

Appendices

Appendix 1 – Decision Support Framework

Appendix 2 – Service Summaries

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Appendix 1.

Provider Services Development Programme

Service Line Review Six-Point Evaluation

1. Fitness for Purpose

The primary determinants of fitness for purpose are:

- The extent to which a service is delivering care according to clinical need and achieving the requisite clinical and performance standards;
- Whether a service has reached the minimum efficient scale to be run effectively and efficiently;
- How cost effective a service is compared to competitors;
- The level of commissioner support enjoyed by a service;
- Patient access to and experience of a service; and
- How productively a service employs its resources, both human and physical.

2. Strategic Fit

Strategic fit is assessed by considering:

- How far commissioners view a service as important in meeting commissioning priorities;
- How far a service makes a significant contribution to the quality of other services being delivered by the Provider Arm, or to important community health care pathways;
- Is central to the delivery of services by strategically important external partners, such as the Local Authority or third sector partners;
- Whether or not other service providers are choosing to withdraw from this type of service.

3. Vulnerability to Competition

Vulnerability to competition is assessed by considering:

- Whether or not commissioners hold strong views on market testing a service;
- How a service compares, in cost terms, with competitors, based on benchmarking data (where this is available);

- The nature and scale of alternative supply of a service, either within or outside the NHS family;
- Whether, up and down the country, market testing activity for an individual service is significant and/or growing¹.

4. Risk

Exposure to risk is assessed by considering:

- The degree of volatility in activity involved in providing a service;
- The level of the clinical/operational and/or financial risk faced by a service; and
- The degree of difficulty of the governance task required to assure that a clinically safe and effective service is being delivered.

5. Management Challenge

The scale of management challenge involved in running and developing a service line is assessed by examining whether:

- The nature and level of management resource is in place to meet the opportunities and challenges identified;
- Strong professional leadership is in place;
- A service is straightforward or complex to manage;
- How much management influence the Provider Arm truly exerts over the performance of a specific service.

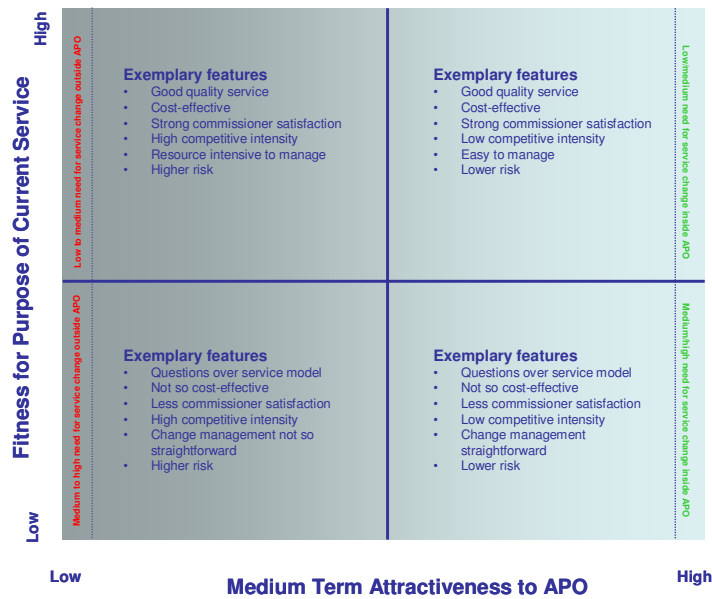
6. Overall Assessment

The ultimate test applied to a service line is whether or not it will be attractive, in the medium term, to a community health services provider that is required to operate in future in a truly business-like fashion.

Using the Fitness for Purpose criteria as the common axis, all scores can be combined to produce an overall index of “attractiveness” for each service. In these terms, a highly attractive service line simply means, in relative terms, one with high strategic fit, low vulnerability to competition, low risk and limited management challenge. **Figure 1** identifies some exemplary features of service lines that might fall into each of the four quadrants of the graph.

¹ Tribal/AT Kearney has now produced two reports on the competitive environment for community health services. Copies are available on the PUK Programme E-Room and can be obtained from the PWT.

Figure 1 – Exemplary Features



Services that appear demonstrably fit for purpose are located in the top half of the graph, whilst services that are likely to appeal to a community health services provider are located in the right half. As illustrated, a service becomes increasingly attractive as it moves further to the right of the matrix. So, services that are located in the bottom right quadrant of the graph remain inherently attractive, but do present clear development challenges. Those in the top right quadrant are most obviously attractive.

Those located in the top left quadrant function demonstrably well, but may perhaps lack clear Strategic Fit and/or might prove to be distracting for scarce management resource. Finally, those services located in the bottom left quadrant also present clear development challenges, but they are challenges that a community health services provider might rationally choose **not** to accept.

Appendix 2.

Provider Services Development Programme

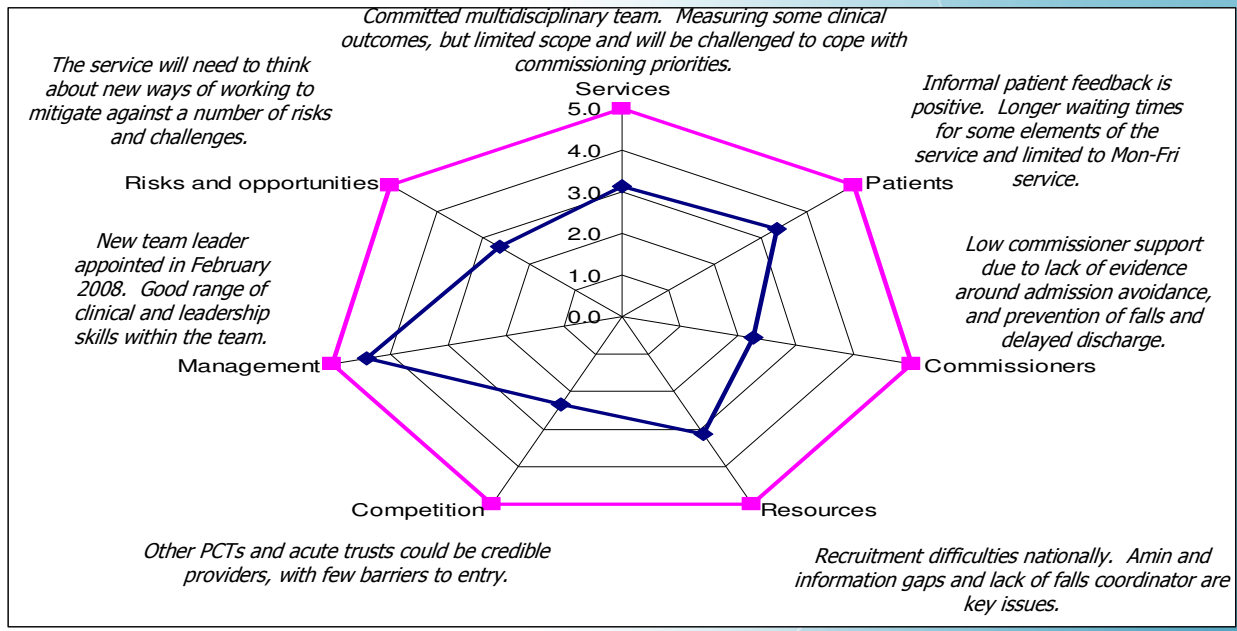
Service Summaries

Note:

- Pay and Non-Pay: 2008/09 Budgeted
- Sickness absence: January – May 2008
- WTE: 2008/09 Budgeted

Brent Rehabilitation Services (incl. Falls, SaLT & Stroke)

Brent Rehabilitation Service is a community based multidisciplinary team consisting of Physiotherapy, Occupational Therapy, Dietetics, Pharmacist, Speech Therapy, Psychology, Psychotherapy and Counselling. The aim of the service is to prevent unplanned hospital admissions and long term institutionalised care, facilitate early and successful discharges from hospital, and support residents with a Brent Registered GP to live independently at home. Integral to the service is the management of falls, the integrated stroke pathway and specialist neurological rehabilitation. The Team is also aligned with the Integrated Motor Neurone Disease Group, the Integrated Progressive Neurology Case Management Service and the Community Brain Injury Rehabilitation Service.



Pay £892,000

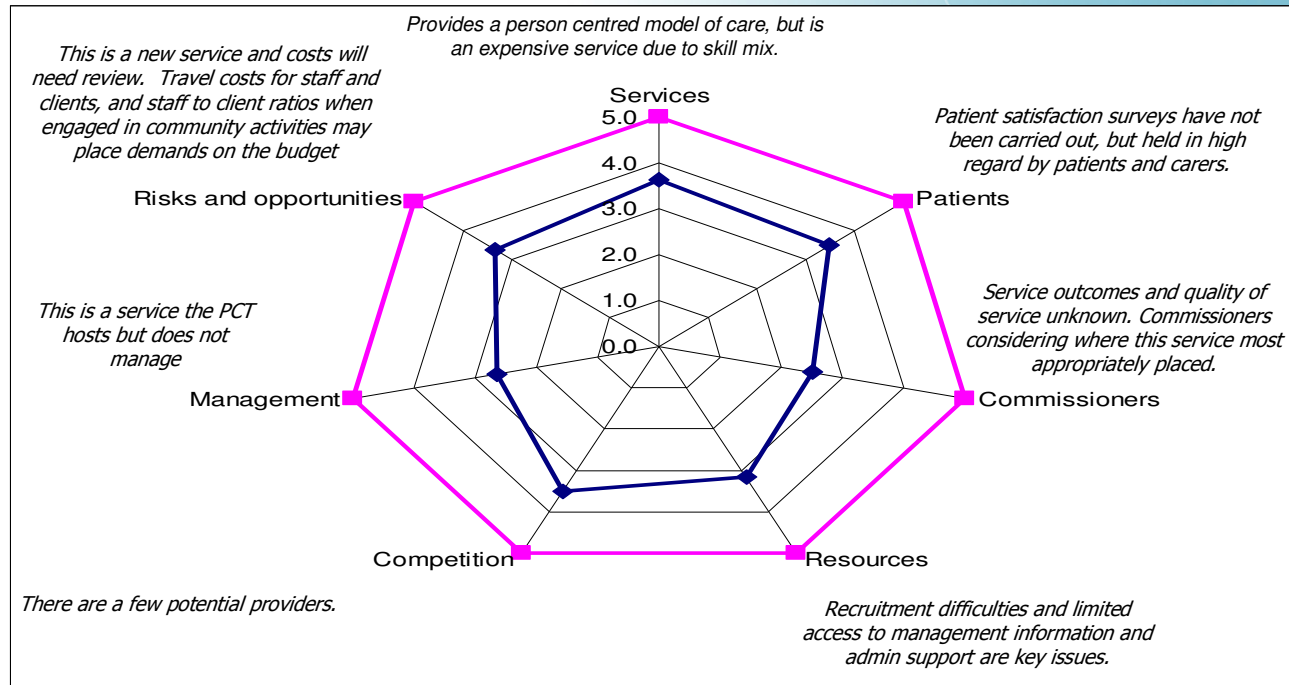
Non Pay £204,000

Sickness 9%

WTE 22.35

CASS

The Community Activity Support Service provides an outreach Day Service to people with learning disabilities and complex Health needs living in the community. The aim of the service is to provide input to allow individuals to take part in activities of their own choice.



