Ms Diana Middleditch  
Chief Executive  
Kensington and Chelsea PCT  
Courtfield House  
St Charles Hospital  
Exmoor Street  
London W10 6DZ  
23 April 2008

Dear Ms Middleditch  

We welcome the opportunity given to comment on Kensington and Chelsea Primary Care Trust’s draft declarations. Overview and Scrutiny Committees (OSCs) are the only democratically elected bodies to comment on the Trust’s developments.  

Our comments are based on the evidence we have collected over the previous year based on:-  

1. A survey of Kensington and Chelsea Residents’ Panel on local health services. The panel comprises of 1063 residents and the there were 511 completed returns to this survey;  
2. A review of Health Inequalities in the borough carried out by the Health OSC between November 2006 and December 2007  
3. A review of the PCT’s Commissioning Priorities (to be published).

* [http://www.rbkc.gov.uk/Content/HTTPSQLA_HNHDS/d7efb128/f25d7476f0d14b81002573df004b78d8/822a31f40c074402002573df004b78e1/23654.pdf](http://www.rbkc.gov.uk/Content/HTTPSQLA_HNHDS/d7efb128/f25d7476f0d14b81002573df004b78d8/822a31f40c074402002573df004b78e1/23654.pdf)

We have received the Trust's draft declarations, but we are not in a position to verify all the responses; however, where we have evidence to verify comments, we do so.

**Core Standard C4: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that (a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA (c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed**
The OSC has pressed the PCT for earlier compliance of this core standard. We note the NWL decontamination group and centralised sterile services units are due to provide compliant services from late 2008/early 2009.

Core Standard C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work

The OSC’s Health Inequalities Review found that awareness of learning disability issues and take-up of appropriate training by primary care providers is low. Although the total number of people with learning disabilities in the borough is small (198) more space needs to be created in the training programmes of health professionals and carers for disability issues as part of addressing the wider Disability Equality duty.

Core Standard C6: Healthcare organisations cooperate with each other and social care organizations to ensure that patients’ individual needs are properly managed and met

The Council has a good working relationship with the PCT. The PCT has been fully involved in joint working mechanisms such as the Local Strategic Partnership (informing the Community Strategy), Joint Public Health Strategy, and the Health and Well-being Partnership Board. The Executive Director of Housing and Social Services sits on the Trust’s Board and the Head of Adult Social Care goes to the Clinical Executive Committee. There should be regular dialogue between the PCT and Planning to ensure opportunities are not missed.

We are pleased that work is underway by the PCT with the Council’s Adult Social Care and Children’s Social Services to develop a joint strategic needs assessment. This should be an integral part of a local joint commissioning framework. We expect the JSNA will become an invaluable tool in identifying short, medium and long-term health and social care needs and the types of services that are required to meet these needs. Its existence will also underpin local accountability and essential local discussions of priorities in resource allocation.

Having two main acute providers (Imperial College NHS Trust and Chelsea and Westminster Foundation Trust) will impact on the PCT’s ability to commission services. We are concerned that Kensington and Chelsea PCT will need to ensure they do not become trapped by “provider capture”.

The OSC’s Health Inequalities Review found that hospital protocols sometimes got in the way of staff understanding of
the needs of people with learning disabilities – for instance information from support workers on the particular needs of individuals (such as support mechanisms for helping them eat) did not always get through to clinicians and nurses. The Review found that when patients with learning disabilities were referred to hospital for treatment by GPs there is no system for flagging up their learning disabilities and associated needs. This means that the hospital is not always adequately prepared to deliver the service in an appropriate way. Given the effort that many carers say that they have to put into preparing people for the hospital visit, a bad experience at a hospital can set things back.

The Review found that from a parent’s or carer’s perspective, there was too much reliance on the parent or carer to organise or contact all the different people that can be involved in providing care or treatment, particularly around general anaesthetics and dental surgery. As one carer commented “I want people to know their job and do it”. The Review found that there was a need for a strategic approach that took a holistic view of service users. This would address the whole spectrum of needs, from medical support to housing, training, employment and leisure opportunities. Social isolation was identified as an important problem for users of mental health services.

