

Health Overview & Scrutiny Committee

Date: **29 January 2025**

Time: **4.00pm**

Venue **Council Chamber, Hove Town Hall**

Members: **Councillors:** Fowler (Chair), Wilkinson (Deputy Chair), Baghoth, Cattell, Evans, Galvin, Hill, Hogan, Mackey and O'Quinn
Invitee: Mo Marsh (Older People's Council), Nora Mzaoui (CVS) and Geoffrey Bowden (Healthwatch)

Contact: **Luke Proudfoot**
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AGENDA

PART ONE

Page

25 PROCEDURAL BUSINESS

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
 - (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

26 MINUTES

7 - 12

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 20 November 2024 (copy attached).

27 CHAIR'S COMMUNICATIONS

28 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

- (a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
- (b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 23rd January 2024;
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 23rd January 2024.

29 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
- (b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers (copy attached).
- (c) **Letters:** To consider any letters submitted by Members.
- (d) **Notices of Motion:** To consider any Notices of Motion.

30 ACCESS TO GP SERVICES IN BRIGHTON & HOVE

13 - 40

Contact Officer: Giles Rossington
Ward Affected: All Wards

Tel: 01273 295514

31 TRANS HEALTHCARE: SUSSEX GENDER SERVICE

41 - 78

Contact Officer: Giles Rossington
Ward Affected: All Wards

Tel: 01273 295514

Date of Publication - Tuesday, 21 January 2025

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FURTHER INFORMATION

For further details and general enquiries about this meeting contact Luke Proudfoot, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 20 NOVEMBER 2024

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Fowler (Chair)

Also in attendance: Councillor Baghoth, Evans, Hill, Wilkinson (Deputy Chair), Hogan, Galvin, Mackey, O'Quinn and Cattell

Other Members present: Nora Mzaoui (CVS), Geoffrey Bowden (Healthwatch)

PART ONE

14 PROCEDURAL BUSINESS

14.1 There were no substitutes.

14.2 There were no declarations of interest.

14.3 RESOLVED – that the press and public be not excluded from the meeting.

15 MINUTES

15.1 Cllr Evans noted that there was an error at point 7.19 in the draft minutes to the July meeting which should refer to staff not giving their job title when meeting patients rather than staff not giving their names. Officers agreed to correct this.

15.2 Cllr Hill noted that the Equality Impact Assessment that members had requested following the September HOSC meeting had still not been received from Sussex Partnership NHS Foundation Trust.

15.3 RESOLVED – that the minutes of the meetings held on 10 July 2024 and 16 September 2024 be agreed as an accurate record.

16 CHAIR'S COMMUNICATIONS

16.1 The Chair gave the following communications:

We've got a busy agenda today, and I'm sure that members will appreciate that we will need to be quite focused to ensure the meeting doesn't overrun. I will aim to give around 30 minutes for each item and I may have to stop questioning if we overrun too much on any issue.

I asked for a report on cervical cancer screening and HPV vaccination to come to the HOSC as I was concerned about are historically low screening rates. It's vital that we get screening and early diagnosis of cancer right as it's key to improving our cancer outcomes and prolonging or saving lives. Cancer is a subject that I'd like to come back to in future meetings as it's such an important issue.

We've also got a presentation on maternity from University Hospitals Sussex. Maternity is another issue of considerable local concern, and I'm sure members will be interested in how we are performing.

We've also got the hospital trust talking to HOSC about plans to change colorectal cancer services, creating a new trust-wide centre of excellence at Worthing/Chichester. I'm sure members will want to know what this means for local residents and whether there will be service improvements alongside longer journeys for patients and their families and carers.

We also have the Sussex winter plan presented at this meeting. This is the strategic plan for the whole of the Sussex health and care system to cope with additional demand over the next few months. As this is a whole system approach, a number of NHS and council colleagues will be joining for this item.

In addition we have an item on access to diabetes blood monitoring technology. This item was requested by Diabetes UK who had some concerns about the adoption of innovative technology across Sussex. We'll hear from Diabetes UK and also from NHS partners who commission diabetes care.

Members will also see that there is a letter from University Hospitals Sussex included in the papers. This is for information rather than debate – it details some of the actions that the hospital trust has taken following Jo Harvey-Barringer's presentation on liver disease at the July HOSC meeting. I am glad to see that the trust has been working with Jo to make improvements.

Finally, a note about an item not on today's agenda. I know that a number of committee members are keen to have an update on trans healthcare, particularly on specialist services including the Sussex gender identity pilot. I had asked for this to come to this meeting, but NHS colleagues asked for it to be postponed until our next meeting. I reluctantly agreed to this – we have been waiting a long time for an update. However, I do recognise that this is a complex issue and it is important that we get it right.

17 PUBLIC INVOLVEMENT

17(A) Public Question Ken Kirk

17.1 Mr Kirk asked: According to their rules, a public question to the Sussex Integrated Care Board is permitted only if the question's subject is on the agenda of their next meeting. It means that a member of the public who has an issue which s/he wishes to raise has to wait for the publication of the agenda. One is always disappointed. This clearly is a device to deter public interest. Would the HOSC ask the ICB to attend the next HOSC meeting to respectfully ask how it justifies its disregard of the tax paying public?

- 17.2 The Chair told Mr Kirk that she had contacted the Sussex Integrated Care Board (ICB) for a response and had received the following reply: we are committed to hearing from local residents and have a range of ways in which people can contact NHS Sussex. If someone has an issue with local health services, they can share an email, letter or call to our Contact Us team. People are also able to formally send us a complaint and we will fully investigate, or they could join one of our engagement events listed on our website. Further to this, we also invite questions on areas being discussed at any of our NHS Sussex Board meetings. Members of the public are also able to ask questions at our Annual General meeting and hear responses direct from the Board. We would really encourage the person who shared this question to make contact with us and we will look into their concerns and come back to them as quickly as possible.
- 17.3 Mr Kirk asked a supplementary question, querying why the ICB held board meetings at locations across Sussex, but not in Brighton & Hove? The Chair agreed to have a response to this question provided. Sussex Integrated Board subsequently provided the following response:

NHS Sussex Integrated Care Board covers the whole of Sussex and is responsible for the health and care of the population across Sussex.

In line with this, we hold our NHS Sussex formal meetings in public across the whole of Sussex to visit local communities and engage with local people, rotating locations across Brighton & Hove, East Sussex and West Sussex throughout the year.

Last year, we held our May Board meeting in public in Brighton at the University of Sussex. Then in June it was held in Chichester, September in Eastbourne and November in Billingshurst.

For 2025, January's meeting will be in Lewes and March will be in Burgess Hill, and we are in the process of making arrangements for venues for the remainder of the year. All dates will be published and shared on our NHS Sussex website.

17(B) Public Question Mr Hill

- 17.5 Mr Hill asked the following question: I am an asthma sufferer and have been seen regularly by the GP asthma clinics the last fourteen years in Brighton; also by doctors and consultants. At no point have I been given information about pollution and how it might affect my disease. Studies show that around 1/3 of asthma is caused by air pollution in similar cities. 35,000 residents have been given an asthma diagnosis. Could better guidance and tools be provided by medical professionals in order to better inform patients and help them reduce their levels of exposure to indoor and outdoor pollution.
- 17.6 The Chair told members that she had contacted the ICB for a response and had received the following: "It is well recognised that poor air quality has a significant negative impact on asthma - and other chronic respiratory conditions - both on a population level, and for an individual. Sussex Health and Care supports

measures to improve local air quality, for example, improving public transport accessibility and cost, banning smoking in public places, and offering a range of smoking cessation support. Asthma and Lung UK have also campaigned widely these issues and have helped raise awareness on the negative effects of air pollution.

However, with regards to people's asthma management, currently, there is weak evidence that altered behaviour - such as staying indoors on poor air quality days - leads to better asthma control. The National Institute for Health and Care Excellence (NICE) has even commented that such advice may have harmful effects by reducing people's activity levels and increase anxiety. Such advice is therefore not universal practice in asthma management, i.e. regularly offered to patients, however, individuals may find the advice on the Asthma and Lung UK website helpful."

- 17.7 Mr Hill asked a supplementary question, querying whether the ICB response to his question was sound as it appears to contradict recently published and updated national guidance. He asked that the Chair checked with ICB colleagues that they are working to the most up to date guidance. The Chair agreed to speak to the ICB about this.

18 MEMBER INVOLVEMENT

- 18.1 There were no member questions.

19 CERVICAL SCREENING & HPV VACCINATION: UPDATE

- 19.1 This item was introduced by Morag Armer from NHS England, by Katy Harker and Becky Woodiwiss from the council's Public Health Team, and by Steve Peacock from NHS Sussex. There was a presentation setting out cervical cancer screening and HPV vaccination rates and plans to further improve performance.
- 19.2 Members asked a number of questions on issues including barriers to screening for young women; the potential for women who have missed HPV vaccination opportunities to have catch-up jabs; the potential for cervical cancer screening self-sampling; screening services at universities; the reason for different screening rates across Sussex; monitoring screening uptake amongst trans men; how fear of screening being painful impacts on uptake; the potential for more mobile screening units; rising rates of oral cancers; the age for cervical screening to begin; and differing access rates within black and racially minoritised communities.

- 19.3 **RESOLVED** – that the report be noted.

20 ACCESS TO DIABETES TECHNOLOGY

- 20.1 This item was introduced by Rachel Harrington, Director of Clinical Outcomes, Commissioning and Effectiveness, Sussex Integrated Care Board; and by Dr Ali Chakera, Diabetes Consultant at University Hospitals Sussex NHS Foundation Trust (UHSx). Vicki White from Diabetes UK (DUK) was also in attendance.
- 20.2 Ms Harrington explained the current situation and future plans in Sussex for providing access to diabetes technology to people with both type 1 and type 2 diabetes.
- 20.3 Members asked questions on a number of issues including when people with type 2 diabetes eligible for assistive technology would receive it; the criteria for determining whether people with type 2 diabetes would find glucose checking technology helpful; restrictions on injectable drugs to help weight loss; and potential roles for the council in type 2 diabetes prevention work.
- 20.4 RESOLVED** – that the report be noted.

21 PRESENTATION ON MATERNITY SERVICES AT THE ROYAL SUSSEX COUNTY HOSPITAL

- 21.1 This item was presented by Emma Chambers, UHSx Director of Maternity; and by Dr Tim Taylor, UHSx Chief of Service (women and children). Members were informed of the improvements that have been made to maternity services following the 2021 Care Quality Commission (CQC) inspection report.
- 21.2 Members asked questions on issues including the impact of the removal of bursaries on people applying to become midwives; the relative safety of home and hospital births; how the CQC have been involved in improvement work; outcomes for black and racially minoritised communities; and the process for supporting families through emergency caesarean procedures.
- 21.3 The Chair thanked the presenters for attending the meeting and answering members' questions.

22 SUSSEX WINTER PLAN 2024-25

- 22.1 This item was presented by Tanya Brown-Griffith, ICB Director for Joint Commissioning, Brighton & Hove; Kathy Caley, Interim Service Director, Brighton & Hove Division (Primary Care and Wellbeing Services), Sussex Partnership NHS Foundation Trust (SPFT); Dr George Findlay, Chief Executive, UHSx; Nicki Smith, Director of EPPR, ICB; Dr Andy Hodson, ICB Deputy Chief Executive; and Steve Hook, Interim Corporate Director Health & Adult Social Care, BHCC.
- 22.2 Ms Brown-Griffith outlined the work taking place to prepare for increased demand for services across the winter months, including increasing provision for the most vulnerable, making improvements to the discharge care pathway and enhancing support for unpaid carers. Mr Hook added that effective working across the health and care system, for example in terms of admission avoidance and hospital discharge, was key to managing additional demand. Ms Smith told the committee that developing a system winter plan is an annual process with a focus on learning from previous years.

22.3 Members asked questions on a range of issues, including on whether there were additional resources for this winter; the likely impact of cuts in the winter fuel allowance; how prevention was being prioritised; use of respite beds; and the role of the Health & Wellbeing Board in overseeing winter work, including political representation on the Board.

22.4 RESOLVED – that the report be noted.

23 COLORECTAL CANCER POTENTIAL SERVICE CHANGE

23.1 This item was introduced by Professor Catherine Urch, Chief Medical Officer; and Jackie Groves, UHSx. Professor Urch explained the rationale for the proposed development of Worthing as a centre of excellence for colorectal cancer surgery:

- The move will increase the volume of operations conducted at the centre and by individual surgeons; there is robust evidence to show that increased volumes lead to better patient outcomes.
- Worthing experiences fewer emergency pressures than Brighton, making it less likely that elective surgery will need to be postponed to free capacity for emergency activity.
- All pre and post-surgical care will continue to be delivered locally, so additional patient journeys will be minimised.
- Length of stay in hospital will also reduce, delivering better outcomes and meaning that family and carers will make fewer journeys to support patients, even though individuals journeys may sometimes be longer.
- Moving elective surgery from Brighton will free more capacity for emergency surgery at the Royal Sussex (RSCH).
- There will be more timely access to cancer surgery and an improved patient experience.

23.2 Members asked questions about issues including: why it had taken so long since the merger of BSUHT and WSHT for this type of service improvement plan to be developed; how the change would impact the delivery of surgical services at the Royal Sussex; the expected flow of patients into the Worthing centre; and transport and travel implications.

23.3 Several members noted that they were in support of the plan. Members were particularly pleased that evident care had been taken to address issues around additional travel for patients and their families and carers. The Chair requested that there be an update to committee on the impact of the changes once they have been implemented.

23.4 RESOLVED – that the report be noted; and that the committee does not consider these changes to constitute a Substantial Variation in Services requiring formal scrutiny.

24 FOR INFORMATION: LETTER FROM UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST ON LIVER DISEASE

The meeting concluded at 8.15pm

Signed

Chair

Dated this

day of

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 30

Subject: Trans Healthcare: Sussex Gender Service

Date of meeting: 29 January 2025

Report of: Chair of the Health Overview & Scrutiny Committee

Contact Officer: Name: Giles Rossington, Scrutiny Manager

Tel: 01273 295514

Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general

1. Purpose of the report and policy context

1.1 This report provides an update on specialist services for trans healthcare, with a particular focus on the Sussex Gender Service pilot.

1.2 The Sussex gender service is commissioned by NHS England (NHSE) and provided by Sussex Partnership NHS Foundation Trust (SPFT). Slides provided by SPFT are included as Appendix 1 to this report, and the annual report of the Sussex gender service 2023-24 is included as Appendix 2.

2. Recommendations

2.1 Health Overview & Scrutiny Committee notes the information in this report and its appendices.

3. Context and background information

3.1 In 2022 councillors Powell and Allbrooke wrote to the Health Overview & Scrutiny Committee (HOSC) requesting scrutiny of healthcare services for trans people. The HOSC agreed, scheduling reports on local primary care services in July 2022 and on specialist services in March 2023. The focus of the March 2023 meeting was largely on the Sussex gender service (SGS) pilot which was then just being launched. The SGS was established to

provide specialist services that could previously only be accessed out of area, and for which there were exceptionally long waits. As the SGS pilot was just being established in July 2022, members requested an update after a year or so of operation. This report provides this update, with the SGS annual report for 23/24 included for information as Appendix 2.

- 3.2 Specialised trans healthcare services are commissioned by NHS England (NHSE). The SGS pilot provider is Sussex Partnership NHS Foundation Trust (SPFT), and both NHSE and SPFT have contributed to this report.

4. Analysis and consideration of alternative options

- 4.1 Not applicable to this information report.

5. Community engagement and consultation

- 5.1 None for this information report.

6. Financial implications

- 6.1 [There are no financial implications to this report.](#)

Name of finance officer consulted: Ishemupenya Chagonda Date consulted 20/01/25

7. Legal implications

The Council's Health Overview & Scrutiny Committee has delegated to it the statutory responsibility of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Brighton & Hove. As a result, the subject matter of this Report – namely trans healthcare – is an appropriate matter for this Committee, which is asked to note the information provided.

Name of lawyer consulted: Victoria Simpson Date consulted 16.01.2025

8. Equalities implications

- 8.1 None directly for this information report.