Pay £639,000

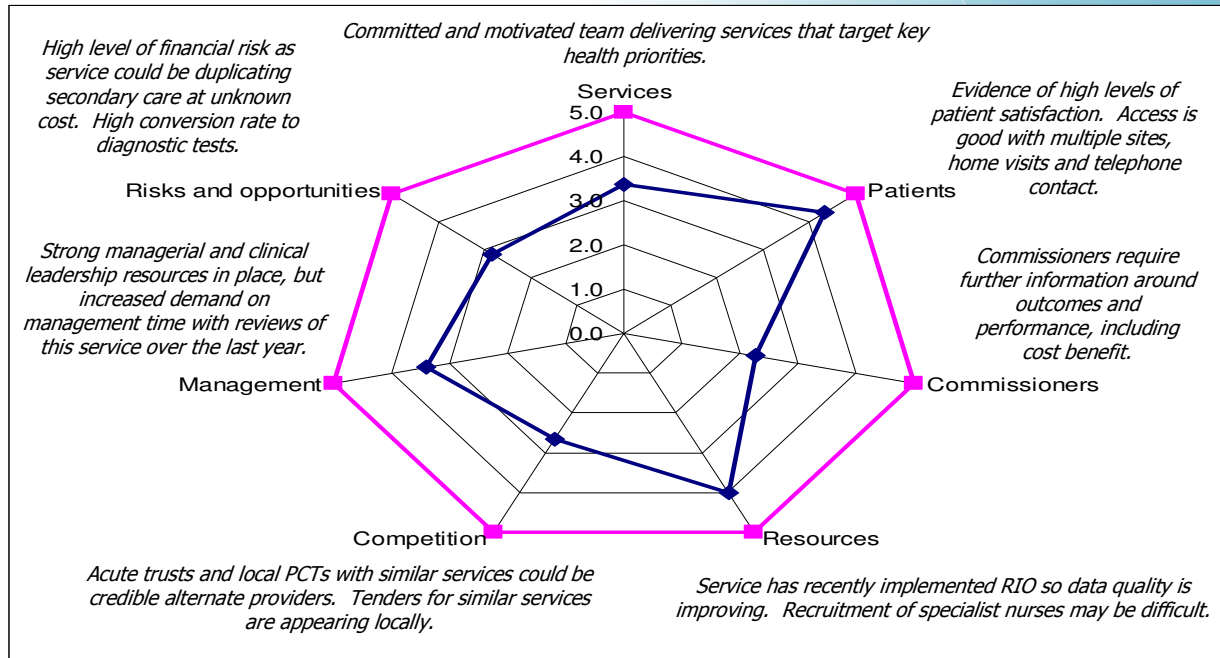
Non pay £99,000

Sickness 4%

WTE 13.87

CHD

The Cardiac Rehabilitation and Heart Failure service offers a rapid access diagnostic service to patients with suspected heart failure. For those patients who have a positive diagnosis of heart failure, they follow a treatment plan (agreed with the Cardiologist) of drug optimization education and device therapy. It also aims to provide a holistic rehabilitation programme for patients recovering from the following: CABI, PCI, MI, ACS and valve surgery. It includes CHD risk factor modification, exercise provision, education and emotional support to patients and their families. The service also runs General Cardiology, Cardiovascular Risk and Hypertension clinics; Case Management and Domiciliary visits and is underpinned through the education, upskilling of primary care community teams and production of management and drug guidelines to standardise care.



Pay £321,750

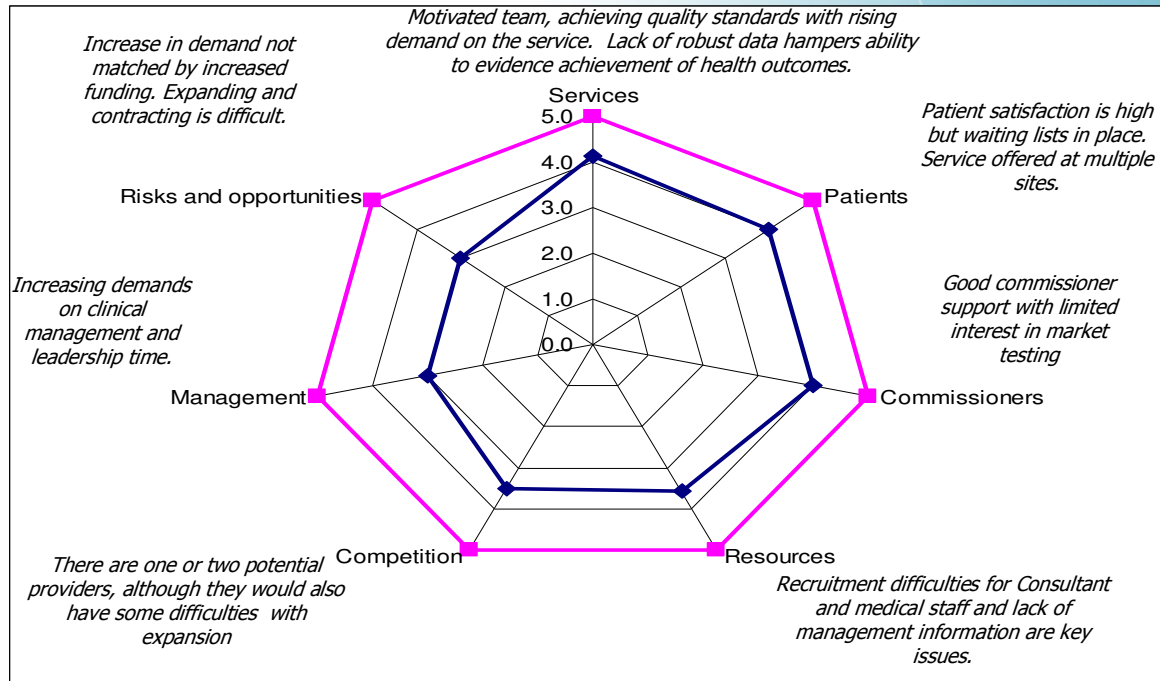
Non-pay £153,000

Sickness 1%

WTE 6.35

Children's Medical

Community Paediatrics is a service delivering a range of community based specialist clinical services to meet statutory and core requirements. The Consultants hold a number of strategic and operational roles to provide clinical advice on service development and implementation. The department takes a very active role in training, providing community attachments for undergraduates from Imperial College London and postgraduate trainees from London Deanery.



Pay £1,365,000

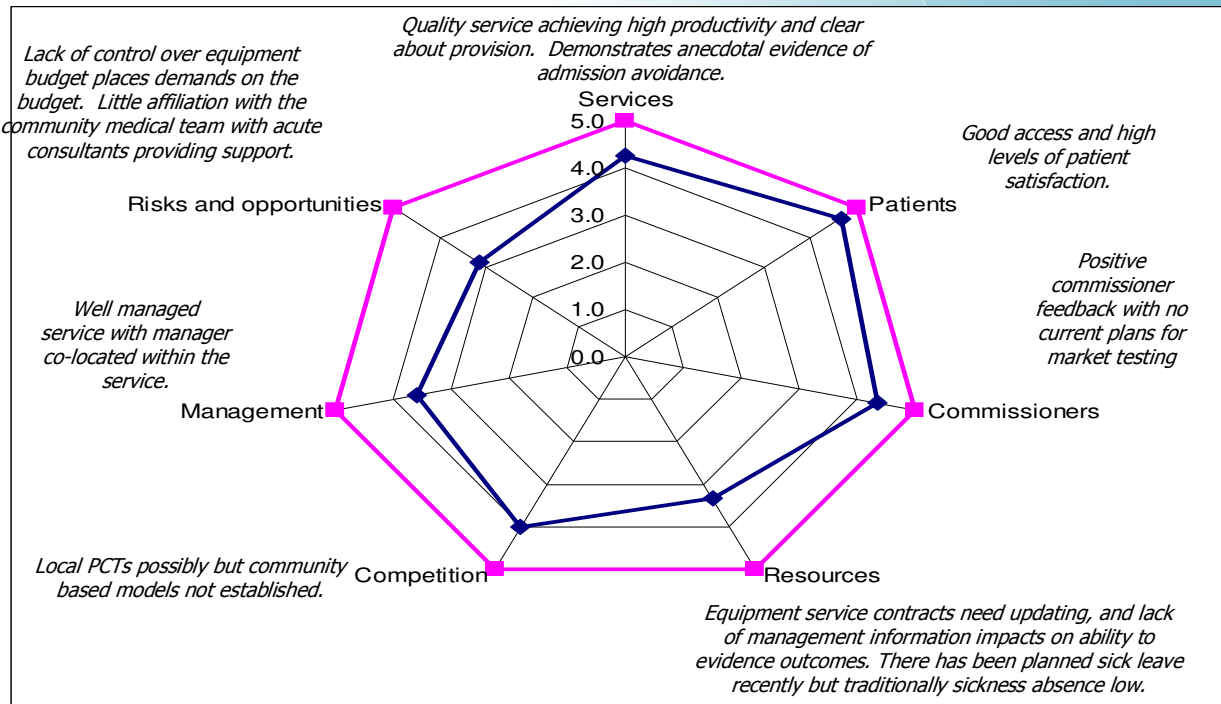
Non pay £50,000

Sickness 3%

WTE 27.87

Children's Community Nursing

The Community Children's Nursing Team offers a specialist home nursing service to children. They have an open referral system. The service accepts patients from birth to 16 years of age, up to 19 years with special needs who require nursing intervention. The service offers an episode of care and discharges when the child/parent is self managing in the care or the episode of care is complete. The team consists of specialist paediatric nurses and is nurse led. The team also offer training to other professionals/carers.