Making service users aware of services and offering them a broader range of opportunities to participate in normal activities was found to be important. There is a need to build people’s confidence to enable them to take advantage of the opportunities that are available and give them more control over services provided for them.

The Review found that there was need for all agencies involved in children’s health to work together on a consistent set of messages about achieving and maintaining good dental health (for example, not keeping sweet things in the mouth too long). Such an approach would maximise the impact of existing resources on health promotion.

The OSC’s Survey of the Borough’s Residents Panel on local health services found that 65 per cent of those who had visited a hospital in the past year agreed that the person they were referred to had all the information about their condition with 12 per cent that neither agree nor disagree and 15 per cent that disagree. This suggests that the transfer of information between primary and secondary sector organizations is reasonably good but could be improved.
Core Standard C7e:  Healthcare organisations challenge discrimination, promote equality and respect for human rights

**GP Services:**  The OSC’s Survey of the Borough’s Residents Panel found the following differences among demographic groups in their experience of GP services:

**By Ethnicity:**  White respondents were more likely to agree that they had a say in the planning of their care (68 per cent compared with 62 per cent of BME respondents), that it was easy to register (82 per cent compared to 76 per cent of BME respondents) and that it was easy to arrange appointments (77 per cent compared with 73 per cent of BME respondents).

**By Geographical area:**  90 per cent of respondents from the Central area agreed that they were treated with dignity and respect by practice staff compared with 86 per cent in the North and South.  84 per cent of respondents from the South agreed that it was easy to register compared with 83 per cent in the North and 78 per cent in the Central area.  80 per cent of respondents thought it was easy to arrange appointments compared with 75 per cent in the Central area and 73 per cent in the South.

**By Disability:**  Non disabled respondents were more likely to agree that it was easy to register with the practice (83 per cent compared to 76 per cent of disabled respondents) and that it was easy to get physically onto the premises (94 per cent compared with 91 per cent of disabled respondents).  79 per cent of disabled respondents agreed that they had a say in the planning of their care in comparison with 65 per cent of non disabled responses.

**By Age:**  Respondents aged over 50 were significantly more likely to agree that they were treated with dignity and respect by staff (91 per cent compared with 82 per cent of respondents aged under 50) and that it was easy to arrange appointments (82 per cent compared with 69 per cent of respondents aged under 50).

**Dental Services:**  The OSC’s Survey of the Borough’s Residents Panel found the following differences among different demographic groups in their experience of local dental services:
By Disability: Non disabled respondents were more likely to agree that it was easy to register with the practice (80 per cent compared to 76 per cent of disabled respondents), it was easy to arrange appointments (82 per cent compared to 73 per cent of disabled respondents), it was easy to get onto the premises (84 per cent compared to 70 per cent on disabled respondents) and that the information given was easy to understand (86 per cent of respondents compared to 81 per cent of respondents). However disabled respondents were more likely to feel that they have a say in the planning of their care (75 per cent compared with 71 per cent of non disabled respondents).

By Age: Respondents aged over 50 were more likely to agree that it was easy to register with the practice (85 per cent compared with 74 per cent of those aged under 50), it was easy to arrange appointments (83 per cent compared to 74 per cent), they were treated with dignity and respect (90 per cent compared to 81 per cent) the information was easy to understand (88 per cent compared with 79 per cent) and finally that they had a say in the planning of their care (75 per cent compared to 67 per cent).

By Ethnicity: White respondents were more likely to agree that for arranging appointments (80 per cent compared to 70 per cent of BME respondents), physically getting onto the premises (88 per cent compared to 80 per cent), they were treated with dignity and respect (88 per cent compared to 80 per cent) and that the information given was easy to understand (85 per cent compared to 75 per cent).

By Geographical area: 64 per cent of respondents from the Central area of the borough agreed that they had a say in the planning of their care compared with 74 per cent of respondents from the North and 78 per cent of respondents from the South.

Differences in the rates of satisfaction with Dental Services amongst different demographic groups were as follows:

By Disability: 80 per cent of disabled respondents were satisfied with the overall quality of the services received compared to 75 per cent of non disabled respondents.
By Age: 81 per cent of respondents aged over 50 were satisfied with the overall quality of the service received from their NHS dentist compared with 72 per cent of those aged less than 50.

