	Utilise flexible commissioning to offer an enhanced urgent care service which includes urgent assessment and oral stabilisation as part of an initial pilot	During pilot: 10 providers 106 clinic sessions and 514 patients This pilot delivered 922 additional UDA during the 12-week pilot, with approximately 30% of this in East Sussex.
Extending a scheme in Brighton and Hove which provides remote clinical assessment at weekends and bank holidays for those patients who have oral pain/ swelling as part of an Advice, Analgesia and Antimicrobials (AAA) scheme	Enhance access to out-of-hours urgent dental treatment	71 sessions and 664 patient assessments
Approved two-year contract extensions to Personal Dental Service contracts for five non-MDS dental specialties (special care & paediatrics, unscheduled care, oral surgery, restorative and sedation)	To enable sufficient time to undertake service reviews and co-design new care models	Securing the continuation of specialist dental services across Sussex
Introducing a new patient premium across Sussex with participating NHS dental practices benefitting from payments of either £50 or £15, depending on care, for each new patient treated (221 eligible practices and 10 opted-out)	Implementation of national Dental Recovery Plan to boost patient access to NHS dentistry by increasing activity	Number of new patients will be monitored and reported by the NHS BSA
Uplifting the national minimum UDA values from £23 to £28 (33 providers)		Increasing contract values by £159,645
Implementing a 'golden hello' incentive in target areas. as part of the national Dentist Recruitment Incentive Scheme (DRIS), for practices who have experienced challenges with long-standing vacancies. East Sussex, Hastings and Lewes are target areas		Incentivise the recruitment of 10 dentists across Sussex. We have approved three golden hellos to practices in Lewes and Hastings

#### 4. How can patients in East Sussex access routine, urgent and emergency NHS dentistry?

- 4.1 Dental practices are required to regularly review and update their practice profile on [www.nhs.uk](http://www.nhs.uk) which includes information about whether they are accepting new NHS patients. Dental practice capacity fluctuates and therefore, all practices are encouraged to update the NHS website with any changes to their NHS patient acceptance status at the earliest opportunity. The NHS 'Find a dentist' webpage is the most up-to-date source of dental practice acceptance status information. The website uses a single location point (i.e. postcode) to list dental practices profiles in order of distance from that point. Dental practices may also include this information on their practice website.
- 4.2 If a patient needs urgent dental help and advice during normal surgery hours, they should contact their regular dentist if they have one. If a patient is unable to contact

a dentist or if they do not have a regular dentist, they can call Sussex Dental Helpline on 0300 123 1663 or email: [kcht.dentalhelpdesk@nhs.net](mailto:kcht.dentalhelpdesk@nhs.net) for more information (8am-4pm). NHS 111 also offers advice about the most appropriate service to help patients.

- 4.3 East Sussex Healthcare NHS Trust is commissioned to deliver Community Dental Services (CDS) and out-of-hours emergency and urgent dental treatment services. The East Sussex CDS offers a Special Care Dentistry Service across four sites (Arthur Blackman Clinic in St Leonards-on-Sea, Ian Gow Memorial Centre in Eastbourne, Seaford Health Centre and Uckfield Community Hospital).
- 4.4 Emergency and urgent dental treatment is provided out of hours at three sites across East Sussex. These services are by appointment only and will not accept walk-in patients.
- Brighton & Hove, Lewes and surrounding area telephone: 03000 242548.
  - Eastbourne area telephone: 01323 449170.
  - Hastings and St Leonards area telephone: 01424 850792.

## **5. How is the Sussex Dental Recovery & Transformation Plan supporting the development of NHS dental services?**

- 5.1 Following the recent General Election, the new government will be pursuing its manifesto commitments in relation to their Dentistry Rescue Plan with the four immediate actions detailed in Section 2.
- 5.2 In response to this, we have refreshed our approach and updated the NHS Sussex Dental Transformation and Recovery Plan (DTRP) for 2024/25. This builds upon our learning to date, is based on best available evidence, considers the needs of people and sets out new ways of organising and delivering care within the current national contract.
- 5.3 NHS Sussex has undertaken both qualitative and quantitative assessment of the current issues facing service providers and patients to test the assumptions in our plan. We want to ensure our plans maximise dental capacity and prioritise capacity where it can be used most effectively to meet the highest clinical needs and secure the greatest improvements in oral health outcomes.

### ***Preparing to implement new government initiatives***

- 5.4 The government's Dentistry Rescue Plan has committed to provide an extra 700,000 urgent and emergency dental appointments a year. Although currently there is no further guidance from NHSE on the timeframe or process for implementation, ICBs will likely be asked to identify whether they wish to be included as 'early adopter' vanguard sites via an expression of interest process.

- 5.5 NHS Sussex is well placed to act as a system lead on this, building on our own insight and intelligence, following the roll out of a UDCS pilot in 2023/24. We have applied a rigorous project management approach empowering dental professionals to co-design the urgent care model, pathways and service specification and produced an evaluation report to assess efficiency, effectiveness, impact, and sustainability of the model.
- 5.6 The ICB has undertaken scenario modelling to test the feasibility for scaling up urgent care capacity and is developing an implementation plan that will be ready for mobilisation once there is confirmation nationally on the ask and associated funding. Our current plan would yield annual delivery of up to 96 sessions, 480 appointments, at a cost of £62,784 and would be in two sites in different Integrated Community Team areas in Sussex.
- 5.7 In terms of next steps we will:
- Engage providers to ‘test the appetite’ to scale up the UDCS model
  - Work with Public Health consultants to undertake a gaps analysis of urgent care need
  - Undertake a diagnostic review of service capacity.

### ***Approach for developing our dental recovery and transformation plan***

- 5.8 The development and delivery of our dental recovery and transformation plan is reliant upon a multi-disciplinary team approach. The plan was clinically co-designed with the Local Dental Committees (LDC) in East and West Sussex, Kent, Surrey and Sussex (KSS) Local Dental Network (LDN) and Managed Clinical Networks (MCN), and external dental clinical expertise. As some activities require changes to service delivery and will be implemented by dentists and the wider dental workforce, NHS Sussex has ringfenced dental allocation (£130k for 2024/25) to ensure clinical leadership is at the forefront of driving service transformation and implementation. We will continue to engage with clinical networks to test and pilot innovative approaches to enhance dental access, utilising the new guidance “Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners” and learning from the UDCS pilot, which acted as local proof of concept for this approach to commissioning ‘Additional and Further Services’ sessions under existing national contractual arrangements.
- 5.9 Since the ICB took on delegated commissioning responsibility in July 2022, we have worked collaboratively with Directors of Public Health to inform our dental priorities, most recently this has included a review of the Looked After Children dental pathway to identify how access to services can be better tailored to their specific needs.

- 5.10 The work plan builds on and encompasses projects mobilised in 2023/24 aligned to the wider South East dental programme. This includes four clinical dental service reviews relating to Special Care and Paediatric Dental Services, Unscheduled Care, Sedation Services and Oral Surgery.

***Continued focus on access***

- 5.11 As of June 2024, our local target delivery UDA count was 387,959 for Q1 2024/25 with actual UDA delivered of 406,501. This equates to 2.6% above plan. We have seen significant improvement in 2023/24, with an increased number of UDA delivered from 65% in 2021/22 to 84% (+19%) across Sussex.
- 5.12 We have mitigated losses in dental activity in Lewes and Hastings by commissioning temporary UDA, approving over-performance, offering 'golden hellos' and engaging with providers to co-design new ways of working. Our DRTP for 2024/25 sets-out how we will continue to support practices and develop long-term strategies to help prevent further contract losses, improve performance and address oral health inequalities.

***Continuous improvement priorities***

- 5.13 To deliver improvements and inform future commission decisions we need to ensure that we fully understand:
- The capacity and capability of our dental services, including workforce at a local level
  - The oral health needs of our population and health inequalities
- 5.14 We will take the following actions to support continuous improvement:
- Continue to monitor levels of contracted dental activity, performance and population health management data on a quarterly basis to inform commissioning decisions to help address variation and health inequalities
  - Use the South East framework for supporting practice resilience to assess individual applications from dental practices experiencing challenges due to exceptional circumstances
  - Support local authority activities promoting oral health to the youngest children in our population and looked after children by:
    - Ensuring public health team are engaged with the Sussex task and finish group to develop options for enhancing services to support children and vulnerable groups as part of the pathway development for improving the oral health of children
    - Promoting a system-wide approach to enhancing dental access for children
    - Consider the inclusion of children who are identified by a qualified professional as requiring a full dental assessment into the UDCS scheme.
  - Undertake a clinical service review for four dental specialty areas as part of a



two-year programme. Progressing work started in 2023/24 focusing on Special Care and Paediatrics, Unscheduled Care and Sedation Services

- Work to enhance the oral health of care home residents by mobilising a domiciliary dental care pilot for elderly care home residents in a care service in Crawley to test a new delivery model (due to mobilise in December 2024)
- Undertake a survey to better understand the local dental workforce in line with the forthcoming data from the national dental workforce data collection and inform the Sussex Primary Care Workforce Development Plan. This data will inform our collaborative workforce initiatives aimed at improving access, enhancing service delivery, support for children and vulnerable groups and cultivating a positive experience for dental professionals of NHS service delivery
- Implement a dental clinical leadership initiative starting with the recruitment of dental experts to lead and support projects in local programmes, alongside a roadmap to promote the integration of dental clinical expertise within existing primary care clinical leadership framework

### ***Long-term improvement – Sussex Centre for Dental Development***

5.15 Scoping activity has commenced with the Dental Deanery within NHSE Workforce, Training and Education and local higher and further educational stakeholders, to test the feasibility of a long-term collaborative project to train future dental health professionals to support workforce supply, optimise the use of the skill mix of the whole dental team (to deliver new models of care) through education and training with the aim of enhancing access for identified patient groups through a new delivery model (by providing NHS-only dental appointments).