Pay £317,000

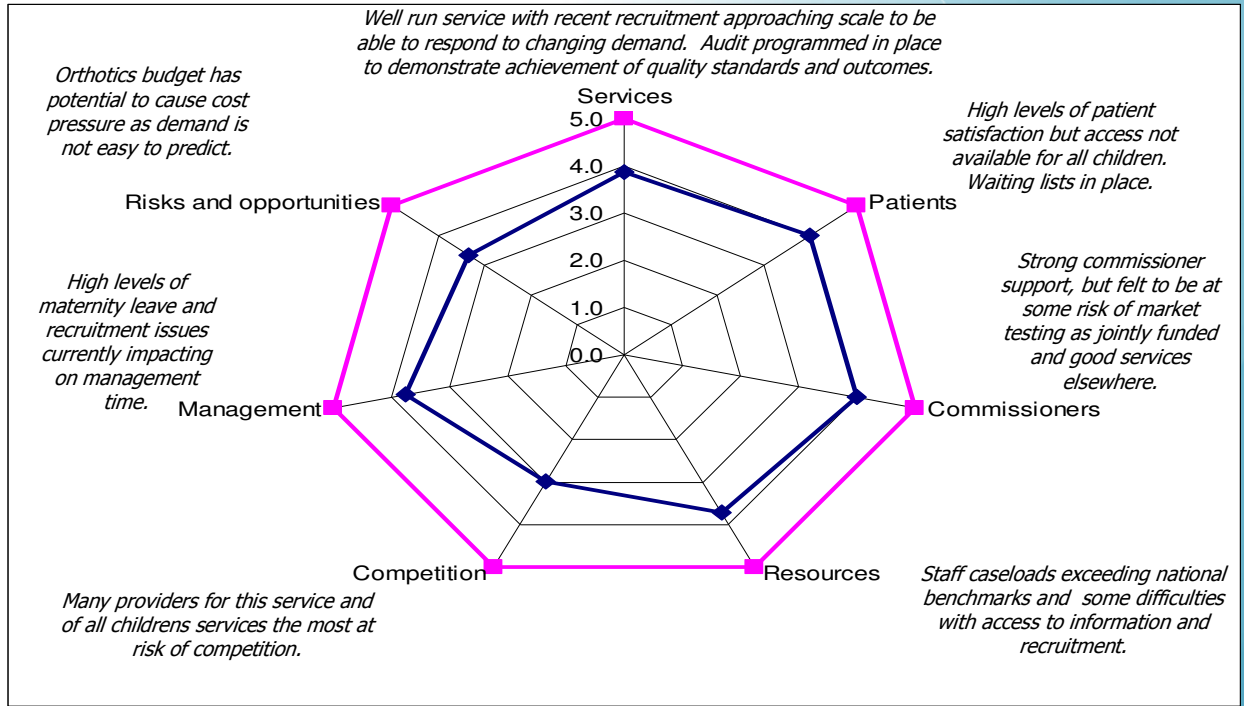
Non pay £49,000

Sickness 14%

WTE 7.68

Children's Therapies

This specialist therapy service is trust wide offering multidisciplinary therapy assessment and treatment wherever the child is best suited to be seen. Referrals can be taken from anyone who knows the child and has concerns about their development. Flexible working patterns of staff and treatment environments leads to equity in access of care of access



Pay £1,543,000

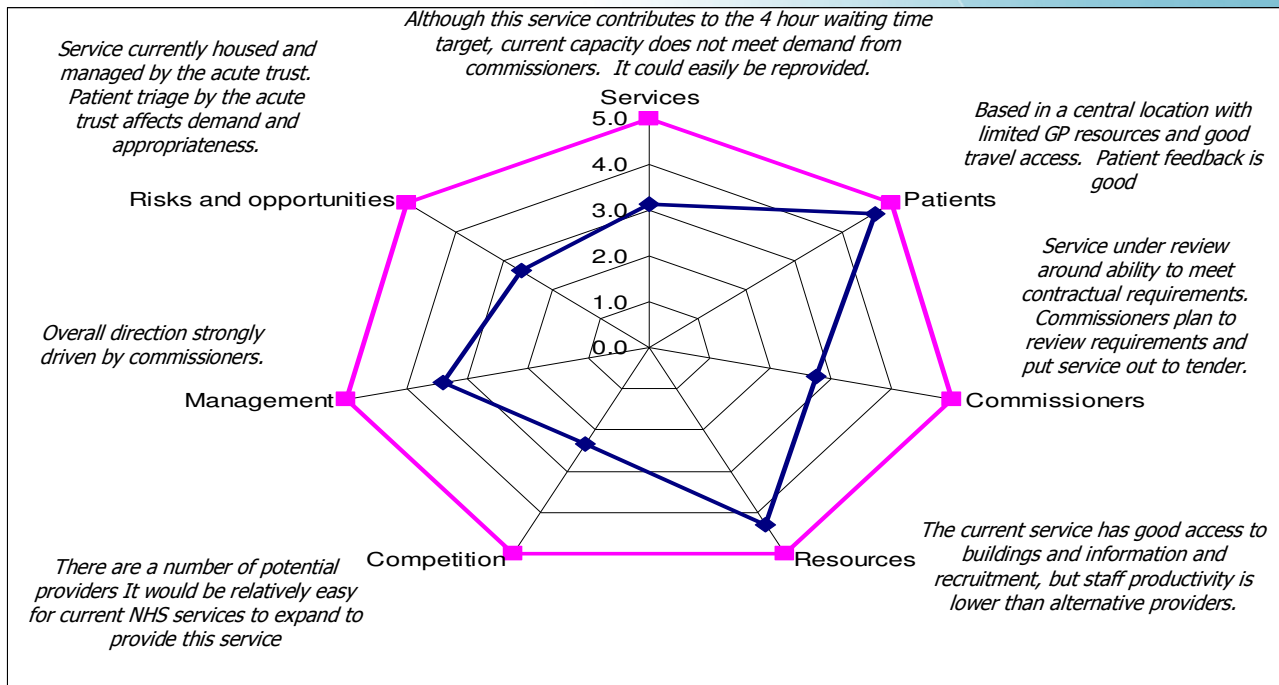
Non pay £91,000

Sickness 12%

WTE 36.43

CMH A&E (PMS)

The Urgent Treatment Centre (UTC) or Front of House (FOH) service is a primary care urgent care treatment service for patients over the age of sixteen who either self-refer, or present with minor conditions at CMH A&E. The UTC offers a 'see and treat' model of care, Monday – Friday, 9.00-19.00. The service also facilitates patient's registration with local GP practices. The Service is staffed by a GP, Emergency Nurse Practitioner (ENP), administrative and managerial staff.



Pay £167,000

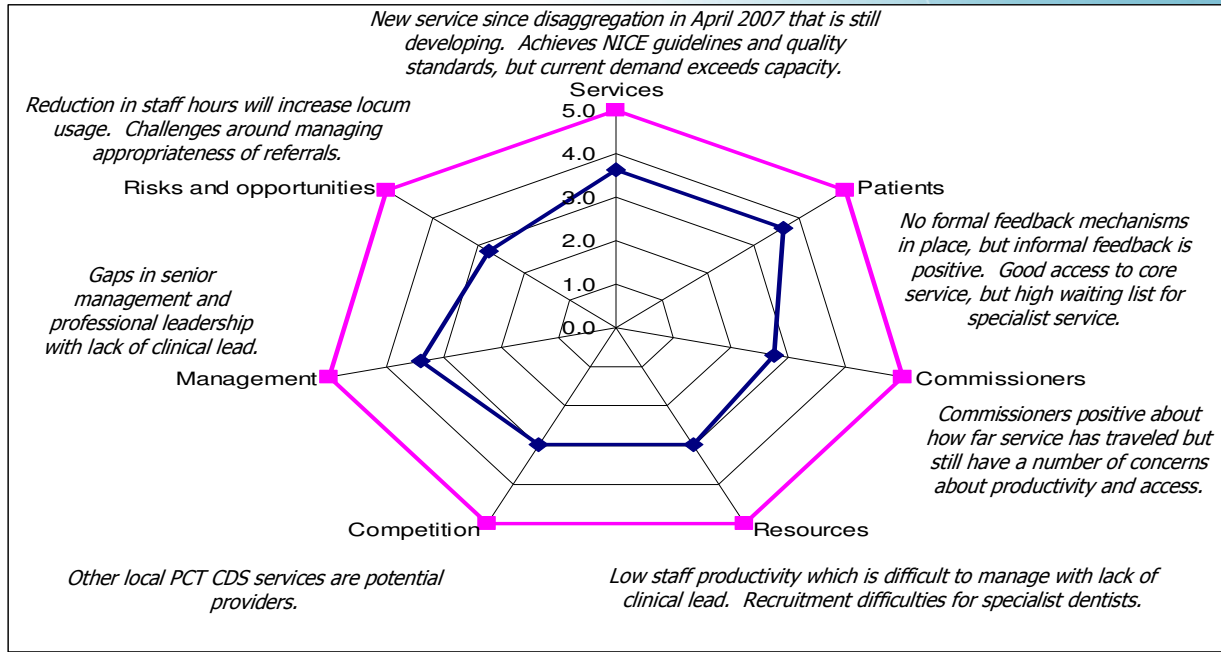
Non pay £4,000

Sickness 8%

WTE 4.0

Community Dental

The Community Dental Service provides dental care for people who experience difficulties in obtaining treatment from the General Dental Service; in particular, treatment is provided for children with special dental needs, learning disability, disabled, medically compromised, housebound, phobics and the elderly. The service also has a Specialist Unit providing specialist care in Endodontics (root treatment) and Periodontics (gums treatment). The Oral Health Promotion team within the service provides oral hygiene advice in the homes, Day Centres and schools to help reduce the need for dental treatment for 2 main preventable dental diseases i.e. gum disease and dental decay. The team also provide training in dental health to carers of clients with special needs.



