Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday, 11 April 2019**

Time: **10:00**

Venue: **Edwards Room, County Hall, Martineau Lane, Norwich, Norfolk, NR1 2DH**

Persons attending the meeting are requested to turn off mobile phones.

Those members of the public or interested parties who have indicated to the Committee Administrator, Timothy Shaw (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Main Member	Substitute Member	Representing
Mr D Fullman	Mr M Fulton-McAlister	Norwich City Council
Michael Chenery of Horsbrugh	Mr S Eyre/Ms C Bowes	Norfolk County Council
Ms E Corlett	Miss K Clipsham/Dr C Jones	Norfolk County Council
Mr F Eagle	Mr S Eyre/Ms C Bowes	Norfolk County Council
Ms E Flaxman-Taylor	Mr G Carpenter	Great Yarmouth Borough Council
Mrs S Fraser	Mr T Smith	Borough Council of King's Lynn and West Norfolk
Mr G Middleton	Mr S Eyre/Ms C Bowes	Norfolk County Council
Mr D Harrison	Mr T Adams	Norfolk County Council
Mr F O'Neill	Mr R Foulger	Broadland District Council
Mrs B Jones	Miss K Clipsham/Dr C Jones	Norfolk County Council
Dr N Legg	Mr C Foulger	South Norfolk District Council
Mr R Price	Mr S Eyre/Ms C Bowes	Norfolk County Council
Mr P Wilkinson	Mr R Richmond	Breckland District Council

Mrs A Claussen-Reynolds	Mr M Knowles	North Norfolk District Council
Mrs S Young	Mr S Eyre/Mrs C Bowes	Norfolk County Council

Membership

For further details and general enquiries about this Agenda please contact the Committee Officer:

Tim Shaw on 01603 222948 or email committees@norfolk.gov.uk

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

A g e n d a

1 **To receive apologies and details of any substitute members attending**

2 **NHOSC minutes of 28 February 2019** **Page 5**

3 **Declarations of Interest**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4 **Any items of business the Chairman decides should be considered as a matter of urgency**

5 **Chairman's Announcements**

6	**10.10-11.10**	**Access to NHS dentistry**	**Page 13**
		Appendix A (Page 23) - NHS England Midlands and East (East)'s report	
		Appendix B (Page 35) - Norfolk Local Dental Committee's report	
7	**11.10-11.20**	**Break at Chairman's discretion**	**Page**
8	**11.20-12.20**	**Eating disorder services**	**Page 39**
		Appendix A (page 45) - Norfolk and Waveney CCGs' report	
		Appendix B (page 61) - NHS England Regional Specialised Commissioners' report	
		Appendix C (page 65) - Beat eating disorders charity paper	
		Appendix D (page 67) - Norfolk and Waveney Local Medical Committee's letter to NHS England, March 2019	
9	**12.20-12.30**	**Forward work programme** To agree the Committee's forward work programme	**Page 69**
		Glossary of terms and abbreviations	**Page 73**

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 03 April 2019

If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 28 February 2019

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Ms E Flaxman-Taylor	Great Yarmouth Borough Council
Mr D Fullman	Norwich City Council
Mr D Harrison	Norfolk County Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr G Middleton	Norfolk County Council
Mr F O'Neill	Broadland District Council
Mr R Price	Norfolk County Council
Mrs S Young	Norfolk County Council

Also Present:

Dorothy Hosein	Interim Chief Executive, East of England Ambulance Service NHS Trust
Terry Hicks	Sector Head for Norfolk, East of England Ambulance Service NHS Trust
Professor Nancy Fontaine	Chief Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust
Jon Wade	Chief Operating Officer, Queen Elizabeth Hospital NHS Foundation Trust
Mark Burgis	Chief Operating Officer, North Norfolk CCG and Norfolk and Waveney Winter Room Director
David Russell	Cromer Town Council
Rebecca Hulme	Chief Nurse & Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG
Clare Angell	Senior Commissioning Manager for Children and Young People for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG)
Michael Bateman	Head of Education High Needs SEND Service, Norfolk County Council
Jonathan Williams	Chief Executive, East Coast Community Healthcare
Louise Barrett	Deputy Director Health Improvement & Children's Services, East Coast Community Healthcare
Danielle Tebo	SENsational Families Group
Lorraine Devere	Family Voice
Claire Stevens	Member of the public

Chris Stevens	Member of the public
Caroline Sykes	Member of the public
Nicki Price	Member of the public
Maxine Webb	Member of the public
Hayley Huckle	Member of the public
Debra Oldman	SEND Projects Manager, Children's Servcies
Rachel Gates	Member of the public
Claire Taylor	Member of the public
Carolyn Watts	Member of the public
Natasha Oakley-White	Member of the public
Jonathan Rackham	Member of the public
Ian Turner	Member of the public
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

1 Apologies for Absence

1.1 Apologies for absence were received from Mrs S Fraser and Mr P Wilkinson.

2. Minutes

2.1 The minutes of the previous meeting held on 17 January 2019 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

3.1 There were no declarations of interest.

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman's Announcements

5.1 The Chairman drew the committee's attention to the paragraph regarding public speaking on the Norfolk Health Overview and Scrutiny Committee's agenda cover sheet, which had been expanded to include the purpose of public speaking at the meeting.

6 Ambulance response times and turnaround times in Norfolk

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from the East of England Ambulance Service NHS Trust (EEAST) that provided information on ambulance demand and response times, along with updates on stroke performance, staff and recruitment and an assessment of the success of initiatives taken to help cope with demand during winter 2018-19 so far.

6.2 The Committee received evidence from Dorothy Hosein, Interim Chief Executive, East of England Ambulance Service NHS Trust, Terry Hicks, Sector Head for Norfolk, East of England Ambulance Service NHS Trust, Professor Nancy Fontaine, Chief Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust, Jon Wade, Chief Operating Officer, Queen Elizabeth Hospital NHS Foundation Trust and Mark Burgis, Chief Operating Officer, North Norfolk CCG and Norfolk and Waveney Winter Room Director.

6.3 The Committee heard from David Russell, Cromer Town Council, who asked if EEAST statistics for Norfolk and Waveney could be broken down to the local CCG area. He said that EEAST was operating on REAP 3 (highest level of winter pressure for most of winter 2018/19) which meant that plans to invest and improve ambulance services were fraught with difficulties. Mr Russell said that the EEAST Trust Board should look to widen their sources of information by holding public local engagement meetings in the counties in which they delivered emergency care, rather than rely too heavily on statistical information. Mr Russell added that EEAST's area plans did not appear to be reducing the need for A&E transports to the N&N. Also, the use of Hospital Ambulance Liaison Officers (HALOS) did not appear to be having a significant impact on A&E admissions at the N&N. Mr Russell said that mental health professionals should be positioned in the EEAST Emergency Centres. He also said that the impact of social care on patient flow through the acute hospitals should be examined when the Committee next considered the matter.

6.4 During discussion the following key points were made:

- Members were informed that the ambulance service was jointly commissioned at a regional level, not on an individual CCG level, by all 19 CCGs in the east of England, including NN & WN CCGs. The co-ordinating commissioner was Ipswich and East Suffolk CCG.
- The speakers from EEAST agreed to consider what (if any) new opportunities might exist to increase the Trust's visibility and engagement with the public at the local level, including the possibility of attending on an occasional basis Parish and Town Council meetings (when this was at a Council's request). However, the speakers from EEAST added that the prime objective of their communications and engagement strategy had to remain on providing information on the services available to those requiring medical attention, rather than on collecting more public information at additional cost.
- In response to the proposal of placing mental health practitioners in the EEAST emergency operations centre in the same way as they have been placed in Norfolk Constabulary control room (with funding from the Police and Crime Commissioner's office) the speakers explained the practical difficulties of accessing mental health records across 6 counties.
- It was important for EEAST to be seen to be delivering long term financial sustainability alongside the drive for continuous improvement.
- The statistics in the report from EEAST showed that while there was some improvement from the winter of last year, there remained delays across the board in meeting the 15 minute standards for handover of patients at hospitals, which were exaggerated at times of demand pressure and could vary in where they occurred.
- Members were informed that the EEAST winter plan for 2018/19 was developed using previous planning experience, lessons learnt and system feedback.

- The position at the end of January 2019, with the greatest number of hours lost in delays at the NNUH and a high number lost at the QEH, was reflective of the trend throughout 2018-19.
- The speakers said that a full review of EEAST's forecasting and preparedness for winter 2018/19 would be undertaken to ensure that the lessons learnt from this year were embedded in the winter plan for next year.
- Members said that the review should be in the context of milder weather this winter than in the previous year.
- Members asked what EEAST saw as the function of the ambulance service and the range of activities that they should provide.
- The speakers from EEAST said that they had to operate within the services that they were commissioned to provide.
- EEAST continued to look to learn lessons from best practice elsewhere.
- A safe and responsive service to patients could only be provided through collaborative working at the local level.
- System-wide workshops were in place to identify and support ambulance handover challenges at all Norfolk's acute hospitals.
- The speakers explained the initiatives that the hospitals were taking to improve patient flow and ambulance turnaround, including the introduction of digital improvements and a virtual ward at the NNUH, which had brought forward hospital discharge by an average of 48 hrs.
- The speakers said that EEAST worked with the acute hospitals every day through operational managers and had released an operational manager earlier in the year to support improvements in A&E at the QEH.
- The planned work to redesign the clinical areas of the A&E Dept at the QEH would help speed up ambulance response times at a time when hospital attendances were continuing to show a significant year on year increase.
- The NNUH had established a Clinical Decisions Unit to improve patient flow through emergency departments by moving patients to another area while awaiting the results of investigations and diagnostic tests.
- Although the NNUH had provided 8 additional rapid assessment and treatment cubicles (RATs) staffing had been a challenge and there were processing difficulties. The hospital was working to improve the patient assessment process.
- It was pointed out that EEAST formed a major part of the support network in a mental health emergency and that EEAST planned to make improvements to the pathways for the conveyance of mental health patients to hospital and other facilities.
- The speakers said that the implications for EEAST of changes in Norfolk's demography could be addressed by STP work to provide more services in the community.
- A review of system capacity across the Norfolk STP had identified a significant shortfall in bed capacity that would result in a shortfall of 500 beds across Norfolk by 2023 in a "do nothing" environment.
- The Interim Chief Executive, East of England Ambulance Service NHS Trust, said that she had shared with EEAST staff her commitment to increase workforce numbers and improve retention rates and that she spoke personally to staff who wished to leave the organisation.
- A strong EEAST recruitment and retention plan was in place.
- The Trust had recently devolved the recruitment of patient facing staff, including ambulance practitioner roles, to the local area level.

- The requirement for a “Freedom to Speak Up Guardian” in every NHS trust had helped restore the confidence of staff.
- NNUH staff had not reported issues directly to the CQC for several months. This was attributed to staff being better able to speak up within the hospital’s governance system e.g. via an anonymous email to Directors system.
- The number of serious incidents was greatly reduced in comparison to last year. There were daily discussions between the hospitals and EEAST on issues or incidents causing concern.
- Cases of where a “decline to convey” patients to hospital had subsequently proved to be misplaced were few and far between.
- Some 7% of ambulance calls were dealt with on a “hear and treat” basis, a figure that could be made to rise to 15% of ambulance calls without having a negative effect on performance.

6.5 The Committee noted the information provided in the report and during the discussion at today’s meeting.

6.6 In response to a request by David Russell of Cromer Town Council, Dorothy Hosein, Interim Chief Executive of East of England Ambulance Service NHS Trust (EEAST), agreed to consider what (if any) affordable opportunities were available to EEAST to increase the public visibility and engagement of the Trust at the local level.

6.7 The Committee agreed that the East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), Queen Elizabeth Hospital NHS Foundation Trust (QEH) and CCGs should return to NHOSC in 6 months’ time (i.e. 5 September 2019 meeting) to report on the following:

- Plans to help patient flow in winter 2019-20
- Progress with pathways for mental health patients
- The interface between EEAST and the NHS 111 service

6.8 NHOSC Members were offered the opportunity to ride out with ambulance crews and /or visit EEAST’s emergency operations centre.

7 Children’s speech and language therapy

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a follow up report from commissioners on access to and waiting times for children’s integrated speech and language therapy (SLT) in central and west Norfolk.

7.2 The Committee received evidence from Rebecca Hulme, Chief Nurse & Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG, Clare Angell, Senior Commissioning Manager for Children and Young People for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG), Michael Bateman, Head of Education High Needs SEND Service, Norfolk County Council, Jonathan Williams, Chief Executive, East Coast Community Healthcare and Louise Barrett, Deputy Director Health Improvement & Children’s Services, East Coast Community Healthcare.

7.3 The Committee heard from Danielle Tebo, SENsational Families Group, who said that the announcement of a 30% increase in investment in the SLT service was to be welcomed but the extra funding would not meet all the needs of a SLT service that

was recognised to be 45% underfunded. The SENsational Families Group had welcomed an invitation to join the Norfolk Speech Language and Communication Needs Stakeholder Group (which provided a formal dialogue process on how services could develop outside the remit of the commissioned speech and language therapy (SLT) service) but were disappointed at not being made aware of the Group until a month ago. Danielle Tebo said that the SENsational Families Group had carried out a survey of their members experiences. Approximately 50% of respondents had said this was the first time that they had heard about the improvements that were planned for the service and around 30% of respondents had said they did not think the service would improve. Approximately 85% of those who used the drop-in centres were said to be unhappy with the service. The SENsational Families Group was concerned about the current position for Children with Downs Syndrome and Autism. Families who could afford to do so were known to be turning to private speech and language therapy because they did not believe that the NHS could meet all their needs.

7.4 During discussion the following key points were made:

- The speakers said that while there was not enough funding to provide the desired level of provision to children and young people with Speech, Language and Communication Needs (SLCN) in Norfolk the service would receive a 30% (£510,093) uplift in funding effective from April 2019.
- The commissioners said that the assessment of 45% underfunding of the integrated SLT service was based on full fidelity to a combined system model but the service model in Norfolk differed from this. Some of the Special Educational Needs (SEN) funding which was delegated to mainstream schools was being spent on SLT.
- The additional funding would be used to enhance the 'whole service offer' and not to buy-in specific elements of the system from the private sector.
- In response to a question on how the commissioners had decided to extend the existing contract with East Coast Community Health (ECCH) the commissioners responded that they had not extended the contract at this point.
- Members said that the service had not operated with the right level of resources for many years. The Service required a higher priority for funding and more emphasis placed on achieving clinical outcomes, also significantly more Speech and Language Therapists were needed to meet the demands placed on the Service.
- In reply, the speakers said that ECCH was taking all possible steps to source and invest in additional Speech and Language workforce capacity.
- ECCH was not commissioned to provide a social communication service.
- Members spoke about how more could be done to "co-produce" SLT with parents and a wide range of partner organisations.
- Members were informed that the remodelling of the SLT complex and special school offer was taking place within existing resources. Within the ongoing review of funding across the Schools Block (direct funding to individual schools) and the High Needs Block (education funding commissioned by the LA) Childrens Services was considering how delegated and 'top-up' funding could be used to enhance a 'whole service offer'.
- The speakers pointed out the steps that were being taken to rationalise the access routes to the SLT service. They said that Children's Services ensured that head teachers were clear about these routes and about SLT objectives.

- The Norfolk SLCN stakeholder group had commenced a system-wide piece of work to understand whether a single point of contact for SEND was feasible within existing resources. This work would look at how better access to information and advice might resolve challenges for parents seeking progress with support for their child.
- Members pointed out that Children's Centres had in the past helped to identify children with SLT requirements and asked how unmet need would be picked up in future. The commissioners said they were working to improve and simplify access to the service, which also made the level of need more apparent.
- Members were of the view that if more funding could be found to support early intervention, less assessments would be required. They pointed out that the statistics presented to the Committee showed that over the last three years the cost of tribunals in relation to Speech and Language Therapy had risen sharply.
- The speakers confirmed that SLT is an NHS service, free at the point of use. They also confirmed that if SLT is included in a child's Education Health and Care Plan (EHCP) then there is a statutory responsibility to provide it. Members pointed out that many EHCP assessments were not being done within the statutory timescale.
- The speakers said that the SLT service assessed children individually for SLT needs. It was not automatically provided as a result of another diagnosis such as autistic spectrum disorder (ASD) or Down's syndrome. Not all children diagnosed with ASD had a need for SLT but the ECCH representatives confirmed that many children with ASD who required SLT were on the SLT caseload.
- It was pointed out that while the ECCH speech and language service was involved in the ASD assessment and diagnosis pathway ECCH was not commissioned to provide therapy sessions as part of this pathway. The process for the discharge of diagnosed children was a part of the review of the action plan that arose from the independent review of the SLT service.
- It was noted that SENsational Families were critical of ECCH for discharging children with an autism spectrum diagnosis (ASD) immediately after assessment with no therapy, intervention or advice. Parents with children with Down syndrome were discharged immediately or only offered a basic six--week course of therapy, after which they were discharged regardless of the progress made. This had forced families to either seek re-referral or attempt to access speech and language through other means such as personal budgets, through the local authority or through expensive private services.
- A private paediatric speech and language therapist, who did not want to be named, said that they regularly received telephone calls from parents seeking therapy and had to turn them away due to a lack of capacity. These calls showed that many families were prepared to give up a lot to pay for private therapy for their children.
- The commissioners said that £36m was delegated to mainstream schools for special educational needs. Schools decided how to spend this money and some buy in SLT. The service was reviewing how services were provided to schools.
- ECCH confirmed that the SLT service was available to all the complex and special needs schools.