9. Sustainability implications

- 9.1 none identified.

10. Health and Wellbeing Implications:

- 10.1 see information provided by SPFT/NHSE (appendices 1 and 2).

Other Implications

11. Procurement implications

11.1 none identified

12. Crime & disorder implications:

12.1 None identified.

13. Conclusion

13.1 Members are asked to note the update on specialised trans healthcare services, particularly the Sussex gender service.

Supporting Documentation

1. Appendices

1. Slides from SPFT/NHSE
2. Sussex Gender Services Annual Report 2023-24

Sussex Gender Service (SGS) update

**Dr Kat Allen (she/her) – clinical lead, consultant clinical
psychologist**

Today's session with SGS

- Background of Sussex Gender Service (SGS)
- Example patient time-line from referral
- Care pathways (including hormone therapy and surgery)

Background

- The Sussex Gender Service (SGS) Pilot is commissioned to provide local transgender care for trans, non-binary and intersex (TNBI) **adults**
- Clinical support from **Nottingham** Centre for Transgender Health
- 21 • **Service specification** from NHS England as other gender service pilots
- **2 year pilot** + further year including an independent evaluation
- Team: Psychologists, GPs, Clinical nurse specialists, Speech and Language specialist, Admin staff, Care navigators, community engagement for development



- Mobilisation for six months from March-August 2023
- SPFT partnered with The Clare Project to support outreach and engagement with the TNBI community to aid service development
 - Development of the assessment and care pathways
 - Recruitment to SGS posts
 - Development of Care Navigator roles
 - Development of communication materials including the website and resources

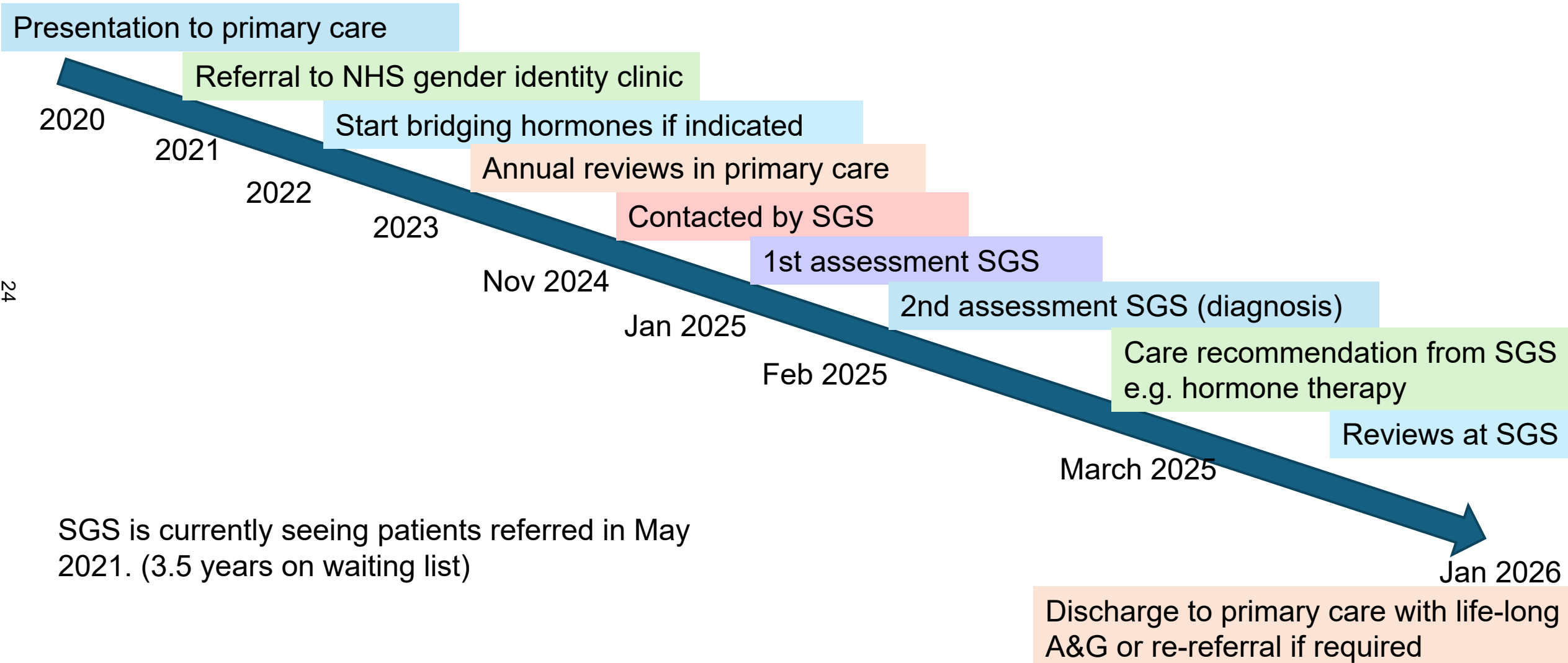
37 different community members were involved throughout the mobilisation
315+ hours of community involvement activity

- The service launched in September 2023
- The team was fully recruited in January 2024. Each team member has received training and is signed-off for all the assessments they provide.
- The service aims to be running at full capacity by the end of July 2024

Our waiting list

- SGS Pilot is a 3 year waiting list initiative
- We are currently seeing service users who:
 - Referred to a GIC before 31st March 2023
 - Registered with Sussex GP *before* GIC referral *and currently*
 - Eligible for NHS treatment
 - Over 17 years old
- We are expecting to see around 1300 service users within the course of the pilot = 40 first assessments per month

Example patient time-line



1st assessment at SGS

- 2 assessment model as per NHS England
- Video-call or face-to-face
- 1st assessment with SGS clinical nurse specialist
- 1-2 hour appointment
 - Holistic history gathering
 - Signposting
 - Provide leaflets for care pathways e.g. hormones, surgery

2nd assessment at SGS

- With doctor or clinical psychologist
- 1-2 hour appointment
- Potential outcomes, 1 of:
 - Offer diagnosis of gender incongruence
 - Offer extended assessment/additional support pathway (psychologist)
 - Self-discharge from service, discharge if multiple DNAs
- Discuss hormone regimen
- Refer: voice therapy, psychological support, hair reduction
- Further appts for: fertility preservation, surgery

Care plan recommendations

1. Hormone therapy
2. Surgery recommendation (chest / genital / hysterectomy)
3. Voice therapy
4. Psychological support
5. Hair reduction therapy
6. Fertility preservation

Engagement and Participation

- The Clare Project are sub-contracted to provide independent engagement and participation feedback to support service development and delivery
- An Engagement and Participation co-ordinator is in place to oversee:
 - Management of monthly SGS service user feedback meetings
 - Report key findings and feedback to SGS
 - Collection of key EDI data across service
 - Support targeted outreach engagement work with wider community

Key activity

- The initial year of the pilot has involved a lot of recruitment and training
- Total number of First and Second assessments during first year of pilot:

First Assessments	Second Assessments
259	220

- The pilot is on track to see the total number of people on the waiting list. It is anticipated that a higher number of assessments will take place in year 2 and 3 now the team is fully trained and at full capacity.

Feedback

- ‘***** was absolutely fantastic. I felt able to speak more openly than I ever have before’
- ‘Having a nurse who was not cisgender really helped me open to discuss what it is like to be trans because they knew some of what I was/am going through’
- ‘All the SGS staff, admin/clinical have been superb and I have felt very comfortable and trusting’
- ‘Overall a very safe, comforting and supportive experience’

What happens next?

- The service recently got the go ahead for a third year for the pilot
- There will be an evaluation of the pilot that will take place in the second or third year
- The hope is that we turn into an established Gender Service
- There may be recommendations from the Adult Gender Service review that took place at the end of last year that impact on the service delivery

Sussex Gender Service

Annual report - year 1 (September
2023 to August 2024)

1. Overview

Sussex Partnership Foundation Trust (SPFT) are commissioned by NHS England to provide the Sussex Gender Service (SGS), a transgender healthcare pilot for patients from the Sussex region. The service commenced on 1st September 2023 for a two-year period, with the option for a further one-year extension. NHS England have recently confirmed that the one-year extension will be enacted.

This report provides an overview of the first year of operation. The report will be used to support the SGS as it begins the second year of operation, and to allow necessary development discussions beyond the first two years of service delivery.

2. Introduction

The SGS follows a nationally mandated service specification and is staffed by an experienced multi-disciplinary team. The mission of the SGS is to '*provide compassionate, safe, supportive and holistic care to Trans, non-binary and intersex (TNBI) people to enable them to live as their most authentic selves*'.

The SGS is a specialist service that provides support and assessment for people who are experiencing a mismatch between their biological sex and their gender identity. The SGS offers a service in line with other gender identity clinics across England. The SGS has a multidisciplinary team of healthcare professionals, who offer assessment, treatment, support and advice including psychological support, access to hormone medications and surgeries, speech and language therapy (voice therapy) and referrals for hair removal and fertility preservation. The service follows the NHS England Service Specification for Adults (Non-Surgical Interventions).

The SGS is working through an existing waiting list, of patients registered with a Sussex GP, and who were referred to an existing gender identity clinic prior to 31st March 2023. The service has a total number of 1302 service users transferred to the service from other gender services across England

3. Commissioning arrangements

Given the limited provision for specialist transgender services, NHS England have commissioned a programme of pilot services across England. The SGS was the fifth pilot site to launch. The aim of the pilot services is to both increase access for patients, and to increase the number of clinicians trained and experienced in transgender healthcare needs.

The SGS is the commissioned pilot for the Sussex region, and SPFT hold the contract with NHS England as the 'prime provider'. SPFT have sub-contracts with a number of other organisations for various aspects of support into the SGS. These are summarised below.

3.1 SGS service model

SGS had the following staffing in year 1 (N.B. not all staff were recruited and in post until later in the year during year 1):

- 1 WTE Clinical Lead (Consultant Clinical Psychologist)
- 1 WTE Clinical Service Manager
- 3 WTE Clinical Nurse Specialists
- 1.6 WTE Salaried GPs
- 0.6 WTE Band 8a Psychologist
- 1.0 WTE Band 7 Speech and Language Therapist
- 1.0 WTE Admin Lead
- 1.8 WTE Admin Support
- 1.0 WTE Care Navigator

3.2 Nottingham Centre for Transgender Healthcare

The NHS England service specification requires all pilot sites to have a 'linked' Gender Identity Clinic (GIC) supporting pilot sites. There are seven GICs in England, all with longstanding commissioning arrangements with NHS England for the provision of transgender healthcare. SPFT sub-contract the Nottingham Centre for Transgender Healthcare (NCTH) to provide required link clinic support for the pilot. NCTH are sub-contracted to provide a number of elements for the SGS:

- Membership for SGS to the NCTH clinical network
- SGS service governance support
- Intensive training to the staff team within the SGS
- Clinical supervision and leadership for SGS clinicians
- Complex care/additional support pathway for patients identified as requiring support beyond that which the SGS pilot can provide
- Paperwork package to support service set up

3.3 The Clare Project

As part of SGS the service sub-contracts The Clare Project, a voluntary, community or social enterprise organisation (VCSE) to host care navigator roles and an engagement and participation role. The Clare Project is a registered charity run by and for trans, non-binary, gender variant and gender-questioning people in Brighton & Hove, West Sussex and East Sussex.

3.2.1 Care Navigators

The specification for the care navigator roles has been co-produced with the TNBI community across Sussex. The high-level aim of the care navigator role is to provide the support that patients need whilst they are waiting for assessment and during their treatment journey. The level of support required may differ from person to person.

The team is made up of the following posts:

- 0.4 WTE service Coordinator/Leadership post
- 2 x 0.5 WTE care navigator post

3.2.2 Engagement and Participation

The Clare Project have also been sub-contracted to provide independent engagement and participation feedback, to support service development and delivery. A 0.6 WTE Engagement and Participation co-ordinator is in place to oversee the following:

- Management and coordination of monthly SGS service user feedback groups, offering both face to face and virtual offerings:
- Reporting of key findings and feedback to service leadership meetings
- 1:1 feedback meetings (limited number) for patients as and when required
- co-chair monthly SGS Working Together Group with SPFT Participation Lead
- Evaluation support through collection of key EDI data across service
- Support targeted outreach engagement work with wider TNBI community networks

4. Mobilisation

The mobilisation of the service took place between April 2023 and September 2023. NCTH have been pivotal in the mobilisation of SGS, providing support in the establishment of Sussex clinical pathways and processes, and offering guidance in the service set up.

The SGS Clinical Lead and the Clinical Service Manager were recruited in June 2023 and led the local development work in readiness for the September 2023 launch. A 'soft' launch took place in September 2023, but the full complement of staff was not in post until January 2024.

Partnership work with the TNBI community, and ensuring the service development was co-produced, has been the priority for SPFT.

5. Partnership working

One of the SGS aims focused on the TNBI community taking a shared leadership role in the mobilisation phase as well as the delivery phase of the pilot.

5.1 Service mobilisation

Three initial TNBI engagement planning sessions were held to support co-production of mobilisation plan outlining:

- Who will be engaged

- How they will be engaged
- What elements of service delivery the community can help shape and develop

A co-produced mobilisation engagement plan was drafted. Key areas of focus for TNBI community member engagement were:

- Learning from other pilots
- Recruitment to SGS posts
- Development of Care Navigator roles
- Supporting development of launch comms
- Development of SGS delivery engagement plan

A number of engagement activities were undertaken:

- Regular focus groups with community members exploring communication materials and the development of suitable documentation
- Two focus groups discussing delivery engagement plans and priorities
- Engagement with SPFT Learning Disabilities team and community member for input into service development from an LD perspective
- Focus group on speech and language provision
- Input into the standard operating procedures for the service
- Focus groups to help develop patient feedback questions and formats
- Involvement in recruitment including shortlisting and interviews

During the mobilisation period 37 different community members participation in engagement activity.

5.2 Ongoing engagement and outreach

As part of ongoing service delivery activity, the SGS team also actively outreach to different community groups and networks including the following:

- Allsorts (supports LGBT young people)
- Hastings and Rother Rainbow Alliance
- Traveller Pride
- Ethnic Minority network
- Disability network
- Equality and Diversity Team

Other partnership working has included involvement from local GPs and healthcare teams including:

- Endocrinology
- GPs (including Well-BN which has 1000+ trans and non-binary patients registered under their practice.

6. Waiting list

The SGS is not currently open to new referrals. As for all other pilot sites, the SGS was given a waiting list of existing patients from Sussex, who had already been referred to a existing GIC in England. The SGS is required to see the patients in the order in which they were referred, to ensure fairness and equity of service provision.

Potential patients are contacted and offered the opportunity to opt out of the Sussex service and remain on the waiting list of the original GIC if that is their preference. Some potential patients transferred to Sussex may be ineligible for the SGS e.g. if they have moved out of the Sussex area, and this has been identified when the patient details are received.

A total of 1303 service users have been transferred to SGS. Of these 1303, 196, approximately 15%, were found not to be eligible for the pilot.

7. Key activity in year 1

The key activity areas undertaken in year 1 of the contract are set out below.

7.1 Training

During the first year the service has been focusing on recruitment and training of clinicians working within the SGS. Most clinicians recruited did not have experience of working in the transgender healthcare setting, and therefore had a number of training needs. NCTH, as the link gender clinic for the SGS, were sub-contracted to provide intensive training for SGS during the first and second years of the pilot.

The first year has focused on training staff to undertake the various assessments that form transgender healthcare assessments e.g. first and second assessments, additional support assessments and surgical recommendation assessments. Before clinicians can undertake any assessments on their own, they are required to be signed off under a competency framework. This involves shadowing NCTH clinicians, and then being observed. This has been an intensive undertaking, with all clinicians signed off by the end of March 2024.