Pay £507,000

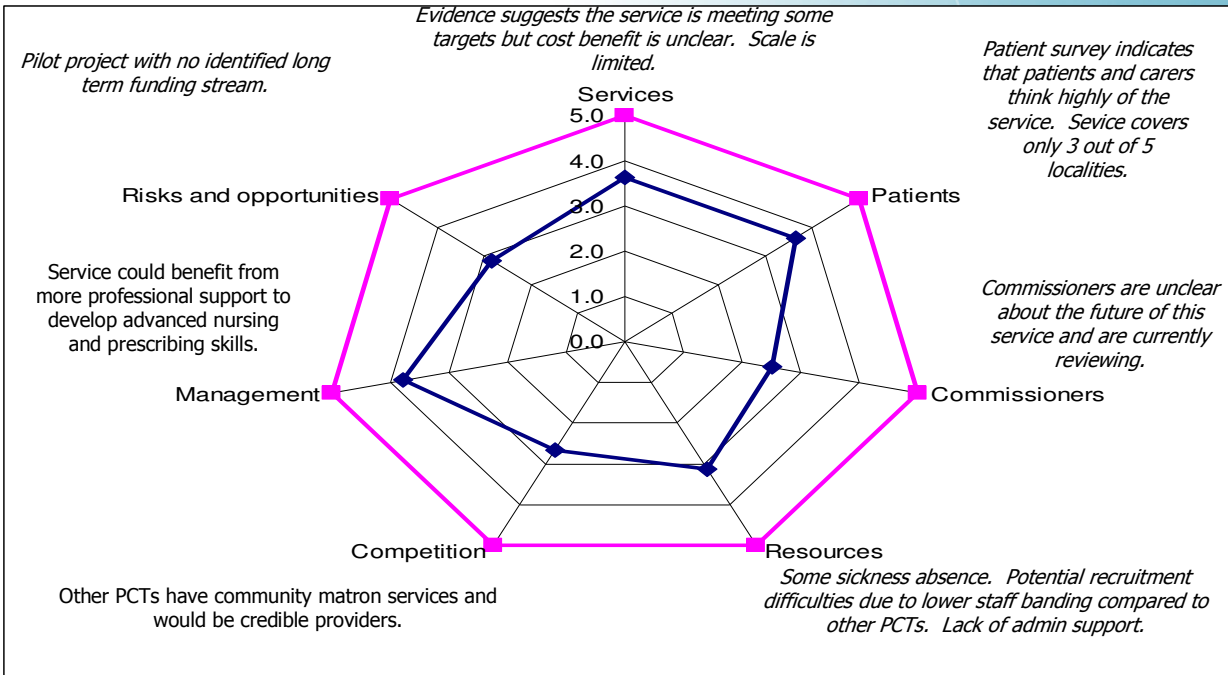
Non Pay £36,000

Sickness 1%

WTE 12.49

Community Matrons

Brent High Users Project (BHUP) is a 12 month initiative focusing on patients who have complex multiple long term conditions and meet a criteria denoting very high intensity users of health care. The project is run by 3 Community Matrons who are practitioners with advanced nursing skills, using case management techniques with patients, offering special intensive help, ensuring that patients are able to remain at home longer and to have more choice about their health care. Community Matrons assist the individuals and their carers to understand their condition and how to recognise and manage early signs of deterioration. This helps individuals to manage their long-term conditions better, detect deterioration promptly and slows down disease progression. As a consequence, the individual avoids unplanned and unnecessary hospital stays, A&E attendance, GP home visits and out-of-hours contacts. Community Matrons work collaboratively with the patient's GP and other members of the health and social care team.



Pay 145,000

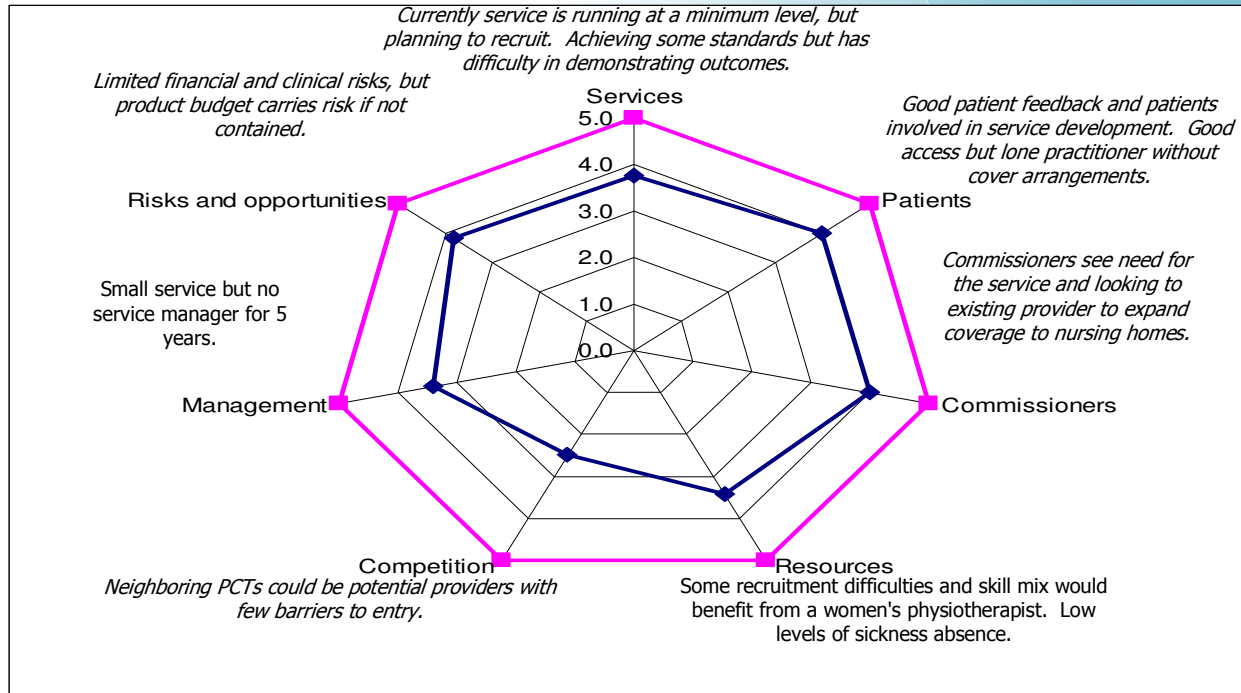
Non-pay 4,000

Sickness 4%

WTE 3.0

Continence

Provides leadership specialist advice/education training to clinicians in Brent PCT and other health care partners, nursery nurse support for families with special needs children to promote continence, and nurse led outpatient clinic for mobile patients. The service is provided for patients from age 4 to end of life. There is a large product home delivery service for house bound patients and is an access point for health promotion for patients and the general public.



Pay £151,000

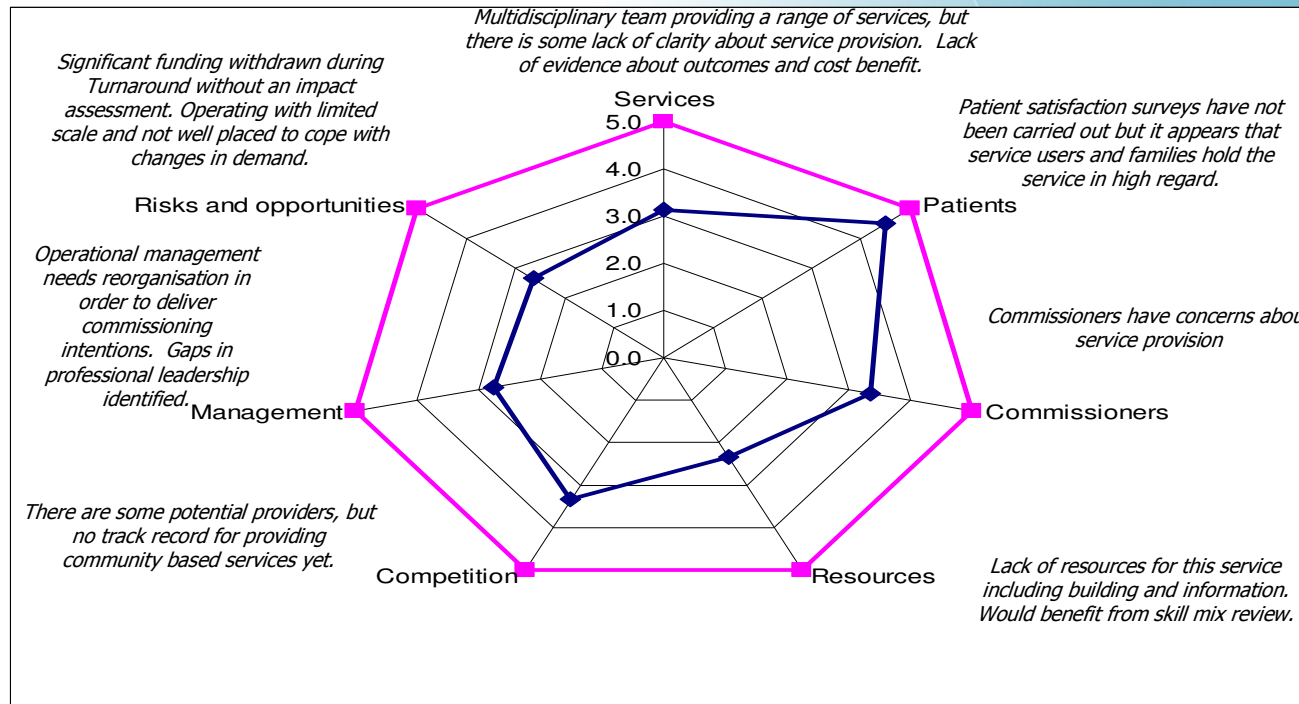
Non Pay £223,000

Sickness 0%

WTE 4.69

CTPLD

The Community Team for People with learning Disabilities is an integrated Health and Social Care Team that supports people with a learning Disability who are the responsibility of Brent PCT and the Local Authority. The Team consists of Care Managers, Community Nurses, Therapists, Psychologists and a Consultant Psychiatrist who work together to provide a comprehensive service to people with Learning Disabilities who have a range of Health and Social Care needs.