7.5 NHOSC noted the information provided in the report and during the discussion at today's meeting.

7.6 The Committee agreed that central and west Norfolk service commissioners and provider should return to NHOSC in 6 months after the start of additional investment in the service (i.e. attend the meeting on 10 October 2019) to report on progress with the action plan arising from the independent review of the service. It was also agreed that the special needs schools' perspective on the subject should be sought for that meeting.

8 Forward Work Programme

8.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.

8.2 The Forward Work Programme for NHOSC meetings was agreed with the following changes:

- 'Local action to address health and social care workforce shortages' – moved from April to 30 May 2019 meeting.
- 'Eating disorder services (adults' and children's)' – added to the agenda for 11 April 2019
- 'Adult autism – access to diagnosis' – to be scheduled

8.3 The Committee nominated the following Members to attend a Sustainability and Transformation Partnership (STP) Workforce Workstream workshop in Norwich on Weds 10 April 2019, 9.30 – 4.00pm:

- David Fullman
- Brenda Jones
- Graham Middleton

Committee Members were invited to attend the Dying Matters event at the Forum, Norwich on 9 May 2019, 9.00 – 1.00pm.

Chairman

The meeting concluded at 12.50 pm

If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Access to NHS Dentistry in Norfolk

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on access to NHS dentistry across Norfolk and a follow-up on action to improve access in the west Norfolk area.

1. Purpose of today's meeting

1.1 The focus areas for today's meeting are:-

(a) To examine the current situation with regard to access to NHS dentistry in Norfolk

(b) To follow-up on action to improve access in west Norfolk, including for the families of service personnel at RAF Marham.

Members should note that preventative services commissioned by Norfolk County Council Public Health, i.e. the Norfolk Health Child Programme and oral health promotion services in Children's Centres and schools, are within the remit of the Community Services Committee and are not the subject of today's meeting.

1.2 NHS England Midlands and East (East), the commissioner of NHS dental services in Norfolk, has been asked to provide a report covering:-

- Current data – number and location of NHS dental practices and details of those currently with capacity to accept new patients; numbers of NHS dentists; population per dentist; trend in child and adult dental health and access to NHS dentistry, including benchmarking with other parts of England; orthodontic treatment

and community dental services waiting times, including for general anaesthetic.
- The trend in people accessing A&E departments in Norfolk with dental problems.
- Outcome of the Dental Strategy Group's 2018 review of current service provision in Norfolk (around access to routine and urgent dental care)
- Outcome of NHS England's 2018 review of the dental access centres
- Outcome of NHS England's consideration of whether to pilot Personal Dental Services Agreements as a way of improving access in areas of high need
- Outcome of NHS England's 2018 review of orthodontic provision
- Progress towards provision of NHS dental services for the families of service personnel at RAF Marham and for the general public in the west Norfolk area.
- Any updates from national level, including progress in Capita's management of the NHS performers list which would reduce the time that in-coming dentists have to wait before they get a performer number enabling them to work in the NHS.

NHS England's report is attached at **Appendix A**. Representatives from NHS England Midlands and East (East) and the Local Dental Network for East Anglia will attend to answer Members' questions.

The Local Dental Network is chaired by a dentist and includes local clinicians, managers from the NHS England local team, patient representatives, secondary care clinicians, local dental committee representatives and educational supervisors. Their remit is to:-

- Support the implementation of national strategy and policy at local level
- Work with key stakeholders on the development and delivery of local priorities
- Provide local clinical leadership

1.3 Norfolk Local Dental Committee (LDC) has provided the paper attached at **Appendix B** assessing progress with the issues currently facing dentistry in Norfolk and a representative will attend the meeting.

The Local Dental Committee is an independent body which represents dental practitioners and has a statutory right to be consulted by NHS England on issues relating to the dental profession.

2. Previous report to NHOSC and the outcome of the actions arising

2.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) last received a report on 'Access to NHS Dentistry in West Norfolk' at its meeting on 24 May 2018. The report and minutes of the meeting are available via the following link:- https://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/128/ctl/ViewMeetingPublic/mid/496/Meeting/1410/Committee/22/Default.aspx

NHOSC heard from Healthwatch Norfolk, NHS England Midlands and East (East) (NHSE M&E(E)), a representative from RAF Marham and the Secretary of Norfolk Local Dental Committee.

2.2 The Committee supported two recommendations that Healthwatch Norfolk had made to the NHS commissioners. The recommendations the responses later received from NHSE M&E(E) are set out below:-

1. NHS England to consider patient registration to enable patient records (both military and civilian population) to follow the patient if they were to be moved or be stationed in a new area.

   Response - a change in legislation would be required in order for patient registration and patient records to follow the patient. NHS England Midlands and East (East) have passed your comments to the NHS England national team.

   Dental Prototype practices are testing new ways of working and this includes patient capitation. The ways of working under a Dental Prototype are reviewed by a national team and the Prototype arrangements will inform and influence contracts going forwards.

2. NHS England to consider looking at the current service provision in Norfolk and an updated Oral Health Needs Assessment should be carried out.

   Response - The Oral Health Needs Assessment is not scheduled to be updated until 2020/21 as the current Oral Health Needs Assessment does have population projection until 2021. In addition NHS England has set up a Dental Strategy Group whose membership consists of Commissioners, Consultants in Dental Public Health and Chairs of the Managed Clinic Networks. The Dental Strategy Group will take into account the local populations and oral health needs when making recommendations to NHS England.

   Please be assured that NHS England continues to work to ensure that the population it serves can continue to receive appropriate dental services.

2.3 NHOSC also agreed that the Chairman should write to NHS England expressing:-

- The Committee's support for the Norfolk Local Dental Committee's suggestion that NHS England could commission some protected in-hours slots with local dentists to accommodate urgent referrals from NHS 111 and avoid those patients accessing out-of-hours services.

- The Committee's support for the re-introduction of registration of patients with dental practices as soon as practicably possible.
  NHS E's response to this suggestion is included at 2.2 1. above.

On the issue of protected in-hours slots NHSE M&E(E) responded as follows:-

- *It is noted that NHOSC supported the local dental committee's suggestion that NHS England could commission some protected slots with local dentists for patients requiring urgent dental care and I would like to advise that there is a Dental Access Centre in King's Lynn that provides urgent dental care for patients that do not have a regular dentist.*

  The service is located at 6 King Street, King's Lynn, Norfolk, PE30 1ES and is open Monday to Friday 8.00 to 19.00 and can accommodate between 20 and 40 appointments each day, depending on the number of dentists working.

  In addition, local dental practices are contracted to provide urgent care on a daily basis. We are currently undertaking a review of dental access centres and as part of that review are also reviewing urgent care provided by general dental practices.

2.4 In addition NHOSC agreed that the Chairman should write to the Public Accounts Committee, which was holding an inquiry into Capita's delivery of primary care support services, submitting information about the effect that delays in providing NHS performer numbers to graduate dentists coming into the UK was having on provision of dental services to patients in Norfolk. This was done.

The Public Accounts Committee report was published on 25 July 2018 and the Government's response on 9 October 2018. Both are available on the Parliament UK website:-
https://www.parliament.uk/business/committees/committees-a-

z/commons-select/public-accounts-committee/inquiries/parliament-2017/nhs-contract-capita-17-19/

The reports related to the full range of primary care support services provided by Capita, not just NHS performer numbers for dentists. In summary, the Government acknowledged that mistakes had been made and lessons would be learned for the future. The contract was continuing and NHS England and Capita were building a more productive relationship.

NHOSC also heard from the Department of Health and Social Care on 1 August 2018 that:-

- Dental performance applications were now managed by a dedicated team and this was improving processing times.
- NHS England had been working closely with Capita to urgently improve services and where necessary it had been intervening to accelerate progress.
- This had included strengthening the management arrangements and increasing staffing levels and special arrangements to ensure that foundation trainees were not delayed in taking up placements.
- NHS England was in discussion with the British Dental Association about the impact delays to processing the Performers List had on dental practices. Part of those discussions included the scope for NHS England to manage dental contracts flexibly. This was to mitigate the impacts on dental practices unable to fulfil their contracted units of dental activity as a result of Performers List delays, whilst still safeguarding public funds.

2.5 In May 2018 NHOSC also asked to receive updates about progress of NHS dental services in Norfolk, including progress with provision for service personnel's families at RAF Marham. Updates were provided in the NHOSC Briefings in September and December 2018, which are available from the Democratic Support and Scrutiny Team Manager maureen.orr@norfolk.gov.uk. In summary, these reported that a meeting had been held between RAF Marham, the Armed Forces Covenant team, Norfolk Healthwatch and NHS England on 17 July 2018 and a teleconference on 20 November 2018. RAF Marham was to work through various options to enable provision of an NHS service and further meetings were scheduled. NHS England Midlands and East (East)'s paper at Appendix A notes that discussions will continue over the next few months. Members may wish to ask the NHS England M&E(E) representative for more details.

3. Other background information

3.1 Dental practice closures, Snettisham and East Harling

3.1.1 In October 2018 Members raised concerns about the imminent closure of Mydentist NHS dental services at Snettisham and East Harling. The numbers of individual patients that had been seen by these services in the two year period ending March 2018 were:-

Snettisham – 4,044
East Harling – 5,174

Via the December 2018 NHOSC Briefing NHS England Midlands & East (East) assured Members that arrangements were in place with other NHS dental practices to provide additional service for the rest of 2018-19. The practices providing additional service west were:-

West Norfolk
Riverside Dental surgery, King's Lynn
Compass Clinic Ltd, Wells
Downham Market Dental Care

South Norfolk
Diss Dental Health Centre
J G Plummer & Associates, Wymondham
Rookwood Dental Practice, Attleborough.

Mydentist had given the required three months' notice under the terms of their General Dental Services Contract to terminate their contract.

3.2 Specialist secondary care

3.2.1 In two previous reports in 2014 and 2018 NHOSC heard there was a vacancy for a restorative consultant within the county at the Norfolk and Norwich hospital (NNUH). The Local Dental Committee pointed out that this meant there was nowhere for NHS patients to be referred if they required specialist endodontic (root treatment) or periodontal (gum treatment) advice or treatment. Alternative treatments were the only option for patients, usually extractions or a private referral.

3.2.1 In July 2014 NHOSC was told that the post was vacant because it had not been possible to recruit. The committee recommended that the NHS England regional team should fund two more sessions for a consultant in restorative dentistry at the NNUH with a view to making the vacant post more attractive to prospective candidates. NHS England responded that they would continue to develop options to improve access to restorative dental services

3.2.2 In May 2018 NHS England Midlands and East (East) said that access to specialist services was a challenge across the area as a whole and there was a need to develop appropriate networks to allow such services to flourish.

3.3 Re-procurement of specific dental services in the east of England

3.3.1 Members have previously received information about NHS England Midlands and East (East)'s re-procurement of various specific services via the NHOSC Briefing. A summary of details previously received in the Briefing and latest updates is set out below::-

Title	Details
Special care dentistry (for people with an intellectual disability or who are affected by other medical physical or psychiatric issues)	**NHOSC Briefing 17 Jan 2019** The new service was to be in place by October 2019. Changes to current locations were possible. All the local authorities in East Anglia (who had responsibility for health improvement, including oral health) had agreed that dental public health and health promotion services and epidemiology would form part of the future service spec. **March 2019 update** Procurement currently underway
Primary care orthodontic services	**NHOSC Briefing 7 Dec 2017** New personal dental services agreements for provision of these services were to be in place by 1 April 2019. Changes to locations for delivery were possible. There were formerly 25 dental practices across Norfolk and Waveney providing NHS orthodontic care. **March 2019 update** Procurement of services across the East has begun. Call for competition starts in summer 2019 and successful bidders will begin delivering services in late summer 2020.
Dental out of hours services	**NHOSC Briefing 26 Oct 2017** New contracts for these services were to start in April 2019. **March 2019 update** The first attempt to re-procure these services was not successful. A new procurement process is currently underway.
Minor oral surgery services	**NHOSC Briefing 26 Oct 2017**

	There were formerly 26 providers of minor oral surgery across the east of England and the re-procurement was to identify a single provider. The new service was to start by September 2018. Services were to continue to be provided from various locations but changes of location were possible. **March 2019 update** This service was successfully re-procured in 2018. There are still multiple providers in multiple locations.

Copies of the Oct & Dec 2017 and Jan 2019 NHOSC Briefings are available from the Democratic Support and Scrutiny Team Manager maureen.orr@norfolk.gov.uk .

Commercial confidentiality must be observed with regard to the procurement processes that are still ongoing. NHSE M&E(E) representatives will answer any questions about these services as fully as they can without risking compromise of the procurement processes which could leave them open to challenge by bidders.

3.4 **National dental contract reform**

3.4.1 The national dental contract in 2006 established the payment of dental practices per unit of dental activity (UDA) rather than per patient (capitation) and effectively removed the concept of patient registration with a dental practice. Reform of the 2006 contract has been under discussion and trial since 2011 when 70 dental practices began to pilot new contract models. New prototype contracts were introduced in 2016 and it is expected that around 120 practices in England will sign up to them by March 2019.

3.4.2 There are two types of prototype contract both of which include a capitation element (i.e. a payment per patient registered and regularly attending). The prototypes are being used to test what works well for dentists and patients, with more emphasis on prevention and oral health, and will help shape the new NHS general dental services contract to be be rolled out from April 2020. For instance, NHS England is currently looking at introducing a weighting element to the capitation payment to reduce inequalities by enabling more time to be spent on treatment for those patients who need it most.

3.4.3 The recommendation that NHOSC supported regarding patient registration and transfer of patient records (see paragraph 2.2, 1. above) should be at least partly met by the new contract.

4.0 Suggested approach

4.1 After the representatives of NHS England M&E(E) and Norfolk Local Dental Committee have introduced their papers, Members may wish to examine the following areas:-

(a) Does NHS England M&E(E) consider that sufficient dental services have been commissioned to cover all parts of Norfolk?

(b) What progress has been made with regard to provision of NHS dental services to the families of service personnel at RAF Marham and the general public in west Norfolk?

(c) Have the funds released by the closure of dental practices at Snettisham and East Harling been fully re-allocated towards additional capacity around those areas?

(d) Have the efforts at national level to speed up provision of NHS performer numbers to incoming dentists enabled local practices to recruit more dentists?

(e) The Local Dental Committee's paper (Appendix B) mentions 'flexible commissioning' which could mean additional emergency slots in practices to take pressure off existing emergency care providers, or expansion of domiciliary services and care home treatments. Do the commissioners see this as a practical way forward?

(f) Has NHS England M&E(E) taken any other specific steps to support recruitment and retention of dentists in Norfolk?

(g) Has there been progress in providing more specialist services at local hospitals (see paragraph 3.2)?

(h) In what way will the new special care dentistry, primary care orthodontic services and dental out of hours services contracts improve access to these services?

5.0 Action

5.1 The committee may wish to consider whether to:-

(a) Make comments and / or recommendations to the commissioners based on the information received at today's meeting.

(b) Ask for further information for the NHOSC Briefing or to examine specific aspects of access to NHS dentistry in Norfolk at a future meeting.

IN TRAN communication for all	If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

NHS England Report for General Dental Services (Norfolk)

Norfolk County Council Health and Scrutiny Committee

March 2019

Current NHS Dental Services provision in Norfolk

The Norfolk area is covered by the following Clinical Commissioning Groups (CCGs); West Norfolk, North Norfolk, South Norfolk, Norwich and Great Yarmouth & Waveney.