The stages of training have included:

- guided reading
- initial observed consultations (SGS clinicians observing the clinical practice of NCTH clinicians)
- direct observed consultations (NCTH providing direct observation of SGS clinicians undergoing clinical assessment)
- 1-2-1 supervision pre/post consultation
- Group MDT discussions
- 14 hours of workshops
- SLT shadowing/intensive supervision during the first 6 months

There have been a number of other training activities undertaken by the SGS team including:

- 2 member of the team attended Affirm CBT course (a CBT group designed for LGBT adults)
- Seven SGS clinicians have enrolled in the Royal College of Physicians Gender Identity Certification level 1 course. This is a qualification for clinicians

specifically working within a specialist gender service to support the development of their expertise

- Two of the Clinical Nurse Specialists completed the Non-Medical Prescribing course

7.2 Supervision and Leadership

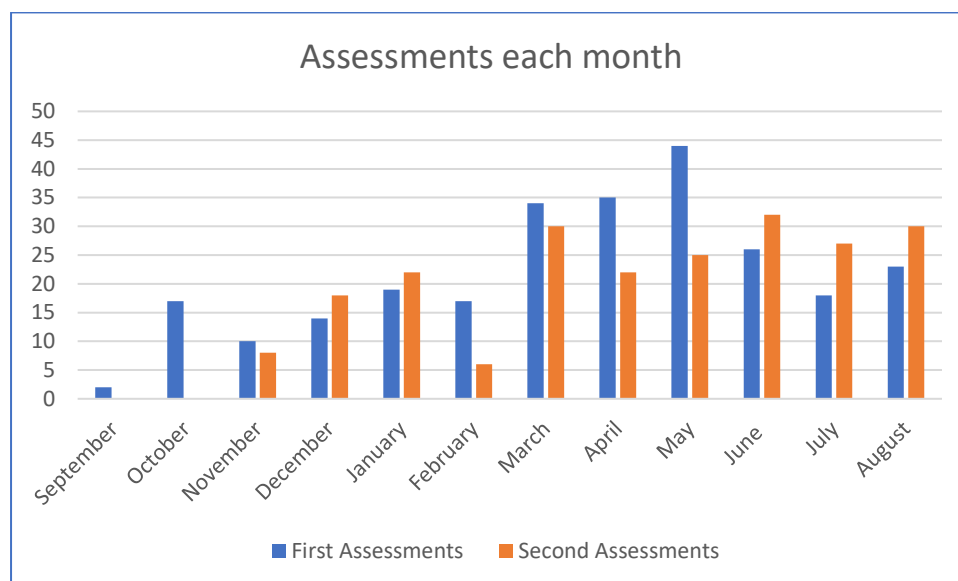
SPFT sub-contract NCTH to provide supervision and leadership. The table below sets out the support the SGS has received from NCTH on a monthly basis in year one of the contract

Type of supervision/leadership	Number of hours per month
Clinical Leadership Mentoring	4 hours per month
Psychologist	1 hour per month
Endocrinology	1 hour per month
GP supervision	4 hours per month
SALT	1 hour per month
Meetings: MDT/Clinical Governance	5 hours per month
Total hours	16 hours per month

7.3 Numbers of Assessments

Before a patient can be accepted on to the various treatment intervention pathways within the SGS, they are required to have two assessments (a 'first' assessment and a 'second' assessment) undertaken. The table below sets out the number of first and second appointments undertaken in year one of the pilot.

Month	First Assessments	Second assessments	Total
September	2	0	2
October	17	0	17
November	10	8	18
December	14	18	32
January	19	22	41
February	17	6	23
March	34	30	64
April	35	22	57
May	44	25	69
June	26	32	58
July	18	27	45
August	23	30	53
Total	259	220	479



As demonstrated by the graph, the number of first and second assessments has increased as more clinicians began to work in the service, and as more clinicians were signed off to undertake assessments on their own. When the service commenced, more first assessments were undertaken. Over time, the number of second assessments has increased, as patients flow through the treatment pathway.

To ensure that the wait between a first and second assessment is not long the SGS leadership team review patient flow pathways, and modify the number of first and second appointments available as necessary. The flow of patients through the service has also been impacted by the challenges detailed below with regard to the patient waiting list, and a delay in patient details being shared with the SGS. The current waiting time between first and second assessments is less than 6 weeks.

7.4 Additional Support/Complex Case work

NCTH are sub-contracted to provide the care for a patient with 'additional support needs' or who may be considered to have a complex presentation, if needed.

During the first year of the SGS had eight patients who were classified as having additional support needs. Broadly, these individuals were considered to have additional support needs based on the following reasons:

- uncertainty around gender identity
- learning disabilities,
 - o questions around capacity,
- complex mental health presentations
- additional time and communication adjustments needed
- service users with a forensic history

Of these eight patients, one person who had a forensic history was referred to NCTH for their assessment and ongoing treatment. One other patient received a joint additional support appointment, with a SGS clinician and an NCTH clinician.

The other six additional needs patients were seen within the SGS, by psychologists with previous training in mental health and learning disabilities. These patients were discussed in MDT meeting and in individual clinical supervision sessions with NCTH, and therefore could be supported by the clinicians within the SGS without needed to be transferred to NCTH.

7.5 Second Surgical Recommendation Assessments

Some surgical procedures require two assessments to be undertaken with a patient before a referral for surgery is made. The first assessment can be undertaken by SGS clinicians, but the second assessment must be undertaken by a clinician from NCTH.

NCTH are sub-contracted to undertake all second surgical assessments for SGS patients. In year one of the contract, NCTH undertook 36 second surgical recommendation assessments.

7.6 Care Navigators

The Care Navigator aspect of the SGS launched in January 2024. Patients of the SGS can access support from Care Navigators in the following ways:

- 1-1 appointments
- In person drop-in
- Online drop-in
- Presence at The Clare Project drop-in
- Monthly online Pizza and Paperwork space
- Email support
- Events and workshops run to respond to frequently raised topics
- Events and drop-ins

Since starting in January, the Care Navigators run regular in-person drop-in sessions, as well as online drop in sessions, to increase access opportunities for all patients.

Care Navigators have also run the following events:

- Self-Care workshop
- Pizza and Paperwork/ Doughnuts and Deed Polls - an online community space to work on personal gender affirming administration tasks.

A monthly East Sussex group was tried and transformed into online Pizza and Paperwork due to lack of interest in the former and the popularity of the in person Pizza and Paperwork.

In total, there were 57 referrals for 1:1 work with people between January 2024 and August 2024.

Drop-in and event attendance per month at online and in person SGS drop-ins and one off events

January	9
February	5
March	9
April	8
May	6
June	6
July	18
August	1

Short 1-1 drop-in sessions set in the community

January	-
February	-
March	4
April	9
May	10
June	7
July	9
August	7

8. Challenges

As a newly launched service, there have been a small number of challenges to overcome.

8.1 Waiting List and patient transfer

The SGS has received patients from other gender Identity clinic waiting lists that meet the eligibility criteria for the Sussex pilot. The largest number of patients have

come from the Tavistock gender clinic. There have been several issues encountered when receiving the transferred patient list from the Tavistock, which have impacted on operational delivery of the SGS, and some delays to ongoing service provision. The SGS leadership team have worked with the Tavistock leadership team to address and overcome these.

8.2 The Cass Review

In April April 2024 NHS England published the Cass Review. The Cass Review is an independent review of children and young people's gender services. There are a number of recommendations that will be implemented as a result of this. Although the review focused on services for young people below the age of 18 years, the terms of reference included the relationship between the paediatric service and adult services given that transfers of care can be made to adult services from 17 years of age. The review team were also interested in how services are delivered to young people between the age of 17 and 25 years of age. As a result, the final report makes a number of observations that are relevant to adult transgender services.

A key recommendation is that NHS England launch a review into the operation and delivery of adult GICs, alongside a planned review of the adult gender service specification. All GICs have received a letter from NHS England, asking for the following immediate actions:

- Board level discussions on the findings of the Cass Review report and their relevance to the adult service
- Prepare adult GICs to fully participate in future research requirements
- Defer offering first appointments to patients until their 18th birthday
- Ensure adult gender clinics are meeting the requirements of the current service specification, particularly with regard to the assessment process and for those individuals with complex presentations

As a pilot site, SGS has not been involved in the adult GIC review. To date, there has been no impact on the SGS service delivery. However, it is expected that any recommendations that come out of the reviews will influence the future of the pilot. Regular meetings are in place with NHS England to review implications, and SPFT also receive updates from NCTH.

9. Service feedback

9.1 Service user feedback

The service co-developed an evaluation questionnaire for service users to complete after appointments. This questionnaire was developed with community members to ensure that the questions felt relevant and useful. There were initial IT issues in sending questionnaires out to service users. However, 56 questionnaires were completed during the first year of the service. Feedback from patients using the

service has been incredibly positive. The results of the feedback received is set out in appendix 1.

9.2 SPFT Positive Practice awards

In late October 2024 the SGS was shortlisted for three categories in the SPFT Positive Practice awards. The SGS team as a whole was shortlisted in the *Partnership in Practice* category and in the *Equality and Inclusion* category. The SGS Clinical Lead was shortlisted in the *People First (clinical)* category. The award ceremony will take place at the end of November 2024.

10. Service developments

10.1 Year three of the SGS

NHS England have now confirmed that the one-year extension option will be enacted. The SGS leadership team are considering any amendments to the service model for this third year to support the increased flow of patients through the service.

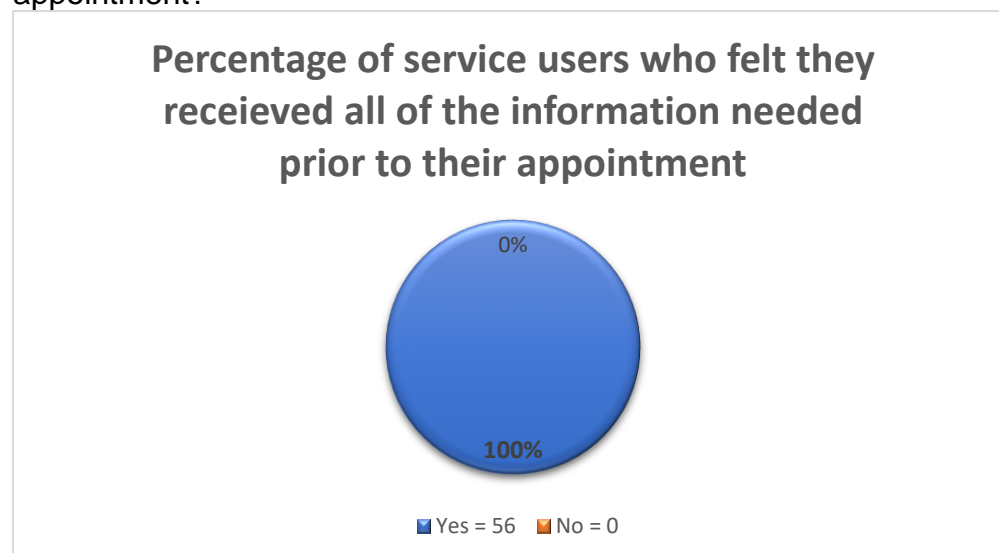
10.2 Pilot evaluation

As a pilot gender service, the SGS will be subject to an evaluation. Other pilot sites were independently evaluated by an organisation commissioned by NHS England. The process for the evaluation of the SGS pilot is still under discussion with NHS England.

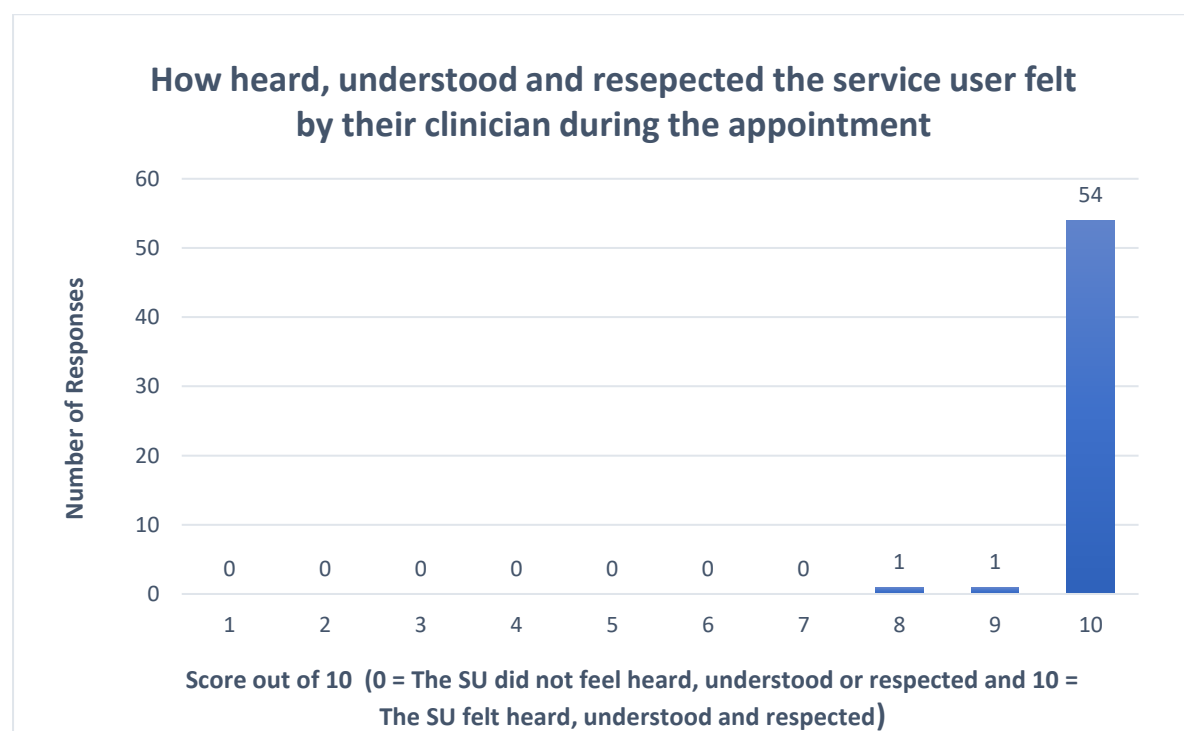
However, the responsibility for the evaluation for Sussex has been passed to the regional NHS England team and the Sussex ICB. Discussions are ongoing about how this will take place.

Appendix 1 - Service user feedback in year 1

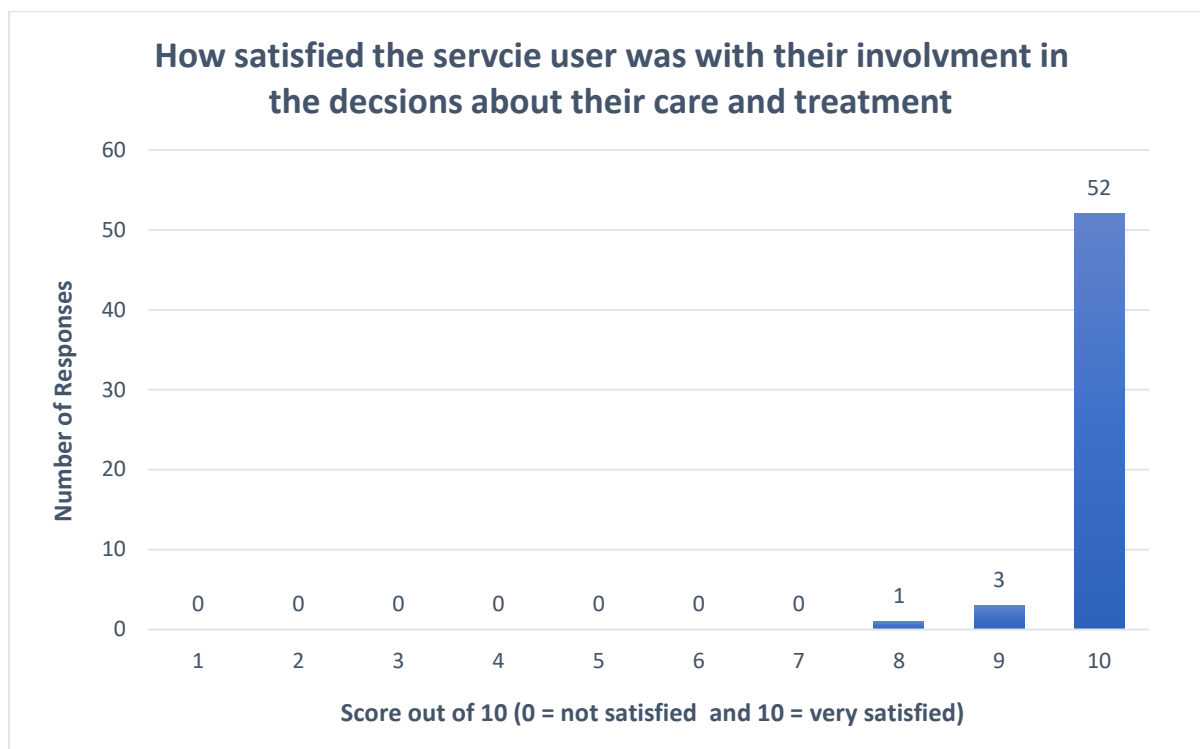
Question 1: Did you get all the information you needed ahead of your first appointment?