Pay £729,000

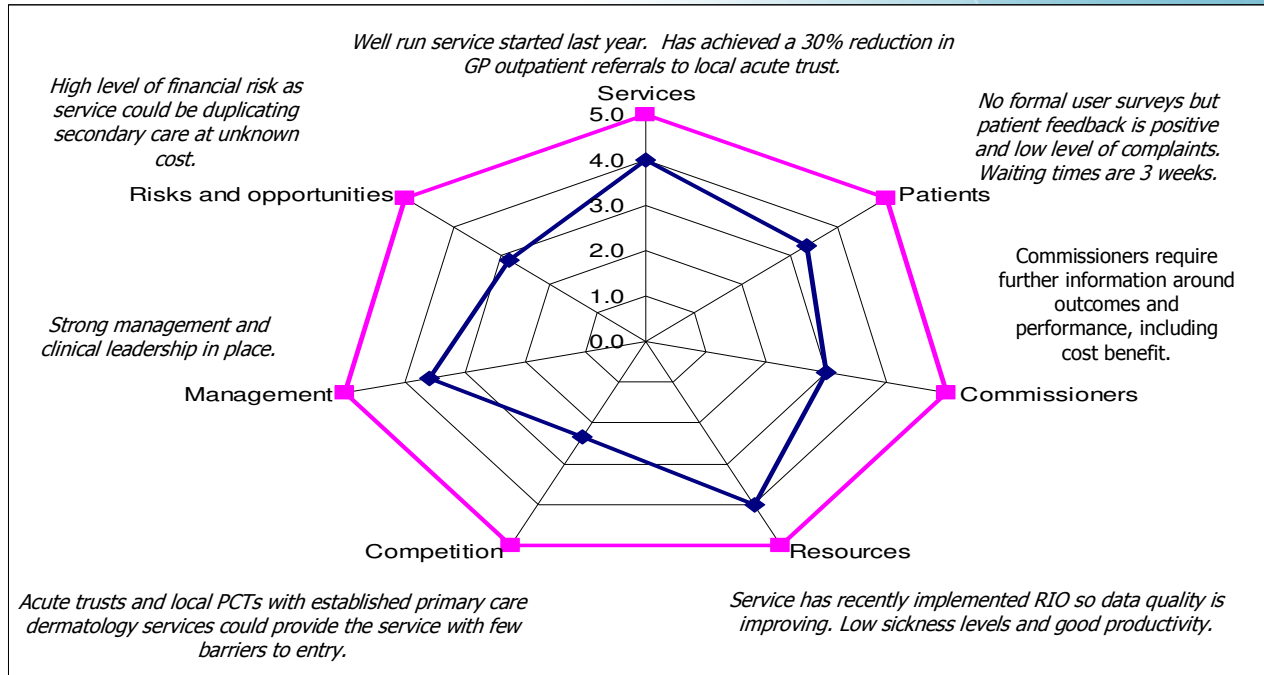
Non pay £100,000

Sickness 6%

WTE 13.79

Dermatology

The Community Dermatology Pathway evolved from the The Brent Health Strategy, developed in 2000 for the management of Chronic Disease in Brent. The service provides a seamless and integrated service for dermatology patients all the way from prevention and promotion through to specialist opinions and ongoing support to primary care providers. The overall aim is to improve the patient journey by improving quality of care provided to patients with skin problems, to meet the unmet needs and improve access to specialist service. The service receives approximately 100 referrals per month from Brent GPs.



Pay £147,750

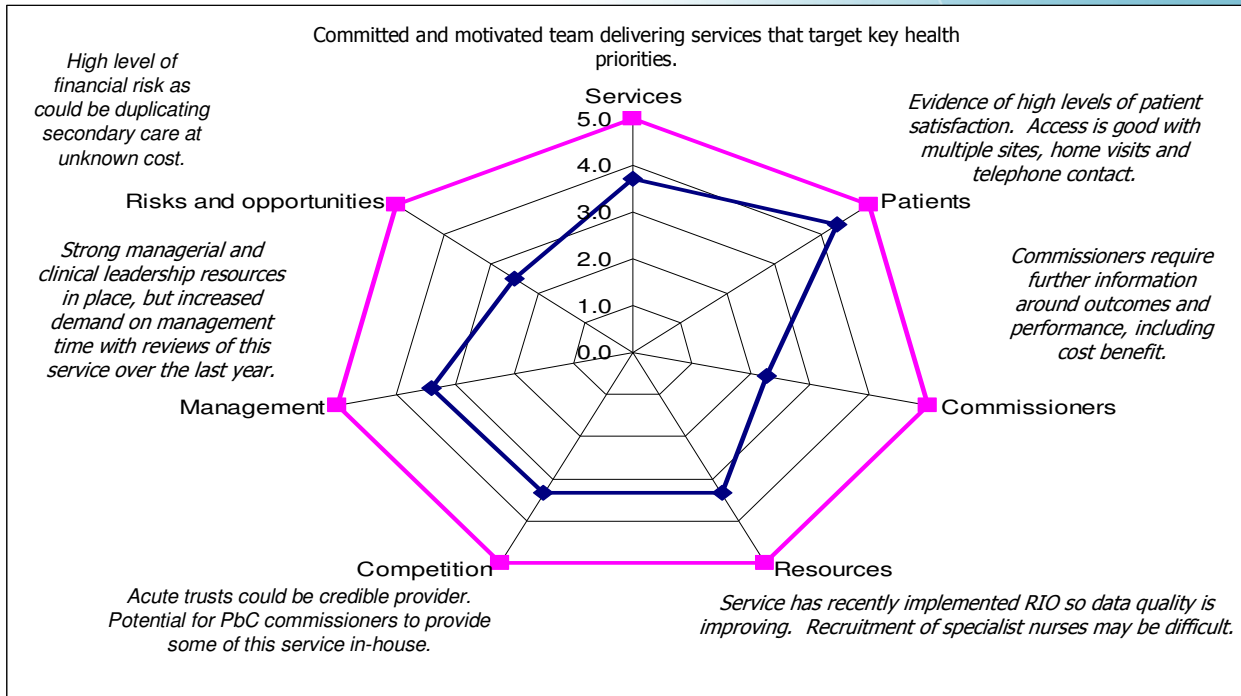
Non-pay £23,000

Sickness 0%

WTE 2.13

Diabetes

Integrated multi-disciplinary team of doctors, nurses, dietitians and podiatrists offering Primary and Secondary care services managing poorly controlled patients with Type II Diabetes. This includes offering patients the opportunity to attend rapid access outpatient clinics as well supporting the self management of their long term condition through education programmes, domiciliary visits and case management when an exacerbation occurs. This is underpinned through the education, upskilling of primary care community teams and production of management and drug guidelines to standardise care.



Pay £270,500

Non-pay £17,000

Sickness 1%

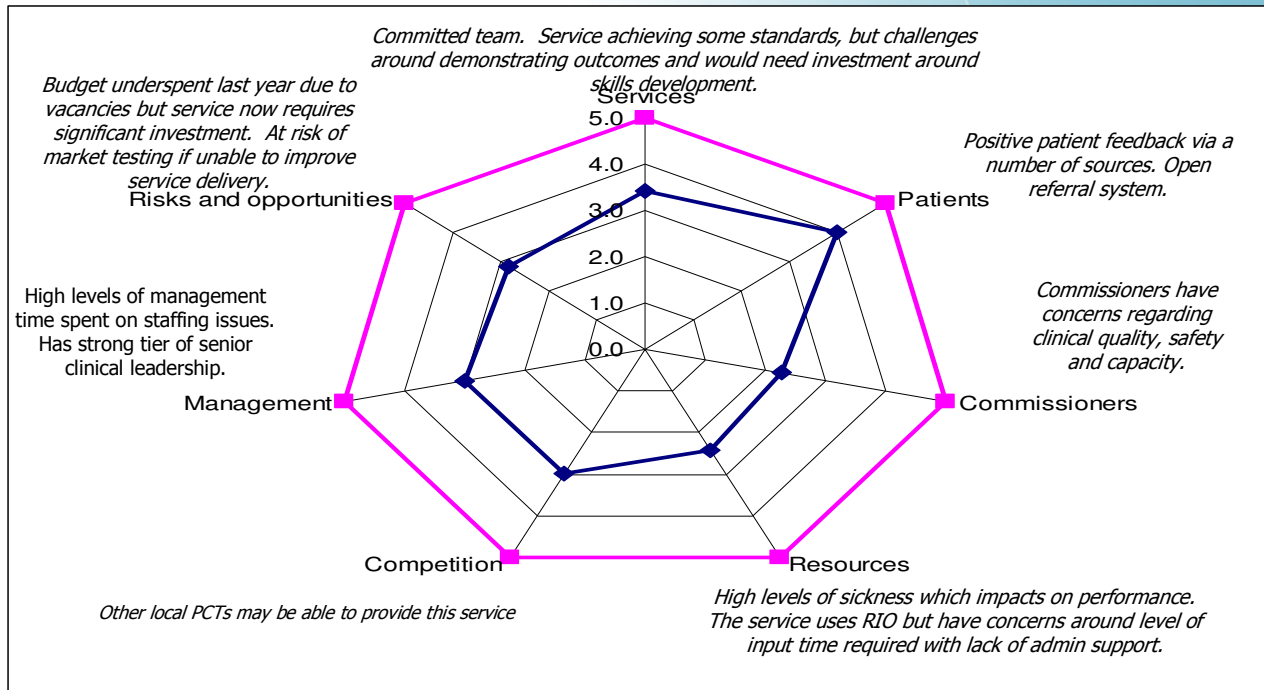
WTE 5.95

(Admin and Nursing costs are for 6 months only)

District Nursing (incl. Twi-light service & nights)

The District Nursing Service provides health and nursing care to adults, 16 years old and over, mainly in the patient's own homes.

