

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 29 JANUARY 2025**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Fowler (Chair)

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

**Other Members present:** Mo Marsh (OPC), Geoffrey Bowden (Healthwatch), Nora Mzaoui (CVS)

**PART ONE**

**25 PROCEDURAL BUSINESS**

25(a) substitutes

25.1 Cllr Grimshaw attended as substitute for Cllr Cattell.

25(b) Declarations of Interest

25.2 There were no declarations of interest.

25(c) Exclusion of Press & Public

25.3 The press & public were not excluded from the meeting.

**26 MINUTES**

26.1 The minutes of the 20 November 2024 committee meeting were agreed.

**27 CHAIR'S COMMUNICATIONS**

27.1 The Chair gave the following communications:

We have 2 items on the agenda today. The first item is an update report on trans healthcare, focusing on the Sussex Gender service. This is a pilot scheme that provides specialist gender services for Sussex residents who would previously have had to travel to London or another location outside of Sussex, often facing multi-year waits for access. When HOSC last looked at

trans health, this service was in the process of being launched. It has now been in operation for a little over a year, so we should be in a good place to assess how well it is working.

The report will be presented by Sussex Partnership NHS Foundation Trust who are the service providers. There is no presentation on other aspects of trans health services today, but if members have questions on other services, NHS colleagues will try to answer them at the meeting, or in writing.

The second item for consideration is a report on access to GP services in the city. I asked specifically for this report as I know that getting a GP appointment is a major issue for people living in Brighton & Hove.

On Monday, I visited the Royal Sussex County Hospital where I was shown around the Emergency Department by the lead nurse and doctor. They talked about the daily challenges they face and were proud of local innovations and improvements that have reduced corridor care this winter. But they were clear the main cause of corridor care is delayed discharges due to availability of other health and social care services they do not provide.

As our committee has heard before, every day the hospital has dozens of patients in ward beds who no longer need hospital treatment - if just a proportion of these people could leave hospital on their discharge date, the ED staff said the problem of corridor care would no longer exist. I also visited the new Surgical Assessment Unit, which is the first area to be completed in the £50m redevelopment of the Emergency Department. Colleagues talked me through the plans which will see the whole department modernise and expand over the next three years.

While at the hospital, I wanted to speak with chief executive Dr George Findlay about ongoing negative media coverage related to Operation Bramber. Obviously, we know George cannot comment on the inquiry itself, but he fully recognises, and shares our concerns about the impact this has on patients. George provided assurance about the quality and safety of care patients receive, as well as progress being made on the Improvement Plan they brought to HOSC last summer.

I am asking the Trust to return to committee soon to provide us with an update, and to answer any questions you may have.

- 26.2 Cllr Hill noted that Sussex Partnership NHS Foundation Trust had previously agreed to share with the committee an equality impact assessment on its plans to shut city acute dementia beds, but this had still not been circulated. The Chair agreed to contact the Trust to request this be shared.

## **28 PUBLIC INVOLVEMENT**

- 28.1 There were no public involvement items.

## **29 MEMBER INVOLVEMENT**

- 29.1 There were no member involvement items.

## **30 TRANS HEALTHCARE: SUSSEX GENDER SERVICE**

30.1 This item was presented by Dr Kat Allen, Consultant Clinical Psychologist and Clinical Lead, Sussex Gender Service (SGS) Pilot, Sussex Partnership NHS Foundation Trust (SPFT); Dr Julia Rutherford, SPFT; and by Dr Andy Hodson, Deputy Chief Medical Officer, NHS Sussex.

30.2 Dr Allen outlined key aspects of the SGS to the committee:

- The pilot period is for 2 years with the potential to extend for an additional year
- The SGS was mobilised between March and August 2023
- The SGS went live in September 2023, with services operating at full capacity by July 2024
- SGS receives support from an existing gender service, the Nottingham Centre for Transgender Health
- The SGS partners with The Clare Project to deliver extensive and ongoing community engagement
- The SGS will see around 1300 service users across the life of the pilot
- The SGS operates a 2-stage assessment process, with an initial appointment with a nurse, and a follow-up appointment with either a GP or a clinical psychologist as appropriate
- 259 stage 1 appointments and 220 stage 2 appointments were delivered in the first year of operation
- The SGS was intended, in part, to help tackle the very long waiting lists for gender services. This has been successful, with average waits now down to around 3.5 years from 5 years plus when the SGS began.