By Ethnicity: 78 per cent of White respondents were satisfied with the overall quality of the service received from their NHS dentist compared with 68 per cent of respondents from BME groups.

By Geographical area: 68 per cent of respondents from the South of the borough were satisfied with the overall quality of the service compared with 79 per cent in the North and 80 per cent in the Central area.

Core Standard C11: (a) Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified to for the work they undertake; (b) participate in mandatory training programmes, (c) participate in further professional and occupational development commensurate with their work throughout their working lives

The OSC’s Health Inequalities Review found that there was a need for increased provision of education and training for acute health care providers. The Review expressed concern about the level of awareness of hospital staff in high contact areas (reception, A&E, surgery and medicine) on the specific needs of people with learning disabilities.

The Review found that a lack of awareness and understanding among healthcare staff of the needs of people with learning disabilities (for example, that they prefer images rather than words, don’t understand structures, and need time to make decisions) could lead to this group being ignored, isolated and inappropriately treated.

The Review found that more work was needed to make available easily accessible training tools (eg via the Net) to GPs and to ensure that there are a minimum number of learning disability trained GPs in the borough.

The Review found that diagnostic overshadowing was still persistent, whereby the health problems of people with learning disabilities and of users of mental health services were sometimes attributed to their impairment or mental condition even when they were completely unrelated. This sometimes lead to inappropriate treatment or a lack of appropriate choice of treatments.
Core Standard C13: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect

The OSC’s Survey of the Borough’s Residents Panel on local health services found that:

**GP Services:** 88 per cent of those visiting a GP in the past year agreed that they were treated with dignity and respect by GP practice staff compared with seven per cent that neither agreed nor disagreed and five per cent that disagreed.

**Dental Services:** 91 per cent of those visiting a dentist in the past year agreed that they were treated with dignity and respect by practice staff with four per cent that neither agreed nor disagreed and one per cent that disagreed. One per cent answered that they don’t know.

**Hospital services:** 84 per cent of those visiting a hospital in the past year agreed that they were treated with dignity and respect by practice staff with eight per cent responding that they neither agreed nor disagreed and five per cent that disagreed.

Core Standard C14 c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery.

The OSC has worked closely with the PCT over the previous year in ensuring that the views of local people are taken into account in planning changes to local services. For instance, the PCT involved the Health OSC at the earliest stages of planning its consultation with local people on the reconfiguration of services at St Charles Hospital. The PCT has also worked closely with the OSC in its Review of Health Inequalities and Review of the PCT’s Commissioning Priorities.

Core Standard C15: Where food is provided healthcare organisations have systems in place to ensure that (a) patients are provided with choice and that it is prepared safely and provides a balanced diet, (b) patients individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day.

The OSC Survey of the Borough’s Residents Panel on local health services commissioned through the PCT found that only
20 per cent of the respondents who visited a hospital in the past year agreed that the quality of food/catering provided by the hospital was good with 21 per cent that neither agreed nor disagreed and 16 per cent that disagreed. 39 per cent answered that they don’t know. This suggests that there is considerable scope for improving the quality of food.

The OSC’s Health Inequalities Review found that hospital protocols sometimes got in the way of staff understanding of the needs of people with learning disabilities – for instance information from support workers on the particular needs of individuals (such as support mechanisms for helping them eat) did not always get through to clinicians and nurses.

**Core Standard C16:** *Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and aftercare*

In a recent OSC Survey of the Borough’s Residents Panel on local health services found that:

**GP Services:**

92 per cent of respondents using GP services in the past year agreed that the information they were given was easy to understand compared with five per cent that neither agreed nor disagreed and two per cent that disagreed.

67 per cent of respondents using GP services in the past year agreed that they had a say in the planning of their care compared with 18 per cent that neither agreed nor disagreed and eight per cent that disagreed. Six per cent of respondents answered that they don’t know.

**Dental Services:**

88 per cent of respondents using Dental services in the past year agreed that the information given was easy to understand with four per cent that neither agreed nor disagreed and a further four per cent that disagreed.

71 per cent of respondents using Dental services in the past year agreed that they had a say in the planning of their care with 10 per cent that neither agreed nor disagreed and seven per cent that disagreed. Six per cent answered that they don’t know.