There are 98 dental providers in Norfolk offering NHS dentistry, 31 providers offering NHS orthodontic care; 8 PDS and 23 GDS contracts. In addition there are dental access centres in Norwich and King's Lynn offering urgent dental care to patients who do not have access to a regular dentist.

The total spend for primary care dental services in Norfolk in 2018/19 was £45,870,301.66 for 1,589,832 UDAs and 47,502 UOAs.

List of dental practices and performance data in the Norfolk area attached as Appendix 1.

Practices taking on patients

Dental practices are able to open and close their lists to new patients and do not require consent from NHS England to do this.

In early March 2019, 50 practices in Norfolk reported to be taking on patients.

List of dental practices accepting patients attached as Appendix 2.

Contract delivery

NHS England continues to monitory contract delivery. Where contractors fail to deliver their contracted activity NHS England may reduce the activity to a level that can be delivered. NHS England will then determine if additional activity will need to be commissioned and propose the most effective and efficient way to accomplish this.

Termination of dental contracts

MyDentist gave notice to terminate contracts in both Snettisham and East Harling in September 2018 and both practices ceased providing dental services at the end of November 2018. NHS England commissioned additional activity with a small number of local practices on a non-recurrent basis in the West Norfolk and South Norfolk areas. These arrangements will be extended into 2019/20.

Mr Shah of Unthank Road, Norwich, gave notice to terminate his contract; termination will take effect at the end of March 2019. NHS England is currently recommissioning the activity in the local area on recurrent basis with local providers to maintain access in the local area.

Population per dentist and the number of dentists providing NHS dentistry

Table 1. Number of dentists with NHS activity, for years ending 31 March, England - NHS England region geography and CCG

	2016/17			2018/19		
	Total number of dentists	Population per dentist	Dentists per 100,000 of population	Total number of dentists	Population per dentist	Dentists per 100,000 of population
West Norfolk	61	2,870	35	64	2,736	37
North Norfolk	74	2,323	43	67	2,566	39
South Norfolk	116	1,982	50	109	2,109	47
Great Yarmouth and Waveney	116	1,859	54	121	1,782	56
Norwich	170	1,275	78	165	1,314	76
East	1,930	2,241	45	1,987	2,177	46
England	24,007	2,302	43	24,308	2,274	44

Source: NHS Dental Statistics for England: 2017-18.

There are fewer dentists per 100,000 of population in West Norfolk and North Norfolk than England and East. Great Yarmouth and Waveney, Norwich and South Norfolk have more dentists per 100.000 of populations and consequently each dentist in these areas have a lower population per dentist than England and East.

Whilst there has been a small increase overall in the total number of dentists, there has been a decrease in North and South Norfolk and Norwich.

Trend in child and adult dental access rates

NHS Dental Statistics: 2018-19, Second Quarterly Report shows that access rates in West Norfolk are much lower than Norfolk, East and England

Table 2: Patients seen in the previous 24 months and child patients seen in the previous 12 months as a percentage of the population, by patient type and CCG

	Children			Adults			Total		
	30 Jun 2018	30 Sep 2018	31 Dec 2018	30 Jun 2018	30 Sep 2018	31 Dec 2018	30 Jun 2018	30 Sep 2018	31 Dec 2018
NHS West Norfolk	39.9	39.6	38.6	39.1	38.6	37.6	39.3	38.8	37.8
North Norfolk	46.9	46.9	46.8	45.7	45.2	44.8	45.9	45.5	45.1
South Norfolk CCG	48.5	48.0	47.8	49.6	48.6	48.4	49.4	48.5	48.3
Gt. Yarmouth & Waveney	65.0	64.7	64.7	73.6	73.1	73.2	71.9	71.4	71.5
Norwich	82.4	81.4	81.4	77.3	77.1	77.1	78.3	77.9	77.9
Norfolk	56.3	55.8	55.6	55.8	55.2	54.9	55.9	55.3	55.0

East	56.5	56.1	56.4	51.7	51.1	51.2	52.7	52.2	52.2
England	58.6	58.3	58.6	50.7	50.3	50.4	52.4	52.0	52.2

Source: NHS Dental Statistics: 2018-19, Second Quarterly Report

Trend in child and adult dental health (also showing comparisons with the East of England and England)

Adults

Oral Health Needs Assessment for East Anglia October 2014 reported that local data on adult oral health are not routinely collected in the UK. In many areas there is a paucity of local information on adult oral health so measures of child dental health are the most commonly used indicators of dental disease.

The decennial national surveys do collect data to regional level. Overall, in the most recent Adult Dental Health Survey 2009, twenty per cent of dentate adults in the East of England were found to have excellent oral health. That is they had twenty one or more natural teeth, 18 or more sound and untreated teeth, no active decay at any site, no periodontal pocketing or loss of attachment above 4mm and no plaque or calculus. This is the highest percentage in England and compares with an England average of ten per cent.

Oral health needs assessment Appendix 3

Children – 5 year old

The oral health survey of 5 year old children who attend mainstream, state-funded schools across England is carried out as part of the Public Health England National Dental Epidemiology Programme. The 2017 survey shows a wide variation at both regional and local authority level for both prevalence and severity of dental decay. Overall 76.7% of 5 year old children in England had no experience of obvious dental decay.

This is the fourth consecutive survey which has shown improvement in the proportion of children free from obvious dental decay

Table 3: Variation in the percentage of five-year-old children with decay experience (d3mft>0) in the East of England by lower tier local authority (LA):

	2008	2012	2015	2017
	% d3mft > 0			
Breckland	16.1	25.5	17.6	13.3
Broadland	26.1	25.2	16.4	11.2
Great Yarmouth	29.5	26.9	21.7	22.4
King's Lynn & West Norfolk	16.4	28.7	19.0	19.7
North Norfolk	38.0	28.8	16.0	13.2
Norwich	34.2	31.9	26.7	17.7
South Norfolk	28.3	22.7	8.6	9.5
Waveney	19.2	21.9	24.4	15.2
East of England	24.8	23.0	20.3	18.1
England	30.9	27.9	24.7	23.3

The year on trend in people accessing A&E departments in Norfolk with dental problems

The data below has been interrogated in different interpretations to gain a better understanding on activity.

From the table we can see that the majority of patients are self-referrals, who are discharged without the need for a follow up treatment, after having undergone a dental treatment.

The most common age groups that are attending the Queen Elizabeth and Norfolk and Norwich University Hospital A&Es for dental related treatment are 0-4, 25-29 & 75-79.

A&E Referral Source	**Year**			
	2016/17	**2017/18**	**2018/19**	**Grand Total**
00: General medical practitioner	2	1		3
01: Self-referral	8	10	14	32
07: Health care provider: same or other	1	7	8	16
08: Other	1			1
92: General dental practitioner		3	2	5
NULL	2	2	1	5
Grand Total	**14**	**23**	**25**	**62**
Treatment 1 Desc	**Year**			
	2016/17	**2017/18**	**2018/19**	**Grand Total**
222: Guidance/advice only - Verbal	1	1		2
56: Dental treatment	13	21	23	57
57: Prescription/medicines prepared to take away		1	2	3
Grand Total	**14**	**23**	**25**	**62**
Attendance Outcome	**Year**			
	2016/17	**2017/18**	**2018/19**	**Grand Total**
01: Admitted to a hospital bed /became a lodged patient of the same health care provider	1	2	4	7
02: Discharged - follow up treatment to be provided by general practitioner	3			3
03: Discharged - did not require any follow up treatment	4	16	21	41
06: Referred to other out-patient clinic	1	4		5
07: Transferred to other health care provider	1			1
11: Referred to other health care professional	1	1		2
12: Left department before being treated	3			3
Grand Total	**14**	**23**	**25**	**62**
Age Banding	**Year**			
	2016/17	**2017/18**	**2018/19**	**Grand Total**
00 - 04	2	3	2	7
05 - 09		2	4	6

10 - 14	1	1	1	3
15 - 19	2		1	3
20 - 24	1	1		2
25 - 29	2	2	3	7
30 - 34		5	1	6
35 - 39		2	1	3
40 - 44			1	1
45 - 49		1		1
50 - 54		1	3	4
55 - 59			1	1
60 - 64	1		2	3
65 - 69	1	1		2
70 - 74	1			1
75 - 79	1	3	3	7
80 - 84		1	2	3
85 - 89	2			2
Grand Total	**14**	**23**	**25**	**62**

Current orthodontic waiting times

Further to the update in May 2018, NHS England has commenced the procurement of PDS orthodontic services across East. The procurement will be undertaken on a regional basis and will involve six batches. East Anglia will be in the final batch. Call for competition commences in the summer and it is anticipated that successful bidders will commence delivering services in late summer 2020.

We are unable to share what could be considered commercially sensitive information. Current waiting times range from 3 months to approximately 2 years.

Community dental services waiting times (for general clinics and for general anaesthetic)

The percentage of patients seen under 8 weeks has stabilised.

The NCH&C waiting standard for general anaesthetic (adults & paediatrics)

NHS England is aware that the provider is not meeting its waiting standard of 18 weeks for general anaesthetic, in relation to both adults and paediatrics. NHS England is working with the provider, where they possibly can, to provide more sessions to reduce this waiting time. We also hold regular contract meetings with the provider to address this. The service is reviewing all patients who have waited over 40 weeks to consider if their needs can be met through inhalation sedation. Work is also being undertaken to try and increase capacity at Queen Elizabeth Hospital Kings Lynn and developing ways to move more patients to be seen at that location.

Progress towards provision of NHS dental services for the families of service personnel at RAF Marham and for the general public in that area

Meetings and discussions have continued to take place during 2018/19 between NHS England and RAF Marham. Discussions will continue over the next few months.

Outcome of the Dental Strategy Group's 2018 review of current service provision in Norfolk (around access to routine and urgent dental care)

The Dental Strategy group is currently mapping out service provision with emphasis on areas where there are known gaps and poor access to routine and urgent dental care, this includes West Norfolk. The results of the mapping will determine what actions are required to ensure stability of services moving forward.

Outcome of NHS England's 2018 review of the dental access centres

Proposals for the future of dental access centres across the patch will be presented to an NHS England – East of England decision making group within in early April 2019.

Outcome of NHS England's consideration of whether to pilot Personal Dental Services Agreements (as a way of improving access in areas of high need)

Approval has been given and the first early marketing events for providers has been held. This project is an ongoing process and we are not currently in a position to provide the outcome.

National progress in Capita's management of the NHS performers list

NHS England continues to work with Capita and holds regular meetings. Processes and systems have been put in place to ensure that performer list applications are dealt with as smoothly as possible. There has been a reduction at a local level in the delays incurred in processing applications.

Debbie Walters, Contract Manager, Primary Care Dental March 2019

Appendix 1 List of dental practices and performance data in the Norfolk area - attached

Appendix 2 List of dental practices in Norfolk accepting new patients (as at early March 2019) - attached

Appendix 3 Oral Health Needs Assessment for East Anglia 13 October 2014

List of dental practices and performance data in the Norfolk area

Contractor(s)	Surgery Name	Treatment location	Contracted UDA April 2018 to March 2019	Percentage of contracted UDA and carry forward UDA achieved	Contracted UOA April 2018 to March 2019	Percentage of contracted UOA and carry forward UOA achieved
M and H Tehrani,Jinesh Vaghela, Jiten Va	Beech House Dental Surgery	56 High Street, Dareham	11,500.00	67.0 %	0.00	N/A
Rookwood Dental Practice	Rookwood Dental Practice	Connaught Road, Attleborough	4,439.00	87.8 %	0.00	N/A
OASIS DENTAL CARE LTD	Oasis Dental Care Harleston	24-26 Redenhall Road, Harleston	28,270.00	56.2 %	0.00	N/A
OASIS DENTAL CARE LTD	Oasis Dental Care North Walsham	15a Market Place, North Walsham	17,904.00	88.5 %	0.00	N/A
OASIS DENTAL CARE LTD	Oasis Dental Care Dereham	1 Gwersylt Villas, Cowper Road, Dereham	41,356.00	41.2 %	0.00	N/A
Whitecross Dental Care Limited	Oradental	115-117 High Street King's Lynn	21,000.00	72.8 %	0.00	N/A
Whitecross Dental Care Limited	Terrence House Dental Surgery	15 a Market Place, North Walsham	25,917.00	63.5 %	0.00	N/A
IDH Limited	Guildhall Dental Practice	9 Upper Goat Lane, Norwich	21,213.00	62.7 %	0.00	N/A
IDH Limited	Market Place Dental Practice	1 Bridewell Street, Wymondham	14,000.00	78.9 %	0.00	N/A
IDH Limited	Adp Kings Lynn	11 Purfleet Street, King's Lynn	34,178.00	46.8 %	0.00	N/A
IDH Limited	Idh Gorleston	116 Lowestoft Road, Gorleston-on-Sea	23,462.00	72.3 %	0.00	N/A
Beechcroft Dental Care Ltd	Beechcroft Dental Practice	New Costessey	11,009.00	94.4 %	0.00	N/A
Corner House Norwich LLP	Corner House Dental	31 Unthank Road	1,835.00	78.7 %	0.00	N/A
Zain Shamoon	Friends Dental Practice	185 Wroxham Road, Sprowston	3,783.00	94.1 %	1,800.00	98.7 %
Parish Vaid & Snehal Radia & Sanjay Shah	Dental Surgery	183 Reepham Road	21,611.00	94.0 %	0.00	N/A
Dr P Vaid, S Radia and S Shah	Clarence House Dental Practice	78 High Street, Watton	47,200.00	81.1 %	0.00	N/A
Golden Triangle Practice LLP	Golden Triangle Dental Practice	88 Earlham Road	2,303.00	87.7 %	0.00	N/A
UEA Dentists	Uea Health Centre	University of East Anglia	8,680.00	28.4 %	0.00	N/A
Parish Vaid and Snehal Radia and Sanjay	Carlton Lodge Dental Surgery	5 Augusta Street, Sherringham	32,567.00	72.3 %	0.00	N/A
Wood, Bryant & Coyle	Oasis Dental Care Gorleston	66 High Street, Gorleston	427.00	104.5 %	0.00	N/A
Wood, Bryant & Coyle	Oasis Dental Care North Walsham	15a Market Place, North Walsham	2,914.00	9.1 %	0.00	N/A
Dr P Vaid, Dr S Radia and Dr S Shah	Clarence House Dental Practice	39 High Street, Downham Market	40,332.00	85.8 %	0.00	N/A
S Emami, M Dehghanpour, J Vaghela, J Va	Beech House Dental Surger	56 High Street, Dereham	16,500.00	72.4 %	0.00	N/A
Orford Hill Limited	Orford Hill Dental Surgery	8 Orford Hill	16,000.00	83.7 %	0.00	N/A
Conrad Costa and Audrey Costa	Castle & Costa Dental Services	6 Vawdrey Road, Drayton	4,718.00	95.5 %	0.00	N/A
Peirson Services Ltd	Dental Surgery	148-150 Aylsham Road	11,000.00	69.1 %	0.00	N/A
Mr M Eyrumlu and Mr A Eyrumlu	Gayton Road Dental Practice	Gayton Road Dental Clinic, King's Lynn	22,000.00	75.6 %	0.00	N/A
Taverham Dental Health Clinic Limited	Taverham Dental Practice	230 Fakenham Road, Taverham	37,140.00	85.6 %	0.00	N/A