The aim is to support patients and enable them to continue to remain in their own homes, prevent unnecessary admissions to hospital, when care can be given at home, prevent A&E attendance and facilitate early discharges from hospitals. The service also supports patients and carers to achieve independence and self care, by promoting health education and teach patients to manage their health conditions, as well as support and care towards the end of life. Each District Nursing Team, comprises of Registered Nurses and Health Care Assistants, is lead by a Specialist Practitioner in District Nursing (Team Leader). District Nursing Teams are attached to a group of local General Practitioners and they also work closely with other health and social services.



Pay £2,682,000

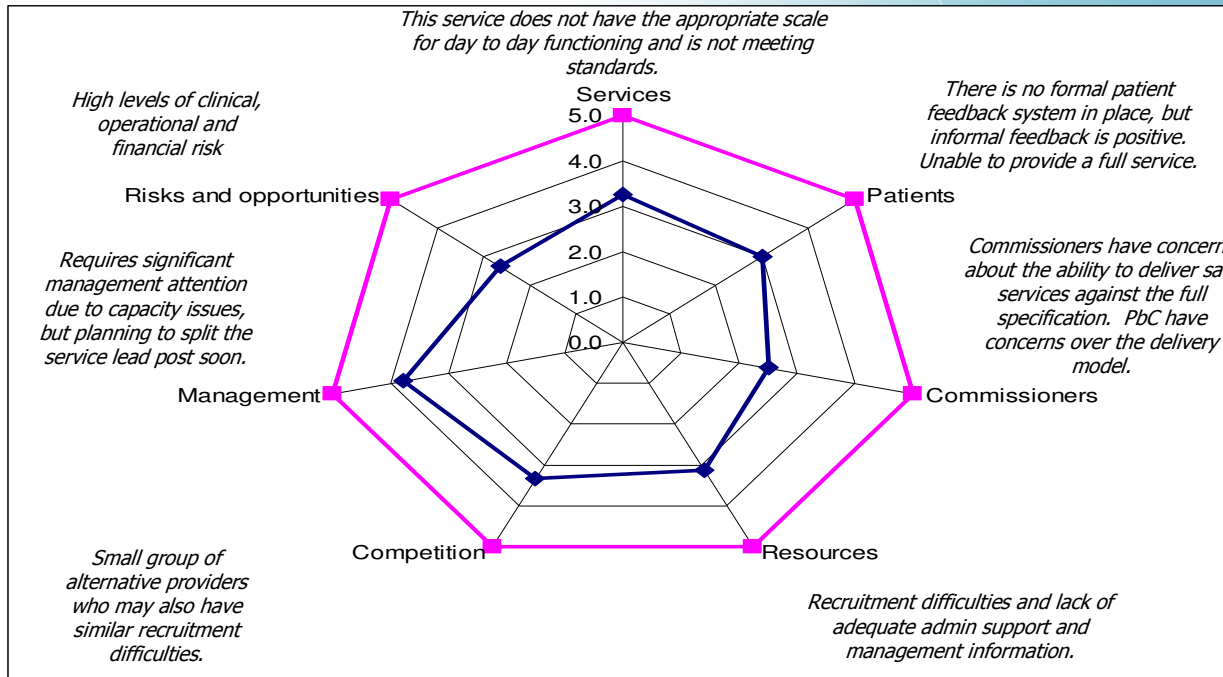
Non-pay £100,000

Sickness 10%

WTE 79.39

Health Visiting

Brent's Health Visiting service provides a range of community based interventions geared towards improving the health outcomes for children, young people and families through the identification of need and provision of clinical evidence based care underpinned by public health principles. The team offer a Monday – Friday, 9.00-17.00 service. Core activities have been reduced since Turnaround and the following priorities have been agreed: new birth visits, family health assessments, breastfeeding support, fostering and trafficking, screening A&E referrals, come to notice, MARAC, public health community clinics, movement in clinics, Hall 4.



Pay £2,247,000

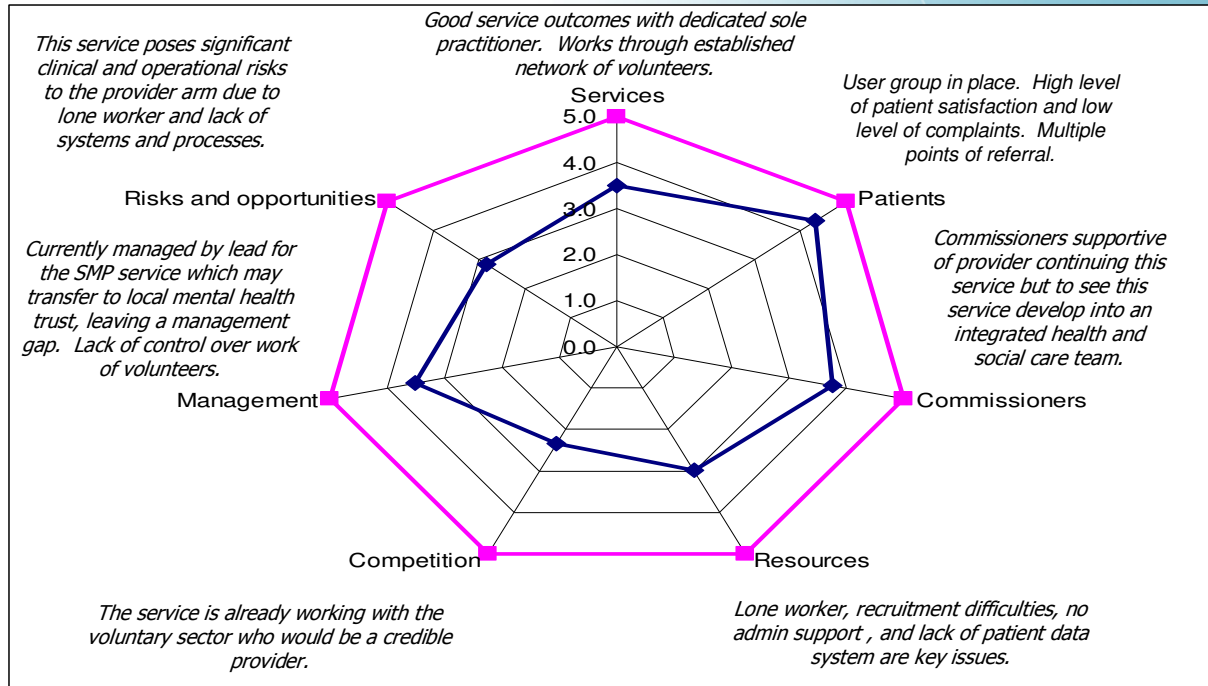
Non pay £33,000

Sickness 10%

WTE 57.55

HIV Co-ordinator

This is a Clinical Nurse Specialist service aimed at promoting the well-being of people living with HIV/AIDS (PLWHIV) by empowering them to manage the physical, psychological and social care needs affecting health. It is a community based service with an autonomous sole practitioner which is built around the needs of PLWHIV and promoting choice of access either within the confines of their homes or other community centres. It has significant links with acute HIV providers, voluntary organisations and social services.



Pay £53,000

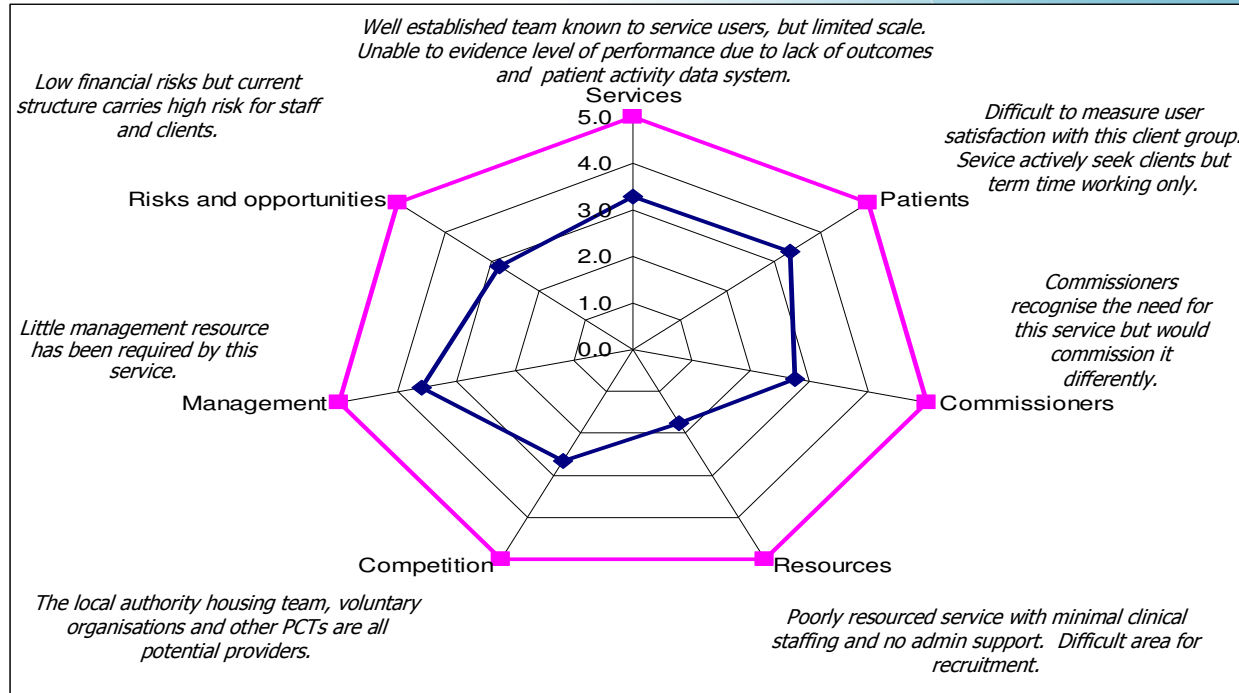
Non Pay £3,000

Sickness 0 %

WTE 1.0

Homeless Service

The Brent Health & Homeless team was established in 1995 and seeks out and addresses the health needs and inequalities that homeless people & families experience. The team with other service providers run outreach nurse led clinics, and works opportunistically, holistically and flexibly in collaboration with frontline services e.g. Health Visiting Teams: School Nursing Team: G.P.s.: The Child Protection team: Mental Health Team: Disability Team; A&E Dept, ensuring the provision of skilled assessment, planning interim and preventative care for each client.