5.16 The aims of the project are to:

- Improve equity of access and outcomes for those most at risk of poor oral health
- Develop care pathways that deliver early intervention with timely treatment, and prevention through oral health advice, treatment, supported by clear referral pathways
- Develop a flexible community based multi-disciplinary dental team focused on prevention aligned with the Sussex Integrated Community Teams (ICTs)
- Offer mandatory services with a focus on prevention as well as intervention, continuing care with access and treatment aligned with and interfacing with Sussex ICT care pathways, in particular for Core 20 Plus 5 priority areas
- Develop skills within the wider dental workforce utilising full scope of practice of dental care professionals
- Grow and upskill the local dental workforce through education and training
- Capture and evaluate oral health as an outcome of the commissioned NHS dental service, as well as through the activity metric of fillings, dentures, extractions or crowns

5.17 This concept builds upon national best practice which includes the University of Suffolk, Centre for Dental Development and recommendations set out in Health Education England's, Advancing Health Review – blueprint for future dental education and training to develop a multi-professional oral health workforce.

## **6. Conclusion**

6.1 This paper highlights the work NHS Sussex is doing as part of our Sussex Dental Recovery and Transformation Plan to support the development of NHS dental services activities and sets-out key delivery priorities to enhance access to NHS dental services. Through our diagnostic analysis and engagement with the profession we have identified several opportunities for improvement.

6.2 Our plan, made up of a range of transactional and transformational activities, focuses on the activities to enhance dental access and respond to the government's immediate priorities to recover and reform NHS dentistry. It sets out how we will improve patient access to NHS dentistry, support and develop the whole dental workforce, and take action to prevent poor oral health.

6.3 The actions we have taken include improving dental performance via the contractual review process to determine areas of potential support and agree actions to enhance performance. We have developed three new initiatives with the aim of enhancing access to routine and urgent dental care via the rapid commissioning of permanent UDA, a UDCS pilot and an oral health improvement pilot supporting patients in care home settings. In East Sussex, we currently have three dental practices offering the UDCS service and two practices who participate in the additional hours scheme.

6.4 The NHS have applied a ringfence to NHS dentistry budgets for 2024/25 and collect monthly returns from all ICBs to establish current and planned spend against the ringfenced dental priorities and operational planning guidance allocations budget. The dental allocation for 2024/25 is £109,697,000, for all primary, community and secondary care NHS dentistry. A fully costed dental transformation plan was submitted to the NHS Sussex Board on 25 September 2024.

# Agenda Item 6.

**Report to:** East Sussex Health Overview and Scrutiny Committee (HOSC)

**Date of meeting:** 3 October 2024

**By:** Deputy Chief Executive

**Title:** Access to General Practice in East Sussex

**Purpose:** To provide an update on work being done to improve access to General Practice and Primary Care Network (PCN) services in East Sussex

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## **RECOMMENDATIONS**

The Committee is recommended to:

- 1) Note the report; and
  - 2) identify if there are any areas it wishes to scrutinise further.
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### **1. Background**

1.1. The Health Overview Scrutiny Committee (HOSC) has received a number of reports at its previous meetings which explored primary care services, most recently an overview and update of Primary Care Networks (PCNs) at its meeting in September 2023. At that meeting the HOSC requested an update report on access to GPs and PCN development be brought to this meeting.

### **2. Supporting information**

2.1. The report, which is attached as **Appendix 1**, includes details on General Practice in East Sussex, and covers a number of areas which the HOSC asked about when it considered the report at its September meeting, as well as developments that have taken place since the last report. This includes:

- Strategic NHS planning objectives and priorities for Sussex
- GP appointments and enhanced access, including local arrangements for delivery of enhanced access across PCNs set out in Annex B of the Appendix
- Models of access to General Practice
- Workforce and Additional Role Reimbursement Scheme
- Emotional Wellbeing Support Service
- Estates developments
- Mitigating against Digital Access Exclusion
- COVID-19 vaccinations – overview of Spring 2024 campaign
- PCNS Tackling Health Inequalities
- Patients Not Attending Appointments
- Patient Choice

### **3. Conclusion and reasons for recommendations**

3.1 The HOSC is recommended to note the report and consider whether it would like to add any future updates on primary care to its work programme.

**PHILIP BAKER**  
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## Improving Access to General Practice in East Sussex – Update Report (October 2024)

### 1. Context

- 1.1. This report provides members of the Committee with an update on the work being done to improve access to General Practice in East Sussex, following on from previous reports in December 2022 and September 2023, including updates on specific areas requested such as models of access, the Additional Roles Reimbursement Scheme (ARRS), DNAs (patients who Did Not Attend), Enhanced Access, Health Inequalities, and the overall system-level plan around GP Access.

### 2. Introduction – General Practice in East Sussex

- 2.1. Across Sussex there are 156 General Practices and 293 Community Pharmacies.

- 2.2. As of July 2024, there are 50 GP Practices in East Sussex, and 96 Community Pharmacies, as well as one Primary Care Hub (in Hastings). The total number of registered patients with a GP Practices in Sussex in July 2024 was 576,257. The registered list sizes of the East Sussex Practices vary from 28,532 at Foundry Healthcare Lewes to 3,550 at South Saxon House Surgery.

- 2.3. The 50 GP Practices in East Sussex are grouped into 12 ‘Primary Care Networks’ (PCNs) which, as set out in the paper presented to HOSC members in September 2023 on PCNs, are non-statutory groups of local neighbouring general practices introduced in 2019 to act as a mechanism for sharing staff and collaborating, typically based around populations of 30,00-50,000 people.

- 2.4. The table below sets out which GP Practices are members of which PCN in East Sussex:

PCN	Member Practices	Total List Size (July 24)
ALPs Group PCN	Arlington Road Surgery, Park Practice, Seaside Medical Centre, Lighthouse Medical Practice	54,100
Bexhill PCN	Collington Surgery, Little Common Surgery, Sidley Medical Practice	49,874
Eastbourne East PCN	Harbour Medical Practice, Sovereign Practice, Stone Cross Surgery	36,078
Foundry Health Lewes PCN	Foundry Healthcare Lewes	28,532
Greater Wealden PCN	Bird-In-Eye Surgery, Buxted Medical Centre, Wealden Ridge Medical Partnership,	60,687

	Herstmonceux Integrative Health Centre, The Meads Surgery	
Hailsham PCN	Bridgeside Surgery, Hailsham Medical Group, Quintins Medical Centre	30,539
Hastings & St Leonards PCN	Carisbrooke Surgery, Hastings Old Town Surgery, High Glades Medical Centre, Priory Road Surgery, Sedlescombe House, South Saxon House Surgery, The Hill Surgery, The Station Practice	101,565
High Weald PCN	Ashdown Forest Health Centre, Beacon Surgery, Belmont Surgery, Groombridge & Hartfield Medical Group, Rotherfield Surgery, Saxonbury House Surgery, Woodhill Surgery	55,955
Rural Rother PCN	Fairfield Surgery, Ferry Road Health Centre, Martins Oak Surgery, Northiam Surgery, Oldwood Surgery, Rye Medical Centre, Sedlescombe & Westfield Surgeries	43,392
Seaford PCN	Old School Surgery, Seaford Medical Practice	27,337
The Havens PCN	Chapel Street Surgery, Havenshealth, Quayside Medical Practice	36,399
Victoria Eastbourne PCN	Downlands Medical Centre, Manor Park Medical Centre, Victoria Medical Centre, Grove Road Surgery	51,799

- 2.5. General Practices are required to provide essential medical services to people registered with them between 8:00am and 6:30pm Monday to Friday, supplemented by 'Enhanced Access' arrangements in each PCN outside of these hours, as well as 'Out of Hours' cover commissioned separately.

### 3. **Strategic NHS planning objectives for improving access to General Practice**

- 3.1. Over the past five years, across England, satisfaction with access to General Practice has decreased year-on-year. This decreasing satisfaction, to varying degrees, is observed across multiple domains, including the experience of making an appointment, waiting times for appointments and the type of appointment offered (e.g. whether it is in-person or telephone). Continuing to improve timely access to primary care is a core part of NHS recovery, and central to delivery of the ambitions set out in the Delivery plan for recovering access to primary care.
- 3.2. To address this, on 9 May 2023, NHS England and the Department of Health and Social Care issued the national [delivery plan for recovering access to primary care](#). This plan built on the findings and recommendations of the [Fuller stocktake report](#) and described the Government's main areas of focus.
- 3.3. This national delivery plan aimed to address two key objectives:
- to tackle the '8am rush' and reduce the number of people struggling to contact their practice and,

- for patients to know on the day they contact their practice how their request will be managed.

- 3.4. These objectives were set to be delivered by several actions taken across four pillars. Success was dependent on improvement work undertaken by individual practices and Primary Care Networks (PCNs) as well as other factors outside of their direct control such as public expectations, the interface with secondary care providers, and future provision of the GP workforce. These four key pillars are:
- Empowering patients to manage their own health through using the NHS App, self-referral pathways and an expanded Community Pharmacy service offer.
  - Implementing the 'Modern General Practice Model' to tackle the '8am rush', provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
  - Building capacity to deliver more appointments from more staff than ever before and adding flexibility to the types of staff recruited and how they are deployed.
  - Cutting bureaucracy and reducing the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.
- 3.5. Continuing to improve timely access to primary care continues to be a national NHS priority and a core element of the approach to national post-pandemic recovery, as contained within the [NHS Planning Guidance for 2024/25](#) - an overview of the key asks for 2024/25 is set out in **Annex A**. The new Labour government has also set this out as a priority in the context of its wider stated review of the NHS.