**Hospital services:**
83 per cent of respondents visiting a local hospital in the past year agreed that the information they were given was easy to understand with eight per cent stating that they neither agree nor disagree and five per cent that disagree.

The OSC’s Health Inequalities Review found that not all professionals always knew what support was available for people with learning disabilities in the community, in hospitals and in GP practices. There is a considerable amount of information around but not necessarily always known to the relevant people. The speed of changes to health services also means that people cannot always keep up.

In relation to users of mental health services, the Health Inequalities Review found that access to dental services could be difficult and off putting for people. Some potential patients reported that lack of information about charges put them off using dental services and people were not always aware of the community dental service at St Charles Hospital.

Core Standard C17: *The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services*

Local Health Services: The OSC’s Survey of the Borough’s Residents Panel on local health services found that:

13 per cent of respondents agreed that they have a say in the way local health services are planned and provided, 43 per cent disagreed, 28 per cent neither agreed nor disagreed and 12 per cent don’t know.

Differences amongst demographic groups were as follows:

**By Ethnicity:** 23 per cent of BME respondents agreed that they have a say in the way local health services are planned and provided compared with 14 per cent of White respondents.

**By Geographical area:** 17 per cent of respondents from the North and South of the borough agreed that they have a say in the way local health services are planned and provided compared to 12 per cent of respondents from the Central area. 48 per cent of respondents from the South disagreed that they have say in the way local health services are planned and provided compared with 45 per cent of those from the Central area and 41 per cent of respondents from the North.
**Local Health Groups:** When asked if they had heard of the following groups who are involved in making the patient and public voice heard, the majority (354 respondents) had never heard of any of them, 101 respondents had heard of the Patient Advice and Liaison Service, 48 recognised Patient Forums, 42 had heard of the Patient and Public Involvement groups and only 25 respondents had heard of the Local Information Network. This suggests that considerable work still needs to be done to raise the profile of the LINK in the borough if it’s effectively to carry out its functions.

**GP Services:** The OSC’s Survey of the Borough’s Residents Panel on accessing Local GP Services found that:

- 82 per cent of the respondents using GP services in the past year agreed that it was easy to register with the practice compared with seven per cent that neither agreed nor disagreed and five per cent that disagreed. A further five per cent answered that they don’t know.

- 77 per cent of respondents using GP services in the past year agreed that it was easy to arrange appointments compared with seven per cent that neither agreed nor disagreed and 16 per cent that disagreed.

- 95 per cent of respondents using GP services in the past year agreed that it was easy to physically get onto the premises compared with four per cent that neither agreed nor disagreed and one per cent that disagreed.

When asked to comment about their GP services, 169 respondents made comments. The main themes from the comments are summarised below.

**Happy with service - (57 comments)**

‘Delivers very good service; though it can get very busy.’
‘I am happy with the way I am able to contact my GP’s surgery and normally get an appointment when I need one.’
‘I have been using this practice for a number of years and have always found the staff there to be friendly, professional and helpful.’
‘My GP practice responds well to my highly specialised needs. I was on dialysis and have had a kidney transplant in the last year.’
‘My GP’s practice is well organised and the doctors are able, patient and very conscientious. We need more of them in the borough.’

**More flexible opening hours/appointments - (32**
comments)

'It would help to have late evening appointments and some Saturdays open.'
'I would like the service to operate between five and seven pm and Saturday mornings.'
'GP's have to modify their working practices to accommodate the needs of the community.'
'Arranging an appointment is a nightmare for anyone who works the hours I do and have to take time off whenever I need to go.'

Long wait/difficult to get appointments - (15 comments)

'Hate waiting two weeks for an appointment then being told can only discuss one problem per appointment as there are people waiting.'
'The system they have in place to make appointments is ridiculous. You have to phone at eight am sharp for a same day appointment. It is hard to make routine appointment further in advance.'
'Very difficult for working people to make appointments, extremely difficult to get through to the practice to make appointments in the mornings.'