Pay £69,000

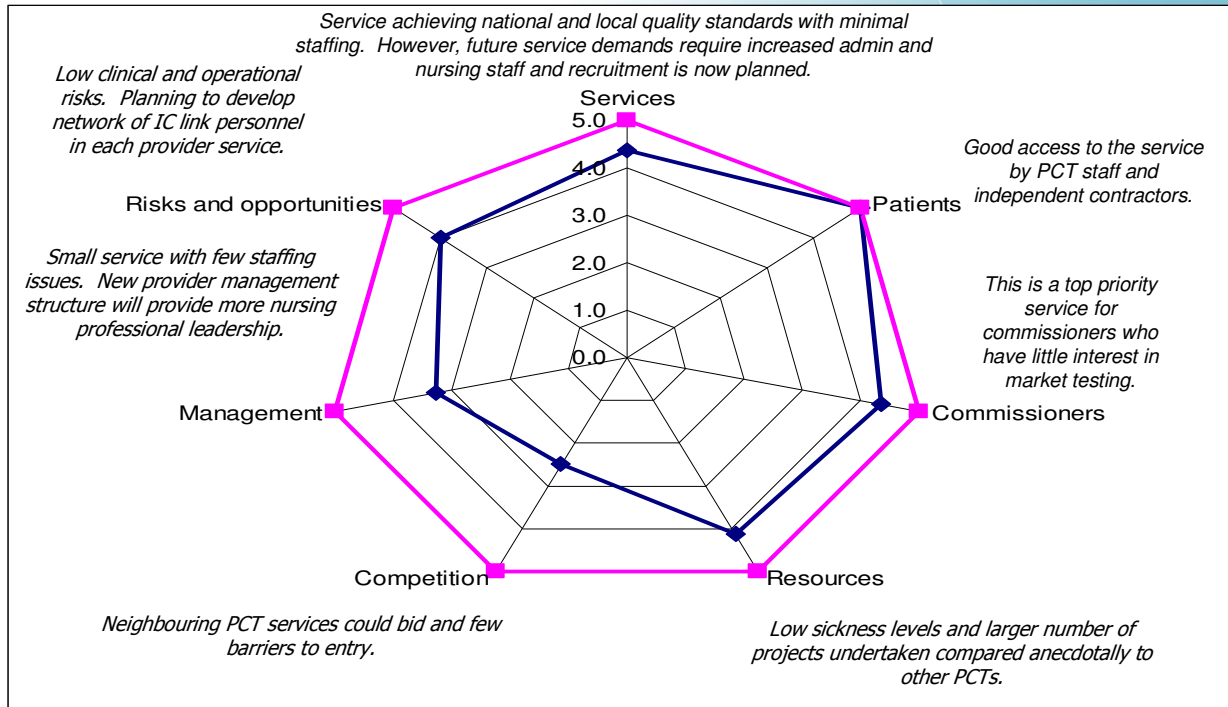
Non Pay £1,000

Sickness 1%

WTE 1.59

Infection Control

The Infection Control Service aims to reduce the burden of Healthcare Associated Infections. This is achieved through a programme of policy development, staff education, audit, risk assessment, emergency planning, project management, outbreak and case investigation, as well as a comprehensive advisory service. The service works collaboratively across the local health economy and within a variety of healthcare settings. Its service users are the staff, patients and visitors of provider and commissioned services. The service is provided Mon-Fri, 9-5, with 24 hour cover arrangements via the NWLH Microbiology Service. The service is currently provided by 2 Infection Control nurses and 1 session per week Infection Control Doctor, with plans to exoand to a further 2 nurses and a team administrator.



Pay £97,000

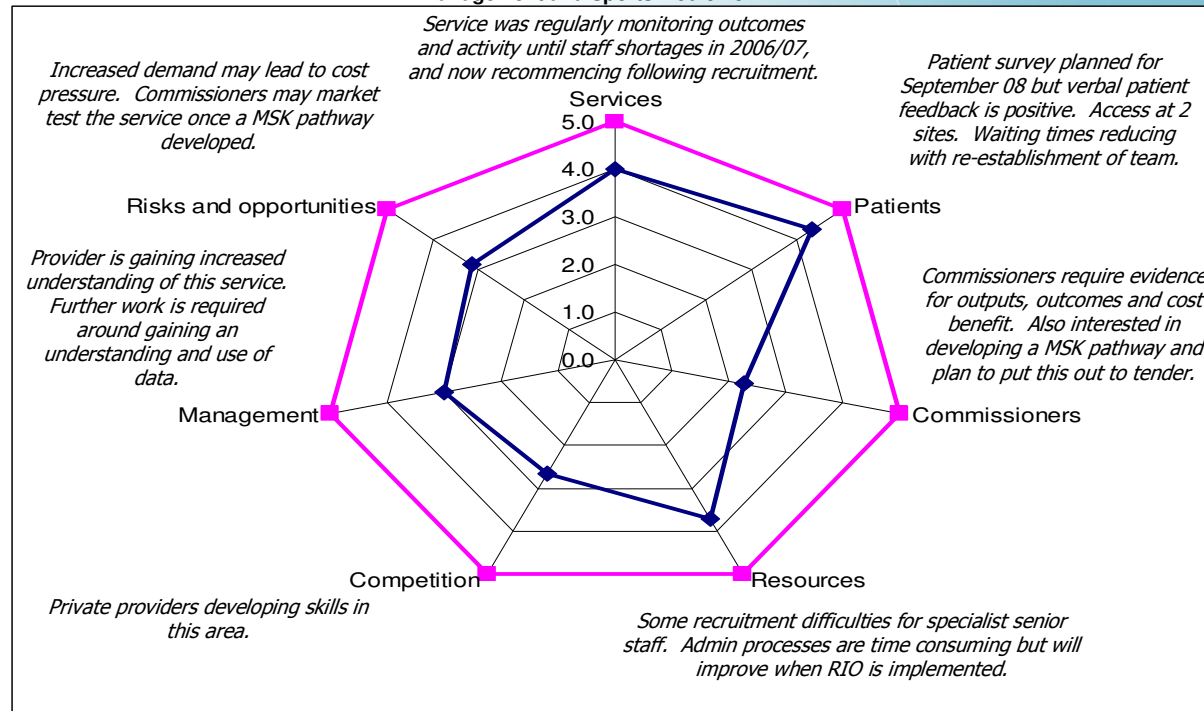
Non Pay £10,000

Sickness 5%

WTE 2.0

MSK Physiotherapy Service

Musculoskeletal Physiotherapy Service provides physiotherapy assessment and treatment of various musculoskeletal conditions like arthritis, soft tissue injuries, repetitive strain injuries and sports injuries. The service also educates patients to self manage as well as prevent long term musculoskeletal conditions and supporting GPs in dealing with patients suffering from these conditions. The service has skilled practitioners specializing in Acupuncture, Pilates, Yoga, Injection Therapy, Manipulation, Chronic Pain Management and Sports Medicine.



Pay £541,000

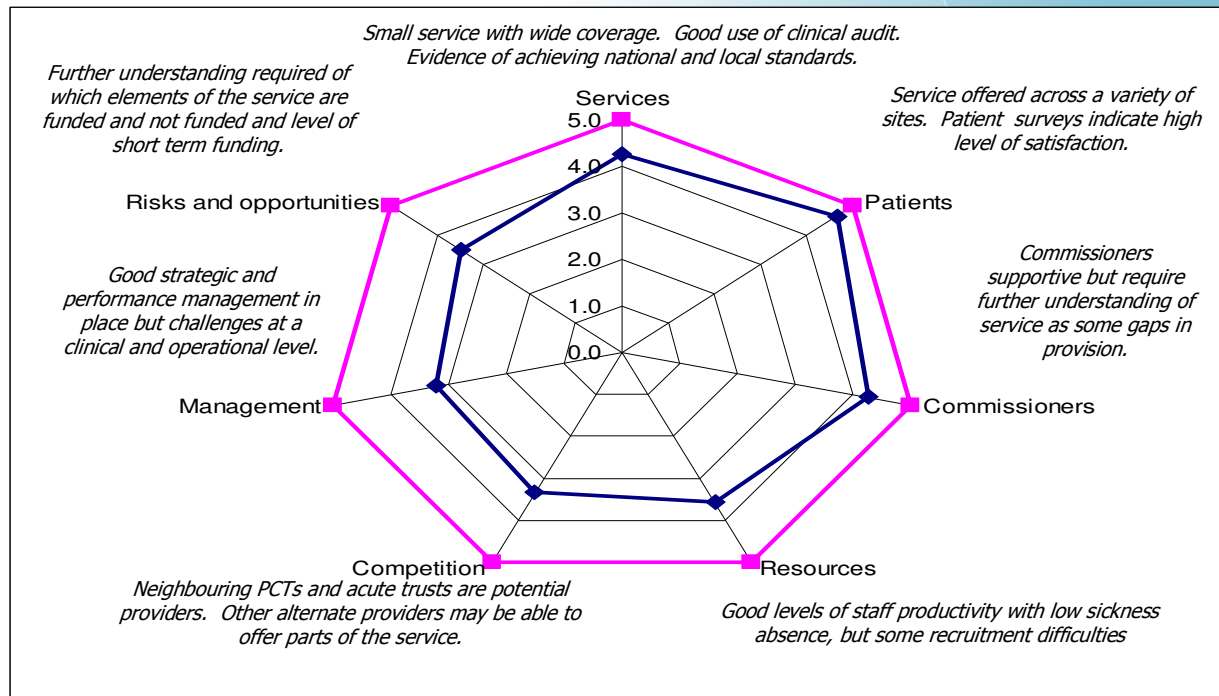
Non pay £15,000

Sickness 5%

WTE 15.35

Nutrition & Dietetics

Nutrition & Dietetic Services employ State Registered Dietitians to translate complex nutritional science into practical, food-based advice for patients, carers and health professionals. This service provides evidence-based, personalized and high quality dietetic care to all age groups across Brent - in 1:1 consultations, group settings and within multidisciplinary teams. A highly accessible service, delivered from a number of locations (including community hospitals, outpatient clinics, Children's Centres and domiciliary care). High quality specialist care is achieved by providing skills-based education and treatment to promote self-management for a range of conditions; preventing unnecessary hospital admissions and helping the PCT meet its priorities (eg 18 week target, implementation of NSFs and NICE).