#### **4. Strategic Priority for Sussex**

- 4.1. The national commitments to improving access to Primary Care align well with the existing Sussex focus upon this, as set out in the Sussex Shared Delivery Plan agreed with system partners. As well as improving access, in Sussex we also want to work with patients and communities to improve understanding of how modern General Practice works, ensure we reduce any barriers and inequalities, and reduce any unwarranted variation that may exist across Sussex in how General Practice access works.
- 4.2. Since the plan's publication, there has been positive progress in Sussex, with record numbers of appointments being delivered:
- In 2023/24 over 10.8 million General Practice appointments were delivered in Sussex, including over 3.6million across East Sussex. The number of appointments delivered in East Sussex was 5.3% higher than in the previous year.
  - Activity in General Practice is now surpassing pre-pandemic levels by 15% in Sussex.
  - We have exceeded our overall recruitment targets for the Primary Care Workforce at both a PCN and practice level in Sussex, with a total increase in

the workforce between May 2023-July 2024 of 670.7 Full Time Equivalent (FTE) staff. In the 12 months between April 2023-March 2024 in East Sussex this included an increase in the number of GPs from 231.5 to 254.6 FTE, and in the number of FTE Nurses from 172.9 to 187.7.

- We have continued to expand Community Pharmacy services to increase the number of referrals through new patient pathways such as 'Pharmacy First'. This enables patients to have alternative options for accessing the support they need without always having to go to their GP Practice. In July 2024 there were 520 referrals in East Sussex to Pharmacies as part of Pharmacy First.

- 4.3. Over the past 12 months, significant progress has been made in delivering actions for recovering access to primary care across Sussex. However, we recognise that as the demand for General Practice continues to increase, we need to accelerate this work over 2024/25.
- 4.4. Our focus across Sussex in 2024/25 will be to maintain our focus on improving the experience of access to primary care, by supporting General Practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need, to reduce unwarranted variation for PCNs and practices.
- 4.5. To meet this aspiration, we continue to engage proactively with local, regional and national stakeholders to better understand the evidence base and opportunities to develop innovative and sustainable responses, which support longer-term visions for collaboration and accountability within the Sussex system.

## **5. GP Appointments in East Sussex**

- 5.1. Between April to July 2024 over 3.7 million General Practice appointments were delivered across Sussex, representing an 11.4% increase in activity for the same period of 2023. During the year 2023/24 NHS Sussex exceeded its Operating Plan target for delivery of GP appointments by 5.9%.
- 5.2. In July 2024, Sussex performed better than both the England and South East averages for the number of GP appointments provided per 1,000 registered patients – with 517 for Sussex, compared to 500 for England and 483 for the South East. For appointments in July across Sussex, 42.9% were held on the same-day as booking and 79.4% were held within 2 weeks of booking – against averages in England of 43.9% and 82.7%, and in the South East of 43.7% and 81.2%.
- 5.3. In July in East Sussex 309,774 appointments were delivered across the 50 GP Practices – 3.1% more than in the same month last year. This represented 537 appointments per 1000 registered patients, with 43.2% delivered on the same day as booking, and 79.5% within 2 weeks. In total between April-July 2024 there have



been 1,222,398 appointments in East Sussex compared to 1,111,502 in the same period in 2023 – a 10% increase in the numbers delivered by Practices.

## **6. *Enhanced Access in East Sussex***

- 6.1. From October 2022, PCNs have been required to provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (referred to in the Network Contract Direct Enhanced Service Specification as “Network Standard Hours”).
- 6.2. All East Sussex PCNs continue to offer Enhanced Access to registered patients. There are a range of different delivery methods including directly by the PCN, subcontracted to another provider (normally the local GP federation) or a hybrid model of delivery for example where the PCN practices may provide Enhanced Access Mon-Fri and the local GP Federation provides on a Saturday.
- 6.3. As an example, one PCN which covers Eastbourne and Polegate delivers Enhanced Access services from The Beacon Shopping Centre in Eastbourne on a Saturday, which is more easily accessible by public transport for some patients, and has also recently expanded their enhanced access offer to include evening and weekend clinics in Hampden Park and early morning weekday clinics in Polegate. In Seaford, the local PCN has used enhanced access clinics on Saturday mornings to increase cervical screening appointments to help those patients with other commitments during the week.
- 6.4. In total the Enhanced Access service delivers an additional 606 hours of appointments (both face to face and digital/telephone) per week across East Sussex, beyond core hours. **Annex B** sets out local arrangements in more detail for members:
- 6.5. We continue to work with PCNs to ensure that they deliver the required minimum level of service in each part of East Sussex, contractually set out in the form of a specific number of additional minutes of appointments based on size of registered population, as well as encouraging local innovation based around local population needs.

## **7. *Models of Access to General Practice in East Sussex***

- 7.1. Increasingly across Sussex and elsewhere, Practices have been focussing upon improving their access models for patients to reflect better technology and trying to make it easier for patients to navigate how General Practice works to get the support they need.
- 7.2. Part of this has involved implementation of the ‘Modern General Practice Access’ model, which comprises a move to increase the role of triage, digital telephony,

making online requests simpler, and offering faster navigation, assessment, and responses for patients. This model sits within a wider context of efforts to improve access for patients through innovations such as the NHS App, Online Consultations and improving Practice websites.

- 7.3. One of the advantages of moving to this model is that Practices will be better able to see and understand the needs and demand of their patients, as well as the current capacity to manage this. By streamlining how patients can receive advice, prescriptions and other support which may not need an appointment, Practices are then able to use their full multi-professional team to ensure patients receive what they need.
- 7.4. Each patient is unique and, given the diversity of Practices and communities in East Sussex, how each model of access works needs to be tailored to the needs of that local population.
- 7.5. As part of the move to promote ‘Modern General Practice Access’ models, NHS Sussex has received and used national funding available to support GP Practices in East Sussex around this, including:
  - Staff training for care navigation, including Pharmacy First.
  - Protected learning time for wider Practice teams to explore and work on new protocols and processes, updating appointment templates, auditing templates, reviewing booking messages, staff planning and contingency planning.
  - Increasing online consultation capacity in a sustainable way.
- 7.6. We have also worked with PCNs to implement “Capacity & Access Improvement Plans” linked to the GP Contract in 2023/24 – specifically agreeing with each of them a set of deliverable improvements linked to 1) Patient experience of contact, 2) Ease of access and demand management, and 3) Accuracy of recording in appointment books
- 7.7. The following summarises the common themes and those programmes for improving access that were implemented as a result:

East Sussex	Common Themes for Improving Access
<b>Patient Experience of Contact</b>	<ul style="list-style-type: none"> <li>• Promote the use of online consultations and NHS App</li> <li>• Website functionality improvement</li> <li>• Development of Patient Participating Groups (PPGs)</li> <li>• Improve on Friends and Family Test usage</li> <li>• Engagement with Care Navigation training</li> <li>• Engage more with PPGs and pharmacies</li> <li>• Launch use of cloud-based telephony</li> </ul>

<b>Ease of access and demand management</b>	<ul style="list-style-type: none"> <li>• Address estates issues</li> <li>• Subcontract bespoke pharmacy services</li> <li>• Increased ARRS recruitment</li> <li>• Improve call back offering.</li> <li>• Continue use of e-hub</li> <li>• Engage with Training Programmes</li> </ul>
<b>Accuracy of recording in appointment books</b>	<ul style="list-style-type: none"> <li>• Utilise APEX data tool</li> <li>• Review APEX data tool</li> <li>• Provide training on use of EMIS (an electronic prescribing and administration system).</li> <li>• New processes to support accurate recording of appointments.</li> <li>• General Practice Appointment Dashboard (GPAD) appointment data cleansing and accuracy exercise</li> </ul>

## 8. Workforce

- 8.1. Increasing the Primary Care workforce is both a national and local priority, both in terms of recruiting and training more staff, but also supporting and retaining existing ones too. Nationally the previous government set out a [Long Term Workforce Plan](#) for the NHS in June 2023, while in Sussex we have developed our own [Sussex People Plan](#) across system partners which includes a key focus upon supporting the Primary Care workforce. This is particularly important not just for improving access to Primary Care, but also in working with partners to develop new Integrated Community Teams (ICTs) in Sussex.
- 8.2. We have exceeded our overall recruitment targets for the Primary Care Workforce at both a PCN and practice level in Sussex in the last year, with a total increase in the workforce between May 2023-July 2024 of 670.7 Full Time Equivalent (FTE) staff. In the 12 months between April 2023-March 2024 in East Sussex this included an increase in the number of GPs from 231.5 to 254.6 FTE, and in the number of FTE Nurses from 172.9 to 187.7.
- 8.3. Key Points of note for Sussex overall include:
- The clinical primary care workforce is up by 286 Whole Time Equivalent (WTE) or 9.6% compared to last year while non-clinical staff grew by 8.7%.
  - The Fully qualified GP workforce (831.9 WTE) continues the upward trend adding almost 43 WTE in a year. With 44.9 WTE/100k patients Sussex is higher than England (43.6) and the average comparator level (41.9). In total there are now 1,023 WTE general practitioners working in practices across Sussex.
  - Nursing staff numbers are now at their highest level at 557.9 WTE. Sussex has 30.1 WTE nurses per 100,000 patients, well above the England level (26.7) and just above the comparator systems average (29.5).
  - Direct Patient Care staff numbers are higher for the 5th consecutive month at 684.2 WTE and with 36.9 WTE/100k are well above the England level (27.0) and higher than our average comparator level (32.4).

**9. Additional Role Reimbursement Scheme (ARRS) overview:**

- 9.1. PCNs draw on the expertise of staff already employed by their constituent practices as well as receive funding to employ additional staff under the Additional Roles Reimbursement Scheme (ARRS).
- 9.2. ARRS is the most significant financial investment added to the GP Contract in 2019 via the 'Network Contract Direct Enhanced Service (DES)', and is designed to provide reimbursement for PCNs to build the workforce, establishing Multi-Disciplinary Team models of care required to deliver a set of national service specifications – e.g. Enhanced Health in Care Homes.
- 9.3. In July 2024 (latest available data) the total ARRS workforce for East Sussex increased by 24.67 WTE to 350.74 WTE compared to staffing levels in July 2023. The clinical ARRS workforce is 345.01 WTE; non-clinical is 5.73 WTE.
- 9.4. The ARRS roles that PCNs can recruit as part of this scheme are: Adult Mental Health Practitioner, Advanced Practitioner, Care Coordinator, Clinical Pharmacist, Children and Young People Mental Health Practitioner, Dietician, First Contact Physiotherapist, Health and Wellbeing Coach, Nursing Associate, Enhanced Practice Nurse, Occupational Therapist, Paramedic, Pharmacy Technician, Physician Associate, Apprentice Physician Associate, Podiatrist, Social Prescribing Link Worker, Trainee Nursing Associate, General Practice Assistant, Digital and Transformation Lead.
- 9.5. The following ARRS roles have seen an increase across Sussex over the last year in comparison to July 2023 WTE numbers:
  - Adult Mental Health Practitioner (21.2%)
  - Advanced Practitioner Role (61.12%)
  - First Contact Physiotherapist (20.22%)
  - General Practice Assistant (61.75%)
  - Podiatrist (124%)
- 9.6. Increasingly this significant new workforce is a core part of the service offered to patients in General Practice, expanding the range of support Practices can offer locally as opposed to needing to refer on to other services.
- 9.7. One of the first acts of the new Labour Government has been to amend the national DES scheme to allow PCNs to now also include the ability to recruit newly qualified GPs through it, and we are working currently to support all PCNs, including in East Sussex, to take up this offer.