Ms Teresa Kleinhans	Wensum Dental Practice	65 Norwich Road, Fakenham	21,000.00	54.3 %	0.00	N/A
Brundall Practice Limited	Brundall Practice	5 Links Road	31,173.00	85.6 %	0.00	N/A
Hunstanton Dental Practice	Hunstanton Dental Practice	38 Northgate, Hunstanton	8,000.00	82.5 %	0.00	N/A
Woodview Dental Health Dental Practice	Woodview Dental Health Practice	Burgh Road, Aylsham	7,185.00	82.2 %	0.00	N/A
Parish Vaid & Snehal Radia & Sanjay Shah	Crown Road Dental Practice	3 Crown Road	14,285.00	83.3 %	0.00	N/A
Parish Vaid & Snehal Radia & Sanjay Shah	St Cuthberts Dental Practice	84 Blenheim Road	7,509.00	102.7 %	0.00	N/A
Parish Vaid & Snehal Radia & Sanjay Shah	St Cuthberts Dental Practice	84 Blenheim Road	28,860.00	89.3 %	64.00	0.0 %
Parish Vaid & Snehal Radia & Sanjay Shah	Crown Road Dental Practice	3 Crown Road	13,132.00	84.6 %	0.00	N/A
Parish Vaid & Snehal Radia & Sanjay Shah	Ormesby Dental Care	Pippin Close, Ormesby St Margaret	18,962.00	80.8 %	579.00	96.7 %
Esmerelle Limited	Church Street Dental Practice	London House, Church Street, Attleborough	0.00	N/A	4,936.00	92.7 %
Witard Dental Practice	Witard Dental Practice	23 Witard Road	22,500.00	44.4 %	0.00	N/A
The Loddon Dental Practice	Loddon Dental Practice	40-48 George Lane, Loddon	15,830.00	44.5 %	0.00	N/A
The Loddon Dental Practice	Loddon Dental Practice	40-48 George Lane, Loddon	800.00	92.9 %	0.00	N/A
Unnati Limited	Dental Surgery	2-4 Exchange Square, Wisbech	6,642.00	85.2 %	0.00	N/A
West Earlham Dental Health Practice Lim	West Earlham Dental Health Practice	50 Earlham West Centre	37,500.00	70.0 %	0.00	N/A
Apex Dental Care Partnership Gorleston-(	Oasis Dental Care Ltd	66 High Street, Gorleston	0.00	N/A	13,479.00	97.3 %
Treetops Dental Practice Limited	Treetops Dental Practice	Suite 11, Pottergate	24,165.00	63.9 %	0.00	N/A
Peacock & Shrestha	Peacock & Shrestha Dental Practice	42 Prince of Wales Road	37,546.00	78.3 %	0.00	N/A
Smile Orthodontics	Smile Orthodontics	154a Dereham Road	3,380.00	79.7 %	0.00	N/A
Simply Smile Manor House	Manor House Dental Surgery	Long Stratton	21,060.00	82.6 %	0.00	N/A
DMJ Norwich Limited	St James Dental Centre	124 Barrack Street	21,500.00	95.7 %	0.00	N/A
DMJ Norwich Limited	St James Dental Centre	124 Barrack Street	15,500.00	72.6 %	0.00	N/A
Diss Dental Health Centre Limited	Diss Dental Health Centre	3 Mount Street, Diss	16,000.00	31.7 %	0.00	N/A
Compass Clinic Limited	Compass Dental Clinic	Wells Community Hospital, Mill Road, Wells-Next-The-Sea	45,100.00	90.7 %	0.00	N/A
Enslin Limited	Enslin Limited	17-19 West Street, Cromer	20,007.00	90.7 %	0.00	N/A
Mazdak Eyrumlu and Azad Eyrumlu		107 Wootton Road, King's Lynn	51,387.00	42.0 %	0.00	N/A
All Saints Green Dental Clinic Limited	All Saints Dental Clinic	55 All Saints Green	5,800.00	55.1 %	0.00	N/A
Miss Susan Allen and Mr Terence Michae	Hopton Dental Surgery	1 Station Road, Hopton	11,455.00	54.9 %	0.00	N/A
Larry Levin & Jeff Sherer	Corner House Dental Surgery	7 Regent Road, Lowestoft	7,548.00	83.9 %	0.00	N/A
Best, Hardy & Abeln	Corner House Dental Surgery	24 Norwich Road, Cromer	4,690.00	84.2 %	0.00	N/A
MR IS SMITH	Grange Dental Surgery	Lynn Road, Snettisham	4,083.00	43.1 %	129.00	98.4 %
MR RA BURKETT	The Little House Dental Surgery	199 Plumstead Road	1,750.00	69.2 %	0.00	N/A
The Little House Dental Surgery	The Little House Dental Surgery	75 Spixworth Road, Old Catton	0.00	N/A	0.00	N/A
Riverside Dental Surgery	Riverside Dental Surgery	6 St Anns Street, King's Lynn	14,224.00	81.0 %	0.00	N/A
MR RF TILLY	The Mulbarton Dental Surgery	The Common; Mulbarton	14,750.00	63.8 %	0.00	N/A

MR SR PATEL	Patel S R	177 Unthank Road	5,810.00	72.2 %	0.00	N/A
MR AA KHODADADIAN	Fair Green Dental Practice	63a Lower Denmark Street, Diss	7,400.00	79.8 %	0.00	N/A
MR IO OSHIGA	Beechcroft Dental Practice	New Costessey	8,000.00	69.5 %	0.00	N/A
MR G KARATZOPOULOS	Acle Dental Surgery	The Green, Acle	27,000.00	66.3 %	0.00	N/A
MR N LAWRENCE	Lynn Road Dental Practice	Gayton Road Dental Clinic, King's Lynn	22,763.00	85.8 %	0.00	N/A
MR A BROWN	Parker & Brown Dental Practice	88 Hall Road	6,666.00	73.3 %	0.00	N/A
MISS K RUSTAGE	Spixworth Dental Surgery	86 Crostwick Lane ; Spixworth	4,320.00	58.1 %	0.00	N/A
MR JS FROST	Cotman House Dental Surgery	7 St. Martin At Palace Plain	551.00	87.9 %	900.00	98.3 %
MR IS MALHERBE	Brooklyn House Dental Surgery	33 Norwich Road, Fakenham	14,961.00	70.6 %	0.00	N/A
Station House Dental Surgery	Station House Dental Surgery	High Street, Stalham	550.00	69.2 %	0.00	N/A
MRS AM RAE	Hall Farm Dental Surgery	Hall Lane, Roydon, King's Lynn	1,414.00	94.4 %	0.00	N/A
MR MC ACKERMAN	Hethersett Dental Surgery	33a Great Melton Road; Hethersett	259.00	82.0 %	0.00	N/A
Mr S Elphick and Mr V Patnam	Sr Elphick	541 Earlham Road	3,200.00	65.9 %	579.00	0.0 %
MR WK DRYDEN	Castle Rising Dental Surgery	Castle Rising, King's Lynn	3,336.00	83.4 %	0.00	N/A
MR AR HARE	Palace Place Orthodontic Practice	9 St Martins at Palace Plain	612.00	82.1 %	709.00	90.1 %
MR JG PLUMMER	J G Plummer And Associates	30 Sussex Road, Gorleston	1,721.00	74.7 %	0.00	N/A
MR JG PLUMMER	J G Plummer And Associates	West Road, Caister-on-Sea	3,000.00	81.3 %	0.00	N/A
MR JG PLUMMER	J G Plummer And Associates	5 Upper Stafford Avenue	1,529.00	62.1 %	0.00	N/A
MR JG PLUMMER	J G Plummer And Associates	Wymondham Medical Centre, Postmill Close, Wymondha	0.00	N/A	10,328.00	92.3 %
MR JG PLUMMER	John G Plummer And Associates	Mary Chapman Close , Thorpe St Andrew	13,778.00	94.3 %	1,408.00	69.6 %
MR JG PLUMMER	The Old Medical Centre	Bradwell Medical Centre, Bradwell, Great Yarmouth	17,482.00	85.8 %	1,430.00	104.7 %
MR JG PLUMMER	J G Plummer And Associates	Queen Street, Great Yarmouth	25,930.00	87.7 %	1,430.00	100.8 %
MR JG PLUMMER	Hemsby Medical Centre	Hemsby	34,892.00	84.6 %	1,980.00	91.8 %
MR JG PLUMMER	John G Plummer & Associates Dental Surg	Mary Chapman Close, Thorpe St Andrew	51,443.00	62.3 %	2,750.00	95.2 %
MR LS KHANGURA	MR LS KHANGURA	49 Ipswich Road	2,800.00	65.3 %	0.00	N/A
Mr S Camderman and M Birgani	Den Team Dental Centre	527 Earlham Road	350.00	44.1 %	0.00	N/A
MR RB DE VILLIERS	Grovefield Dental Surgery	49 Yarmouth Road	46,679.00	85.8 %	0.00	N/A
Dental Surgery	Jim Peirson Dental	148-150 Aylsham Road	1,081.00	92.4 %	0.00	N/A
MR JM STOKES	Cathedral Street Dental Practice	10-12 Cathedral Street	10,641.00	96.2 %	68.00	61.8 %
MRS TL KLEINHANS	MRS TL KLEINHANS	65 Norwich Road, Fakenham	473.00	91.0 %	0.00	N/A
MR NJ SUMSER-LUPSON	Spixworth Dental Surger	86 Crostwick Lane, Spixworth	6,600.00	76.1 %	0.00	N/A
MR M PATEL	Aylsham Dental Practice	21 Red Lion Street, Aylsham	15,939.00	87.4 %	0.00	N/A
MR MF BERGENDAL	Bridge Street Dental Surgery	37 Bridge Street, Fakenham	15,000.00	89.0 %	0.00	N/A
MR MR GOODARZI	Fair Green Dental Practice	63a Lower Denmark Street, Diss	28,637.00	83.6 %	0.00	N/A
Ramesh Sharma	John Holmes Dental Surgery	3 The Pightle, Swaffham	9,500.00	79.4 %	0.00	N/A

List of dental practices in Norfolk accepting new patients (as at early March 2019)

Surgery Name:	Surgery Address:	Post code:	Telephone:
Fair Green Dental Practice	63a Lower Denmark Street, Diss	IP22 4BE	01379 651 689
Fair Green Dental Practice	63a Lower Denmark Street, Diss	IP22 4BE	01379 651 689
Diss Dental Health Centre	3 Mount Street, Diss	IP22 4QG	01379 642 522
Clarence House Dental Practice	78 High Street, Watton	IP25 6AW	01953 882 777
Cathedral Street Dental Practice	10-12 Cathedral Street	NR1 1LX	01603 628 963
Parker & Brown Dental Practice	88 Hall Road	NR1 3HP	01603 621 623
All Saints Dental Clinic	55 All Saints Green	NR1 3LY	01603 623 936
Aylsham Dental Practice	21 Red Lion Street, Aylsham	NR11 6ER	01263 732 127
Acle Dental Surgery	The Green, Acle	NR13 3QX	01493 750 757
The Mulbarton Dental Surgery	The Common; Mulbarton	NR14 8AE	01508 578 889
Manor House Dental Surgery	Long Stratton	NR15 2XJ	01508 530 514
Church Street Dental Practice	London House, Church Street, Attleborough	NR17 2AH	01953 454 358
J G Plummer And Associates	Wymondham Medical Centre, Postmill Close, Wymondham	NR18 0RF	01953 601 501
Guildhall Dental Practice	9 Upper Goat Lane, Norwich	NR2 1EW	01603 760 032
Smile Orthodontics	154a Dereham Road	NR2 3AB	01603 767 747
Golden Triangle Dental Practice	88 Earlham Road	NR2 3HA	01603 627 455
Carlton Lodge Dental Surgery	5 Augusta Street, Sherringham	NR26 8LA	01263 823 119
Oasis Dental Care North Walsham	15a Market Place, North Walsham	NR28 9BP	01692 406 103
Terrence House Dental Surgery	15 a Market Place, North Walsham	NR28 9BP	01692 405 891
Oasis Dental Care North Walsham	15a Market Place, North Walsham	NR28 9BP	01692 406 103
Ormesby Dental Care	Pippin Close, Ormesby St Margaret	NR29 3RW	01493 730 384
Hemsby Medical Centre	Hemsby	NR29 4EW	01493 732 433
Palace Place Orthodontic Practice	9 St Martins at Palace Plain	NR3 1RN	01603 610 067
St James Dental Centre	124 Barrack Street	NR3 1TL	01603 219 024
Jim Peirson Dental	148-150 Aylsham Road	NR3 2HD	01603 425 885
Dental Surgery	148-150 Aylsham Road	NR3 2HD	01603 425 885
Crown Road Dental Practice	3 Crown Road	NR30 2JN	01493 842 313
J G Plummer And Associates	Queen Street, Great Yarmouth	NR30 2QP	01493 842 559

Idh Gorleston	116 Lowestoft Road, Gorleston-on-Sea	NR31 6NB	01493 665 933
J G Plummer And Associates	30 Sussex Road, Gorleston	NR31 6PF	01493 604 666
The Old Medical Centre	Bradwell Medical Centre, Bradwell, Great Yarmouth	NR31 8HB	01493 662 717
Hopton Dental Surgery	1 Station Road, Hopton	NR31 9BE	01502 732 124
Corner House Dental Surgery	7 Regent Road, Lowestoft	NR32 1PA	01502 567 568
Uea Health Centre	University of East Anglia	NR4 7TJ	01603 592 173
Beechcroft Dental Practice	New Costessey	NR5 0RS	01603 747 651
Beechcroft Dental Practice	New Costessey	NR5 0RS	01603 747 651
West Earlham Dental Health Practice	50 Earlham West Centre	NR5 8AD	01603 250 583
Dental Surgery	183 Reepham Road	NR6 5NZ	01063 408 362
John G Plummer And Associates	Mary Chapman Close, Thorpe St Andrew	NR7 0UD	01603 700 990
John G Plummer & Associates Dental Surgeons	Mary Chapman Close, Thorpe St Andrew	NR7 0UD	01603 700 355
Witard Dental Practice	23 Witard Road	NR7 9XD	01603 432 026
Taverham Dental Practice	230 Fakenham Road, Taverham	NR8 6QW	01603 865 666
Hethersett Dental Surgery	33a Great Melton Road; Hethersett	NR9 3AB	01603 810 220
Adp Kings Lynn	11 Purfleet Street, King's Lynn	PE30 1ER	01553 777 330
Riverside Dental Surgery	6 St Anns Street, King's Lynn	PE30 1ET	01553 762 909
Mazdak Eyrumlu and Azad Eyrumlu	107 Wootton Road, King's Lynn	PE30 4DJ	08445 769 336
Gayton Road Dental Practice	Gayton Road Dental Clinic, King's Lynn	PE30 4EA	01553 767 790
Grange Dental Surgery	Lynn Road, Snettisham	PE31 7QB	01485 541 875
John Holmes Dental Surgery	3 The Pightle, Swaffham	PE37 7DF	01760 721 335
Clarence House Dental Practice	39 High Street, Downham Market	PE38 9HF	01953 882 777

Report by Nick Stolls, Secretary Norfolk Local Dental Committee

Report to Norfolk County Council Health Overview and Scrutiny Committee
11 April 2019

This report is by way of a follow up to the report I presented to HOSC last year on the status of NHS dentistry in North West Norfolk and should be read alongside that report to offer an update on many of the issues raised then.
(The previous report is available on the Norfolk County Council website, click Reports, 8 AppC LDC report).

I reported on the progress of the reform of the current NHS dental contract which would aim to provide greater security for patients by way of their ability to register with a dentist. The emphasis would be placed on prevention, unlike the current contract which places activity and treatment at its heart. Progress has been somewhat variable but there is a desire by NHSE and the DHSC to have a model that can be implemented by 2020. It is an ambitious timetable but with good will from both sides could be achievable.

The specific current issues to update the Committee on include,

1. **Access.** This has not improved in either North West Norfolk or indeed across the county. Recruitment of dentists has become even more difficult in many rural parts of the county and Norfolk has suffered in much the same way as many other regions. It is a similar picture to that of General Medical Practice however it is worth reporting that NHSE has introduced a scheme of 'golden hellos' to attract new GPs to North West Norfolk to try and address the shortage. No scheme is forthcoming for NHS dentistry and anecdotally it is understood that some dental practices who are part of a corporate chain have introduced their own scheme which has still failed to attract potential colleagues to come to the county. So the solution is more complicated that simply throwing more money at it. How Brexit will impact on the workforce in Norfolk is still hard to predict due to the uncertainty surrounding the negotiations currently however it is unlikely to improve the current situation. The challenges facing NHS dental practices have been significant but there has been a worrying trend across the country whereby practices are simply closing and handing back their NHS contract to the commissioners. We have seen two examples of this in Norfolk in the previous year when practices in East Harling and Snettisham both closed their doors, not just to NHS patients but to all patients - they ceased to be a dental practice. The impact that these decisions have had on the patients in North West Norfolk can easily be imagined however as a Local Dental Committee we are

still waiting for an answer from the commissioners as to how they are going to use the funds released from those practice closures to commission further NHS dentistry in those most hard pressed areas. But if practices can't recruit the clinical staff then there is unlikely to be an appetite from potential practice owners to bid for any newly commissioned service. The LDC has been working hard to identify ways to attract colleagues to the county but it is a complex situation and not one that can be solved quickly. I mentioned last year the fact that clawback money was increasing at an alarming rate. In these challenging times that NHS dentistry finds itself in, this has meant that more practices fail to hit their activity targets and so the unused Dental budget (known as clawback) continues to rise year on year. Last year the figure stood at £1.64m in Norfolk but despite requests the commissioners have not provided the figure for 2017/18. There is however a desire to try and recycle this clawback money and the term 'flexible commissioning' has started to be seen as the way forward. Flexible commissioning would mean some of this money might be used to provide additional emergency slots in practices to take the pressures off the existing emergency care providers or possibly to expand domiciliary services and care home treatments for example. The LDC would be eager to work with the commissioners to see this initiative progressed in the county. Again however no expansion of services can be anticipated without the availability of the additional workforce. Sadly there has been no progress in recruiting a consultant in restorative dentistry and patients in the county still have no access to specialist advice for restorative, endodontic or periodontal care under the NHS. I mentioned in the last report the difficulty the profession faced with gaining an NHS performer number for new dentists to the country and new graduates. This has improved to a degree but even within the past few months I have been assisting colleagues who have been affected in the past due to the failures on behalf of Capita. The commissioners have been reasonable and engaged to help resolve these problems but colleagues have still had to take the financial responsibility for something that was not within their control and was not of their making. Again this is impacting on dental workforce and morale.