Poor service - (8 comments)

'It's a bit lacking professionally.'
'The practice is a poor one - it is important to see your own doctor- others do not know your case history having been very ill.'
'The senior GP lets private patients jump the queue in the waiting room. I never see the same practitioner twice.'
'Just unbelievably difficult to register and get an appointment. Crazy opening hours and bureaucracy (it is) such a hassle. No evening appointments.'

Receptionists unfriendly/need training - (8 comments)

'I find one of the receptionists at the practice quite rude and try to avoid her if possible. In general; the quality of the training.'
'I find receptionists unfriendly, unwelcoming doctors and nurses very friendly.'

Dental Services: The OSC’s Survey of the Borough’s Residents Panel on accessing Local Dental Services found that:
85 per cent of respondents using Dental services in the past year agreed that it was easy to register with the practice with six per cent that neither agreed nor disagreed and six per cent that disagreed. Three per cent answered that they don’t know.

84 per cent of respondents using Dental services in the past year agreed that it was easy to arrange appointments with four per cent that neither agreed nor disagreed and nine per cent that disagreed. One per cent answered that they don’t know.

82 per cent of respondents using Dental services in the past year agreed that it was easy to physically get onto the premises with four per cent that neither agreed nor disagreed and nine per cent that disagreed. One per cent answered that they don’t know.

When asked to comment about their local Dentistry services, 69 respondents made comments. The main themes from the comments are summarised below.

**Cannot get an appointment – 22 comments**

‘Always difficult to get appointment and appointments are cancelled last minute by dentist.’
‘All private: cannot get an NHS dentist.’
‘I can't find an NHS dentist in Chelsea.’
‘Again can't comment. Difficult to find one and this is not acceptable in 2008.’

**Expensive - 9 comments**

‘I believe hygienist should be made more affordable to the general public to encourage people to use it more often.’
‘Only part of the care was NHS - to complete the care I have to pay private rates. So very expensive.’
‘It could be cheaper - I am losing teeth and it seems to cost a lot to get treatment and or dentures made.’

**Poor standard of dentists available – 6 comments**

‘I suffered considerable pain after my treatment but did not feel able to return and complain.’
‘Please note that I was so DISSATISFIED with treatment within the borough; I registered with a dentist in the borough where I work.

**Question 14 – If you do not have a NHS dentist please detail why below.**
In total 105 comments were received in response to this question. The main themes from the comments are summarised below. A full list of themes is available in the appendices at the end of the report.

**Use a private dentist – 49 comments**

‘Private dentist recommended by a friend. Not aware of any NHS dentists. Even so one would still pay quite a lot. All NHS dentists might not be as good as private.’

‘The funding does not allow the dentist to use the best materials and techniques therefore I think it is best to pay for better care and materials.’

‘I have access to a private dentist service at work however would like to move to an NHS dentist but am concerned about the quality of care.’

‘I have a private dentist as it is easier to get an appointment to suit me.’

‘Because I know that I will get a better service from a private dentist.’

**Difficult to get a NHS dentist – 30 comments**

‘None is easily available.’

‘Couldn’t find one at the time I needed one.’

‘Cannot find a list of available NHS dentists. Am told it is impossible.’

**Poor quality of NHS treatment – 12 comments**

‘I do not trust NHS dentistry from a reputation standpoint.’

‘I had a very bad painful experience on my last visit so changes to private.’

‘My dentist was NHS but pulled out after unsatisfactory treatment and prices.’

‘Dentist barely examined and only in chair literally two to three minutes and said no need to go back for a year which was wrong as I do have dental, gum and loss of bone problems.’

The Review found that there was at least a perception that it was difficult to register with a dentist who did NHS work in the North of the Borough. It also found that the PCT did not have enough information to allow targeting of appropriate dental health interventions to the needs of specific ethnic minority communities.

**Kensington and Chelsea LINk:** We encourage the PCT to have an excellent working relationship with the Kensington and Chelsea Local Involvement Network after 1st April 2008.
Core Standard C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equally

Choice of Hospitals: The OSC’s Survey of the Borough’s Residents Panel of recent hospital patients on whether they had a choice in which hospital they were referred to, found that 35 per cent of those attending a hospital in the past year said that they had a choice about which hospital they were referred to, 47 per cent had not and 13 per cent stated that they either don’t know or can’t remember.