**10. Emotional Wellbeing Support Service:**

- 10.1. In East Sussex the Emotional Wellbeing Services (EWS) are now operating in 8 out of 12 PCNs; ALPs Group PCN, Bexhill PCN, Eastbourne PCN, Foundry Healthcare PCN, Greater Wealden PCN, Hastings & St Leonard's PCN, Rural Rother PCN and the Havens PCN.
- 10.2. Two PCNs (Hailsham PCN and Victoria Eastbourne PCN) chose not to participate in the model and have directly recruited their own staff, and funding constraints have prevented offers being able to be provided to the remaining two PCNs (High Weald PCN and Seaford PCN). Work is ongoing within the system to develop solutions for addressing the inequities arising through this situation.
- 10.3. The service comprises of an offer of a clinical Mental Health Practitioner (jointly funded by ARRS and ICB funding and employed by Sussex Partnership Foundation Trust) and a non-clinical Support Coordinator (ICB funded and employed by Southdown) working from each PCN. The offer is aimed at improving access to mental health care for people living with Serious Mental Illnesses and ensuring those individuals who have historically been excluded from both primary and secondary offers are able to access care and support for their mental health and related social issues.
- 10.4. The services have been well received across the PCNs, practices and by the patients. Recent feedback has pointed towards the benefits of more timely access to services for individuals, the ability to holistically address patient's needs (mental health, medical and social) within single joint meetings and easier liaison between primary care and specialist services as being particularly strong. Clinical outcomes for patients seen by the service are clearly evidenced and positive.
- 10.5. Due to the partnership nature of the service and the needs of individual organisations involved, there is a need for some staff to be duplicating contact information which is resulting in some data quality and staff capacity issues. These are being looked into by providers with support from the commissioning team.
- 10.6. Different PCNs are engaging to different extents with the model and EWS staff and management. Outcomes and pathways are strengthened the more PCN and GP practice staff are able to engage with the model and come on board as a fully equal partner in model delivery.
- 10.7. The delivery model is overall considered to be a success, but it is worth noting that it has been introduced at a time of great flux in the system with staff needing to absorb a number of changes of management and wider clinical models which they have managed well.

## **11. *Estates Developments***

- 11.1. NHS Sussex has continued to work with Local Authority partners and others to support the overall improvement of the Primary Care estate in East Sussex, to make it fit for purpose for the delivery of high quality modern services for patients.
- 11.2. We are committed to finding a long-term solution to improve healthcare services in Seaford, and to provide the best possible services for the future. We are working with local partners to explore a number of options to expand primary care services in the town, and have been working together to find a suitable site for some time. As part of this work, we are assessing the possibility of Richmond Road car park to provide additional space for surgeries, alongside other services. The assessment of the viability of this option needs to be completed as there is also a need to balance any development plans against other considerations such as the terms of cost and functionality, while also ensuring we can provide the best possible services for the community. We expect to know more before the end of the year, and will provide a detailed update on the progress of this work as soon as possible.
- 11.3. NHS Sussex have also supported both Newhaven practices (Quayside and Chapel Street) in finding a new premises solution in Newhaven. Both practices will be moving into new sites within Newhaven Square, with the redevelopment of these sites being undertaken by the Council. This is an exciting opportunity for both practices to acquire new fit for purpose premises whilst benefiting from a location which promotes collaborative working with leisure colleagues at Seahaven Leisure Centre. The new sites are due to be completed by summer 2026.
- 11.4. NHS Sussex are working with the Hill Surgery to provide new accommodation at the Ore Clinic, Hastings. This site is currently owned by NHS Property Services who are working with the practice to agree a new lease for the premises, which we are hoping will be agreed in the next couple of months. The ICB have been fortunate enough to achieve £100,000 Levelling Up Funding for Ore Clinic, which will be used to refurbish and reconfigure the internals of the premises.

## **12. *Mitigating against Digital Access Exclusion***

- 12.1. The development and implementation of digital tools has increased significantly across health and care services. Digital tools can offer patients an increased choice in accessing services, empowerment to have more control over their health and care and may improve health system productivity and efficiency.
- 12.2. Significant parts of the population are not able, or struggle to benefit from digital health care. Barriers to accessing digital health tools include access; affordability; skills and support; motivation and trust. Variability in implementation levels and promotion of digital access routes further contribute to inequity of access. “Not having access to the digital world means not having access to fundamentals of life. As a result, digital exclusion can exacerbate existing inequalities in society or introduce new inequalities” Digital Poverty Alliance, 2024.

- 12.3. With the increasing role of digital in health and care, digital exclusion is now closely linked to both tackling existing inequalities and preventing their exacerbation. Mitigating against digital exclusion is one of the five priorities in the National Healthcare Inequalities Programme, with national NHS guidance set out in [Inclusive digital healthcare: a framework for NHS action on digital inclusion](#) and is also identified in the Sussex Shared Delivery Plan (SDP).
- 12.4. 35% of the UK population have at best low-level digital skill levels which may not be enough for them to navigate digital health and care pathways without support. Research for The Good Things Foundation found that 44% of the Southeast population are limited users of the internet (compared to 17% who are extensive users). This represents a proportion of the Sussex population who are highly likely to need some or intensive support to get online or use digital tools for healthcare, and they may also be our highest need populations. In addition, health and care services are considered one of the most difficult to navigate digitally which can further increase barriers to inclusion.
- 12.5. Those most at risk of Digital Exclusion include:
- Older People.
  - People in lower income groups.
  - People without a job.
  - People in social housing.
  - Homeless people / insecurely housed.
  - People with lower educational achievement (left school before 16, excluded).
  - People living in rural areas.
  - People who are disabled.
  - People whose first language is not English.
  - People in NRS social grade D and E.
  - People with low literacy or lacking in confidence of their literacy.
  - People with learning disabilities.
  - Gypsy, Roma, Traveller population.
  - Vulnerable migrants.
- 12.6. Sussex is making progress on establishing the frameworks, culture, and insight to mitigate the risks of digital exclusion through embedding key activities in the design and development of digital services.
- 12.7. Following on from this, developing a system strategy will draw together action by partners to tackle and mitigate against the risks of digital exclusion ensuring that we are able to achieve a digitally mature system without exacerbating existing health inequalities.

### **13. *Increasing Access to Covid Vaccinations - Overview of the Spring 2024***

## Campaign

- 13.1. On the 7 February 2024, the Joint Committee for Vaccination and Immunisation (JCVI) released their recommendation on who will be eligible for a seasonal booster vaccine for spring 2024. The eligible cohort recommendations are:
- adults aged 75 years and over
  - residents in a care home for older adults
  - individuals aged 6 months and over who are immunosuppressed campaigns
- 13.2. In all previous Sussex had a multi-provider network to deliver vaccines for the population. For the recently ended Spring Campaign there were 86 fixed vaccination sites across Sussex; 64 Community Pharmacies, 20 Primary Care Network Local Vaccination Sites (PCN LVS) and 2 Hospital Hub sites. Across the three places, the breakdown is as follows:
- 6 PCN LVS sites and 20 community pharmacy sites in East Sussex
  - 16 community pharmacy sites and 1 Hospital Hub in Brighton
  - 14 PCN LVS sites, 28 community pharmacy sites and 1 Hospital Hub in West Sussex
- 13.3. There were also a number of dedicated GP and community pop-up services bringing care closer to patients as well as targeting areas of high inequality and areas of low uptake.
- 13.4. 268,988 people were eligible for a COVID vaccination in Sussex and by the end date of the Spring campaign (30 June 2024) in total 174,162 (64.7%) vaccinations were delivered across our Sussex provider network, and 163,732 (60.9%) eligible Sussex residents received a vaccination.
- 13.5. The difference in these two numbers relates to the fact that the provider network in Sussex continues to be a 'net importer' and vaccinated 6% of people who reside in other systems.
- 13.6. Table 1 shows the breakdown by cohort. There continues to be variance by place, but this is consistent with previous campaigns (i.e. no observed deterioration or narrowing of variance).