2. **Orthodontic procurement.** England is currently undertaking a exercise to reprocure specialist orthodontic activity. There have been areas of Norfolk where the availability of specialist orthodontic activity has been poor, again North West Norfolk in the Kings Lynn area is one such place and the reprocurement of services has allowed the commissioners to address these shortcomings. The LDC have had constructive discussions with the commissioners to arrive at a position where patients might access specialist orthodontic services more readily although there are still some concerns that the availability in Norwich will be impacted by a reduction in

the quantity of work proposed to be commissioned compared with that currently purchased.

3. **Sedation services.** The profession relies more and more on the referral services for patients that present at dental practices with associated high levels of anxiety. This seems to be an ever increasing problem and these patients have benefited from a referral to specialist clinics offering intravenous sedation. This service has been reduced of late and so some of the most vulnerable patients are finding it difficult to access the supportive treatment needed to address their additional needs. Should they require a general anaesthetic for their dental condition and phobia then a wait of two years is not uncommon.

4. **Child oral health.** In last year's report the scandalous state of the oral health of some children living in the more deprived parts of the county was highlighted. There has been a lot of activity between the public health team at the County Council, NHSE commissioners and the LDC to identify solutions. Work is currently being undertaken to make oral health education more accessible to young mothers by way of digital products on the Just 1 Norfolk platform and this greatly assists those families who often are not aware of how to maintain a good quality of oral health in their new babies or young children. So it was with dismay that the LDC learnt that most of the Children's centres in the county were to be closed. These centres were a place where the hard to reach families could be given information that they simply wouldn't have accessed through their normal day to day activities and it will impact adversely in the casual oral health education that these centres have previously offered.

5. **Staffing** at NHS England remains challenging but the dental profession continue to enjoy a good working relationship with both the commissioners in the East of England despite further upheaval through NHS reorganisation and also with Alex Stewart at Healthwatch Norfolk. Poor patient access to NHS dental services in the county is a multifactorial problem but can be addressed by employing good working relationships with those organisations that can influence change. It is Norfolk LDCs intention to continue to foster those good relationships and together endeavour to create the environment to make those changes happen.

Eating disorder services

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of access to eating disorder services for patients in Norfolk including adults and children, community and specialist in-patient services.

1. Purpose of today's meeting

1.1 The focus areas for today's meeting are:-

(a) To examine the situation regarding access to eating disorder services for patients in Norfolk including the community services commissioned by the Norfolk and Waveney Clinical Commissioning Groups (CCGs) and in-patient services adults and children.

(b) To examine the process for patients' transition from children's to adults' services.

The subject was added to today's agenda following information briefings from the local commissioners in the January and February Norfolk Health Overview and Scrutiny Committee (NHOSC) Briefings which informed Members of staff recruitment difficulties, access restrictions and long waiting times for the community eating disorders service in central and west Norfolk, and variable levels of patient monitoring within primary care.

1.2 The Norfolk and Waveney CCGs were asked to provide a report with the following information for today's meeting:-

- Details of the commissioned community services
- The latest situation with staffing, numbers of referrals and waiting times as well as the trend over the past year. (Including waiting times for inpatient services as well as community services)
- Performance benchmarking with other regional services and England as a whole
- Details of how patients are transferred from the children's to the adults service

- Explanation of how and why the decision was taken for the Cambridge and Peterborough Foundation Trust (CPFT) Adult Eating Disorder service to restrict access to 'severe' cases only
- How 'severe', 'moderate' and 'mild' eating disorders are defined?
- How people who are triaged as 'mild to moderate' cases, i.e. not eligible for the CPFT Adult ED service, are managed at the point when they are told they cannot access the CPFT service? (i.e. in terms of transfer or signposting to other services)
- How long they expect the restriction on access to the CPFT Adult ED service to be in place?
- Details of the funding increase to Eating Matters from Jan 2019 in terms of how much more capacity that provides for people with mild to moderate eating disorders.
- Any general updates about the subject which they think the committee should know.

The CCG report is attached at **Appendix A.**

NHS England Regional Specialised Commissioning were asked to provide the following:-

- Details of the commissioned in-patient services
- The numbers from Norfolk using the services

The Specialised Commissioners' report is attached at **Appendix B.**

Representatives from the CCGs and from NHS England Regional Specialised Commissioning will attend the meeting to answer Members' questions.

1.3 CCG commissioned community eating disorder services in Norfolk are provided by:-

1. **Cambridge and Peterborough Foundation Trust's (CPFT) Norfolk Community Eating Disorders Service (NCEDS)** –for adults over 18 in central and west Norfolk with moderate to severe eating disorders.

2. **Eating Matters** – for adults over 18 across Norfolk and Waveney with mild to moderate eating disorders.

3. **Norfolk and Suffolk NHS Foundation Trust** – for adults in Great Yarmouth and Waveney (GY&W) and children across Norfolk and Waveney. (In GY&W the children's service goes up to age 25; in the rest of Norfolk it goes up to age 18).

Invitations to the meeting have been extended to these organisations.

1.4 Cambridgeshire and Peterborough NHS Foundation Trust, the provider of Norfolk Community ED Services (NCEDS), has a contract with **Beat** eating disorders charity to help deliver training and peer support for carers in Norfolk as well as care skills workshops for carers of people with eating disorders. They also help organise GP training by taking bookings and supplying a Beat Ambassador (volunteer with lived experience) and Beat staff member who delivers a short talk about Beat and provides materials.

Beat has supplied a paper for today's meeting (**Appendix C**) and a representative will attend.

1.5 Some GP practices in Norfolk provide Locally Commissioned Services (LCSs) for medical monitoring of eating disorders patients following assessment by the Norfolk Community Eating Disorders Service to ensure that the patient is suitable for monitoring in this way and provision of a plan detailing the monitoring requirements. The LCSs are in the Norwich, South Norfolk, North Norfolk and West Norfolk CCG areas but not in the east of the county.

In March 2019 Norfolk and Waveney Local Medical Committee (LMC), the body which represents local GPs, raised concerns with NHS England that the access restriction on the community eating disorders service has passed responsibility for monitoring vulnerable patients on to GPs, without provision of a monitoring plan, and risks them working over and above their levels of competency. They asked NHS England to investigate the matter and support the local CCGs to ensure it is appropriately and adequately addressed. The LMC has provided a copy of their letter to NHS England, dated 5 March 2019, which is attached at **Appendix D.**

The LMC was invited to attend today's meeting but unfortunately none of their Executive members were available.

2. Background

2.1 NHOSC added 'Eating disorder services' to today's agenda after receiving information about the services in the January and February 2019 NHOSC Briefings. The Briefings are available from the Democratic Support and Scrutiny Team Manager maureen.orr@norfolk.gov.uk on request but the latest information is included in the reports at Appendix A and B.

2.2 The February Briefing included information about the restriction of Norfolk Community Eating Disorders Service to severe cases only. The CCGs regarded this as a temporary emergency measure due to the shortage of suitably trained and appropriately qualified specialist staff.

2.3 The National Institute for Health and Care Excellence's (NICE) latest guidelines and standards in relation to eating disorders are:-

- 'Eating disorders: recognition and treatment' guideline published in May 2017
  https://www.nice.org.uk/guidance/ng69

- 'Eating disorders' quality standard published in September 2018
  https://www.nice.org.uk/guidance/qs175

These provide detailed guidance on improving access to services and standards of treatment for a range of eating disorders in the community and via in-patient services and describe high quality care

2.4 There are national access and waiting time standards for children and young people's access to eating disorders services. These require NICE concordant treatment to start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. Services are expected to meet these standards in 95% of cases by 2020.

There are no equivalent national standards for adult services.

Current waiting times in Norfolk are included in the CCGs' report at Appendix A.

3.0 Suggested approach

3.1 After the CCGs and NHS England Regional Specialised Commissioning have presented their reports, Members may wish to examine the following areas:-

(a) How long is access to the Norfolk Community Eating Disorders Service expected to be restricted to severe cases only? (See paragraph 2.1)

(b) The commissioners' report (Appendix A) describes the adult eating disorders services in Great Yarmouth and Waveney as 'a more eclectic model than in the Central and West Norfolk area'. It is currently meeting waiting time targets, which is in marked contrast to the situation in the rest of Norfolk. How do the commissioners rate the overall effectiveness of the two models?

(c) The requirement for eating disorder services has increased substantially in recent years. Are the CCG and Specialised Commissioners commissioning the right kind of services and what opportunity is there for commissioning preventative services in this field?

(d) What is the process for people who are moving from children's to adults' eating disorder services, including patients coming in to Norfolk or moving to other parts of the country at this point? (Whether from a children's to an adult service or from one adult service to another).

(e) To what extent is ongoing support available for those patients who have a long term eating disorder?

(f) Since 2012 the CCGs have made arrangements with GPs for the provision of medical monitoring services for adults with eating disorders. They have encountered varying levels of engagement from primary care. What more can be done to ensure a good level of primary care support to all patients with eating disorders across the county?

(g) The NICE quality standards say that people with eating disorders who are being supported by more than one service should have a care plan that explains how the services will work together. To what extent is this done in Norfolk?

(h) How do the specialist and community eating disorder services co-ordinate with each other and with primary care to ensure that patients are safely transferred between the services or discharged from eating disorder services?

4.0 Action

4.1 The committee may wish to consider whether to:-

(a) Make comments and / or recommendations to the commissioners based on the information received at today's meeting.

(b) Ask for further information for the NHOSC Briefing or to examine specific aspects of children's and / or adults' eating disorder services at a future meeting.

IN TRAN communication for all	If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Briefing report to Norfolk Health & Overview Scrutiny Committee – 11th April 2019 – Eating Disorders (ED)

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Report to Norfolk Health & Overview Scrutiny Committee – 11th April 2019 Eating Disorders Services – Norfolk & Waveney, all age groups & tiers

Contents

1. Context

Eating disorders are a group of illnesses in which the sufferer experiences issues with body weight and shape, which disturbs their everyday diet and attitude towards food. Eating disorders (ED) are usually long-lasting and have serious implications, including risk of death, impaired health, psychiatric comorbidity and poor quality of life for the patient and those around them. The risk of early death in this population is among the highest of patients with psychiatric disorders, whether due to physical complications (e.g.,multi-organ failure) or mental health issues (e.g., suicide). The weighted crude mortality rate is approximately 5.1 deaths per 1,000 person-years for anorexia, and 1.74 per 1,000 person years for bulimia[1].

Mainline therapies for eating disorders, outlined by the National Institute for Health & Care Excellence (NICE), are clearly set out and are predominately based on Cognitive Behavioural Therapy or Family Therapy approaches. Across Norfolk & Waveney the different services use different approaches proportionately and appropriately, following NICE guidance for the main part.

Knowledge of services across the East region identifies that a variety of inpatient and community eating disorders services face recruitment & retention challenges, with multi-faceted causes. The

[1] Arcelus, J., Mitchell, A. J., Wales, J. & Nielsen, S. 2011. Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. Arch Gen Psychiatry, 68, 724-31.

Strategic Clinical Network (SCN) for eating disorders in the Eastern Region recently identified that services in the area have experienced vacancy levels of 6% to 37% in the 12 months of 2018. Competition for experienced, qualified workforce in this area of specialism is high with other competing specialisms trying to attract this level of skilled practitioner and the potential for the death of the patient and the subsequent processes higher in this area of work than in other areas of psychiatry

2. Statutory Services

2.1 Providers & background

Adult Eating Disorder Services (18 years +):

In Central[2] and West Norfolk these are commissioned from Cambridge & Peterborough Foundation NHS Trust (CPFT) and the Norfolk Community Eating Disorders Service (NCEDS). The coordinating commissioner for this service is South Norfolk CCG. These services are based from The Springs site in Sprowston, with satellite clinic offered in Kings Lynn. South Norfolk CCG are the coordinating commissioner for this service.

The Adult ED service for **Great Yarmouth & Waveney** (GYW) area is commissioned from Norfolk & Suffolk Foundation Trust (NSFT) through Great Yarmouth & Waveney CCG. This service is based at Northgate Hospital, Great Yarmouth.

Children's & Young Peoples ED (CYP-ED) services:

These services are commissioned from NSFT across Norfolk & Waveney, with South Norfolk the coordinating commissioner for Norfolk CCG's. These services are based at The Julian Hospital site (Central team), Northgate site (GYW team) and Thurlow House (West team).

Central & West Norfolk CYP-ED services are delivered to population ages 0-18years, GYW CYP-ED services are delivered to population ages 0-25years. This leads to GYW providing an all-age service and the Central & West system providing a CAMHS and adult offer with clear transition pathways as someone approaches 18 years of age.

CYP-ED services have a higher level of involvement with prevention and early intervention, consultation, liaison and education, and offer an assertive outreach approach where needed.

The Children's & Young Peoples ED (CYP-ED) service across Norfolk received a significant increase in funding through the Local Transformation Plan (LTP) in 2015, this was via national direction. All 5 Norfolk & Waveney CCGs agreed to align and pool their joint planning capacity and the anticipated new funding allocations in line with the intentions of both Future in Mind and NHS England's guidance regarding LTPs, producing a single LTP. In doing so, they work with a range of partner organisations from the statutory and voluntary sector, under the auspices of Norfolk's long established CAMHS Strategic Partnership.

At this time (2015), it was also recognised that at the time NSFT reported a 25% year on year increase in referrals to the CYP-ED service, both in numbers and complexity of morbidity, and they were no longer able to safely accept and treat this level of demand. As a result of the Future in Mind, LTP recommendations, significantly increased demand on services and new access targets,

[2] 'Central' includes North Norfolk, South Norfolk & Norwich CCG's

a very significant increase in the CYP-ED staffing was agreed and funded, in order to be able to provide safer and more effective delivery of ED services to CYP. This needs to be considered alongside the context, as outlined, of risk of death being higher in this patient group. These factors were all being seen nationally and replicated at a local level.

2.2 Staffing

Adult Eating Disorder Services (Central & West Norfolk) Norfolk Community Eating Disorder Services (NCEDS)

EDS team includes psychology and psychiatry staff, Cognitive Behavioural Therapy (CBT)/ED specialist therapists, psychology assistants, admin and team management. The staffing complement of the service is based on best practice guidelines nationally from NICE plus a local needs assessment conducted by UEA in 2012. The service is deliberately psychologically therapeutically modelled in accord with NICE guidelines

NCEDS is has experienced significant difficulties in recruiting CBT/ED specialist therapists for the past 12 months, which has had a dramatic impact on the ability of the service to meet demand and Key Performance Indicators. Papers outlining the position of the service were presented to the Joint Strategic Commissioning Committee in Autumn 2018

In November 2018 Cambridge and Peterborough NHS Foundation Trust took the action to raise the threshold for accepting referrals, such that it currently can only accept new referrals for those individuals triaged as having a severe ED or in need of priority treatment pathways. [*Please see later section within 'service performance' for further information on this issue.] They undertook this action for on the grounds of patient safety as a high number of patients were waiting considerable periods of time between the assessment process and starting active treatment.

Exploration of staff / skill mix is being reviewed to resolve current staffing challenges. The NCEDS team totals 12.1 Whole Time Equivalent (WTE) staffing, of which 2.4WTE are administrative staff and 9.7 WTE clinical staff. Vacancy levels have been around 3.3WTE for a significant period of 2018 and into 2019, all of which are clinical therapeutic staffing roles.