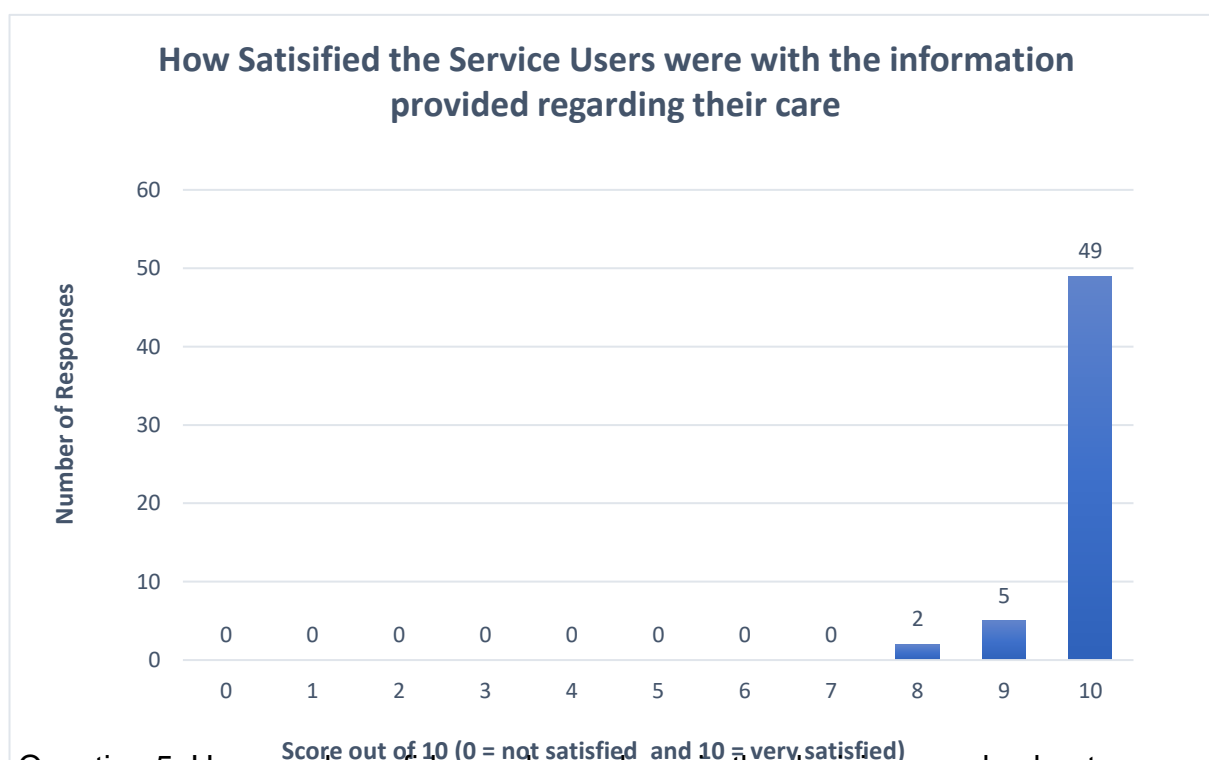
Question 2: How did you find your clinician in the appointment (0 = you did not feel heard, understood or respected and 10 = you felt heard, understood and respected)



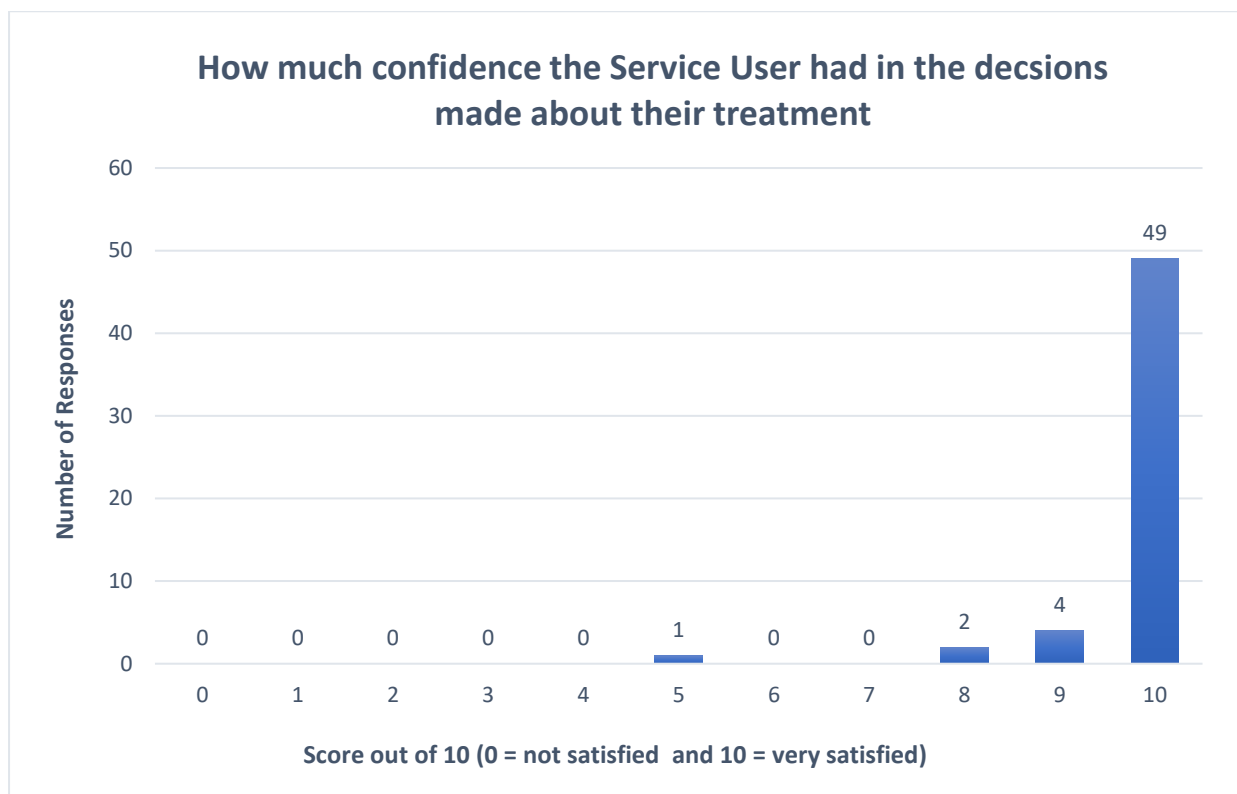
Question 3: How satisfied were you with your involvement in decisions about your care and treatment? (0=not satisfied, 10= very satisfied)



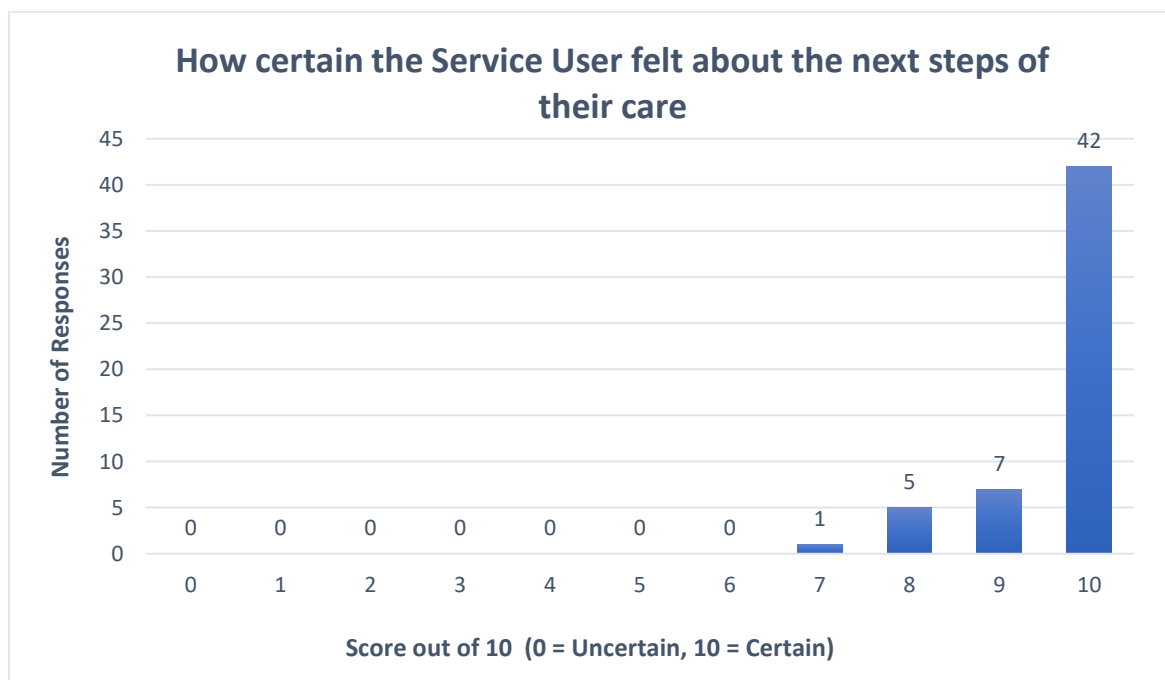
Question 4: How satisfied were you with the information provided regarding your care and treatment? (0=not satisfied and 10= very satisfied)



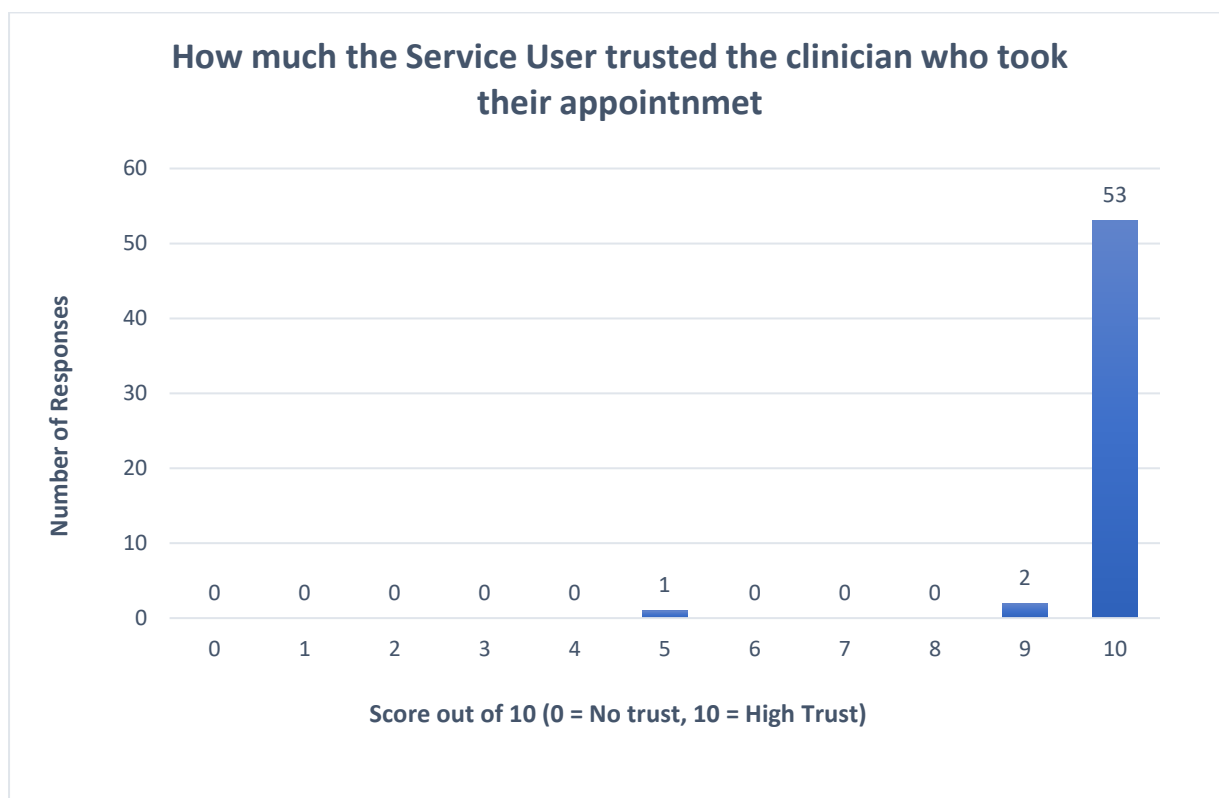
Question 5: How much confidence do you have in the decisions made about your treatment? (0=no confidence, 10= high confidence)



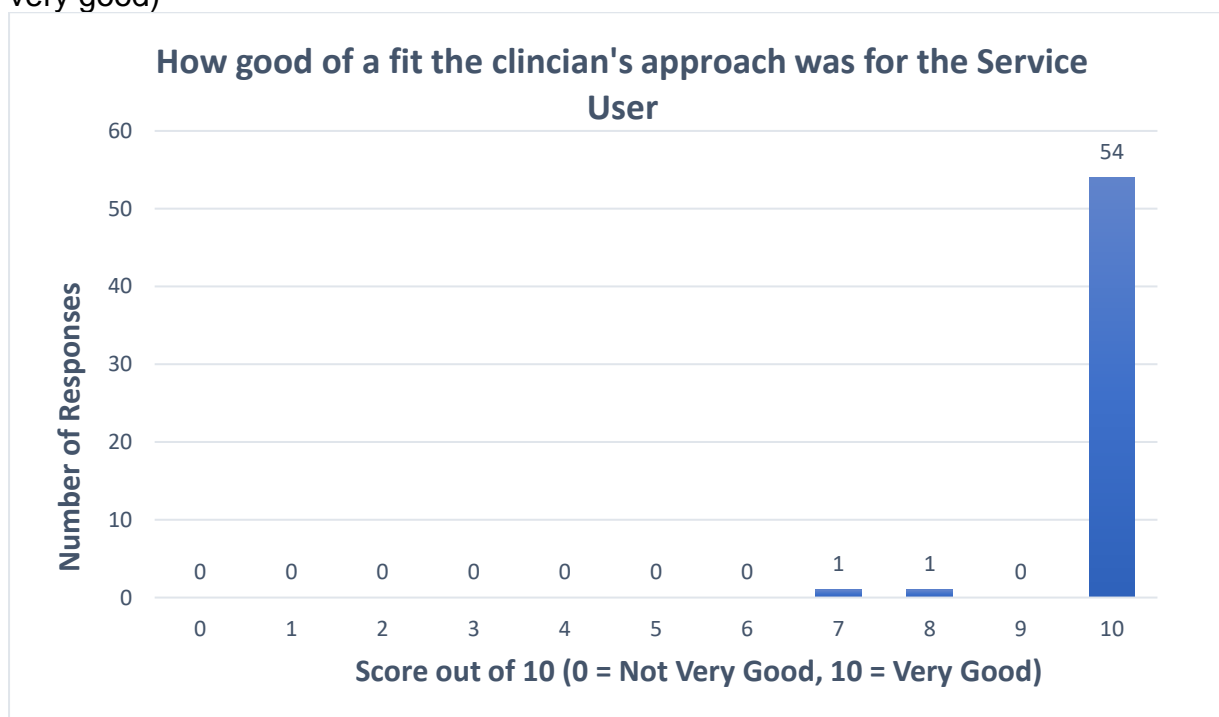
Question 6: Do you know what will happen next with your care? (Where 0= uncertain and 10= certain)