JCVI Name	Brighton & Hove	East Sussex	West Sussex	Grand Total
0 : Housebound	990 (56%)	3,020 (71%)	6,574 (81%)	10,584 (76%)
1 : Care Homes	753 (61%)	3,124 (66%)	4,770 (73%)	8,647 (69%)
2 : Aged 75+	11,162 (59%)	47,075 (66%)	71,404 (70%)	129,641 (68%)
3: Immunosuppressed	2,245 (26%)	4,440 (28%)	8,175 (31.4%)	14,860 (29%)
<b>Grand Total</b>	<b>15,150 (49.4%)</b>	<b>57,659 (59.9%)</b>	<b>90,923 (64%)</b>	<b>163,732 (60.9%)</b>



- 13.7. For uptake across all cohorts Sussex ranked 3rd in the South East region and 16th nationally. In the Spring 2023 campaign, uptake for the eligible cohorts was 59.8%. This was an increase in uptake by around 1.8% from 2023 to 2024 where Sussex ended the campaign 3rd regionally and 14th nationally.
- 13.8. Sussex has the highest number of eligible patients of all systems in the region and based on the total number of vaccines delivered, ranking 4th nationally.
- 13.9. As with previous campaigns, NHS England made Access and Inequalities (A&I) funding available to support initiatives that reduce health inequalities, improve uptake in underserved communities and ensure ongoing surge readiness.
- 13.10. As a result of outreach activity, Sussex delivered an additional 8,834 vaccinations through targeted engagement, pop-ups and MVU clinics across Sussex in several specific communities. Highlights for East Sussex include:
- 3,352 vaccinations delivered via 38 community-based pop-ups in Hailsham, Eastbourne and Bexhill run by South Downs Health & Care Federation. Delivery exceeded the original target of 1,750 vaccinations and was supported by targeted proactive communication and follow up with patients, as well as a dedicated helpline.
  - Regular searches were also run to monitor patient uptake and areas to be targeted. Original number of 35 clinics was increased to 38 because of demand. The pop-ups all took place in locations where patients would have had to travel long distances to be vaccinated without the pop-up. In post-vaccination feedback 21% of patients said they would not have got vaccinated if the pop-up clinic had not been available.
- 13.11. Sussex delivered the highest number of vaccinations through the Spring A&I programme across the Southeast region; the next nearest system delivered approximately 2,100 vaccinations.

#### **14. *PCNs Tackling Health Inequalities***

- 14.1. All East Sussex PCNs have been working on their Tackling Neighbourhood Health Inequalities plans, with some PCNs making considerable progress. PCNs have worked with various system partner organisations, including teams within the ICB, East Sussex County Council, OneYou East Sussex, Wave Leisure, Health in Mind (SPFT), ESHT, Healthwatch, Surrey & Sussex Cancer Alliance and various voluntary organisations including Vandu language services, Macmillan Cancer Support, East Sussex Community Support.
- 14.2. Successful interventions to date include developing training packages for staff, reductions in the number of high-risk hypertensive patients, identifying

patients needing further support/ referrals, improved signposting, reduction in prescribed opiates, audit and review of 2 Week Wait referrals and pathway for vulnerable patients, improve 2 Week Wait Colorectal referrals, and establishing a PCN Mental Health team.

## **15. Patients Not Attending Appointments (“DNAs”)**

15.1. In general practice in Sussex, as in the rest of the UK, the management of "Did Not Attend" (DNA) appointments—when patients miss scheduled appointments without prior notice—follows established procedures aimed at minimising the impact on healthcare services and improving patient outcomes. DNA management is critical because missed appointments can waste valuable resources, delay patient care, and create inefficiencies in the system.

15.2. Below outlines examples of the strategies employed in managing DNAs in general practice:

- **SMS/Phone Reminders:** Practices often use automated SMS reminders or phone calls to remind patients of their upcoming appointments. This has proven to significantly reduce DNA rates by providing a timely reminder, particularly for patients who book appointments weeks or months in advance.
- **Email Notifications:** Some practices may also use email as a means to remind patients.
- **Proactive Rebooking:** For patients who miss their appointments, many practices in Sussex will attempt to rebook the appointment or at least follow up with the patient to understand the reason for missing the appointment. This is especially common for chronic or high-risk patients.
- **Flexible Rebooking Policies:** Many general practices adopt flexible rebooking policies to accommodate patients who missed appointments for legitimate reasons.
- **Raising Awareness:** GP practices often work on educating patients about the impact of missed appointments on the healthcare system. This might be done through posters, leaflets, or discussions with patients, emphasizing the importance of cancelling in advance if they cannot attend.
- **DNA Monitoring:** GPs keep track of patients who frequently miss appointments. This helps in identifying patterns, such as patients with specific health issues or social factors contributing to non-attendance.
- **Action Plans for Frequent Non-Attenders:** For patients who repeatedly miss appointments, the practice may implement tailored interventions such as personalized reminders, additional support for vulnerable patients, or discussing the issue directly during a consultation.
- **Improved Access to Appointment Systems:** Many practices have introduced online booking systems where patients can easily book, view, or cancel appointments. This self-service approach helps reduce DNAs as patients can adjust appointments if their circumstances change.

- **24/7 Cancellation Option:** Patients often have the option to cancel appointments via an online portal, text message, or phone line at any time, even outside of practice hours, making it easier to notify the practice if they can't attend.
- **Regular DNA Audits:** Practices frequently conduct audits to assess their DNA rates. This helps them understand the extent of the problem and whether specific measures are effective in reducing missed appointments.
- **Data Analysis:** Some practices use data-driven approaches, analysing patient demographics, appointment types, or health conditions to identify patterns in DNAs. For example, younger adults or those with mental health issues may have higher DNA rates, which can inform targeted interventions.

15.3. Table 2 below shows the DNA rates for GP appointments across Sussex, broken down into Brighton & Hove, West Sussex, and East Sussex during the months of April, May, June, and July 2024-2025. The rates are presented as percentages of missed appointments.

15.4. Brighton & Hove consistently had higher DNA rates than the other two regions. In April, the rate was 4.12%, followed by 4.05% in May, 3.98% in June, and 4.33% in July. West Sussex had the lowest rates, ranging from 2.72% in April to 2.90% in July. East Sussex's rates were between those of Brighton & Hove and West Sussex, with a slight decrease in the percentage rates from 3.05% in June and 2.98% in July.

2024-2025	Apr	May	Jun	Jul
Brighton & Hove	4.12%	4.05%	3.98%	4.33%
West Sussex	2.72%	2.68%	2.70%	2.90%
East Sussex	3.08%	3.08%	3.05%	2.98%

**Table 2: DNA Rates across Sussex**

- 15.5. It's worth noting that there is currently no systematic national dataset that allows for interrogation of any specific patient characteristics of those who do not attend their appointments, however practices will be able to do this and continue to as part of their own strategy to tackle missed appointments.
- 15.6. GP practices in East Sussex have implemented various strategies to address DNA rates. The following are examples from the ALPS PCN practices:
- **Targeted Interventions:** Seaside Medical Centre and Arlington Road have specifically focused on targeting repeat offenders, likely through personalised outreach or stricter policies.

- Improved Appointment Systems: Arlington Road's introduction of an online booking system for phlebotomy appointments aims to reduce missed appointments due to scheduling difficulties.
- Enhanced Communication: Lighthouse Medical Practices's DNA policy, while in place for some time, emphasises the consequences of missed appointments, potentially deterring patients from not attending.
- Operational Changes: Seaside Medical Centre's appointment of a DNA champion and the introduction of a new cancellation process suggest a more focused approach to managing DNA issues.
- Data-Driven Approaches: Park Practices's inclusion of DNA and attendance data in the patient newsletter demonstrates an effort to educate patients and raise awareness about the impact of missed appointments.

15.7. Overall, the practices are implementing a multifaceted approach to addressing DNA rates, combining policy changes, improved systems, and targeted interventions.

## **16. Patient Choice**

- 16.1. The national NHS Right to Choose (RTC) Framework allows NHS patients the ability to select their healthcare provider when receiving a referral from a GP or another designated professional for their initial or first appointment. This right applies provided the referral is for a clinically appropriate physical or mental health service.
- 16.2. Patients can exercise their right to choose when they receive an NHS referral for their initial or first appointment and the provider is commissioned by the NHS in England to provide the service needed. Further information is available for parents and carers on the NHS Sussex website [The national NHS Right to Choose Framework - for Autistic Spectrum Condition \(ASC\) and Attention Deficit Hyperactivity Disorder \(ADHD\) referrals - Sussex Health & Care](#)
- 16.3. In terms of patient choice around General Practice, patients have the legal right to choose their GP practice, as well as to ask to see a particular doctor, nurse or other healthcare professional at the GP practice. GP practices should ensure that existing and prospective patients can access information about their practice and services in a format which allows them to decide of whether to register there.
- 16.4. GP practices should not refuse to add new patients to their list unless it is appropriate to do so in accordance with the rules or provisions within their GP contract. The most common issue relates to the fact that each Practice sets a 'catchment boundary' which delineates the area within which it has agreed with commissioners its registered list of patients will be based. This boundary varies with some Practices having very wide ones (a whole town perhaps), and other much

more narrow (specific post codes). The differences relate to the size and ability of the Practice to safely deliver care over different sizes of geography, and occasionally there will also be overlaps of Practice boundaries. Each Practice is required to be clear with patients what its boundary is.

16.5. Further information on these rights is included in sections 1 and 2 of the [NHS Choice Framework](#).

## **17. Conclusion**

17.1. This report gives an overview of the latest position for the East Sussex HOSC on improving access to General Practice services locally.

17.2. Improving access to, and outcomes and experience of Primary Care, is a continuing strategic priority for NHS Sussex. We are committed to maintaining our focus on making it easier for patients to access community and primary care services in East Sussex, particularly General Practice.

17.3. Our focus in 2024/25 is to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks, and those who contact their practice urgently are assessed the same or next day according to clinical need, to reduce unwarranted variation across our PCNs and Practices.

17.4. NHS Sussex is committed to ensuring that everyone across our communities have access to high quality health and care services when they need support.