Recruitment campaigns have been undertaken four times without success and Agency and Locum markets are also short of this area of specialism. The Provider and the Commissioners have been working in partnership to implement new recruitment approaches and new modern techniques to work towards invigorating the staffing establishment, providing other means of service delivery with the aim to re-establish the original criteria for access to the service

The fifth recruitment campaign during January to March 2019 has been successful and resulted in the offer of appointments to the newly created roles of Clinical Nurse Specialist and Speciality Doctor. Once all recruited to positions are in post – pending employment checks and notice periods, anticipated to be by the end of May 2019 - the team will be close to full staffing capacity, dependent on no further changes to the staffing position. The cautionary caveat being that this staffing position is fluid and can change.

Adult Eating Disorder Services (Great Yarmouth and Waveney) – Norfolk and Suffolk NHS Foundation Trust

The Adult Eating Disorder Service covering the Great Yarmouth and Waveney area is commissioned from Norfolk and Suffolk NHS Foundation Trust. The team comprises a speciality

doctor, therapy and nursing staff, admin and support staff. The WTE in this GYW team, specifically allocated for the adult provision, equates to 4.5WTE. The model of service delivery in place is a more eclectic model than in the Central and West Norfolk area.

Children And Young Peoples Eating Disorder Service (Norfolk and Waveney) - Norfolk and Suffolk NHS Foundation Trust

NSFT team comprises Consultant psychiatry, associate specialist, clinical psychology, systemic family psychotherapy, CBT therapy, assistant psychology, clinical nurse specialist, senior nurses, assistant practitioner, specialist eating disorder support worker, social worker, occupational therapy, admin, specialist dietician, and community team manager. The CYP-ED team establishment totals 29.9 WTE staff.

From January 2018, for 6-9 months, the CAMHS ED service in the Central Norfolk team operated with staffing establishment and vacancies significantly below establishment, due to challenges with recruitment and retention. This had a knock on impact on service delivery at that time (see CYP-ED Service Performance section).

2.3 Service Performance

Adult Eating Disorder Services (Central & West Norfolk) - Norfolk Community Eating Disorder Services (NCEDS)

NCEDS provides treatment to people with an Eating Disorder of moderate to severe severity who require treatment for weight restoration or stabilisation, or management of abnormal weight control mechanisms. It provides treatment to people with the following diagnoses:

- Anorexia nervosa;
- Bulimia Nervosa;
- Eating Disorders not otherwise specified (EDNOS);
- Binge Eating Disorder.

NCEDS has locally determined Access & Waiting Time Standards contracted as follows:

- 100% of urgent assessments taking place within 4 days. For the 12 months to June 2018 this was met at 100%.
- 90% of routine assessments taking place within 28 days. For the 12 months to June 2018 73.8% of routine assessments were delivered within this Key Performance Indicator.
- Referral levels during this same 12 month timeframe totalled 133 accepted referrals. Since 2011/12 NCEDS have seen a 17% increase in the numbers of referrals received.

NCEDS provision of services to those people with moderate to severe Eating Disorder is determined using the following criteria, aligned to the Diagnostic Statistical Manual (DSM) of Mental Disorders diagnosis criteria, and outlined in table 1.

Table 1 – Adult NCEDS distinction for urgent and routine		
	Anorexia Nervosa	Bulimia Nervosa
Severe eating disorder	BMI<15kg/m2 Rapid weight loss Evidence of system failure	Daily purging with significant electrolyte imbalance. Co-morbidity, e.g. diabetes

Moderate eating disorder	BMI 15-17kg/m2 No evidence of system failure	Regular & frequent (>2 per week) binge eating & purging but no significant electrolyte imbalance Some medical consequences, e.g. chest pains, dizziness
Mild eating disorder	BMI>17kg/m2 No additional co-morbidity	Sub-diagnostic frequency of bingeing and vomiting purging No significant medical complications

As of the end of February 2019, NCEDS waiting list & times is as follows:

- Waiting list:
    - Awaiting assessment: 27, these are routine referrals accepted before the threshold was raised. For 2 patients who were referred back to primary care as a result of the temporarily raised threshold, GP's made contact about escalating concerns re patients' deterioration, for which NCEDS then provided a rapid assessment and first stage of treatment to stabilise the patient's condition. NCEDS were able to respond rapidly because of the managed referral process that has been put in place with the raising of the thresholds.
    - Awaiting treatment: 41 – all of these people have received the evidence-based 'Keeping Myself Safe' first stage intervention, all of those awaiting treatment are of either routine (27 people) or priority (14 people) need - none of these people are classed as urgent. Treatment is expedited where clinical risks rise.
- Average waiting time: 42 – 52 weeks from triage to 1:1 treatment. This is significantly impacted by the current recruitment challenges and 'honouring' the routine referrals accepted before the acceptance threshold was raised. The waiting time for treatment of those people classified as both priority or urgent will be significantly lower, and there is infrequently anybody waiting for treatment who is classified as urgent.
- The following demonstrates this, by outlining the time from referral to assessment for each category of patient:
    - Average waiting time for those newly referred (since the revised thresholds were implemented) and classified as
        - Priority: is 14.5 days
        - Urgent: is 2.25 days
    - Average waiting time for those on the routine waiting list which has been 'honoured' from before the temporary raising of the access criteria: 91.8 days

Temporary restriction of the Norfolk Community Eating Disorders Service

NCEDS notified the Commissioners of the Adult Eating Disorder Services (for Central & West Norfolk) Norfolk Community Eating Disorder Services (NCEDS), South Norfolk CCG in the Spring of 2018 about initial difficulties in staff recruitment and retention. This was raised as part of the regular meetings between the provider and the commissioner to monitor performance and any difficulties.

During Summer 2018 the situation was notified to Commissioners that the staffing situation was not resolving, although all normal processes to address were being taken. Clinical concern was being

raised about patients having to wait longer periods between triage, assessment and commencement of treatment stages and this situation becoming unviable and unsafe.

Due to the escalation of concern papers were taken to the Joint Strategic Commissioning Committee in the Autumn appraising them of the situation and requesting consideration of the need to raise the service threshold because of clinical safety concerns.

In November 2018 Cambridge and Peterborough NHS Foundation Trust informed the Commissioner that they had had to invoke the criteria threshold shift because of patient safety concerns. The Provider and Commissioner ensured that the detailed pathways and rationale for the change was sent out immediately to all parties.

An essential part of the care pathway for patients is the Medical Monitoring function that is undertaken by Primary Care, either via the Locally Commissioned Service mechanism or by Primary Care undertaking this as a part of their core duties. Hence there was an immediate need to keep colleagues in Primary Care, the main referral route, informed of the situation and what the temporary care pathway would entail.

Actions to mitigate:

CEDS service took the action to agree communications for stakeholders and affected patients. These include the information on support still available to them, including:

- Access to the evidenced first line psychological treatment 'Keeping Myself Safe' podcast and online workbook and resources
- Self-help resources widely available, including books on prescription
- BEAT (the national Eating Disorders charity) which provides helplines / moderated online forums for those affected by eating disorders
- Routes for re-assessment by NCEDS to accessing treatment

To address the concerns of providers (including acute and primary care), commissioners, service users, and other stakeholders, we have worked consistently and collaboratively to minimise the disruption and risk to all. The actions taken or explored to date include those in table 2:

Table 2 - Mitigating actions taken to address the disruption and risk associated with the temporarily raised threshold for NCEDS.
Actions implemented - Discussions with the LMC and clinicians has led to NCEDS incorporating the following into their current service with its raised criteria:
• NCEDS will have a clinician on duty during daytime hours (09:00-17:00) Monday – Friday to be contacted to address Primary Care concerns or queries about: the current triage process and discussion of particular cases which have been triaged; concerns or queries about the escalation &/or re-referral of patients whose condition may have deteriorated in the community; Concerns or queries about patients who have been accepted into the NCEDS service. • Where a patient does not meet the raised criteria at the triage stage, NCEDS will provide bespoke advice for referrers regarding ongoing patient management. This is based on the referral information provided.
Actions underway - Exploration of the opportunities to utilise existing partner organisations / services to support service delivery:

- Eating Matters are developing a business case to offer Specialist Supportive Clinical Management – a non-CBT treatment approach for people with BMI >15. This has been positively received by commissioners who are working to implement this service as soon as practicably possibly with available training and resources.
- NCEDS are leading on exploring the opportunity to provide on-line 'remote' CBT treatment for people with BN & BED (appropriateness for this treatment is determined along diagnostic lines, but is not for those with BMI <17.5). A meeting held on 4th March 2019 proved positive and the provider, HEALIOS, and CPFT are currently developing the CBT offer which is currently scheduled to be finalised by April of 2019.
- Newmarket House, the Norwich based specialist inpatient unit for people with eating disorders, are currently working up a business case to deliver an intensive community treatment offer for people moving out of inpatient care. This has the scope to improve flow to inpatient care – allowing NCEDS to transfer people in a more appropriate timeframe, reduce the pressure on NCEDS to respond to priority referrals and provide a more effective stepped care approach for this population.
- NSFT central CAMHS ED service are developing a proposal for delaying transfer of care to NCEDS for those people approaching the transition of care point determined by their reaching the age of 18 years, where clinically appropriate. This could relieve demand on NCEDS to respond to these priority referrals, but impact on the service's ability to deliver services and to meet the nationally mandated access and waiting time standards for CYP-ED must be considered.
- BEAT are producing Norfolk specific promotional materials and promoting their range of support services more proactively and frequently. These include carers peer support, the BEAT national helpline and online support groups for those people living with or affected by eating disorders.

Actions explored and currently unviable / unable to progress

Exploration of sourcing appropriately skilled staff from other services / providers:

- Assistance from Cambridge Community Eating Disorders team explored - they are not sufficiently staffed to be able to offer any assistance.
- NSFT services were unable to release any capacity from their CBT trained staff
- CPFT services were unable to release any capacity from their CBT trained staff
- Exploration with private providers of eating disorders and CBT therapies

Other options explored to approach provision alternatively

- On line/telephone CBT resources from IESOI digital was explored. The proposition was not financially viable for them due to the relatively low patient numbers involved.
- BEAT considered the opportunity to offer a manual-based guided self-help service to people with new presentation of normal weight BN / BED. Due to staff resourcing and the additional training needed, this was seen as a long term project and not something which could be provided as a short-term offer.
- Local services with CBT trained staff have been approached to explore any available capacity to deliver a manual-based 10 session CBT (CBT-T) for people with BN. The appropriate services approached do not have the capacity to undertake this work.

Expected resolution:

Based on the outlined recruitment/staffing in section 2.2, NCEDS trajectory provides information to support the position that they will be able to resume normal services, with a removal of the temporarily raised acceptance criteria, by the end of quarter 2 in 2019/20.

Adult Eating Disorder Services (Great Yarmouth and Waveney) – Norfolk and Suffolk NHS Foundation Trust

The Adult Community Eating Disorder Service in Great Yarmouth and Waveney is commissioned to provide assessment and treatment to service users over the age of 18, with mild to severe eating disorders such as anorexia nervosa, bulimia nervosa, and atypical eating disorders including binge eating disorder

The GYW adult team accepted 68 referrals in the 12 months to June 2018.
The contracted response time from referral to assessment is: 4 working days of referral if the need is identified as urgent; or 20 working days if the need is identified as routine. These mirror the adult service for Central & West Norfolk.

The adult eating disorder service for GYW reports that the service is currently meeting waiting time targets and as such have no waiting list.

Children and Young Peoples Eating Disorder Service (Norfolk and Waveney) - Norfolk and Suffolk NHS Foundation Trust

Children's & Young Peoples Eating Disorder services are subject to national Access and Waiting Time Standards (AWTS), which adult's services are not.

These are as follows:

- National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

- The national delivery tolerance level for both Access Waiting Time Standards has been set at 95% from 2020. Local performance for Children's and Young Peoples Eating Disorder Access Waiting Time Standards performance is set at 95% currently.

Data against this Access Waiting Time Standard is submitted to NHSE ahead of local validation, which has led to NHSE published data giving a poorer representation of delivery than is locally agreed. We have been assured by the provider that, from the end of 2018, the validation timeframe has been significantly reduced and therefore CCGs expect data submissions to NHS England to be validated and accurate. Locally validated data shows that delivery against the:

- Urgent Access Waiting Time Standard performance sits at 92% for the 12 months to June 2018 – this includes one breach;

- Routine Access Waiting Time Standard performance sits at 80% for the 12 months to June 2018 this includes a period of time in which the Children And Young Peoples Eating Disorder Service (Norfolk and Waveney) Norfolk and Suffolk NHS Foundation Trust was experiencing a significant vacancy level, which impacted performance.

Referral levels during this same 12 month timeframe totalled 122 accepted referrals.

The level of risk for the Child or Young Person living with an Eating Disorder is assessed using the Junior MARSIPAN assessment, as set out in figure 1 – a complex interaction of physical, biochemical, psychological and behavioral factors.

	Blue (low risk)	Green (moderate risk)	Amber (alert to high concern)	Red (high risk)
BMI and Weight	• Percentage median BMI >85% • No weight loss over past 2 weeks	• Percentage median BMI 80-85% • Recent weight loss of up to 500g per week for 2 consecutive weeks	• Percentage median BMI 70-80% • Recent loss of weight of 500-999g per week for 2 consecutive weeks	• Percentage median BMI <70% (approximately <0.4th BMI centile) • Recent loss of weight of 1kg or more per week for 2 consecutive weeks
Cardiovascular health (depending on age and gender)	• Heart rate >60bpm; • normal sitting BP; • Normal orthostatic cardiovascular changes; • normal heart rhythm	• Heart rate 50-60bpm; • Sitting BP systolic 98-105mmHg and diastolic 40-45mmHg; • Presyncope symptoms but normal orthostatic cardiovascular changes; • Cool peripheries; • Prolonged periphery capillary refill time (normal central capillary refill)	• Heart rate 40-50bpm; • Sitting BP systolic <0.4th centile (84-98mmHg depending on age/gender) and diastolic <0.4th centile (35-40mmHg depending on age/gender); • occasional syncope; • Moderate orthostatic cardiovascular changes (fall in systolic BP of 15mmHg or more within 3 minutes of standing or increase of heart rate up to 30bpm)	• Heart rate <40bpm; • History of recurrent syncope; • Fall in systolic blood pressure of 20mmHg or more, or below 0.4th-2nd centiles for age, or increase in heart rate >30bpm); • irregular heart rhythm (does not include sinus arrhythmia)
ECG abnormalities	• Normal	• Normal except expected abnormalities relating to medication or family history	• Prolonged QTc interval	• Prolonged QTc interval; • evidence of tachy / bradyarrhythmia; • evidence of biochemical abnormalities
Hydration status	• Not clinically dehydrated	• Fluid restriction; • Mild dehydration	• Sever fluid restriction; • Moderate dehydration	• Fluid refusal; • Sever dehydration
Temperature			• <36%	• <35.5°C tympanic or 35.0°C axillary
Biochemical abnormalities			• Hypophosphatemia • Hypokalaemia • Hyponatraemia • Hypocalcaemia	• Hypophosphatemia • Hypokalaemia • Hypoalbuminaemia • Hypoglycaemia • Hyponatraemia • Hypocalcaemia
Disordered eating behaviours		• Moderate restriction; • bingeing	• Severe restriction (<50% required intake); • vomiting; • laxatives	• Acute food refusal or estimated calorie intake 400-600kcal per day
Engagement	• Some insight; • motivated; • ambivalence towards changes required for weight gain not evident in behaviour	• Some insight; • Some motivation; • Ambivalence towards changes required to gain weight but not actively resisting	• Poor insight; • Lacks motivation; • resistant to changes required to gain weight; • parents unable to implement meal plan advice	• Violent when parents try to limit behaviour or encourage food / fluid intake; • parental violence in relation to feeding
Activity / exercise (in the context of malnutrition)	• No uncontrolled exercise	• Mild levels of uncontrolled exercise (<1 hour per day)	• Moderate levels of uncontrolled exercise (>1 hour per day)	• High levels of uncontrolled exercise (>2 hours per day)
Self-harm and suicide			• Cutting or similar behaviours, suicidal ideas with low of risk of completed suicide	• Self-poisoning, suicidal ideas with moderate to high risk of completed suicide

Figure 1: Junior MARSIPAN used by CYP-ED as criteria for assessing urgency

3. Voluntary / third sector services

Eating Matters is commissioned to deliver services to adults over 18years old with mild eating disorders – classified as mild as per table 1 - by all Norfolk & Waveney CCG's - but in two separate arrangements. The Central & West system have a block contract arrangement, whereas GYW have a sessional arrangement with Eating Matters. The target group for Eating Matters is those people with Mild to Moderate Eating Disorders

In the Central & West system, in the 12 months to June 2018 Eating Matters accepted 197 adults into their service, 83 people were referred from NHS sources.