Differences in responses amongst demographic groups on whether they were offered a choice of hospitals were as follows:

By Disability: 45 per cent of disabled respondents stated they got a choice about which hospital they were referred to, compared with 31 per cent on non disabled respondents.

By Ethnicity: 36 per cent of White respondents got a choice about which hospital they were referred to compared to 30 per cent of BME respondents.

By Geographical area: 43 per cent of respondents from the North got a choice about which hospital they were referred to compared with 37 per cent of respondents from the South and 26 per cent of respondents from the Central area.

Breakdown by hospital visited: 47 per cent of respondents that visited St Charles in the past year stated that they got a choice about which hospital they were referred to compared with 39 per cent of respondents that visited St Mary’s and 31 per cent of respondents who visited Chelsea and Westminster.

On Hospital Services generally: The OSC’s survey of the borough Residents Panel found that BME respondents were more likely to agree that they were treated with dignity with respect (90 per cent compared with 84 per cent of White respondents), the information given was easy to understand (90 per cent compared with 84 per cent), the quality of food/catering was good (37 per cent compared to 18 per cent) and the standard of hygiene and cleanliness of the hospital was adequate (63 per cent compared to 48 per cent).
The Health Inequalities Review found that the PCT’s Community Dental Service (CDS) was generally good in dealing with people with learning disabilities on routine matters until the situation got complex and the use of a general anaesthetic becomes necessary. For safety reasons, all work under general anaesthetic has to be carried out at a hospital – and patients and carers have felt that was no clearly defined care pathway between the CDS and the hospital. This is acknowledged as a gap by the PCT. This can lead to extended delays for people with learning disabilities in getting even routine treatment. The Review found that there was no provision for adults to go to Chelsea & Westminster hospital for dental services even if this was their choice, because the hospital did not provide a service to adults with learning disabilities. As a result adult dental referrals are usually made to hospitals at a considerable distance from the borough (e.g. Northwick Park), even though there are three major local hospitals within easier reach of most borough residents.

Lack of clear care pathways has meant that personal relationships have become the best way of getting things done - usually with a single point of contact. But when staff have left this has upset these established relationships. Very high turnover of staff has also made training difficult. The Review has recommended that mainstream care pathways are put in place and that they take into account the needs of people with learning disabilities. If the systems and pathways are in place then the impact of high staff turnover and the reliance on individual personalities will become less important.

In relation to children’s dental health, the Review found that more effort was needed to prevent dental problems from occurring in children in the first place.

**Core Standard C19: Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services**

The OSC Survey of the Borough’s Residents’ Panel on the overall quality of their out of hours GP services found that:

Of those that had used the out-of-hours GP services in the past year 63 per cent were satisfied with the quality of the service received compared with 19 per cent who were dissatisfied. 18 per cent were neither satisfied nor dissatisfied.
Demographic differences in the rates of satisfaction were as follows:

**By Age:** Of those that had visited the out-of-hours GP service 41 per cent of those aged under 50 were satisfied compared with 32 per cent of those aged over 50.

**By Ethnicity:** 38 per cent of White respondents were satisfied with the overall quality of the out-of-hours GP services compared with 19 per cent of BME respondents.

**By Disability:** 39 per cent of non disabled respondents were satisfied with the overall quality of the out-of-hours GP service compared with 28 per cent of disabled respondents.

**By Geographical area:** 40 per cent of respondents in the North and 39 per cent in the South were satisfied with the overall quality of the out-of-hours service compared with 29 per cent in the Central.

**Core Standard C20:** Healthcare services are provided in environments which promote effective care and optimise health outcomes by being: (a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; (b) supportive of patient privacy and confidentiality

The OSC’s Health Inequalities Review found that some people with learning disabilities were not able to make use of specialist surgery based GP services because of behavioural issues. Parents of children with complex disabilities have highlighted the need for care providers to take simple, practical steps such as having a flexible appointments system (allowing for double appointments or early or late appointments), providing individual cubicles in hospitals etc which would make their life easier.