## Annex A: NHSE updated Primary Care Access Recovery Plan (PCARP) delivery actions for 2024/25 deliverables for Sussex

NHSE updated PCARP delivery actions for 2024/25 and deliverables for Sussex	
A) Empower patients	Delivery actions
1. Increase use of the NHS App and other digital channels to enable more patients to access their prospective medical records (including test results) and manage their repeat prescriptions	<ul style="list-style-type: none"> <li>Increase NHS App record views from 9.9m to 15m per month by March 2025</li> <li>Increase NHS App repeat prescription numbers from 2.7m to 3.5m per month by March 2025</li> </ul> <p>Local targets are to be confirmed by NHS England Regional Team</p>
2. Continue to expand self-referrals to appropriate services	<p>National Targets:</p> <ul style="list-style-type: none"> <li>Increase number of self-referrals across appropriate pathways by a further 15,000 per month by March 2025</li> </ul> <p>Local targets are to be confirmed by NHS England Regional Team</p>
3. Expand uptake of pharmacy first services	<p>National Targets:</p> <ul style="list-style-type: none"> <li>Increase Pharmacy First pathways consultations per month by at least 320,000 by March 2025</li> <li>Increase oral contraception prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025</li> <li>Increase Community Pharmacy Blood Pressure check appointments by at least 71,000 monthly by March 2025 as part of our ambition to deliver a further 2.5 million blood pressure checks in community pharmacy.</li> </ul> <p>Local targets are to be confirmed by NHS England Regional Team</p>
B) Implement Modern General Practice	
National transformation / improvement support for General Practice and systems	
4. Complete implementation of: <ul style="list-style-type: none"> <li>better digital telephony</li> <li>highly usable and accessible online journeys for patients</li> <li>faster care navigation, assessment, and response</li> </ul>	<ul style="list-style-type: none"> <li>Programme milestones including sharing of evidence, standards, best practice, and support tools, which in turn enhance system-led support to practices and PCNs</li> <li>&gt;90% of PCN practices meeting Capacity and Access Improvement Payment criteria</li> <li>Ongoing promotion to encourage take part in appropriate GPIP training</li> <li>Recruitment to first cohort in readiness for July 2024 start</li> </ul>
5. Provide all practices with digital tools and care navigation training	
6. Deliver training and support through the General Practice Improvement Programme (GPIP)	
C) Build capacity	
7. Support expansion and retention commitments in the NHS Long Term Workforce Plan aspiration, to grow multi-disciplinary teams	<ul style="list-style-type: none"> <li>As per NHS Long Term Workforce Plan</li> <li>Promote more practices to become GP training practices to achieve 10% increase and expand numbers</li> </ul>

8. Expand GP speciality training	<p>of placements offered. Support increased numbers of educators and supervisors</p> <ul style="list-style-type: none"> <li>• Increase uptake of apprenticeships by 3-5%</li> <li>• Delivery of New to Primary Care Programmes and wider support and development offers</li> </ul>
9. Change local authority planning guidance this year	<ul style="list-style-type: none"> <li>• Collaborative work with local authorities to ensure NHS become a statutory consultee for new planning applications to support both Community Infrastructure Levy (CIL) and Section 106 funding applications</li> </ul>
<b>D) Cut bureaucracy</b>	
<p>10. Make further progress on implementation of four primary care-secondary care interface recommendations.</p> <p>Make online registration available in all practices</p>	<ul style="list-style-type: none"> <li>• Baseline in April 2024 using assessment tool and monitor the progress of ICBs in implementing recommendations in the Academy of Medical Royal Colleges report</li> <li>• More than 90% of practices using on-line registration system by 31 December 2024</li> </ul>
11. Streamlining Investment and Impact Fund (IIF)	<ul style="list-style-type: none"> <li>• Convene panels by July 2024, in line with anticipated national timelines for releasing final allocations, to review progress against approved CAIP plans before the final allocation is released</li> </ul>

**DRAFT - Annex B – details of the Extended Access offer across East Sussex PCNs**

<b>East Sussex PCN</b>	<b>Site Location</b>	<b>Day of the Week</b>	<b>Staffing model</b>
ALPS GROUP PCN	Lighthouse	Monday & Saturday	GP, Nurse and Paramedic
	Park practice	Monday & Wednesday	GP, Nurse and Other Healthcare Professional
	Seaside Medical Centre	Tuesday	Advanced Practitioner, Nurse and Other Healthcare Professional
	Arlington Road Medical	Monday, Tuesday, Thursday & Friday	GP
	SDHC (Hampden Park)	Monday, Thursday, Friday & Saturday	Advanced Practitioner, GP and Other Healthcare Professional
BEXHILL PCN	Old Town Surgery	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday	GP, Advanced Practitioner, Nurse, Paramedic and Other Healthcare Professional
	Little Common Surgery	not specified - seasonal provision from this site	not specified - seasonal provision from this site
EASTBOURNE EAST PCN	Princes Park Health Centre	Wednesday, Friday & Saturday (on Rota)	GP, Nurse and Other Healthcare Professional
	Stonecross Surgery	Monday, Thursday & Saturday (on Rota)	GP, Nurse and Other Healthcare Professional
	Harbour Medical Practice	Tuesday & Saturday (on Rota)	GP, Nurse and Other Healthcare Professional
FOUNDRY HEALTHCARE LEWES PCN	River Lodge	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse, Other Healthcare Professional and First Contact Physiotherapist
GREATER WEALDEN PCN	Bird in Eye Surgery	Mondays, Tuesdays Thursdays and Saturday mornings	GP, Nurse and Other Healthcare Professional
	Buxted medical Centre	Monday, Tuesday, Wednesday, Thursday & Saturday	GP, Nurse and Other Healthcare Professional
	Herstmonceux integrative Health Centre/IC24	Friday & Saturday	GP
	The meads Surgery	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse and Other Healthcare Professional
	Wealden Ridge Medical Partnership	Monday, Tuesday, Wednesday & Saturday	GP, Nurse and Other Healthcare Professional
HAILSHAM PCN	Hailsham Medical Group	Monday, Tuesday, Wednesday, Thursday & Friday	GP, Nurse, Paramedic and Clinical Pharmacist
	Bridgeside Surgery	Monday, Wednesday, Thursday & Friday	GP, Paramedic and Other Healthcare Professional



	Hampden Park	Saturday	GP and Advanced Practitioner
HASTINGS & ST LEONARDS PCN	High Glades	Thursday, Friday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Carisbrooke	Thursday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	HOTS	Monday, Tuesday, Friday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Beaconsfield Rd	Tuesday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Station Practice	Wednesday, Thursday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Harold Road	Thursday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Priory Road	Wednesday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Sedlescombe House	Wednesday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	South Saxon	Monday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
HIGH WEALD PCN	Saxonbury	Monday, Tuesday, Wednesday, Thursday & Friday (Saturday on Rota)	GP and Other Healthcare Professional
	Beacon Surgery	Monday, Tuesday, Wednesday, Thursday & Friday (Saturday on Rota)	GP and Other Healthcare Professional
	Rotherfield	Monday (Saturday on Rota)	GP and Other Healthcare Professional
	Wadhurst	Tuesday & Wednesday (Saturday on Rota)	GP and Other Healthcare Professional
	Groombridge	Wednesday (Saturday on Rota)	GP and Other Healthcare Professional
	Ashdown Forest	Thursday (Saturday on Rota)	GP and Other Healthcare Professional
	SDHC (remote service)	Saturday	GP and Other Healthcare Professional
RURAL ROTHER PCN	Rye Ferry Road	Saturday	GP and Advanced Practitioner

	Sedlescombe and Westfield	Monday, Tuesday & Thursday	GP, Nurse and Other Healthcare Professional
	Rye Medical	Tuesday & Thursday	GP and Paramedic
	Fairfield	Wednesday	GP and Nurse
	Oldwood	Wednesday & Thursday	GP and Paramedic
	Northiam	Wednesday & Thursday	GP and Nurse
	Martin's oak	Monday	GP, Advanced Practitioner and Nurse
	Remote physio	Saturday	Other Healthcare Professional
	Intergrated health care (location on rotation - further information TBC)	Friday & Saturday	Advanced Practitioner
SEAFORD PCN	SDHC - various locations	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse and Other Healthcare Professional
	Seaford Medical Practice	Wednesday & Saturday	GP, Nurse and Other Healthcare Professional
	Old school Surgery	Tuesday	GP, Paramedic and Advanced Practitioner
THE HAVENS PCN	Havens Health (Anchor Healthcare Site) - evenings and Saturday mornings SDHC (All SDHC provided appts are remote - via phone or e-consults)	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse, Other Healthcare Professional and Paramedic
VICTORIA EASTBOURNE PCN	Victoria Medical Centre	Monday, Tuesday, Wednesday, Thursday & Friday	GP, First Contact Practitioner and Nurse
	Beacon	Saturday	GP, Nurse and Other Healthcare Professional
	Grove Road	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP and Advanced Practitioner
	Downlands	Monday, Tuesday, Wednesday, Thursday & Friday	Nurse
	Manor Park	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP and Advanced Practitioner

**Report to:** East Sussex Health Overview and Scrutiny Committee (HOSC)

**Date of meeting:** 3 October 2024

**By:** Deputy Chief Executive

**Title:** Missed NHS Appointments in East Sussex

**Purpose:** To provide an overview of the work being undertaken to minimise missed appointments in secondary care (hospitals) across East Sussex.

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## **RECOMMENDATIONS**

The Committee is recommended to:

- 1) note the report; and
  - 2) identify if there are any areas it wishes to scrutinise further.
- 

### **1. Background**

1.1. The Health Overview Scrutiny Committee (HOSC) at the meeting held on 14 December 2024 discussed the problem of missed appointments, and how it related to wider problems such as cost of living pressures, transport links and the postal service. The Committee agreed that it would be beneficial for a report on the topic to be brought to a future meeting, due to the impact of missed appointments on the capacity and best use of resources within the healthcare system and how reducing missed appointments may help the system reduce pressures and waiting times.

1.2. This report covers a number of areas which the HOSC asked about when it considered requesting the report at its December 2024 meeting. It focusses on missed appointments in secondary care and uses evidence from missed outpatient appointments in the major disciplines as an example of the types of issues experienced and current performance in secondary (hospital) care.

1.3. Missed appointments in primary care are addressed as part of a separate report on the agenda (agenda item 6) that is being presented to update the Committee on 'Improving Access to General Practice in East Sussex'.

### **2. Supporting information**

2.1. Across all NHS settings (primary care, outpatients, diagnostics etc) missed appointments are a daily occurrence. The consequence is wasted capacity within the system, which, at a time when health systems are under considerable pressure, it can ill afford. Missed appointments are reported nationally by healthcare providers to support understanding of the prevalence in different areas, as well as the common demographic characteristics.