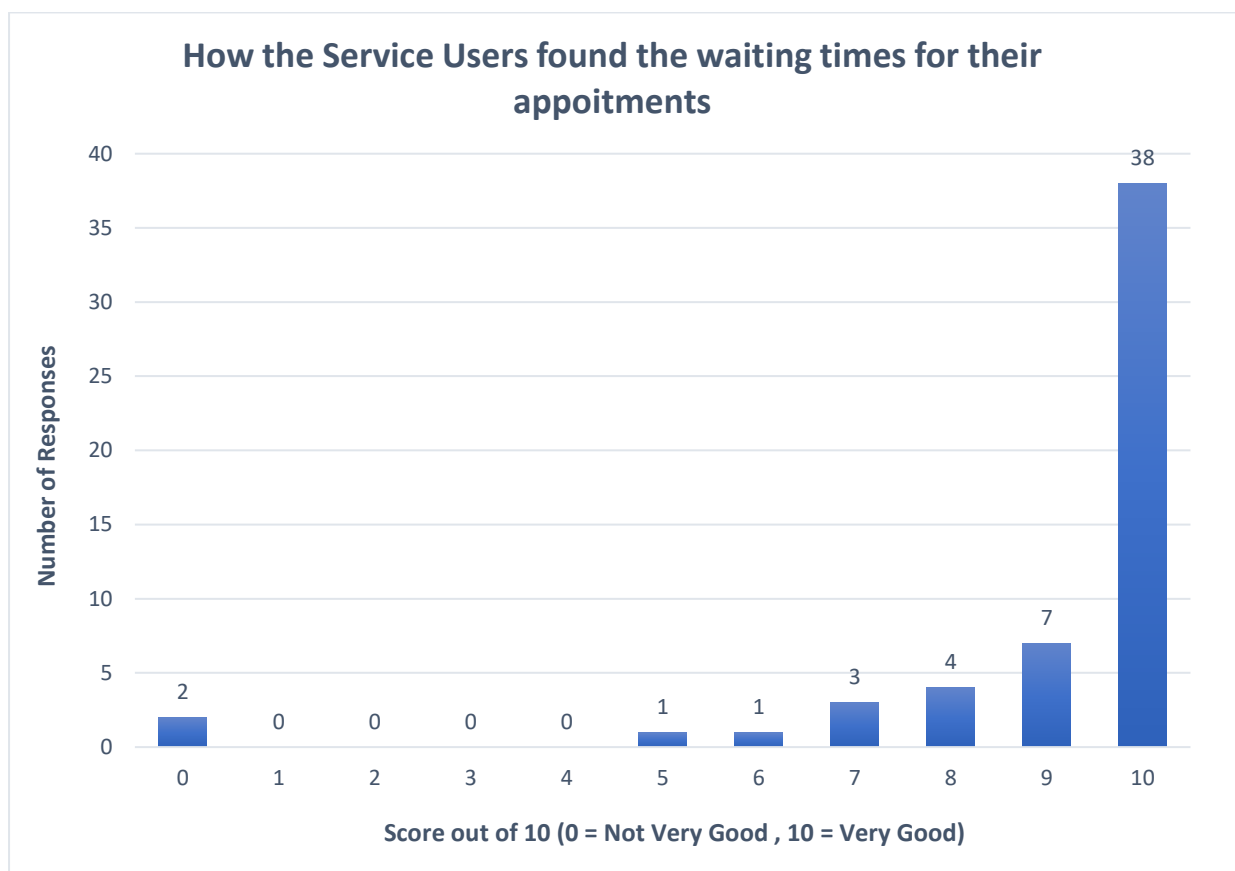
Question 7: Do you trust the clinician you saw at your appointment (0=no trust, 10= high trust)



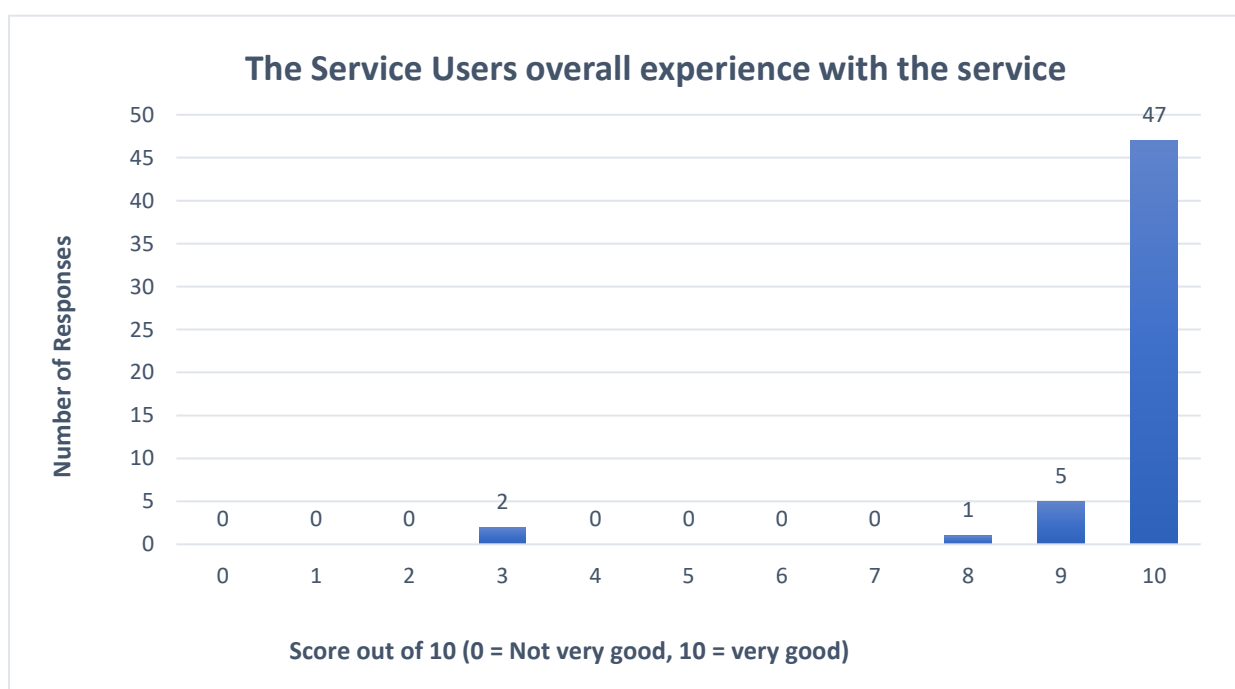
Question 8: The clinician's approach was a good fit for me (0=not very good, 10=very good)



Question 9: How have you found the waiting times for your appointments? (Where 0 is not very good and 10 is very good).



Question 10: Overall how was your experience with the service? (Where 0= not very good and 10 = very good).



Qualitative Feedback

Below are some of the qualitative comments that were received on the evaluation questionnaires

Themes

1. Environment created by clinicians at SGS

12/04/2024 - "*****was absolutely fantastic. I felt able to speak more openly than I ever have before."

26/04/2024 - "Having a nurse who was not cisgender really helped me feel open to discuss what it is like being trans because they knew some of what I was/am going through"

1/08/2024 - "...all the SGS staff, admin / clinical, have been superb and I have felt very comfortable and trusting."

22/08/2024 - "Overall a very safe, comforting and supportive experience."

2. The service user felt heard and understood

26/04/2024 - "...They made sure I felt heard and safe to discuss more difficult aspects of my life."

26/04/2024 - "...finally being heard after 5 years of waiting..."

06/08/2024 - "...made me feel very heard and safe...Previous appointments with other providers I've felt neglected or unheard, but *****and Sussex partnership have made me very comfortable and listened to and acknowledged..."

19/08/2024 - "I felt like I was listened to in the appointment and never felt pressured when answering questions."

3. Helpful and/or informative

10/04/2024 - "All the staff I have spoken to have been nothing but understanding, friendly and helpful. Despite transitioning privately for the past several years, they still had very insightful help..."

01/08/2024 - "...clear transparent communication at all time points. I have particularly benefited and found it very helpful that the service has been keeping me very informed about who they are, what they do, wait times and lots of transparent information at all time points."

19/08/2024 - "I found the clinicians willingness to clarify the questions she asked very helpful, sometimes in appointments like these the questions can be quite broad, making them difficult to answer."

4. Friendly and welcoming

10/04/2024 - "All the staff I have spoken to have been nothing but understanding, friendly and helpful".

20/04/2024 - "***** was a warm and empathetic interviewer."

1/08/2024 - "Very friendly, personable, professional staff..."

22/08/2024 - "*****was absolutely wonderful and was sensitive to the nature of the circumstances, listened, was honest and very personable."

5. High Quality Service

02/04/2024 - "Everything so far has been amazing, thank you! You lovelies are honestly doing great work. I've got the patient participation invite letter but am a little sceptical about what I can input as so far, everything has been so efficient and thought out. Thank you!"

10/04/2024 - "...Despite transitioning privately for the past several years, they still had very insightful help and I'm very happy with the help received so far :)"

12/04/2024 - "...Overall service very good and affirming!"

26/04/2024 - "The entire experiences was amazing...I am so excited to continue down this path."

6. Waiting times

14/05/2024 - "I have been absolutely dreading this appointment for the 6 years I have waited, as it's so high stakes for me that it makes me really nervous, but I felt so comfortable with *****my outlook on transitioning has completely changed".

22/08/2024 - " I was transferred to Sussex GIC on 19/08 and my first consultation was 22/08. From here i have been given time frames for my next appointment and been told the expected wait times to achieve surgery..."

7. Tech Issues

12/04/2024 - " Had some audio/video/ browser based tech issues with Attend Anywhere..."

8. Care Navigators

"Thanks so much for today, was great to meet you and you were so helpful"

"Thank you so much for your help so far. I don't think I'd have gotten here without your help."

19/08/2024 - " In terms of issues, those were only technical, the call quality was a bit poor at times."

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 31

Subject: Access to GP Services in Brighton & Hove

Date of meeting: 29 January 2025

Report of: Chair of the Health Overview & Scrutiny Committee

Contact Officer: Name: Giles Rossington, Scrutiny Manager

Tel: 01273 295514

Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

- 1.1 This report provides information (see Appendix 1) from the Sussex Integrated Care Board (ICB) on access to GP services in Brighton & Hove.

2. Recommendations

- 2.1 Health Overview & Scrutiny Committee notes the information in this report and its appendix.

3. Context and background information

- 3.1 City GP services are provided by various GP practices and are commissioned by the Sussex Integrated Care Board (ICB).
- 3.2 In recent years, access to GP services has become problematic across England. The issue is multifaceted, for example including problems recruiting enough qualified GPs. However additional demand, due to an ageing population and other factors, is also a major problem, with some localities seeing a situation where record numbers of GP appointments are being delivered at the same time as waiting times for appointments reach

unprecedented levels. Poor access to primary care has impacts across the health and care system: for example by increasing pressures on emergency services when people who are not offered a timely GP appointment instead present for treatment at A&E.

- 3.3 Improving primary care access is both a national and a Sussex priority. Given the scale and the gravity of the issue, the HOSC Chair requested a report from the ICB on access to GP services in Brighton & Hove (see Appendix 1). The information provided by the ICB sets out in detail local GP practice performance, as well as providing information on improvement measures currently being planned or delivered.

4. Analysis and consideration of alternative options

- 4.1 Not applicable to this report for information.

5. Community engagement and consultation

- 5.1 None directly for this information report.

6. Financial implications

- 6.1 [There are no direct financial implications resulting from this process.](#)

Name of finance officer consulted: Ishemupenyu Chagonda Date consulted (06/01/2025):

7. Legal implications

There are no direct legal implications arising from this report. Name of lawyer consulted: Victoria Simpson Date consulted 8.1.25

8. Equalities implication

- 8.1 None directly to this information report. Members may be interested in exploring how NHS plans to improve access to GP services will meet the specific needs of people with protected characteristics. Members may also wish to explore what measures are planned to ensure that a greater reliance on digital access to GP services does not negatively impact on digitally excluded people.

9. Sustainability implications

- 9.1 None directly to this information report.

10. Health and Wellbeing Implications:

- 10.1 These are dealt with in the body of the ICB report (Appendix 1).

Other Implications

11. Procurement implications

11.1 Not applicable to this report.

12. Crime & disorder implications:

12.1 None directly to this information report.

13. Conclusion

13.1 Members are asked to note information provided by Sussex Integrated Care Board (ICB) on access to local GP services and on plans to improve access.

Supporting Documentation

1. Appendices

1. Information provided by Sussex Integrated Care Board (ICB) on access to GP services in Brighton & Hove.

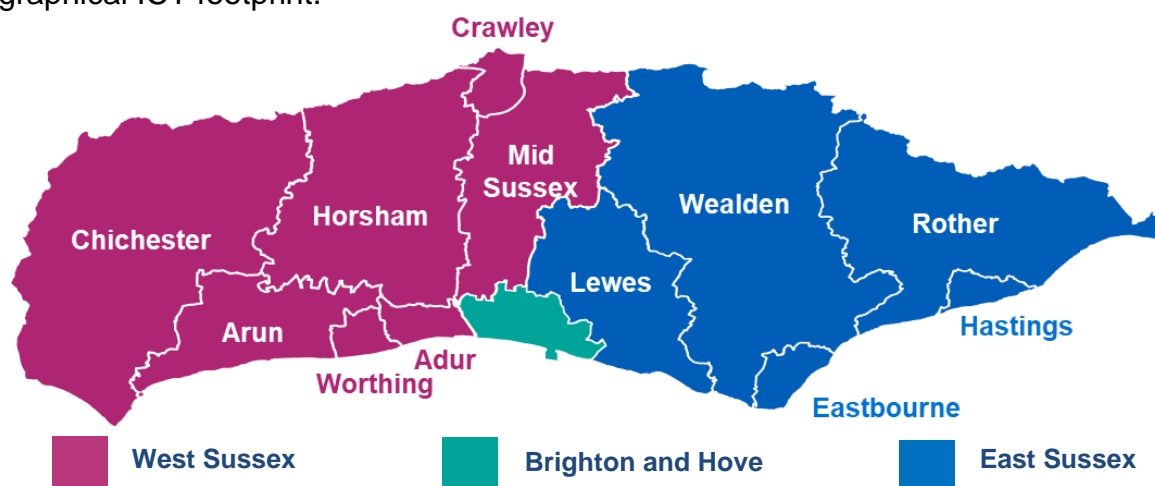
Improving Access to General Practice in Brighton & Hove – Update Report (January 2025)

1. Introduction

- 1.1. This report provides members of the Committee with an update on the work being done to improve access to General Practice in Brighton & Hove, following on from previous Primary Care reports presented in April 2023 and October 2023, and includes updates on the Sussex system-level plan around improving GP Access alongside a review of how we are performing on key General Practice access outcomes across Brighton and Hove and what plans we have in place for improving access to general practice.

2. Local Context for Sussex

- 2.1 NHS Sussex Integrated Care Board (ICB) is responsible for delivering care to 1.72 million people, across three Places. Within the three Places, there are 13 Integrated Community Teams (ICTs). The ICTs will act as the vehicle to integrate primary, community, social care and the voluntary sector services within a defined geographical ICT footprint.



- 2.2 Services are largely provided by:

- 156 GP practices and 293 Community Pharmacies
- Two acute Trusts - University Hospital Sussex NHS Foundation (UHSussex), Surrey and Sussex Healthcare NHS Trust (SASH)
- One acute and community health Trust - East Sussex Healthcare NHS Trust (ESHT),
- One specialist Trust - Queen Victoria Hospital NHS Foundation Trust (QVH)
- One community health Trust - Sussex Community NHS Foundation Trust (SCFT)
- One mental health Trust, Sussex Partnership NHS Foundation Trust (SPFT)

- One ambulance provider - South East Coast Ambulance Services NHS Foundation Trust (SECAmb).