**Core Standard C21:** Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises

The OSC’s survey of the Borough’s Resident Panel on local health services found that 47 per cent of respondents agreed that the standard of hygiene and cleanliness of the local
hospital was adequate with 18 per cent that neither agreed nor disagreed and 27 per cent that disagreed. 5 per cent answered that they don’t know. It should give the PCT cause for concern that less than half of the respondents were satisfied with the standard of hygiene and cleanliness in local hospitals.

Core Standard C22: Healthcare organisations promote, protect and demonstrably improve the health of the community served and narrow health inequalities by (a) cooperating with each other and with local authorities and organisations; (b) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

The Health Inequalities Review looked at the Exercise Referral Scheme which has been running over a number of years, operated in partnership between the Council, the contractor, the PCT (until April 2006) and the Westway Development Trust.

The Leisure Services Contractor has been keen to develop the scheme and has invested money in new exercise diaries, promotional material and in training additional instructors. However, there has been a missing link between the Leisure Centres and the GPs in that no reports were made to GPs, or follow up action taken, if individuals don’t attend (about 30% to 40% of those referred) and there has been no systematic assessment of the effectiveness of the exercise regime. The Review has recommended that the PCT should become more actively involved in making the Scheme work and a more systematic approach should be adopted to help people attend and complete the programme.

The Review found that there was further scope for better co-ordination between agencies to give a clear set of healthy living and disease prevention messages to disadvantaged and vulnerable groups in the community.

Core Standard C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

The OSC’s Health Inequalities Review found that:
The 2005 Health Equity Audit of General Practice carried out by the PCT showed that out of the fourteen access and quality indicators used, seven showed improvement, one no change and six showed a deterioration in health inequalities in the Borough compared with a similar exercise carried out in 2003. The audit also showed that since 2003 there had been improvements in cervical screening and child immunisation.

The PCT has achieved the national target for ‘flu immunisation for the last three years in succession for over 65s. Its Stop Smoking Service has met its 2006/07 target of achieving 1,500 four week quitters for the year. A higher proportion of smokers from deprived areas had set quit dates and quit at four weeks than smokers from affluent areas in the previous three years. Childhood immunisation rates have increased year on year from 49% in 2003/04 to 80% in 2006/07.

The PCT has been engaging communities and individuals in improving their own health through developing a Peer Health Education Programme. Fifteen local residents have completed a course enabling them to deliver “cook and taste” sessions to their own communities. Two students have been employed as community food workers and more wish to be employed on a sessional basis. 145 residents have attended the seven week ‘Cook and Taste’ programmes, 64 of whom have increased their fruit and vegetable portions by two portions (the target set by the Government Office for London).

Progress has been made on improving child and maternal health through:

- Establishing two breastfeeding cafes;
- Improving breastfeeding initiation rates (from 89% in 2006 to nearly 91% in 2007);
- Supporting Healthy Schools initiatives through providing professional advice and support to schools;
- Investing in services to improve childhood nutrition through supporting parents around weaning and increasing dietetic advice;
- Working to reduce childhood obesity.

The Equity Audit of General Practice in 2005 showed improvement in the quality of care and a reduction in inequity compared to 2003, but the number of practices offering additional services (child surveillance, IUD clinics, and minor surgery) had declined and greater reductions had been in the most deprived areas. Since the re-audit of General Practice in 2005, equity audits have been carried out on the stop smoking service and the district nursing service. An equity
audit on the health visiting service is currently being carried out.

Improvements in quality and access have been made since the 2005 Equity Audit. For example: currently, all except one practice is signed up to deliver child health surveillance. GPs have the right to opt in or out of providing enhanced services such as IUD and minor surgery; however, the PCT has strict guidelines around infection control, levels of qualification and minimum activity levels which practices must meet to be able to provide enhanced services. Patients registered at practices not offering IUD fitting are able to go to any family planning clinic; those registered at practices not offering minor surgery attend one of two centres in the Borough commissioned by the PCT to offer this service (one in the north and one in the south).

The PCT dietetics department was involved in drafting the tender specifications for menu planning for the new catering contract for the PCT. Healthier options are now available for PCT staff and patients.

The new GP contract requires GP practices to hold registers of patients with a range of chronic diseases and lifestyle factors such as obesity. Payment relates to targets achieved for these groups and for size of register. The number of registers increased on a two yearly basis and currently covers 19 areas. This incentivised payment structure has helped to drive up quality and continuity of care for those with chronic diseases.