2.2. The report, which is attached as **Appendix 1**, outlines the work undertaken across Sussex to better understand why patients miss their appointments, and actions to reduce them. It focusses on missed appointments within hospital outpatient services at East Sussex Healthcare NHS Trust (ESHT), because a considerable proportion of activity is undertaken in this setting, but it recognises the causes and possible mitigations can be applied across the full range of settings.

2.3. The report includes details on:

- An analysis of missed outpatient appointments at ESHT and a comparison of missed appointment rates with other providers.
- Information on the performance of ESHT (the main hospital provider in East Sussex) in reducing the number of missed appointments.

- Work undertaken by NHS Sussex with Healthwatch Sussex (a collaboration between Healthwatch Brighton and Hove, Healthwatch East Sussex, and Healthwatch West Sussex) to better understand the drivers for missed appointments and the barriers to attending appointments, including the key findings from this work.
- The actions underway at ESHT to minimise and address missed appointment rates, which include:
  - Two-way text reminders to remind patients of their appointments and give them an opportunity to confirm their attendance or request to change/ cancel.
  - A short notice appointment service is being offered to try and minimise appointments not being utilised.
  - Reviewing and updating the Elective Access Policy to provide further clarity around missed appointments and how they are managed.
  - Undertaking a review of appointment letters to ensure they are clear and concise for patients in line with the findings from the work with Healthwatch.
  - Undertaking deep dives into nine of the larger specialties to better understand the drivers for missed appointments to inform specialty level action plans. Part of this work will also focus on better understanding missed appointments from an economic/social lens.
  - Reviewing different patient engagement tools that will allow more sophisticated and flexible communication with patients regarding their appointments.

### **3. Conclusion and reasons for recommendations**

3.1 The HOSC is recommended to note the report and consider whether it would like to add any future updates or further work on missed appointments to its work programme.

**PHILIP BAKER**  
**Deputy Chief Executive**

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## Missed Appointments in East Sussex Report

### 1. Context

- 1.1 This report provides members of the Committee with an overview on the work being done to minimise missed appointments in secondary care (hospitals) across East Sussex. The report considers in detail the measures and work being undertaken by East Sussex Healthcare NHS Trust (ESHT) to illustrate the position which is indicative and representative of secondary care providers serving the East Sussex resident population.
- 1.2 The importance and impact of missed appointments is equally relevant to all health and care providers and patients including primary care, community care and mental health. Missed appointments in primary care are addressed in a separate report that is being presented to the same October Committee meeting 'Improving Access to General Practice in East Sussex – Update Report (October 2024)'. The focus on primary care missed appointments and secondary care / hospital missed appointments in these reports is in response to the committee's expressed interest in these service areas.

### 2. Introduction

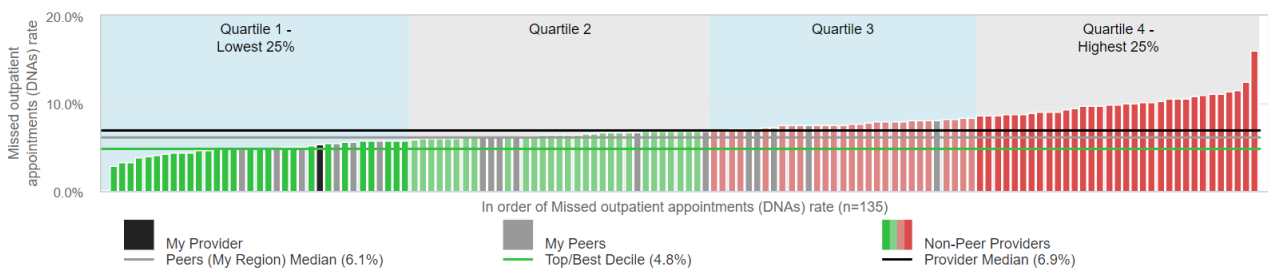
- 2.1 Across all NHS settings (primary care, outpatients, diagnostics etc) missed appointments are a daily occurrence. The consequence is wasted capacity within the system, which, at a time when health systems are under considerable pressure, it can ill afford.
- 2.2 Missed appointments are reported nationally by healthcare providers to support understanding of the prevalence in different areas, as well as the common demographic characteristics. The data alone does not help understand *why* patients miss their appointments, although it does provide insights on which mitigations can be effectively developed.
- 2.3 This paper aims to outline the work undertaken across Sussex to better understand why patients miss their appointments, and actions to reduce them. It will focus on missed appointments within hospital outpatient services at East Sussex Healthcare NHS Trust (ESHT), because a considerable proportion of activity is undertaken in this setting, but it recognises the causes and possible mitigations can be applied across the full range of settings.

### 3. Missed appointments at East Sussex Healthcare NHS Trust (ESHT)

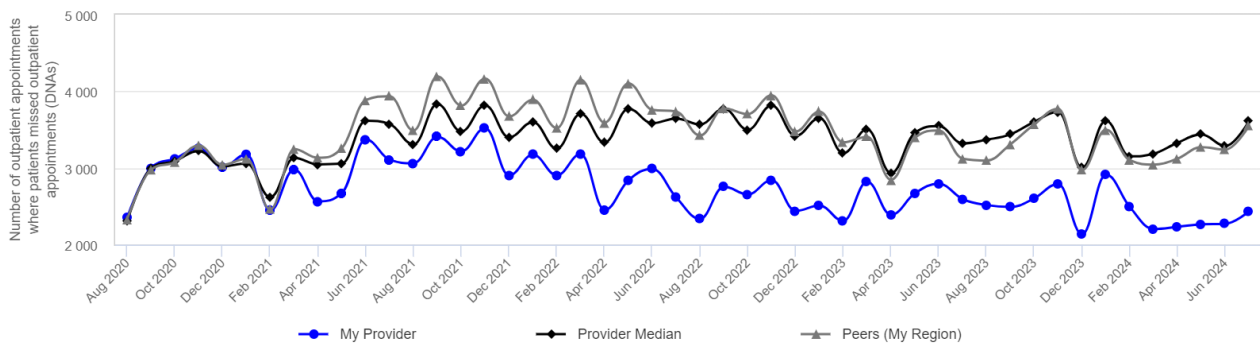
3.1 The Model Health System shows that in July 2024, ESHT had an outpatient missed appointment rate of 5.3%, with 2,438 patients missing their outpatient appointment. This can be split by first outpatient appointment and follow-up appointment:

- First outpatient – 846 patients missed their first outpatient appointment, giving a missed appointment rate of 5.8%.
- Follow-up – 1,592 patients missed their follow-up outpatient appointment, giving a missed appointment rate of 5.1%.

3.2 The below provides a view of the national profile for missed appointments within acute outpatient settings. It shows ESHT in the lowest quartile, performing better than the peer median (6.1%) and provider median (6.9%). In contrast, the missed appointment rate, across all specialties at University Hospitals Sussex is 6.4%.

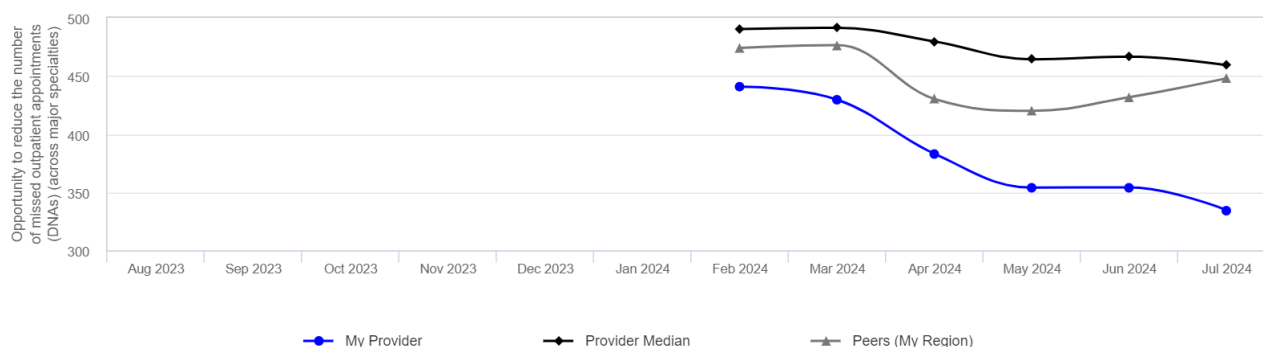


3.3 The graph below shows the missed appointment rate at ESHT has been improving since 2020. The steep increase in missed appointments in December – January 2024 can be explained within the context of industrial action and the consequential need to switch off text reminders for many services because of late clinic cancellations (the hospitals were not always aware who would be taking part prior to strike days).



3.4 While the data demonstrates that ESHT are performing well, and that their missed appointments performance is improving, there is still opportunity for further improvement. The Model Health System quantifies that if ESHT were to achieve their top peer performance of 4.8%, they would further reduce missed appointments by 335

per month across major outpatient specialties<sup>1</sup>, however the below graph highlights that while there is an opportunity to reduce missed appointments, this opportunity is reducing, and has been reducing at a greater rate compared to peers.



### 3.5 Initial analysis undertaken by NHS Sussex, using 2023/24 data has shown:

- Missed appointments for patients in the most deprived quintile are significantly higher than the rest of Sussex (12.1% vs 6.7% in Mar-24).
- Missed appointments for patients from minority ethnic groups are higher compared to other groups (11.6% vs 7.4% Mar-24). Please note that there are known data quality issues with ethnicity recording, with approximately 34% of patients not having a stated, known or recorded ethnicity.
- Men aged 19-49 have a significantly higher rate of missed appointments compared to other age-gender bands: around 6.6%, followed by <19s of both genders where the rate is 2-3% higher than the average.

## 4. NHS Sussex Patient and Public Engagement – Understanding Missed Appointments

4.1 Reducing missed appointments provides an opportunity to support elective recovery both locally and nationally. To better understand the drivers for missed appointments and develop recommendations to reduce them, NHS Sussex commissioned Healthwatch Sussex (a collaboration between Healthwatch Brighton and Hove, Healthwatch East Sussex, and Healthwatch West Sussex) in 2023/24 to facilitate workshops aimed at gaining participant views on new initiatives being explored to improve the Outpatient experience, one of which was missed appointments. 31 participants took part from across Sussex, representing those who had attended an outpatient appointment and those still on the waiting list to be seen. Participants represented a diverse profile in age, ethnicity, sexuality, and health needs.