2.3 As of October 2024, there are 31 GP Practices in Brighton & Hove, and 51 Community Pharmacies, as well as one Walk In Centre. The total number of registered patients with GP Practices in Brighton and Hove in October 2024 was 333,619 compared to 331,127 in October 2023; an increase of 2492 (0.7%). The registered list sizes of the Brighton & Hove Practices vary from 31,094 at Charter Medical Centre to 1532 at Arch Healthcare.

2.4 The 31 GP Practices in Brighton & Hove are grouped into 6 'Primary Care Networks' (PCNs) which, as set out in the paper presented to HOSC members in October 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.

2.5 Table 1 below sets out which GP Practices are members of which PCN in Brighton & Hove:

PCN	Member Practices	Total List Size (October 24)
Dean's & Central Brighton PCN	Brighton Station Health Centre, Saltdean and Rottingdean Medical Practice, School House Surgery, Ship Street Surgery, The Avenue Surgery	35,888
East & Central Brighton PCN	Arch Healthcare, Ardindly Court Surgery, Broadway Surgery, Park Crescent Health Centre, Pavilion Surgery, Regency Surgery, St Peter's Medical Centre, Wellsbourne Healthcare CIC, Woodingdean Medical Centre	75,054
Goldstone PCN	Charter Medical Centre, Trinity Medical Centre, Wellbeing Healthcare	80,986
North & Central Brighton PCN	Carden & New Larchwood Surgery, Montpelier Surgery, Seven Dials Medical Centre, University of Sussex Health Centre	42,456
Preston Park Community PCN	Beaconsfield Medical Practice, Preston Park Surgery, Stanford Medical Centre, The Haven Practice, Warmdene Surgery	56,809
West Hove PCN	Hove Medical Centre, Links Road Surgery, Mile Oak Medical Centre, Portslade Health Centre, Wish Park Surgery	42,068

Table 1: PCN and General Practices in Brighton and Hove

- 2.6 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 On the 09 April 24, NHS England published a letter outlining to ICBs the [NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25](#) which outlines the focus for the second year of delivery against this plan.
- 3.5 The second year of the delivery plan for recovering access to primary care focusses on realising the benefits to patients and staff, building on the improvements in 23/24, with the ambition to go further in the four key priority areas:
- Empower patients**
- Increase use of NHS App and other digital channels.
 - Continue to expand self-referrals to appropriate services.
 - Expand uptake of Pharmacy First.
- Implement New Modern General Practice Access**
- Complete implementation of better digital telephony.
 - Complete implementation of highly useable and accessible online journey for patients.
 - Complete implementation of faster care navigation, assessment, and response.
 - National transformation/improvement support for general practice systems.

Build Capacity

- Continue with expansion and retention commitments in the long-term workforce plan.

Cut Bureaucracy

- Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations.
- Make online registrations available in all Practices.

3.6 The new government has also set this out as a priority in the context of its wider stated review of the NHS and the recently published Independent Investigation of the National Health Service in England which highlighted that GPs are seeing more patients than ever before, but with the number of fully qualified GPs relative to the population falling, waiting times are rising and patient satisfaction is at its lowest ever level. There are [significant] variations in the number of patients per GP, and shortages are particularly acute in deprived communities. The NHS is determined to make it easier and quicker for patients to see their GP and members of the primary care team’.

3.7 Additionally, there is a continued focus on reducing disparities in healthcare access across different regions and demographic groups. The NHS aims to ensure that all patients can access a GP appointment within two weeks, with urgent cases being assessed the same day or the next, regardless of location. This goal is part of a broader effort to eliminate unwarranted variation in care across the country.

4 Improving Access – A Priority for Sussex

4.1 The national commitments to improving access to Primary Care align well with the existing Sussex focus, as set out in the Sussex Shared Delivery Plan and agreed with our system partners.

4.2 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.

4.3 There has been positive progress in Sussex, with record numbers of appointments being delivered:

- Between April to October 2024 over 6.7 million General Practice appointments were delivered across Sussex, representing an 8.6% increase in activity for the same period of 2023. For the year 2024/25 NHS Sussex is exceeding its Operating Plan target for delivery of GP appointments by 10.5%, as outlined in table 2 below.
- In October 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 664 for Sussex, compared to 607 for England and 602 for the

South East. For appointments in October across Sussex, 36.5% were held on the same-day as booking and 70.4% were held within 2 weeks of booking – against averages in England of 37.9% and 74.9%, and in the South East of 37.4% and 73.1%.

- Activity in General Practice is now surpassing pre-pandemic levels by 15% in Sussex.

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Sussex Plan	821,662	853,237	799,663	894,207	793,749	896,815	1,042,032
Sussex Actuals	927,773	946,197	880,903	957,766	865,189	933,915	1,233,204
Month % v Plan	12.9%	10.9%	10.2%	7.1%	9.0%	4.1%	18.3%
YTD % v Plan	12.9%	11.9%	11.3%	10.2%	10.0%	8.9%	10.5%

Table 2: Total number of appointments delivered in Sussex.

- 4.4 Our priorities across Sussex in 2024/25 are to maintain the 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.

5 GP Appointments in Brighton & Hove

- 5.1 The total number of appointments delivered in Brighton and Hove has increased over the last year.
- 5.2 Table 3 provides the detail of the number of appointments delivered across Brighton and Hove since April 2024. In total between April-October 2024 there have been 1,002,837 appointments in Brighton & Hove compared to 955,122 in the same period in 2023 – a 5% increase in the numbers delivered by Practices. In October 181,452 appointments were delivered across the 31 GP Practices – 10.5% more than in the same month last year.

Brighton & Hove	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
2023-24	117,441	134,483	139,333	127,820	133,031	138,739	164,275	296,027
2024-25	137,933	139,409	131,516	143,011	131,091	138,425	181,452	313,377
2024 v 2023	17.4%	3.7%	-5.6%	11.9%	-1.5%	-0.2%	10.5%	5.9%

Table 3: Number of appointments delivered in Brighton and Hove

- 5.3 The below tables set out the benchmarking data on the three nationally reported access measures – number of appointments per 1000 population, appointments on the same day and appointments held within 2 weeks. In summary the position for October 2024 across these metrics are: 544 appointments per 1000 registered patients, with 32.9% delivered on the same day as booking, and 71.9% within 2 weeks. These measures are outlined in table 4 to 6 below:

Appointments Per 1000 List Size							
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Brighton & Hove	414	418	394	429	394	416	544
West Sussex	512	524	487	536	479	520	687
East Sussex	536	545	504	537	489	528	693
Sussex Total	502	511	476	517	467	504	664
South East	473	474	444	483	430	467	602
England	482	482	452	500	436	472	607

Table 4: Sussex Appointments per 1000 patients

Appointments on Same Day %							
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Brighton & Hove	38.1%	38.0%	37.9%	37.2%	40.1%	38.8%	32.9%
West Sussex	44.1%	43.6%	43.7%	44.3%	45.1%	44.5%	37.0%
East Sussex	45.5%	45.5%	44.4%	43.2%	44.8%	43.7%	37.2%
Sussex Total	43.7%	43.4%	43.1%	42.9%	44.2%	43.4%	36.5%
South East	44.8%	44.5%	44.2%	43.7%	44.7%	43.1%	37.4%
England	44.6%	44.3%	44.0%	43.9%	44.5%	43.2%	37.9%

Table 5: Sussex Appointments on Same Day %

Appointments Held Within 2 Weeks %							
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Brighton & Hove	77.7%	78.4%	79.7%	79.8%	80.4%	79.4%	71.9%
West Sussex	79.0%	79.4%	79.3%	79.2%	80.0%	79.4%	69.0%
East Sussex	80.6%	81.1%	80.3%	79.5%	80.3%	79.2%	72.2%
Sussex Total	79.3%	79.8%	79.7%	79.4%	80.1%	79.4%	70.4%
South East	80.6%	81.3%	81.2%	81.2%	81.6%	80.6%	73.1%
England	81.8%	82.4%	82.4%	82.7%	82.5%	81.9%	74.9%

Table 6: Appointments held within 2 weeks %

- 5.4 Between April 2024 and October 2024, practices in Brighton and Hove have recorded fewer numbers of appointments per 1000 list size than both the Sussex, Regional and National average. This pattern in performing below the Regional and National averages is reflected for both the measures for appointments on the same day and the percentage of appointments seen within 2 weeks – although it should be noted that for the measure of percentage of patients seen within 2 weeks Brighton and Hove practices perform comparably with the Sussex average.
- 5.5 Whilst it is positive that the total number of appointments has increased over the last 12 months, we recognise that we need to go further in ensuring that we continue to review these key access metrics in order to maintain and improve access to general practices in Brighton and Hove, whilst noting that General Practices are not contractually obliged to deliver a specific number of appointments per year.
- 5.6 Table 7 below provides the detail of the appointments and consultation types in Brighton and Hove, highlighting the breakdown of the total number of appointments by type, e.g. face to face, video consultation/online, telephone and home visits.

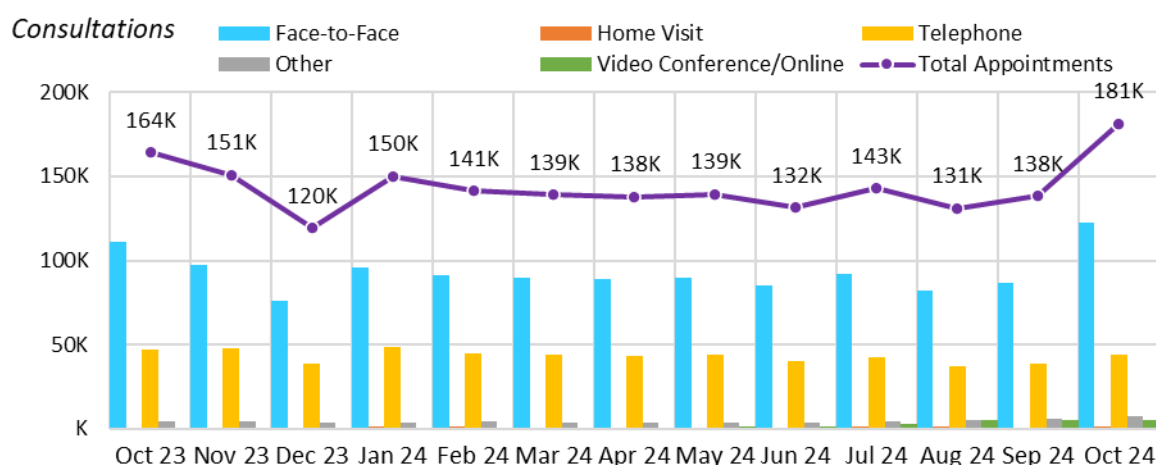


Table 7: Breakdown of consultation type in the last 12 months

- 5.7 In October, GPs provided 41.1% of the total number of consultations, other staff 54.3% with GP consultations 6.0% higher compared to the same time last year while consultations by other practice staff were up by 10.7%. This is above the Sussex position for GP consultations which were 4.6% higher compared to last year.
- 5.7 Annex B and C provides further detail for members on the breakdown of appointment data at Practice and PCN level for both total number of appointments, same day and those seen within 2 weeks. When reviewing this information, it's important to acknowledge that whilst this is used nationally the Data in the General Practice

Appointments Data (GPAD) collection is known to contain a number of data quality issues as practices manage their appointment books in the way they best feel allows them to manage the health and care of their patients and not for the purpose of data analysis.

6 Increasing the Primary Care Workforce

- 6.1 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.
- 6.2 Across Sussex, we have exceeded our overall recruitment targets for the Primary Care Workforce at both a PCN and practice level in the last year. Compared to a year ago the Primary Care workforce increased by 300.5 FTE (or 5.2%) to 6051 FTE. The Clinical workforce grew by 5.0% or 157.4 FTE; non-Clinical staff +5.5% or 143.1 FTE.
- 6.3 The total number of GPs (includes GP partners; salaried GPs; GPs in training grades; GP locums and GPs on retainer) has increased by 6.4% (+63 FTE) compared to October 2023 staff levels.
- 6.4 In Brighton & Hove, compared to a year ago the Primary Care workforce increased by 67.7 FTE (or 7.5%) to 971 FTE. The Clinical workforce grew by 5.0% or 25.4 FTE; non-Clinical staff +10.6% or 42.3 FTE. Table 8 below outlines this position over the last 12 months:

Brighton and Hove Primary Care workforce (FTE)

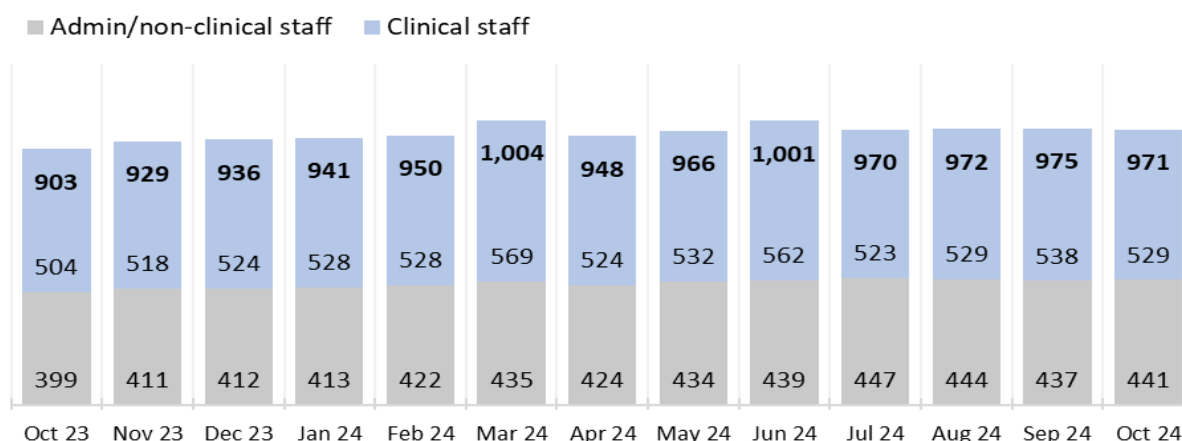


Table 8: Brighton and Hove Primary Care workforce

- 6.5 Further points to note for the position in Brighton & Hove include:
- The total number of GPs (includes GP partners, salaried GPs, GPs in training grades, GP locums and GPs on retainer) has increased by 8.3% (+14 FTE) compared to October 2023 staff levels.
 - The Fully Qualified GP workforce has increased by 14.7% (19.7 FTE) compared to October 2023. Since March 2019 Fully Qualified GP staff has increased by 26.3%.
 - Fully Qualified GP staff in FTE/100k patients for Brighton and Hove is 46.2 which is above the Sussex level at 46.0 and above England at 44.0.
- 6.6 Additionally, 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).
- 6.7 The following ARRS roles have seen an increase across Brighton and Hove over the last year in comparison to October 2023 WTE numbers:
- Adult Mental Health Practitioner (67.41%)
 - Advanced Practitioner Role (75.28%)
 - Care Coordinator (33.57%)
 - First Contact Physiotherapist (13.64%)
 - Trainee nursing associate (180.00%)
 - Digital and Transformation Lead (111.11%)
- 6.8 One of the first acts of the new Government has been to amend the national Direct Enhanced Service (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 Brighton & Hove, to take up this offer. In October 1.00 WTE GP have been recruited under the scheme to date.