The PCT has been using the national GP contract to get better information to target services. The formation of disease registers for a range of different chronic disease and lifestyle areas has enabled the PCT to improve its understanding of morbidity in the Borough and therefore target its services more appropriately.

The Council’s Community Strategy identified “health and well being” as one of the two priority areas for a cross-cutting approach. Of the 78 objectives in the Community Strategy that contribute to improving health and reducing health inequalities, 53 measurable targets relate to this. These 53 targets appear in the Community Strategy monitoring plan, including targets relating to all Local Area Agreement (LAA) projects. The Kensington and Chelsea Partnership produced a progress report against the Community Strategy monitoring plan in July 2007 which showed that 71% of the 53 targets identified as contributing to improving health and reducing health inequalities were assessed as ‘Green’ for progress.
Progress in reaching the LAA targets aimed at reducing health inequalities has been reported as follows:

(i) Food and nutrition targets: 64 people have reported to have increased their fruit and vegetable consumption by two portions and the PCT is therefore on track to meet the LAA target.

(ii) Healthy Schools targets: The number of Healthy Schools in the Borough currently stands at 21 of a possible 33 (63.6%). This puts the Borough significantly ahead of the target of 55% for September 2007 and also the target of 60% of schools by March 2008.

(iii) Reducing childhood obesity targets: Levels of child obesity in state schools in the Borough in Reception year (age 4-5) and Year 6 (Age 10 – 11) were 14.2% in 2005/06; this rose to 15.3% in 2006/07 and is behind the LAA target. National data have not been published yet, which will establish whether this rise is faster or slower than the national rate. The target was originally designed to be a ‘stretch’ on the national target, delivering a halt in the rise in obesity two years earlier than the 2010 national target; however, the national target has now been scrapped.

(iv) Breastfeeding targets: The PCT met its target for breastfeeding initiation and is ahead of its target of breastfeeding at 6-8 weeks (June 2007: 79.1%; target 69.3%).

(v) Teenage mothers: The percentage of teenage mothers resident in the Borough and known to Connexions who access employment, education and training was reported as 45% in March 2007. This was a reduction from 54% reported in September 2006 but this is due to the very low actual number of conceptions, causing the figures to fluctuate.

Other Comments:

Mental Health: In the paper "Performance Dashboard" presented to the PCT Board in November 2007 the performance result for “Commissioning of early intervention in
psychosis services” was deemed to be “red”. We understand that this area will be fully funded by the PCT in 2008/09.

Body mass index: The Healthcare Commission’s target for measuring the body mass index (a tool to tackle obesity) the PCT is “red”. Even with more resources to GPs (GPs are offered financial incentives to integrate service improvements into routine practice) and action in pharmacies the target was felt to be difficult to reach. Given the PCT’s improved financial position the OSC on Health is concerned that the PCT may fail to meet the Healthcare Commission’s target for measuring body mass index.

Maternity services: We are concerned about the provision of maternity services for our residents. In the Healthcare Commission’s comprehensive review of maternity services all three of our acute trusts (Chelsea and Westminster, St Mary’s and Hammersmith Hospitals) scored "least well performing".1

Drug misusers in sustained treatment: We are concerned that the target on drug misusers in sustained treatment is unlikely to be achieved this year.

Provider services: The long term position of the PCT’s provider function seems to be unresolved. It would be helpful if questions about its future status were resolved. It would be worth considering how to foster closer working with the Council on these services.

Conclusion: The Royal Borough of Kensington and Chelsea’s OSC on Health is pleased to be able to take up this opportunity to participate in the Annual Health Check process 2007/08.

Yours sincerely

Cllr Christopher Buckmaster
Chairman, Overview and Scrutiny Committee on Health
Royal Borough of Kensington and Chelsea
The Healthcare Commission’s reports are available on the Internet: (1) Chelsea and Westminster
http://www.healthcarecommission.org.uk/_db/_documents/RQMScoredAssessment.pdf (2) St Mary’s
http://www.healthcarecommission.org.uk/_db/_documents/RQNScoredAssessment.pdf