During the five years from 2012/13 to 2017/18 Eating Matters have seen a three-fold increase in the numbers of referrals received and accepted. The service has responded to increasing demand by expanding the space capacity within their current premises and recruiting additional therapists.

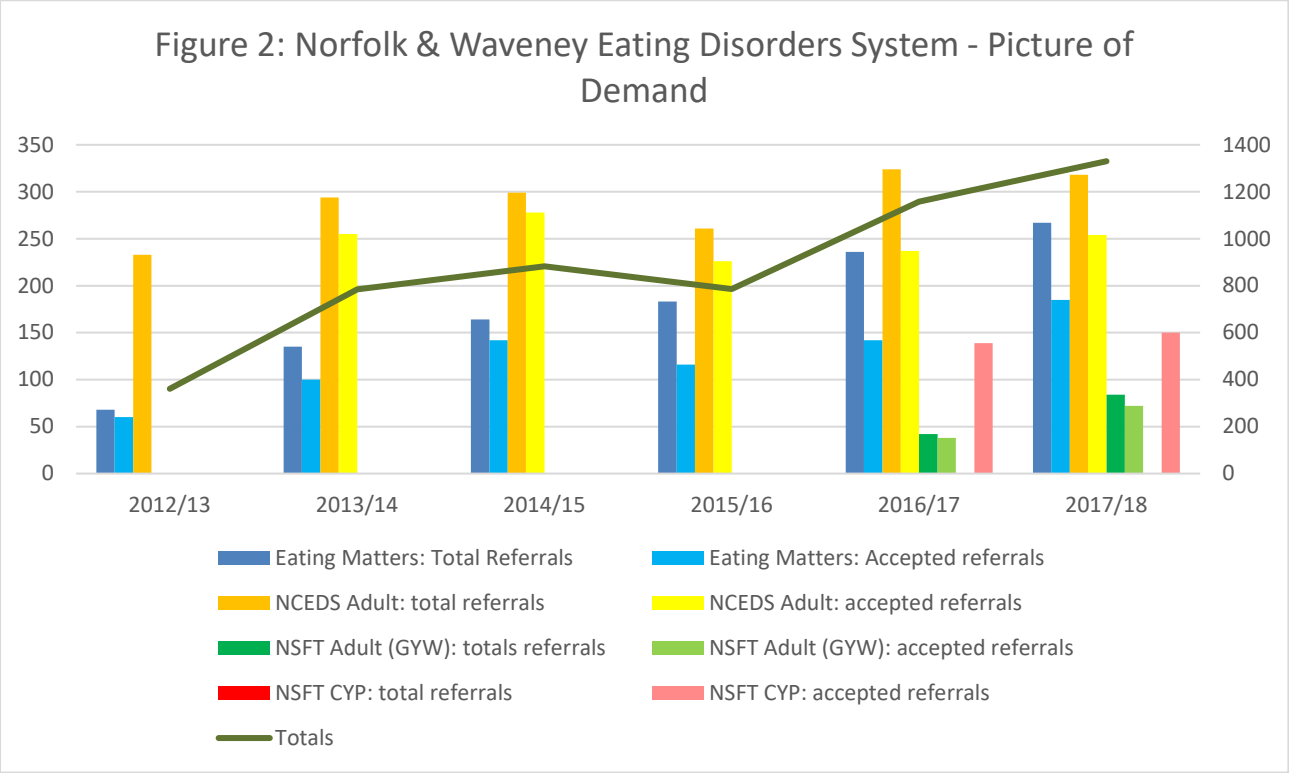
For 5 months, from June to November 2018, Eating Matters were unable to accept adult ED self-referrals, due to the increasing waiting lists as a result of increasing demand. Reflecting the increasing demand and to maintain a focus on prevention and early intervention, the CCG's of Central & West Norfolk agreed a funding increase for Eating Matters, to take effect from 1st April 2019. This increase reflects a funding uplift of over 56% for the service, to support ongoing capacity to provide support for individuals referred by NHS sources.

As of mid-March 2019, Eating Matters waiting list & times is as follows:

- In active service: 140
- Waiting list: 47 (20 assessed & awaiting interventions, 25 assessment arranged for March/April, 2 assessment to be arranged)
- Average waiting time: 6 to 8 weeks from referral to intervention starting

4. Demand for all services

The following – figure 2 - provides a picture of the trend in demand for eating disorder services in Norfolk & Waveney – noting that (a) the ways by which some aspects of demand is measured, and (b) the data collected by services has altered during the time period given:



5. NHS England Specialised Commissioning

NHS England currently commission inpatient treatment (tier 4) for eating disorders, for adults and children & young people, through the Specialised Commissioning functions.

For Adults with an Eating Disorder requiring a specialist inpatient treatment (Tier 4) the system is that the referring community provider has to identify appropriate units for admission, those that meet the patient's specialist needs and which of these have availability, before making applications and maintaining contact with each unit as to a bed becoming available.

In Norfolk & Waveney commissioners have coordinated discussions with NHS England to provide increased oversight and communication over this process, to provide NHS England with awareness of demand. During 2018 NHS England introduced a single referral form for the inpatient beds, which NHS England commission. This aided the process somewhat, and defined the expected response times to referrals: emergency within 24 hours; urgent within 7 days.

The **Children And Young Peoples Eating Disorder Service (Norfolk and Waveney) - Norfolk and Suffolk NHS Foundation Trust** tier 4 specialised commissioned beds are managed through NHSE teams, who support the routes into specialist beds, via Care Managers, through to tier 4 units.

Adult services link to inpatient treatment

Local data identifies that during the 12 month period to June 2018, the average waiting time for an adult Eating Disorder inpatient unit was almost 18 days. Some of these waits will be affected by patient choice for agreeing to admission and/or the unit of admission. The longest wait was 49 days, for a patient with complex needs who was referred from the acute hospital, from which their discharge was delayed due to the wait for the ED specialist inpatient bed.

NHS England will provide further data on the specialised commissioned eating disorders inpatient services.

CYP services link to inpatient treatment

Data is not readily collected to provide an average waiting time from referral to access of a specialist inpatient eating disorder unit placement for children and young people. The process of referral to accessing a bed often includes a period of time during which the person referred is not wholly ready for admission e.g. they may be still receiving acute medical care in an acute hospital. Additionally, eating disorders beds are utilised where an eating disorder is not the primary mental health issue, rather it forms part of a complex presentation of interlinked health problems. But, due to the nature of the eating disorder and the risks it poses, general mental health units are often unable to provide the care required for those with a complex presentation for which eating disorder is only a, often non-primary, part.

There are set performance indicators by which those tier 4 providers, acting as gatekeepers for specialist inpatient beds, must make a decision on the approval / non-approval of a referral to specialist commissioned inpatient beds. Norfolk & Waveney has also seen a re-design of, and increase in inpatient CYP-ED beds during the last 12 months, making access to care locally more readily available.

NHS England will provide further data on the specialised commissioned eating disorders inpatient services.

6. Primary Care

Whilst under the care of the Adult community Eating Disorders services some patients, particularly those with associated medical risks, will be identified as requiring on-going monitoring from primary care. As a result a service is needed for the physical health monitoring of patients with eating disorders. This is provided as a shared-care service for adults, under a Locally Commissioned Service arrangement, which intends to be easily accessible, locality based and delivered in a GP practice environment. Medical monitoring for children and young people ordinarily takes place in Primary Care in partnership with CAMHS Eating Disorder services

In 2012 the Norfolk & Waveney Local Medical Committee (LMC), which represents all GP's in Norfolk & Waveney, cautioned members against undertaking the medical monitoring of patients with eating disorders without an agreed shared care agreement. It made this recommendation on the grounds of:

- Patient safety, on the basis of GP's clinical skills & clarity of guidelines to follow;
- Lack of access to appropriate step-up service(s);
- This service falling outside of the core General Medical Service contract;
- Costs of service provision.

Since this time each CCG has made arrangements with its GP's for the provision of adult medical monitoring services, and each CCG has encountered varied levels of engagement from primary care. This has led to variation between each CCG in the arrangements for provision of this service, with provision in some areas being more challenging to manage. North, Norwich and South CCG areas have strong Primary Care engagement with the shared care arrangements in place whereas in the West CCG and Great Yarmouth and Waveney areas currently Primary Care engagement is less formalised. The creation of a shared care arrangement in these areas is in progress.

Although there are variations between CCG's the model of delivery in Norfolk & Waveney is held up as a best practice example within the Eating Disorder services in the East of England and nationally

7. Acute Hospitals & MARSIPAN

In order to support the safe care of people with severe anorexia nervosa who are admitted to general medical units, the Royal College of Psychiatrists established a working group to give clear guidance on the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN). The vision was that this guideline then forms *"the basis of local policies*", in order to provide the safest acute medical care and stabilisation in instances of very severe eating disorders.

Norfolk & Waveney has established MARSIPAN policies for adults and children & young people, which have evolved, via multi-stakeholder working group, into additional resources to support the care, treatment and pathways of people admitted to acute hospitals. These stakeholders are now working to harmonise, as far as possible, the policies across the Norfolk & Waveney system, and to coordinate work across all ages of service users.

8. Transfers & transitions

There are a number of places where people with eating disorders transfer or transition between services. Possibly the most significant transition point is that between Children and Young Peoples Eating Disorder Services and Adult Eating Disorder services. In the Central & West Norfolk system, the Children and Young Peoples Eating Disorder Services (NSFT) and Adult Eating Disorder Service (NCEDS) work collaboratively, for a 6 month period until transition at the age of 18 years, as clinically indicated and dependent on individuals being in active service at the age of 17 and half years. This transition is managed as a pathway individual to each patient's needs, but will include typically an agreed joint meeting, an assessment and transfer Care Programme Approach. The services meet each quarter to discuss any transitioning / upcoming transition cases formally, with communication about individual cases in-between.

There are other points of transfer between services, such as when an individual moves from a generic mental health team, moves to the area while in treatment or is discharged from a period of inpatient care. The risks and needs of transfer are assessed, incorporating NICE quality standards and other relevant recommendations wherever appropriate and feasible. People who are in transfer in these circumstances will be considered for treatment as a priority. This is a different categorisation to urgent or routine, as the continuation of treatment may take precedence to the usual criteria for triaging in this way.

9. Finances

The health system in Norfolk & Waveney spent circa £2.4m on specific eating disorders services in 2017/18. These costs do not include the expenditure for specific eating disorder services which cannot be extrapolated out from baseline funding within block contracts, such as the part of Children and Young Peoples Eating Disorder Services which is included in Norfolk and Suffolk NHS Foundation Trust block contract. Neither do they include the cost of services delivered within the acute sector, namely at the Norfolk & Norwich University Hospital, the James Paget Hospital and the Queen Elizabeth Hospital.

10. Benchmarking with other services

Adult Eating Disorder Services (Central & West Norfolk) - Norfolk Community Eating Disorder Services (NCEDS)

In 2016/17 Cambridge and Peterborough NHS Foundation Trust took part in a national benchmarking exercise, undertaken by the NHS Benchmarking Network. The following was highlighted of Adult Eating Disorder Services (Central & West Norfolk) Norfolk Community Eating Disorder Services (NCEDS):

Interventions: 5 of the 6 top reported interventions (NICE concordat) are provided
Referrals: receive higher than average number of referrals (65 per 100,000 population). The acceptance level against these referral levels is 3 points lower than the average reported acceptance rate, a rate which is consistent with other community mental health services.
Caseloads: caseloads are below the mean average and in line with median reported caseloads.
Waiting times: are identified as better than the average 6 week waiting time for assessment, from referral.
Staffing: slightly lower than average staffing levels. The teams were identified at the time as heavily staffed with clinical psychology compared to others services.

Children's & Young Peoples Eating Disorders – Norfolk & Suffolk Foundation Trust

To date, no benchmarking has been identified for CYP ED services which will provide for a similar comparison to that for adult services at this time. However, in comparing the access and waiting times data, we can demonstrate that the Children's and Young People's Eating Disorders services, provided by Norfolk & Suffolk Foundation Trust, across Norfolk & Waveney compares as follows:

	Norfolk & Waveney CYP-ED service		Eastern Region performance		UK performance	
	Urgent	Routine	Urgent	Routine	Urgent	Routine
Q2 2018/19	92%	80%	83.1%	86.7%	81.3%	80.2%
12 months to end Q3 2018/19	95.8%	68.1%	77.8%	81.6%	78.9%	82%

11. Further developments

Further to the previously outlined measures being taken to address the immediate implications of the change to the acceptance criteria in the NCEDS service, there are a number of additional developments in various stages. The following provides an overview of these developments:

- The East of England Strategic Clinical Network for Eating Disorders, of which the Norfolk & Waveney commissioners are regular attendees and one of few commissioners in attendance, are exploring implementing a peer review process for services. This would enable services to formally explore their services effectiveness and efficiency with critical friends, in recognition of a lack of other formal benchmarking options.

- Norfolk & Waveney commissioners and providers are actively engaging with the new models of care developments, which are in their infancy in the area.

- Norfolk & Waveney have proactively engaged with NHS England commissioners of tier 4 eating disorders provision in attempts to review current processes and share information on the local implications of current processes.

- We are in a process of reviewing and revising our model of service delivery, considering the services across the Norfolk & Waveney footprint and across the span of all ages. We are developing a coproduction approach to this process.

- We are engaged with Cambridge and Peterborough NHS Foundation Trust in a process of external review to compare the current service with high performing models elsewhere in the country.

- We are working with the Local Medical Committee to look at potential options as regards the arrangements for medical monitoring in Primary Care

12. Summary

Eating Disorders is a complex issue, with many factors impacting on the individual such as traumatic experiences in early life and the influence of social media. The condition interfaces the individual's Physical Health, Psychiatry and Psychology. The condition maybe short term but also can be medium and long term and chronic. Eating disorders has one of the highest mortality rates for any Psychiatric condition, as such it is distressing for all concerned, the individual, family and friends and the clinical staff involved in the care of the individual.

Factors, as outlined above, are seen as some of the reasons why recruitment into this area of specialism is becoming increasingly difficult. The workforce position that was the main factor for the position Norfolk Community Eating Disorder Service (NCEDS) experienced. Repeated recruitment activity was unsuccessful until March 2019 when 3 new specialist members of staff were recruited. Staffing and recruitment in this specialist appears to be variable across the country, across all age ranges therefore the position can alter rapidly. The trajectory to re-establish the original criteria for access to the service is planned for July 2019.

NICE guidelines provide for a number of different treatment options, dependent upon the individual's needs, one of the main options being CBT-E but others can be used. Norfolk CCG's are currently working with providers to explore potential options to increase flexibility and options for skill mix.

Specialist eating Disorder services are mainly constituted of specialist Psychiatry and Psychology provision, which are the main component of treatment provision. The Specialist Eating Disorder service works in partnership with Primary Care who are requested to work with the specialist services to undertake such activities as blood testing, weight monitoring, Squat testing and ECG's, if required.

The provision of the Primary Care element is not a requirement in the core Primary Care contract hence this service is requested to be considered by Primary Care under a Locally Commissioned Service arrangement. However individuals with an Eating Disorder may also have other concurrent physical health conditions hence strong linkage and oversight by Primary Care is a key aspect of the care pathway.

NHS England

Brief Title	Specialised Commissioning – Adult and Children and Adolescent Mental Health Services (CAMHS T4) - Eating Disorders
Date prepared	14 February 2019
For	Norfolk Health Overview and Scrutiny Committee (NHoSC) – February Information Briefing
From	Denise Clark, Interim Head of Specialised Mental Health, Regional Specialised Commissioning, Midlands and East (East of England)

1. Purpose

1.1. This briefing provides information for the Norfolk Health Overview and Scrutiny Committee February briefing, which includes:

- The specialised eating disorder services commissioned for children, young people and adults;
- The providers of specialised eating disorder services, and their locations (within the east of England);
- The numbers of young people and adults from Norfolk accessing specialised eating disorder services each year;
- The number of young people and adults from Norfolk admitted to providers outside of the county;
- The local 'capacity and demand' review (adults).