7 Improving access and reducing unwarranted variation in Primary Care

- 7.1 Improving access and reducing unwarranted variation in primary care in Sussex continues to be a key priority and is fundamental in ensuring the long term, successful delivery of high-quality and equitable Primary Care services to our population, giving people better and quicker access to the right services when they need them and to reduce unwarranted variation in the delivery and outcomes of those services.
- 7.2 There are a number of benefits of reducing variation in primary care:
- Improved patient outcomes
 - Enhanced equity in healthcare
 - Increased efficiencies
 - Improved patient experience
 - Greater accountability and measurement

- Fostering innovation and best practice
- Better chronic disease management
- Improved public health outcomes and reduce inequalities

- 7.3 To fully understand the impact of variability and variation in primary care services across Sussex, it is important to consider wider contributing factors. In the context of general practice, this relates to differences in appointment availability, waiting times, and the overall net effect this has on patient experience.
- 7.3 To understand and address the impact of variation in General Practice and improve patient experience and clinical outcomes, the NHS Sussex Primary Care Team have been working alongside the GP Clinical Directors to co-design a quality and service improvement project to be delivered in 2025.
- 7.4 Four priority areas with associated metrics have been identified to support the programme of work; these include:
- Improving Patient Access to General Practice
 - Disease Management
 - Patient Experience
 - Referral Pathways and Interface
- 7.5 The aim of this programme is to provide a supportive framework for general practices to review and analyse their practice level data to identify areas of concern, share best practice, and develop their own practice and PCN level interventions to address identified areas of improvement.
- 7.6 This scheme is focussed on metrics that allow practices to better understand where unwarranted variation exists providing support to identify where improvements can be made, based on sharing best practice and utilising quality improvement methodologies to enable change to happen at an individual practice and system level change.
- 7.7 All practices in Brighton and Hove will have the opportunity to participate in the new quality improvement programme beginning in early 2025 aiming to achieve the following outcomes:
- Practices gain an understanding their own data from the data packs focussing on practice, PCN and ICT level outcomes, and what that means for each area to improve patient outcomes – achieved by engaging practice staff and communicating the challenges and opportunities back into practice.
 - Practices establishing improved leadership and collaboration for clinical improvement, including referrals and pathways within each practice and ICT.
 - Individual practice improvement plans drawn up, implemented and monitored by the practices to ensure improvements are demonstrated and the baseline position improves.

- Practices promoting good practice and clinical governance within the practice, and across local PCN and ICT footprints.

8 *Improving Access through delivering Enhanced Access*

- 8.1 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”).
- 8.2 All Brighton and Hove PCNs continue to offer Enhanced Access Hours to registered patients of their PCN’s practices. PCNs are expected to provide appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.
- 8.3 The Enhanced Access delivers approximately an additional 330 hours of appointments per week across Brighton and Hove beyond core hours, which includes the following:
 - a mixture of face-to-face and remote (telephone, video or online) appointments.
 - appointments delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and other “additional roles” such as mental health practitioners, physician associates, physiotherapists, and Social Prescribers.
 - a blend of appointments offered on the same day or pre-booked for a future day.
- 8.4 These flexibilities enable patients to offer targeted interventions in addition to regular appointments, such as specific screening clinics, support for patients’ groups as well as support for the system in times of surge demand, for example over winter.

9 *Improving access by improving models of General Practice*

- 9.1 Across Brighton and Hove 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.
- 9.2 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.
- 9.3 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 they need.

- 9.4 Each patient is unique and, given the diversity of Practices and Communities in Brighton and Hove, how each model of access works needs to be tailored to the needs of that local population. 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, 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.
- 9.5 We have also worked with the Brighton and Hove 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. Below outlines examples of some of the improvements achieved in 23/24:
 - North & Central PCN – practice websites have been standardised and unified across the PCN to that data comparison can be undertaken and patients have the same access
 - Deans & Central PCN – increase recruitment into the ARRS roles to increase access to services and improved patient satisfaction
 - West Hove PCN – ran community blood pressure events 'Well in the West'
 - Preston Park Community PCN – PCN digital ambassador worked with housebound/frail patients to increase the use of the NHS App as well as provided a digital drop-in in one surgery.
 - Goldston PCN – introduced group consultations to support long term conditions, and increased capacity for HRT appointments following both patient and GP feedback
- 9.6 NHS Sussex have recruited three peer ambassadors who all draw on their own experiences of implementing change within primary care to share their learning and help other practices to move to a modern general practice access model. There are three roles with primary care representation from Brighton & Hove, East Sussex and West Sussex and support is available to all NHS practices within Sussex. The peer ambassadors are working with NHS Sussex to encourage and support practices to adopt this new approach to delivering care.

- 9.7 In Brighton and Hove the peer ambassador is currently working closely with practices and PCNs to develop a group application for Transition Fund monies to improve care navigation pathways and provide training for staff. There are a small number of practices in Brighton and Hove who have not yet submitted a bid to access this funding. In response the peer ambassador for Brighton and Hove, is currently supporting these practices to develop bids, working with them to take full advantage of the available national funding.
- 9.8 The following summarises the common themes and those programmes for improving access that were implemented in Brighton & Hove as a result:

	Common Themes for Improving Access
Patient Experience of Contact	<ul style="list-style-type: none"> • Promote the use of online consultations and NHS App • Updating and improving practice websites to improve functionality and help patients access information and online tools such as eConsult's • Development of Patient Participating Groups (PPGs) • Improve on Friends and Family Test usage • Care navigation training for reception staff to improve signposting and reduce inappropriate appointments. • Launch use of cloud-based telephony
Ease of access and demand management	<ul style="list-style-type: none"> • Setting up of 'Access hubs' for managing appointment requests. Multi-disciplinary team working models which are clinically led to triage patient contacts, directing patients to see the most appropriate healthcare professional first time. • Improve the practice call back offering. • Continues use of e-hub • Engage with Training Programmes
Promoting the use of digital tools	<ul style="list-style-type: none"> • Using digital tools to effectively manage patient requests treating all requests equitably regardless of how the request is generated i.e. on-line, by phone, in person. • Using digital tools to understand and map patient demand and capacity to better manage staff and resources. • Increase the use of automation with existing software and clinical systems to streamline processes i.e. repeat prescriptions. • Information and education sessions for patients to raise awareness & support greater use of tools such as the NHS App and online consultation products.
Staff training and skills development	<ul style="list-style-type: none"> • Training staff in the use of on-line consultations and the NHS App to enable them to promote these services to patients. • Upskilling additional healthcare professionals to free up GP and ANP time and enable more clinical appointments to be offered. • Training for practice staff on the Pharmacy First scheme, including criteria for referrals and using the referral software

Accuracy of recording in appointment books	<ul style="list-style-type: none"> • Utilise APEX data tool • Review APEX data tool • Provide training on more effective use of clinical systems and available data • New processes to support accurate recording of appointments. • General Practice Appointment Dashboard (GPAD) appointment data cleansing and accuracy exercise
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10 The General Practice Improvement Programme

10.1 Across Sussex, 16 Practices are participating in the National General Practice Improvement Programme (GPIP) Practice Level Support offer (PLS). The PLS focuses on helping practices move towards a modern general practice model by supporting change in three improvement areas:

- improving patient experience of access (online and via phone),
- supporting practices to improve care navigation and clinical triage workflow to safely and
- effectively assess patient needs (supported by online consultation tools)
- better aligning existing capacity with demand including optimising use of a multidisciplinary team across the practice and PCN

10.2 National statistics show that Practices moving to Modern General Practice have improved patient experience, staff satisfaction and continuity of care, and have tailored care according to need and put in place a more responsive service for patients. Practices participating in the GPIP Practice Level Support on average can achieve:

- Improvements in access*:
 - 15% to 61% increase in online consultation use (digital access)
 - 9% to 50% reduction in call wait times
 - 13% to 52% reduction in abandoned calls
- *Based on a sub-analysis from 332 sites receiving 6 months support
- Improvements in aligning existing capacity to demand:
 - Average 5.1% reduction in avoidable appointments
 - Average 9 hours 17m / week released in clinical time
 - Average 9 hours 19m / week released in admin time

10.3 Time released enables staff to use this time for more role appropriate work, spend more time with patients, provide more appointments, answer phones, supervise staff and support wellbeing.

10.4 In Brighton & Hove, 7 Practices are participating in the GPIP programme – these are Links Road Surgery, The Avenue Surgery, Wish Park Surgery, Carden

Surgery, Brighton Station Health Centre, Park Crescent Health Centre and Preston Park Surgery. All are progressing as expected, focussing on a variety of data driven areas to improve access. These include making processes more efficient in reception, reviewing online consultation usage, appointment schedules, capacity and demand data and staffing and recruitment, and ensuring that for each booked appointment, the most appropriate clinician is assigned to the patient's needs which results in an increase in pre-bookable appointments.

10.5 Successes to date include:

- New admin time created for reception staff, resulting in cleared backlogs.
- Greater control of online consultation processes resulting in appointments being allocated more appropriately.
- 100 minutes per week of clinical appointments were freed up in just one Practice.
- Reception can now book into appointments that remain unused by 3pm.
- Changed processes to allow all nurse and blood appointments to be cancelled via text, freeing them up for other patients to be booked into.
- Online systems for triage and new appointments are reported to be working really well.
- Greater sight of actual capacity and demand with measurements. Data gathering and analysis showed which access improvement areas would make the most difference.

11 ***Our forward plan for improving access in Brighton & Hove***

11.1 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. This includes a continued focus on reduce unwarranted variation across our PCNs and Practices, through the implementation of a quality improvement programme in 2025.

11.2 We recognise the need to go further and maintain improvements through a combination of the improvement measures and programmes outlined in the paper, as well as proactively engaging with our local practices, PCNs and neighbourhood teams to better understand the evidence base and opportunities to develop innovative and sustainable improvements to ensure that the model of general practice in Brighton and Hove reflects the needs of the local population.

12 ***Conclusion***

12.1 This report gives an overview of the latest position for the Brighton and Hove HOSC on improving access to General Practice services locally.

- 12.2 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 Brighton and Hove, particularly General Practice.
- 12.3 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 PCARP delivery actions for 2024/25

NHSE updated PCARP delivery actions for 2024/25	
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">• Increase NHS App record views from 9.9m to 15m per month by March 2025• Increase NHS App repeat prescription numbers from 2.7m to 3.5m per month by March 2025
2. Continue to expand self-referrals to appropriate services	National Targets: <ul style="list-style-type: none">• Increase number of self-referrals across appropriate pathways by a further 15,000 per month by March 2025
3. Expand uptake of pharmacy first services	National Targets: <ul style="list-style-type: none">• Increase Pharmacy First pathways consultations per month by at least 320,000 by March 2025• Increase oral contraception prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025• 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.
B) Implement Modern General Practice	
National transformation / improvement support for General Practice and systems	<ul style="list-style-type: none">• Programme milestones including sharing of evidence, standards, best practice, and support tools, which in turn enhance system-led support to practices and PCNs• >90% of PCN practices meeting CAIP payment criteria• Ongoing promotion to encourage take part in appropriate GPIP training
4. Complete implementation of: <ul style="list-style-type: none">• better digital telephony• highly usable and accessible online journeys for patients• faster care navigation, assessment, and response	
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">• As per NHS Long Term Workforce Plan• Promote more practices to become GP training practices to achieve 10% increase and expand numbers of placements offered. Support increased numbers of educators and supervisors
8. Expand GP speciality training	<ul style="list-style-type: none">• Increase uptake of apprenticeships by 3-5%• Delivery of New to Primary Care Programmes and wider support and development offers
9. Change local authority planning guidance this year	<ul style="list-style-type: none">• 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
D) Cut bureaucracy	
10. Make further progress on implementation of four primary care-secondary care interface recommendations. Make online registration available in all practices	<ul style="list-style-type: none"> • Baseline in April 2024 using assessment tool and monitor the progress of ICBs in implementing recommendations in the Academy of Medical Royal Colleges report • More than 90% of practices using on-line registration system by 31 December 2024
11. Streamlining Investment and Impact Fund (IIF)	<ul style="list-style-type: none"> • 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

Annex B PCN level appointment data

PCN Name

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	2024 Average
DEAN'S & CENTRAL BRIGHTON	447.1	450.5	429.7	444.0	427.4	430.9	568.6	456.9
EAST & CENTRAL BRIGHTON	414.5	417.8	400.1	464.3	445.1	467.3	602.6	458.8
GOLDSTONE	443.6	448.8	423.2	474.2	434.7	439.8	563.8	461.1
NORTH & CENTRAL BRIGHTON	301.7	319.3	269.3	269.5	245.9	286.0	376.8	295.5
PRESTON PARK COMMUNITY	355.5	361.5	348.8	366.7	314.2	351.6	464.5	366.1
WEST HOVE	520.0	507.0	485.2	511.6	451.4	484.6	654.7	516.4
SUSSEX AVERAGE	508.7	517.9	481.4	522.8	470.5	509.5	671.6	526.1

DEAN'S & CENTRAL BRIGHTON	40.0%	40.2%	39.4%	33.7%	38.6%	38.2%	31.7%	37.4%
EAST & CENTRAL BRIGHTON	40.5%	39.6%	39.6%	41.5%	47.3%	45.4%	38.1%	41.7%
GOLDSTONE	34.7%	34.3%	35.8%	34.4%	35.1%	34.6%	29.3%	34.0%
NORTH & CENTRAL BRIGHTON	44.6%	44.4%	44.1%	42.6%	45.2%	43.7%	39.6%	43.5%
PRESTON PARK COMMUNITY	36.1%	36.5%	34.3%	33.5%	36.8%	34.1%	28.2%	34.2%
WEST HOVE	37.1%	37.7%	37.8%	38.5%	38.5%	37.0%	31.9%	36.9%
SUSSEX AVERAGE	43.1%	42.8%	42.4%	42.3%	43.7%	42.8%	36.0%	41.9%

DEAN'S & CENTRAL BRIGHTON	78.2%	76.1%	78.9%	76.3%	77.4%	75.8%	70.4%	76.1%
EAST & CENTRAL BRIGHTON	77.2%	78.6%	77.9%	79.8%	81.7%	80.0%	71.5%	78.1%
GOLDSTONE	71.2%	73.4%	77.7%	79.0%	79.0%	79.5%	73.3%	76.2%
NORTH & CENTRAL BRIGHTON	90.7%	87.6%	87.7%	85.1%	85.0%	85.2%	79.9%	85.9%
PRESTON PARK COMMUNITY	79.0%	78.1%	79.5%	80.6%	81.2%	79.4%	68.2%	78.0%
WEST HOVE	79.6%	82.4%	81.9%	80.1%	79.9%	77.4%	69.9%	78.7%
SUSSEX AVERAGE	78.8%	79.2%	79.1%	78.8%	79.5%	78.8%	69.9%	77.7%

DEAN'S & CENTRAL BRIGHTON	5.8%	5.5%	5.9%	6.5%	5.9%	5.8%	6.1%	5.9%
EAST & CENTRAL BRIGHTON	4.9%	4.8%	4.8%	5.5%	4.5%	4.4%	4.9%	4.8%
GOLDSTONE PCN	4.3%	4.1%	3.7%	3.5%	3.5%	3.9%	7.1%	4.3%
NORTH & CENTRAL BRIGHTON	4.5%	4.4%	4.7%	5.1%	4.0%	4.8%	4.7%	4.6%
PRESTON PARK COMMUNITY	3.2%	3.3%	3.4%	3.6%	3.2%	3.1%	3.7%	3.3%
WEST HOVE	3.6%	3.9%	3.7%	4.8%	3.9%	3.6%	5.1%	4.1%
SUSSEX AVERAGE	3.5%	3.5%	3.5%	4.0%	3.4%	3.6%	4.3%	3.7%