<sup>1</sup> Model Health System (major outpatient specialties) – cardiology, haematology, dermatology, diabetes, ENT, endocrinology, gastroenterology, general surgery, gynaecology, midwifery, neurology, obstetrics, ophthalmology, paediatrics, physiotherapy, renal medicine, respiratory medicine, rheumatology, trauma and orthopaedics and urology.

#### 4.2 Below outlines the key findings and recommendations from the workshop:

- Patient appointment letters and information: participants felt that clear, concise information was needed, and to avoid information and letters being too wordy. Participants agreed the essential information should be highlighted at the top of the letter. Participants felt co-produced letters and patient information could help resolve some of these issues. Participants also suggested that all patient letters should include practical information about parking, public transport and how to apply for non-emergency patient transport (NEPTS, NHS England) and how to receive financial support where applicable.
- Appointment reminders: participants discussed the text alert system as being helpful to remind patients about an appointment and suggested frequent reminders, a few days in advance as well as on the day to ensure people do not forget.
- There was a recognition that people change their contact details and do not necessarily tell their doctor, so their patient record is not updated. Participants also shared experiences of missing an appointment due to their mobile signal being weak at home. Participants felt patients could be encouraged to re-confirm details including their preferred contact number. This could be reinforced by displaying the latest patient contact information held by services, on all communications with patients.
- Participants felt that a key barrier to attending all appointments was financial constraints. This could be helped by better provision of more localised services as well as regular reliable public transport to attend services outside the local area. Participants also felt that appointments should be available out-of-hours.
- Participants suggested that additional responsibilities such as caring for others (children or adults), may cause a barrier to attending appointments in person, and/or be a reason for last-minute missed appointments.
- Participants suggested other barriers to attending appointments, could be digital exclusion, age, physical mobility, or language. Participants mentioned that support could be provided by making services accessible through translators, choice between face-to-face and remote appointments, and providing physical support for patients arriving at hospital.

### 5. Actions Underway

5.1 ESHT are currently taking several actions to minimise and address missed appointment rates. These include:



- Two-way text reminders are in place to remind patients of their appointments and give them an opportunity to confirm their attendance or request to change/ cancel.
- A short notice appointment service is being offered to try and minimise appointments not being utilised.
- The Trust are currently reviewing and updating their Elective Access Policy. This will provide further clarity around missed appointments and how they are managed within the Trust.
- On occasions clinics are overbooked to accommodate urgent patients, accepting a patient may miss their appointment in the clinic.
- Because of the Healthwatch work on missed appointments, the Trust is currently undertaking a review of appointment letters to ensure they are clear and concise for patients.
- The Trust have planned deep dives into nine of the larger specialties to better understand the drivers for missed appointments. These deep dives are planned across ENT, Paediatrics, Maxillo Facial, Diabetes, Endocrinology, Cardiology, Gynae, Ophthalmology and Neurology. Part of this work will also focus on better understanding missed appointments from an economic/social lens. These deep dives will inform specialty level action plans.
- The Trust are reviewing different patient engagement tools that will allow more sophisticated and flexible communication with patients regarding their appointments, including tailored/variable messaging, and a facility for patients to notify the Trust if they no longer need an appointment.
- Work is planned to focus on demand and capacity planning at a specialty level. This is a priority due to the impact that ad hoc clinics have on missed appointment rates – this is due to them being set-up at short notice and patients not being given reasonable notice.

## **6. Summary and Next Steps**

- 6.1 An opportunity exists to further reduce the number of missed appointments. However, this opportunity is relatively small given the current performance. ESHT are consistently maintaining upper quartile performance regarding missed appointments. Other providers serving East Sussex may present more of an opportunity.
- 6.2 It can be seen that the feedback and recommendations that came from the workshops commissioned by NHS Sussex is being taken by providers as demonstrated by the examples provided by ESHT.
- 6.3 The local health and care system will continue to monitor and look for opportunities to further reduce missed appointments for the key reason to ensure best possible outcomes for patients, and to make best use of healthcare capacity and resources.

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## Health Overview and Scrutiny Committee (HOSC) – Work Programme

<b>Current Scrutiny Reviews</b>		
<b>Title of Review</b>	<b>Detail</b>	<b>Proposed Completion Date</b>
Review of the Provision of Audiology Services in East Sussex.	Following consideration of a report at the HOSC meeting held on 30 July 2024, the Committee agreed to undertake a review of the provision of Audiology Services in East Sussex. This follows concerns and issues raised with HOSC about the provision and access to services, including the treatments for earwax removal. The review board is comprised of Councillors Azad, Belsey, Marlow-Eastwood, Robinson, Shuttleworth and Turner.	To be agreed

<b>Initial Scoping Reviews</b>		
<b>Subject area for initial scoping</b>	<b>Detail</b>	<b>Proposed Dates</b>
To be agreed.	To be agreed.	To be agreed

<b>List of Suggested Potential Future Scrutiny Review Topics</b>	
<b>Suggested Topic</b>	<b>Detail</b>
To be agreed.	

## Scrutiny Reference Groups

Reference Group Title	Subject Area	Meetings Dates
Sussex Partnership NHS Foundation Trust (SPFT) HOSC liaison group	Regular informal meetings with SPFT and other Sussex HOSC Chairs and Vice Chairs to consider the Trust's work and other mental health issues.  Membership: Cllrs Belsey and Robinson	Next meetings: October 2024, January 2025 and April 2025

## Reports for Information

Subject Area	Detail	Proposed Date
Inappropriate behaviour of NHS staff	Following media reports that there were national problems with inappropriate staff behaviour in the NHS, to provide a briefing on the extent of the issue in East Sussex and what is being done to address problems if they were known to exist.	2024

## Training and Development

Title of Training/Briefing	Detail	Proposed Date
Visit to Ambulance Make Ready station and new Operations Centre – East.	A visit to the new Medway Make Ready station and new Operations Centre for 999 and 111 services once the new centre is operational.	Autumn 2024
Visit to the new Inpatient Mental Health facility at Bexhill	A visit to the new Inpatient Mental Health facility due to be built at a site in North East Bexhill to replace the Department of Psychiatry at Eastbourne District General Hospital (EDGH).	TBC but likely 2025

<b>Future Committee Agenda Items</b>		<b>Witnesses</b>
<b>12 December 2024</b>		
NHS Sussex Winter Plan	A report on the NHS Sussex Winter Plan 2024/25 and associated risks covering the preparations that are being made for the coming peak demand winter season.	Representatives from NHS Sussex, ESHT and other Trusts
Paediatric Service Model, Eastbourne District General Hospital (EDGH)	To receive a further update report on the implementation of the changes to paediatric services at EDGH and to consider East Sussex Healthcare Trust's (ESHT) implementation of the recommendations from HOSC's Review of the changes to paediatric services.	Representatives from ESHT
UHSx CQC report and Hospital Handovers at Royal Sussex County Hospital (RSCH)	To receive an update report on University Hospitals Sussex NHS Foundation Trust's (UHSx) response to the August 2023 CQC inspection report (with a particular focus on the actions being taken at Royal Sussex County Hospital on patient safety), and a further update on the improvements being made to tackle hospital handovers and ED waiting times at the RSCH.	Representatives from UHSx and SECamb
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Senior Scrutiny Adviser
<b>6 March 2025</b>		
Ophthalmology Transformation Programme	An update report on the implementation of the ESHT Ophthalmology Transformation Programme including the development of services at Bexhill Hospital and the implementation of HOSC recommendations on transport and access measures made as part of the review of these transformation programmes	Representatives of ESHT and NHS Sussex.
SECamb CQC report	A report on the progress of South East Coast Ambulance NHS Foundation Trust (SECamb) improvement journey and exiting the Recovery Support Programme (RSP).	Representatives from SECamb

Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Senior Scrutiny Adviser
<b>26 June 2025</b>		
Non-Emergency Patient Transport Service (NEPTS)	To receive an update report on the implementation and mobilisation of the new contract for Non-Emergency Patient Transport Services (NEPTS) in Sussex.	Representative from NHS Sussex.
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Senior Scrutiny Adviser
<b>18 September 2025</b>		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Senior Scrutiny Adviser
<b>Items to be scheduled – dates TBC</b>		
Hospital Discharge and Admission Prevention	To receive a report on the work being undertaken to improve hospital discharge including the models being elsewhere, and the work on virtual wards and other measures to prevent hospital admissions.	Representatives of ESHT and NHS Sussex.
Cardiology transformation Programme	An update report on the implementation of the ESHT Cardiology transformation Programme including the transport and access recommendations and measures made as part of the review of this transformation programme.  <i>Note: Timing is dependent on ESHT implementation timescales.</i>	Representatives of ESHT and NHS Sussex.
Transition Services	A report on the work of East Sussex Healthcare NHS Trust (ESHT) Transition Group for patients transitioning from Children's to Adult's services	Representatives of ESHT

Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area.  <i>Note: Timing is dependent on NHS implementation process</i>	Representatives of NHS Sussex/Kent and Medway ICS
Adult Burns Service	A report outlining proposals for the future of Adult Burns Service provided by Queen Victoria Hospital (QVH) in East Grinstead.  <i>Note: provisional dependent on NHS England's plans</i>	NHS England and QVH
Sexual Assault Referral Centre (SARC)	A report on proposals for re-procurement of Sussex SARCs <i>Note: provisional dependent on NHS England's plans</i>	NHS England
Specialised Children's Cancer Services – Principal Treatment Centres (PTCs)	To receive an update report from NHS England, London and South East on implementation of the changes to the Specialised Children's Cancer Services – Principal Treatment Centre located in south London which serves East Sussex.  <i>Note: timing of the report will be dependent on the implementation of the changes which are not due until 2026 at the earliest.</i>	NHS England, London and South East

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