30.3 Members asked a number of questions on issues including:

- How people waiting for assessment could access hormone therapy
- What will happen to the SGS when the lengthy waiting list has been successfully reduced
- Where patients can access gender surgery
- How the impacts of waiting a long time for assessment are supported and how the mental health of people waiting for assessment is monitored
- Co-working with existing gender services to which people on the Sussex waiting list were originally assigned
- Local GP support for trans people, including people on the waiting list
- How the Nottingham gender service supports the SGS
- How people on the SGS waiting list can access fertility preservation services
- The process by which the pilot can be made permanent
- The details of the SGS assessment process
- The percentage of people on the waiting list who choose not to progress with gender reassignment
- The number of people using the service and whether people move to Sussex in order to access services
- The age at which hormones may be prescribed
- The gender split in the younger cohort using the SGS
- Prescription practices
- The minimum age of referral to the SGS
- Links between the SGS and children and young people services

- What happens to people on the SGS waiting list who move out of Sussex
- How GPs who take on a large number of trans patients are reimbursed

30.4 Dr Allen agreed to provide additional information on the gender split of SGS patients; the percentage of patients who choose not to progress; the details of the holistic assessment process; and demographic information on SGS patients.

30.5 Cllr Hill had a number of questions but was unable to ask them all as the presenters had to leave. She expressed disappointment at this but agreed that she would submit some questions in writing. Cllr Hill made some comments from a personal perspective as a trans person who uses local GP services, but who is not on the SGA waiting list. Cllr Hill noted:

- That using fertility preservation services may require delaying hormone treatment. It is important that the SGS supports local GPs to understand this issue.
- Some trans people manufacture their own hormones – it is important that services are alert to this and have a process for moving people to proper prescriptions
- waiting lists remain a major concern – long waits can have major negative impacts on service users, including suicide
- There is concern in the local trans community about unsupportive GPs and about the Integrated Care Board's (ICB) decision to cease running the Trans Community Board, and it would be helpful to have information in public about this decision.

Dr Hodson replied that the ICB had suspended the Trans Community Board as it is currently reviewing how best to embed people with protected characteristics into governance processes. A report back is due at the end of February; Dr Hodson will check whether this can be made public.

**30.6 RESOLVED** – that the report be noted.

## **31 ACCESS TO GP SERVICES IN BRIGHTON & HOVE**

31.1 This item was presented by Garry Money, Director of Primary Care Commissioning & Transformation at NHS Sussex; Kate Symons, Deputy Director of Primary Care; and by Dr Andy Hodson, a local GP and NHS Sussex Deputy Chief Medical Officer.

31.2 Mr Money told the committee that:

- There are 31 GP practices in Brighton & Hove, sharing 333,619 registered patients
- The patient list has an annual growth rate of around 0.7%
- There is a large variation across the city in terms of GP practice size
- GP appointments dipped during the pandemic but have subsequently recovered and are now well above pre-pandemic levels, with a 5% year on year increase

- The number of GP appointments per resident in Brighton & Hove is slightly lower than both the England and the SE average
- There are significant variations in the performance of practices across the city, and while some of this may be explained by demographics or the specialist nature of some practices, reducing unwarranted variation is a priority
- Other priorities include reducing health inequalities and finding a solution to the 8am rush for appointments
- There is positive news in terms of workforce, which is up 8.3% in the past year
- There is a national push for enhanced access to GP services (outside of core hours), and Brighton & Hove is performing well in this respect
- There is a national move to a 'modern general practice' model where GPs are supported by a wide workforce mix. This is supported locally but is not a universally popular model with patients.

31.3 Members asked questions on issues including:

- The benefits of digital services
- Digital exclusion
- Whether being a city with a high cost of living impacts the recruitment of GPs and GP practice roles
- Continuity of care
- GP recruitment and retention
- The increasing use of pharmacists and GP associates and whether these roles are always used appropriately
- How information on the breadth of services available at GP practices is communicated to the public
- The role of GPs and pharmacists in supporting timely and effective hospital discharge
- The impact on GP practices of recent changes to employer National Insurance contributions
- The availability across city GP practices of enhanced telephony, including the facility for call-back
- Remote appointments
- The role of GPs in supporting timely hospital discharge
- The use of physician associate roles.

31.4 **RESOLVED** – that the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of