2. The Specialised Eating Disorder Services Commissioned for Children, Young People and Adults

2.1 NHS England, specialised commissioning, commissions a number of prescribed services which includes T4 inpatient eating disorder services for under 18s and adults.

2.4 East of England Specialised Commissioning Team holds the national NHS Standard Contract with a number of providers who provide eating disorder services within the East of England and across the country. (Some of whom also provide other specialised services).

2.6 Specialised Commissioning becomes the responsible commissioner for patients once admitted to a T4 inpatient bed. Until this point, Clinical Commissioning Groups (CCGs) retain responsibility.

3. The Providers of Specialised Eating Disorder Services, and their Locations (within the East of England).

3.1 Adults

There are 3 specialised inpatient eating disorder services within the East of England:

- Cambridgeshire and Peterborough NHS FT in Cambridge – capacity of 14 beds;
- Newmarket House Healthcare Ltd in Norwich – capacity of 10 beds;
- Priory Hospital Springfield in Chelmsford – capacity of 12 beds.

3.2 Children and Young People

There are 2 specialised inpatient eating disorder services within the East of England:

- Cambridgeshire and Peterborough NHS FT in Fulbourn – capacity of 14 beds;
- Rhodes Wood Hospital (Elysium Healthcare) in Hertfordshire – capacity of 29 beds.

3.3 The specialised commissioning team commission for patients from the East of England, although as these services are commissioned nationally, patients from England can access these services.

4. The Number of Young People and Adults from Norfolk Accessing Specialised Dating Disorder Services (*Norfolk data only - taken at January 2019).

**Please note that a total number has been given rather than a breakdown by CCG as in some years, the number of admissions is very small per CCG, and therefore may be identifiable.*

Count of patients - ADULTS	Admission Year			
	2015/2016	2016/2017	2017/2018	2018/2019
NHS NORTH NORFOLK CCG Total				
NHS NORWICH CCG Total				
NHS SOUTH NORFOLK CCG Total				
NHS WEST NORFOLK CCG Total				
Grand Total	**14**	**19**	**20**	**18**
Count of patients - CAMHS T4	**Admission Year**			
	2015/2016	**2016/2017**	**2017/2018**	**2018/2019**
NHS NORTH NORFOLK CCG Total				
NHS NORWICH CCG Total				
NHS SOUTH NORFOLK CCG Total				
NHS WEST NORFOLK CCG Total				
Grand Total	**12**	**27**	**20**	**4**

5. The Number of Young People and Adults from Norfolk Admitted to Eating Disorder Providers Outside of the County

5.1 Specialised services for patients from Norfolk are commissioned on a wider than Norfolk footprint. East of England of Specialised Commissioning Team commissions for all of the patients from East of England.

5.2 Adults - the East of England region has 1 unit in Norfolk – Newmarket House Clinic. The table below indicates the number of patients admitted from the Norfolk CCGs, to all other units nationally.

Admission Year			
2015/2016	2016/2017	2017/2018	2018/2019
8	12	13	9

5.3 CAMHS T4 – there are no specialised eating disorder services in Norfolk for young people, and therefore all young people from Norfolk are admitted to available services across the country, based on clinical need and risk.

5.3.1 Some under 18's with less complex eating disorders are treated within T4 CAMH GAU services which is in accordance with the national CAMH service specification. These are not reflected in the numbers provided.

6. The Local 'Capacity and Demand' Review (Adults)

6.1 NHS England has commissioned a review from Public Health England which is focussing on inpatient provision within the East of England region only.

6.2 The aim of the review is to inform NHS England, of:

- The need for tertiary care for patients over the age of 18 years from the East of England;
- To provide observations from the current demographics and prevalence.

6.3 The timescale for completion of the review is 31 March 2019.

6.4 A national review is also underway, due to conclude at the end of April 2019.

6.5 The outcome of the review will inform next steps.

Information provided by:
Denise Clark

Concerns relating to capacity of Norfolk Community Eating Disorders Service (NCEDS)

For: Norfolk Health Overview and Scrutiny Committee

We are seriously concerned about access to treatment for adults with eating disorders and their carers in Norfolk, as well as the staff of NCEDS who must be under immense pressure, given the low capacity of the service.

Beat's work with NCEDS

Beat has a contract with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to work with Norfolk Community Eating Disorders Service (NCEDS) to help organise GP training (although NCEDS designs and delivers the training), to provide a telephone-based peer-coaching and support scheme for carers (called ECHO), and a two-day care skills training course for carers.

We have had difficulty in filling the course for carers, given the low number of patients which NCEDS currently has the capacity to provide treatment for.

Access to treatment at NCEDS

The limited capacity of NCEDS means that in practice most adults with an eating disorder in Norfolk will be unable to access specialist treatment. We would like to highlight to the commissioners that when treatment is only accessible to the most severely ill, this sends a terrible message to people with eating disorders that they are not 'ill enough' to deserve treatment. Access based on BMI can encourage those who are desperate for help to try to lose more weight. It is also a false economy because of the severe deterioration that is likely as people wait for treatment, often leading to planned or emergency hospital admissions.

The limited capacity of NCEDS will also mean that the safety of a high proportion of adults with eating disorders will be dependent on GPs and other non-specialists, who may not be equipped to detect signs of deterioration and medical risk. **We would like the committee to consider whether NCEDS current capacity is limiting their ability to offer advice and assistance to GPs, including in terms of the interpretation of blood results.**

A GP has recently said to us that NCEDS is only accepting referrals of people with a BMI of less than 15 (presumably with the exception of the priority groups mentioned in the January Norwich CCG board paper). Making decisions about offering treatment based purely on BMI alone (or any other single measure) contradicts NICE guidance. BMI *alone* is a very unreliable measure of medical risk. Patients who are losing weight rapidly or those with an average BMI but who are frequently bingeing and purging can be at just as much or even greater medical risk than someone with a very low BMI. **Whilst the current staffing levels make high access thresholds inevitable, we would like the commissioners and provider to clarify the criteria being used to determine the severity of referrals to NCEDS.**

Staffing levels and mix

The Norwich CCG governing body's January board paper refers to a backlog of referrals having built up "*whilst awaiting decision from CCG*". The CCG is not named but presumably this refers to the lead commissioner. **Why was the decision to recruit a Band 7 Psychologist delayed, given the serious risks to the lives of patients that will result from understaffing an eating disorders service?**

In response to the PHSO report NHS England commissioned the NHS Benchmarking Network to conduct a national audit of Adult Eating Disorders Services in 2017. **There may be opportunities through this network for the Trust and commissioners to identify and make contact with others who could offer advice on service model/staffing and recruitment and retention.**

Transitions/Coordination of care

Following a review commissioned by North Norfolk CCG, in 2014 Dr Christine Vize made a series of recommendations to the CCG, one of which was that: "*Patients receiving active treatment from another service, who are then transferred to the care of NCEDS need to carry on in treatment without interruption. Transfers therefore require a different care pathway to that used for new referrals.*" The January CCG board paper for Norwich CCG stated that patients transitioning from children and young people's services and from inpatient treatment are treated as priority cases at NCEDS. Evidence provided to the Norfolk Safeguarding Adults Board (NSAB) detailed a procedure for managing transitions between the local eating disorders service for children and young people to NCEDS but did not outline any such protocol for patients being transferred between services in different areas. **We would like the committee to investigate whether patients being transferred from Adult services in other parts of the country (including University students who are living away from home) are being sufficiently prioritised?**

In her review Dr Vize also recommended that: "*Two specifically named doctors should be given contracts with NNUH to enable them to share information about joint patients as a matter of course*". In her 2018 report for Norfolk Safeguarding Adults Board, Gill Poole noted that this had not been achieved, although a Service Level Agreement between NCEDS and NNUH regarding information sharing for joint patients had been. **We would like to know if these honorary contracts are in place yet and if not, whether this is likely to hinder the ability of NCEDs and NNUH to share information on joint patients.**

Norfolk & Waveney
Local Medical Committee

Representing all GPs in Norfolk, Gt Yarmouth & Waveney

Dr Paul Watson
Regional Director
NHS England

5th March 2019

Norfolk Community Eating Disorder Service

Dear Paul

We wish to raise an issue with you regarding the significant inadequacies of the Norfolk Community Eating Disorder Service (NCEDS) run by Cambridgeshire and Peterborough NHS Foundation Trust, which are impacting on patients' safety and general practitioners' in Norfolk (excluding Great Yarmouth).

The service notified Norfolk commissioners in the late Spring 2018 that they were experiencing critical difficulties with a deficit in the recruitment of trained CBTE therapists and were putting normal recruitment processes in place to address this.

According to the commissioners the situation as at 3rd January 2019 was:

- 27 patients awaiting assessment – approximate average wait 60 days
- 55 patients awaiting treatment – approximate average wait 25 weeks from referral and treatment process can take between 16 and 40 weeks
- 91 in patients in treatment
- 10 patients being managed in the community that NHSE acknowledge require specialist in-patient beds but there are none available nationally

The service waiting times for assessment and treatment have become extreme because of the staffing shortage and therefore the decision was made in November to raise the threshold of the service. This decision passes the workload and responsibility to manage these vulnerable patients to General Practitioners and is risking them working over and above their levels of competency. It also results in General Practitioners being unable to achieve the requirements of the Locally Commissioned Service (LCS) for Eating Disorder Medical Monitoring that they may have signed up to. This is due to this LCS requiring an assessment be made by the community eating disorder service to confirm the patient is suitable for monitoring in general practice and a plan has been received by the GP detailing the monitoring requirements. These requirements are based on NICE guidance and ensure GPs are not taking on inappropriate patients and risk. GP' being unable to provide this Locally Commissioned Service is further affecting the health provision to this cohort of patients.

The shortcomings in the local eating disorders service have been made prevalent in local and national media due to the deaths of two girls, with specific acknowledgement made by clinicians and the deceased' families to the lack of appropriate service provision and support made available to these vulnerable patients correlating with the outcome.

Wymondham Medical Centre, The Surgery, Postmill Close, WYMONDHAM, Norfolk, NR18 0RF
Tel: 01953 608060 Fax: 01953 608060 Email: enquiries@norfolkwaveneylmc.org.uk
Website: www.norfolkwaveneylmc.org.uk

We have been in dialogue with the CCGs regarding all of the LMC's concerns (letters are attached to the email), but have not to date been reassured that a sustainable and safe solution has been found. Commissioners via Clive Rennie, Assistant Director Integrated Commissioning, Mental Health and Learning Disabilities, have advised that they have regular contracting and quality monitoring meetings with CPFT/NCEDS at which progress has been tracked and state that all efforts are being undertaken to address the current workforce shortages and to put alternative provision in place, however the situation as it is currently is putting GPs in an insidious position and there is a clear risk to patient safety. There needs to be a robust specialist service in place to support the provision of care General Practice can provide to these patients.

Having discussed these serious concerns at our February committee meeting, the LMC Executive were instructed to escalate this as a matter of urgency to NHS England, hence this letter, in order for NHS England to investigate this matter and support the local CCGs to ensure the critical issue of patient safety is appropriately and adequately addressed, in line with the content of this letter.

Yours sincerely

Dr Ian Hume
Medical Director

Wymondham Medical Centre, The Surgery, Postmill Close, WYMONDHAM, Norfolk, NR18 0RF
Tel: 01953 608060 Fax: 01953 608060 Email: enquiries@norfolkwaveneylmc.org.uk
Website: www.norfolkwaveneylmc.org.uk

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED
Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2019

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
30 May 2019	Local action to address health and care workforce shortages – a short report by Norfolk & Waveney STP Workforce Workstream Lead. Access to palliative and end of life care – follow-up from NHOSC's meeting on 18 October 2018.	
25 July 2019	The Queen Elizabeth Hospital NHS Foundation Trust - response to the Care Quality Commission report – progress report Norfolk and Suffolk NHS Foundation Trust - response to the Care Quality Commission report – progress update	
5 Sept 2019	Physical health checks for adults with learning disabilities – update since September 2018 Ambulance response and turnaround times in Norfolk • Plans to help patient flow in winter 2019-20 • Progress with pathways for mental health patients • The interface between EEAST and the NHS 111 service	

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Provisional dates for report to the Committee / items in the Briefing 2019

July 2019 (in the Briefing)	-	**Continuing healthcare – update on trends in referrals and assessment of eligibility for CHC and explanation of those trends.**
10 Oct 2019	-	**Children's speech and language therapy** (central and west Norfolk) – update since 28 Feb 2019
	-	**Adult autism – access to diagnosis** – to examine waiting times to diagnosis.

Other activities

Visit to be arranged	-	Follow-up visit to the Older People's Emergency Department (OPED), Norfolk and Norwich hospital to be arranged after expansion works are completed in 2019-20.

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

Clinical Commissioning Groups

North Norfolk	-	M Chenery of Horsbrugh (substitute Mr D Harrison)
South Norfolk	-	Dr N Legg (substitute Mr P Wilkinson)
Gt Yarmouth and Waveney	-	Ms E Flaxman-Taylor
West Norfolk	-	M Chenery of Horsbrugh (substitute Mrs S Young)
Norwich	-	Ms E Corlett (substitute Ms B Jones)

Norfolk and Waveney Joint Strategic Commissioning Committee

For meetings held in west and north Norfolk	-	M Chenery of Horsbrugh
For meetings held in east and south Norfolk	-	Dr N Legg

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Mrs S Young (substitute M Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	M Chenery of Horsbrugh (substitute Ms B Jones)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr N Legg (substitute Mr D Harrison)
James Paget University Hospitals NHS Foundation Trust	-	Ms E Flaxman-Taylor (substitute Mr M Smith-Clare)
Norfolk Community Health and Care NHS Trust	-	Mr G Middleton (substitute Mr D Fullman)

IN TRAN communication for all	If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Glossary of Terms and Abbreviations

A&E	Accident and emergency
ASD	Autistic Spectrum Disorders
BED	Binge eating disorder
BMI	Body mass index
BN	Bulimia nervosa
BP	Blood pressure
BPM	Beats per minute
CAMH GAU	Child and adolescent mental health general adolescent unit
CAMHS	Child and adolescent mental health services
CBT	Cognitive behavioural therapy
CBT-E	Enhanced cognitive therapy - refers to a “transdiagnostic” personalised psychological treatment for eating disorders
CBT-T	Ten session cognitive behavioural therapy for eating disorders
CCG	Clinical Commissioning Group
CEDS	Community Eating Disorders Service
CHC	Continuing Healthcare
CPFT	Cambridge and Peterborough NHS Foundation Trust
CQC	Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve.
CYP-ED	Children and young people – eating disorders
DHSC	Department of Health and Social Care
DSM	Diagnostic statistical manual
ECCH	East Coast Community Healthcare
ECG	Electrocardiogram
ED	Eating disorder
EDNOS	Eating disorder not otherwise specified
EDS	Eating disorders service
EEAST	East of England Ambulance Service NHS Trust
EHCP	Education Health and Care Plan
GAU	General adolescent unit
GY&W	Great Yarmouth And Waveney
HALO	Hospital Ambulance Liaison Officer
HEALIOS	A digital healthcare company
IESO	A digital healthcare company
LA	Local authority
LDC	Local Dental Committee
LDN	Local Dental Network

LMC	Local Medical Committee
LTP	Local Transformation Plan
MARSIPAN	Management of really sick patients with anorexia nervosa
NCEDS	Norfolk Community Eating Disorders Service
NHS E	NHS England
NHS E M&E(E)	NHS England Midlands & East (East)
NHOSC	Norfolk Health Overview and Scrutiny Committee
NICE	National Institute for Health and Care Excellence
NNUH (N&N, NNUHFT)	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan
OPED	Older People's Emergency Department
OSC	Overview and Scrutiny Committee
PDS	Personal dental services
PHE	Public Health England
PHSO	Parliamentary and Health Service Ombudsman
QEH	Queen Elizabeth Hospital, King's Lynn
QTc	A measurement that reflects the duration of the electrical activity that controls contraction of the cells of the heart muscle
RATS	Rapid assessment and treatment system / service
REAP	Resource Escalation Action Plan (2015) – used by ambulance services Reap 1 (green) – steady state Reap 2 (amber) – moderate pressure Reap 3 (red) – severe pressure Reap 4 (black)– extreme pressure
SCN	Strategic Clinical Network
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SLCN	Speech, language and communication needs
SLT / SALT / S&LT	Speech and language therapy
Squat test	Examination of muscle strength in patients with anorexia nervosa (screening for risk)
UDA	Unit of dental activity
UOA	Unit of orthodontic activity
UEA	University of East Anglia
WTE	Whole time equivalent