Annex C – Practice level appointment data

GP Name	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	24/25
SUSSEX AVERAGE	498.9	507.0	471.5	512.3	461.2	497.3	661.2	515.6
ARCH HEALTHCARE	879.7	865.8	849.5	969.0	871.0	921.4	934.8	898.7
WELLBN HEALTHCARE	644.8	662.6	641.4	751.9	656.2	637.6	812.6	686.8
MILE OAK MEDICAL CENTRE	593.5	581.2	560.6	590.9	511.7	467.6	730.7	576.6
HOVE MEDICAL CENTRE	567.6	543.9	494.8	542.5	489.9	559.8	753.4	564.6
PARK CRESCENT HEALTH CENTRE	528.5	520.0	502.2	571.9	510.1	518.2	639.1	541.4
BRIGHTON STATION HEALTH CENTRE	555.5	532.9	528.0	474.8	540.7	497.6	623.4	536.1
WELLSBOURNE HEALTHCARE CIC	504.0	514.4	503.6	580.8	438.8	458.3	629.5	518.5
PORTSLADE HEALTH CENTRE	467.4	494.7	495.3	530.5	449.9	502.8	645.6	512.3
LINKS ROAD SURGERY	593.9	531.1	460.3	441.5	450.6	445.7	647.6	510.1
ST. PETER'S MEDICAL CENTRE	369.7	374.7	337.9	464.7	568.0	609.1	711.5	490.8
BROADWAY SURGERY	477.1	433.5	467.4	475.9	430.7	443.6	673.1	485.9
SALTDEAN AND ROTTINGDEAN MED PRACTICE	464.3	470.3	452.7	476.4	420.6	455.5	621.9	480.3
WOODINGDEAN MEDICAL CENTRE	395.3	434.8	433.5	451.0	409.8	410.3	628.8	451.9
SCHOOL HOUSE SURGERY	381.0	427.3	372.8	457.1	417.1	404.1	510.5	424.3
BEACONSFIELD MEDICAL PRACTICE	409.3	426.7	411.0	443.2	378.8	421.0	458.5	421.2
MONTPELIER SURGERY	388.6	396.5	353.0	440.6	383.5	379.1	523.2	409.2
WARMDENE SURGERY	396.4	399.0	367.5	369.4	344.2	365.5	579.0	403.0
WISH PARK SURGERY	409.7	380.3	388.6	401.5	339.1	410.8	467.1	399.6
PRESTON PARK SURGERY	379.1	372.3	377.8	407.2	326.6	384.0	534.0	397.3
THE AVENUE SURGERY	389.1	388.6	350.6	394.3	343.5	371.3	506.2	391.9
CHARTER MEDICAL CENTRE	359.3	374.8	335.5	371.9	354.8	366.0	461.1	374.8
ARDINGLY COURT SURGERY	354.0	341.4	332.4	360.2	319.3	357.4	500.5	366.5
CARDEN SURGERY	362.4	373.6	348.1	374.8	308.0	350.1	387.9	357.8
PAVILION SURGERY	352.3	335.0	325.8	343.3	292.4	321.4	470.2	348.6
TRINITY MEDICAL CENTRE	335.8	314.7	304.2	313.3	306.2	329.9	440.6	334.9
SEVEN DIALS MEDICAL CENTRE	303.8	321.4	305.9	294.0	262.4	320.9	449.4	322.6
STANFORD MEDICAL CENTRE	291.5	301.7	286.0	289.9	253.7	282.3	380.6	297.9
SHIP STREET SURGERY	248.5	258.8	262.4	280.5	272.2	272.9	387.5	283.3
THE HAVEN PRACTICE	268.0	254.3	259.1	298.1	229.1	262.4	342.9	273.4
REGENCY SURGERY	218.5	252.6	221.0	246.9	253.6	252.6	312.7	251.1
UNIVERSITY OF SUSSEX HEALTH CENTRE	248.5	270.9	195.1	157.1	164.3	210.1	294.9	220.1

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	24/25
SUSSEX AVERAGE	42.2%	41.8%	41.6%	41.3%	42.6%	41.7%	35.3%	40.9%
BRIGHTON STATION HEALTH CENTRE	59.4%	61.7%	57.9%	46.6%	58.8%	60.1%	55.0%	57.1%
ARDINGLY COURT SURGERY	57.2%	56.6%	56.3%	51.8%	54.7%	50.3%	39.7%	52.4%
SEVEN DIALS MEDICAL CENTRE	55.4%	53.3%	51.5%	51.4%	47.1%	43.8%	37.7%	48.6%
WOODINGDEAN MEDICAL CENTRE	52.5%	46.0%	50.7%	51.0%	51.1%	48.7%	38.8%	48.4%
ST. PETER'S MEDICAL CENTRE	38.9%	38.3%	38.1%	49.6%	61.6%	59.6%	51.2%	48.2%
MONTPELIER SURGERY	48.0%	49.9%	47.6%	47.9%	46.9%	49.5%	38.3%	46.9%
UNIVERSITY OF SUSSEX HEALTH CENTRE	45.5%	44.6%	43.8%	41.2%	48.6%	47.8%	44.7%	45.2%
HOVE MEDICAL CENTRE	38.8%	42.4%	44.4%	44.2%	45.0%	41.3%	34.9%	41.6%
PRESTON PARK SURGERY	45.6%	46.8%	39.6%	41.7%	45.8%	39.1%	32.0%	41.5%
SHIP STREET SURGERY	46.2%	42.2%	44.9%	41.1%	40.8%	40.9%	31.0%	41.0%
WISH PARK SURGERY	38.3%	40.6%	38.4%	42.4%	44.9%	38.1%	40.6%	40.5%
ARCH HEALTHCARE	39.0%	38.5%	39.5%	38.9%	40.6%	37.1%	40.0%	39.1%
PARK CRESCENT HEALTH CENTRE	40.9%	40.9%	40.6%	38.7%	39.3%	38.8%	33.6%	39.0%
WELLSBOURNE HEALTHCARE CIC	38.1%	39.4%	36.8%	36.8%	42.4%	37.1%	33.3%	37.7%
SCHOOL HOUSE SURGERY	42.8%	42.1%	40.6%	36.6%	32.6%	35.4%	29.7%	37.1%
STANFORD MEDICAL CENTRE	37.9%	39.3%	38.3%	37.9%	38.1%	36.4%	28.3%	36.6%
TRINITY MEDICAL CENTRE	36.3%	37.6%	36.5%	38.6%	37.7%	36.1%	28.7%	35.9%
MILE OAK MEDICAL CENTRE	37.0%	35.7%	34.6%	36.0%	34.8%	36.2%	29.3%	34.8%
CARDEN SURGERY	32.9%	33.5%	36.4%	33.4%	38.1%	33.4%	33.9%	34.5%
PORTSLADE HEALTH CENTRE	38.3%	35.8%	34.1%	34.4%	35.8%	34.9%	28.3%	34.5%
CHARTER MEDICAL CENTRE	31.5%	29.9%	35.4%	34.5%	38.9%	36.6%	31.5%	34.0%
LINKS ROAD SURGERY	31.1%	33.9%	40.3%	37.1%	31.9%	32.9%	29.5%	33.8%
WELLBN HEALTHCARE	35.9%	35.8%	35.8%	32.7%	31.5%	32.5%	28.0%	33.2%
WARMDENE SURGERY	33.9%	32.9%	30.1%	26.7%	33.3%	33.1%	23.0%	30.4%
BROADWAY SURGERY	33.6%	36.1%	27.7%	30.5%	29.5%	31.9%	23.4%	30.4%
THE AVENUE SURGERY	30.4%	31.0%	29.9%	26.9%	30.5%	30.6%	25.8%	29.3%
BEACONSFIELD MEDICAL PRACTICE	29.2%	29.1%	29.5%	27.9%	31.8%	28.8%	28.7%	29.3%
THE HAVEN PRACTICE	28.0%	28.4%	30.4%	25.3%	29.3%	33.0%	25.4%	28.5%
PAVILION SURGERY	28.5%	27.6%	27.8%	26.9%	29.8%	29.9%	22.9%	27.6%
REGENCY SURGERY	32.7%	28.5%	30.6%	26.4%	23.2%	22.5%	21.5%	26.5%
SALTDEAN AND ROTTINGDEAN MED PRACTICE	24.3%	24.0%	25.1%	24.4%	24.0%	23.8%	17.3%	23.3%

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	24/25
SUSSEX AVERAGE	78.9%	79.5%	79.6%	79.3%	79.8%	79.0%	70.3%	78.1%
UNIVERSITY OF SUSSEX HEALTH CENTRE	95.3%	94.9%	94.9%	93.9%	95.8%	96.8%	94.8%	95.2%
BRIGHTON STATION HEALTH CENTRE	92.7%	91.8%	93.2%	89.2%	95.2%	93.0%	93.2%	92.6%
SHIP STREET SURGERY	88.7%	87.7%	97.0%	95.4%	91.8%	93.6%	84.3%	91.2%
REGENCY SURGERY	86.4%	87.4%	89.5%	87.3%	84.8%	87.8%	87.0%	87.1%
THE HAVEN PRACTICE	87.6%	88.8%	89.7%	90.4%	90.3%	88.6%	71.6%	86.7%
LINKS ROAD SURGERY	86.5%	88.3%	90.9%	89.7%	89.1%	84.0%	78.0%	86.6%
BROADWAY SURGERY	89.6%	87.7%	87.8%	89.7%	89.0%	84.7%	73.3%	86.0%
MONTPELIER SURGERY	88.8%	85.5%	85.9%	86.3%	85.5%	85.4%	75.1%	84.7%
ARDINGLY COURT SURGERY	85.6%	86.6%	88.3%	87.3%	85.3%	87.6%	69.4%	84.3%
WARMDENE SURGERY	85.0%	86.7%	87.3%	84.0%	89.4%	87.1%	67.0%	83.8%
SEVEN DIALS MEDICAL CENTRE	85.9%	87.3%	91.0%	83.4%	81.9%	81.8%	69.8%	83.0%
WOODINGDEAN MEDICAL CENTRE	83.1%	80.3%	82.3%	82.4%	91.3%	90.9%	70.2%	82.9%
WISH PARK SURGERY	77.4%	84.1%	84.5%	86.0%	82.8%	83.7%	80.8%	82.8%
ST. PETER'S MEDICAL CENTRE	76.7%	78.1%	79.3%	85.0%	86.4%	84.1%	76.5%	80.9%
MILE OAK MEDICAL CENTRE	81.3%	86.3%	88.3%	85.2%	83.3%	75.3%	66.1%	80.8%
SCHOOL HOUSE SURGERY	76.3%	78.6%	84.6%	78.1%	75.8%	82.3%	84.4%	80.0%
STANFORD MEDICAL CENTRE	85.1%	78.3%	80.0%	81.6%	83.1%	81.8%	63.1%	79.0%
WELLBN HEALTHCARE	77.4%	77.8%	79.4%	80.1%	80.4%	81.6%	73.3%	78.6%
PARK CRESCENT HEALTH CENTRE	81.2%	82.6%	77.2%	77.6%	80.3%	75.4%	69.7%	77.7%
BEACONSFIELD MEDICAL PRACTICE	76.1%	77.1%	79.2%	81.0%	76.9%	75.4%	75.1%	77.3%
CARDEN SURGERY	88.1%	77.1%	77.5%	76.6%	73.7%	72.5%	68.8%	76.3%
ARCH HEALTHCARE	67.1%	73.8%	75.2%	78.2%	79.1%	79.6%	75.9%	75.6%
HOVE MEDICAL CENTRE	76.8%	78.5%	76.9%	75.6%	78.3%	76.2%	65.6%	75.4%
CHARTER MEDICAL CENTRE	59.9%	67.8%	78.0%	79.7%	80.1%	79.1%	80.5%	75.0%
PORTSLADE HEALTH CENTRE	78.0%	79.0%	75.7%	73.2%	73.1%	73.9%	68.2%	74.5%
WELLSBOURNE HEALTHCARE CIC	72.4%	73.6%	73.3%	75.4%	74.4%	71.4%	68.9%	72.8%
TRINITY MEDICAL CENTRE	74.0%	72.2%	73.4%	74.9%	74.5%	76.0%	63.7%	72.7%
PRESTON PARK SURGERY	69.2%	70.3%	72.2%	75.4%	76.8%	74.6%	67.5%	72.3%
THE AVENUE SURGERY	77.9%	76.2%	72.5%	62.3%	65.2%	56.3%	66.4%	68.1%
PAVILION SURGERY	62.2%	67.1%	64.9%	64.6%	59.6%	63.8%	59.0%	63.0%
SALTDEAN AND ROTTINGDEAN MED PRACTICE	64.3%	59.8%	64.1%	68.4%	63.1%	64.2%	48.7%	61.8%

	78.9%	79.5%	79.6%	79.3%	79.8%	79.0%	70.3%	78.1%
SUSSEX AVERAGE	3.7%	3.6%	3.6%	4.3%	3.6%	3.7%	4.6%	3.9%
WISH PARK SURGERY	2.5%	2.5%	2.7%	3.1%	2.3%	2.8%	2.9%	2.7%
SALTDEAN AND ROTTINGDEAN MED PRACTICE	3.2%	2.9%	3.0%	3.2%	2.5%	2.0%	2.4%	2.8%
PARK CRESCENT HEALTH CENTRE	2.7%	2.6%	2.4%	3.0%	3.1%	2.9%	2.9%	2.8%
BEACONSFIELD MEDICAL PRACTICE	3.0%	2.9%	3.0%	3.1%	2.5%	2.8%	2.5%	2.8%
LINKS ROAD SURGERY	4.3%	2.7%	1.9%	3.1%	2.4%	2.5%	3.3%	2.9%
WARMDENE SURGERY	2.7%	2.8%	3.2%	2.9%	3.0%	2.6%	3.2%	2.9%
PRESTON PARK SURGERY	2.5%	3.3%	2.6%	2.8%	2.6%	2.6%	4.2%	2.9%
MILE OAK MEDICAL CENTRE	2.9%	2.6%	2.7%	3.1%	3.4%	2.5%	3.7%	3.0%
WELLBN HEALTHCARE	3.1%	3.5%	2.9%	2.5%	3.0%	3.2%	3.4%	3.1%
WOODINGDEAN MEDICAL CENTRE	2.7%	2.7%	3.1%	3.3%	3.0%	3.3%	4.1%	3.2%
HOVE MEDICAL CENTRE	3.0%	3.4%	3.1%	3.3%	3.4%	3.4%	4.4%	3.4%
MONTPELIER SURGERY	3.9%	2.8%	3.1%	3.1%	3.0%	3.5%	4.8%	3.4%
SEVEN DIALS MEDICAL CENTRE	3.3%	3.0%	3.0%	2.9%	4.8%	5.2%	4.0%	3.7%
ST. PETER'S MEDICAL CENTRE	4.7%	4.8%	4.5%	4.0%	3.1%	3.2%	3.3%	3.9%
THE HAVEN PRACTICE	5.2%	3.9%	4.2%	3.4%	2.6%	3.3%	5.8%	4.1%
UNIVERSITY OF SUSSEX HEALTH CENTRE	4.5%	4.5%	5.3%	5.3%	2.9%	3.2%	3.8%	4.2%
STANFORD MEDICAL CENTRE	4.1%	4.1%	4.4%	5.4%	4.5%	4.0%	4.6%	4.4%
WELLSBOURNE HEALTHCARE CIC	5.0%	4.4%	3.9%	4.6%	4.4%	4.0%	5.4%	4.5%
CHARTER MEDICAL CENTRE	5.4%	4.2%	3.6%	3.1%	3.0%	4.0%	12.2%	5.1%
TRINITY MEDICAL CENTRE	4.8%	5.2%	5.3%	6.6%	5.3%	5.4%	6.9%	5.6%
BROADWAY SURGERY	4.2%	4.7%	6.0%	5.3%	5.9%	6.0%	7.5%	5.7%
THE AVENUE SURGERY	4.9%	5.4%	5.6%	6.1%	5.8%	6.2%	7.6%	5.9%
ARDINGLY COURT SURGERY	4.9%	5.6%	5.1%	7.6%	6.4%	6.0%	6.1%	6.0%
REGENCY SURGERY	5.5%	5.0%	5.8%	9.9%	5.5%	4.4%	6.4%	6.1%
SHIP STREET SURGERY	5.2%	2.8%	3.7%	7.2%	6.8%	9.2%	10.4%	6.5%
PORTSLADE HEALTH CENTRE	5.1%	6.6%	6.1%	8.6%	6.0%	5.4%	9.2%	6.7%
CARDEN SURGERY	5.8%	6.7%	6.5%	8.1%	5.8%	7.6%	7.0%	6.8%
PAVILION SURGERY	6.7%	6.8%	7.2%	9.6%	6.2%	6.0%	7.1%	7.1%
SCHOOL HOUSE SURGERY	5.1%	7.8%	7.9%	8.3%	8.2%	6.0%	7.9%	7.3%
BRIGHTON STATION HEALTH CENTRE	9.0%	7.6%	8.8%	10.0%	8.2%	9.1%	8.5%	8.8%
ARCH HEALTHCARE	18.1%	17.2%	16.8%	17.3%	17.0%	18.3%	18.2%	17.6%