Pay £511,000

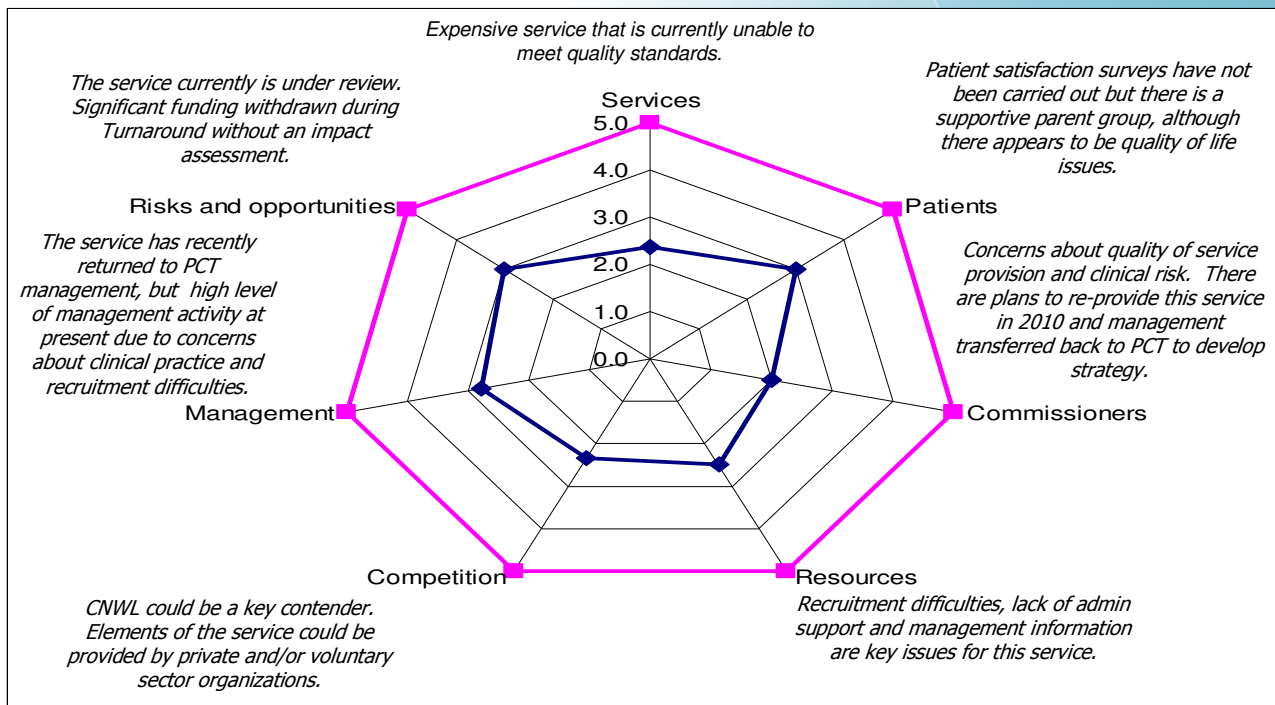
Non-pay £19,000

Sickness 10%

WTE 11.77

Peel Road

Peel Road is a long term residential Health Care Home, it provides 24 hour nursing care to people with learning disabilities and physical and sensory impairment.



Pay £650,000

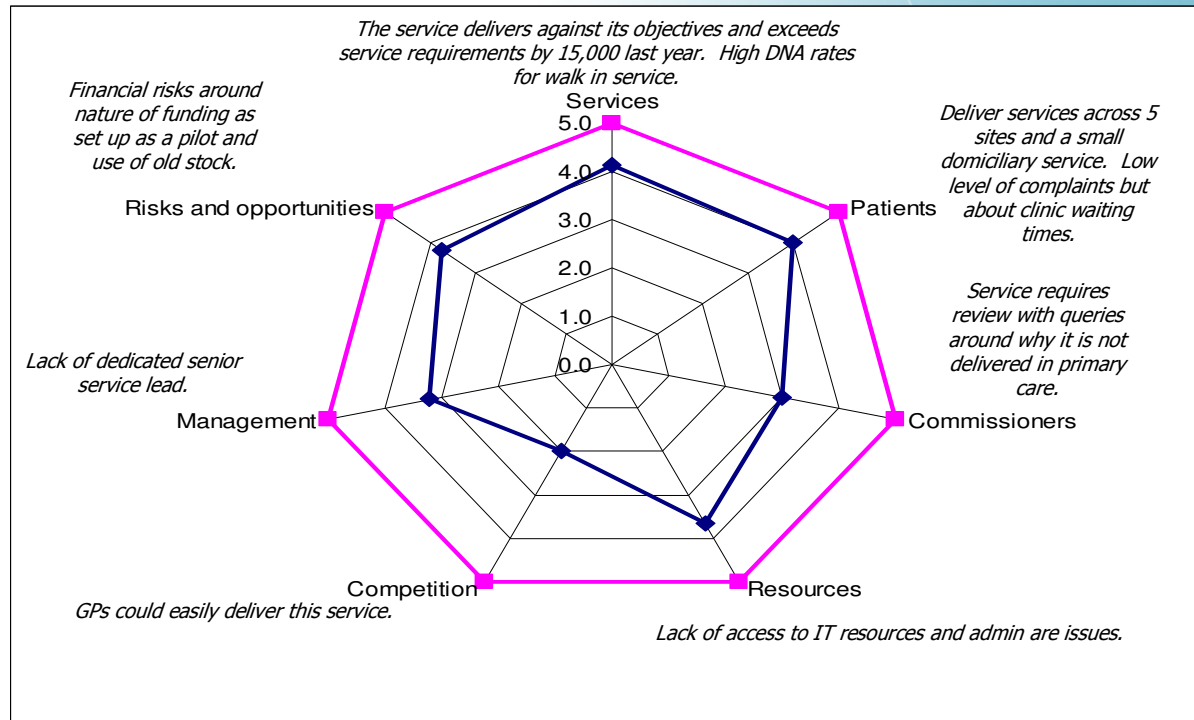
Non pay £74,000

Sickness 4%

WTE 20.65

Phlebotomy

A phlebotomy service is operated from 5 PCT sites for all adults and children over the age of 12 years who are Brent resident or registered with a Brent GP. There is a choice of either a walk-in blood test or a booked appointment. There is also a small domiciliary service.



Pay 235,000

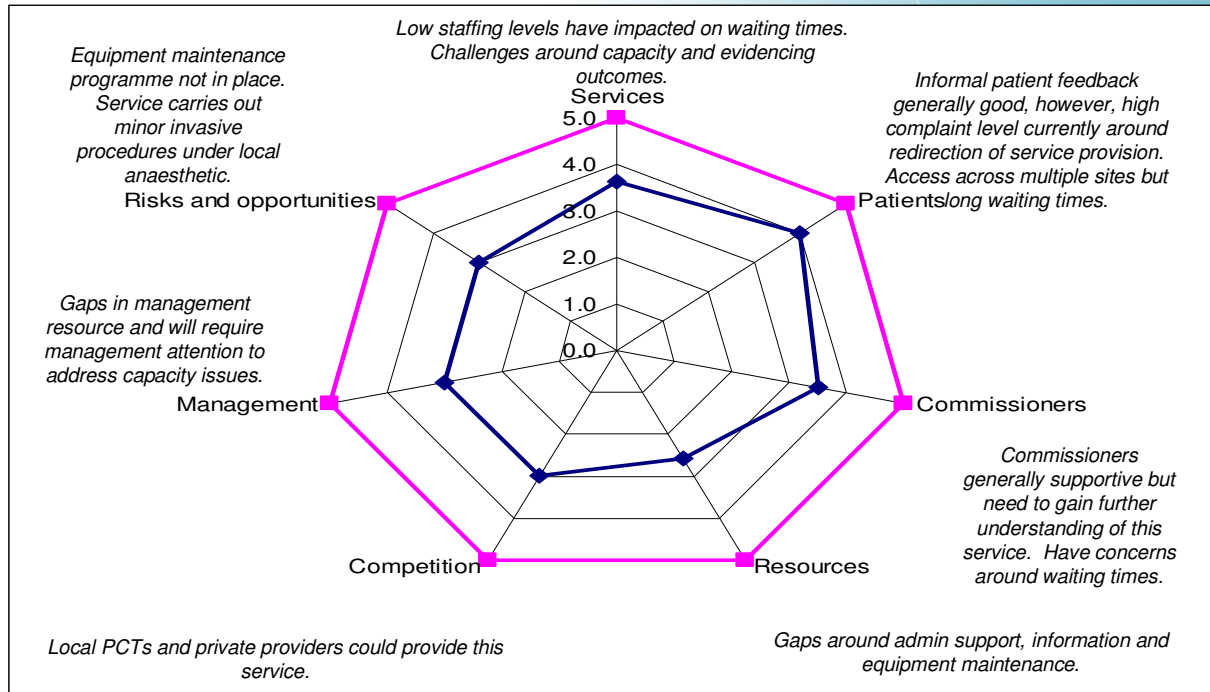
Non Pay 13,000

Sickness 14%

WTE 11.0

Podiatry

The Podiatry Service offers expert assessment, diagnosis, treatment and education; and advice on disease, deformities and pathologies of the foot and lower limb. Treatment is focused on relief of symptoms, improvement of foot function and enabling better mobility. These services can be accessed across 5 Community based clinics and 1 Acute hospital clinic, offering a wide range of specialties which include Diabetes, Nail Surgery, Ulcer clinics, Biomechanics, Mental Health and Homeless clinics, Long Term Conditions, Domiciliary and Foot Care clinics. The overall aim is to maintain independence and well-being and in so doing improve quality of life.



Pay £543,000

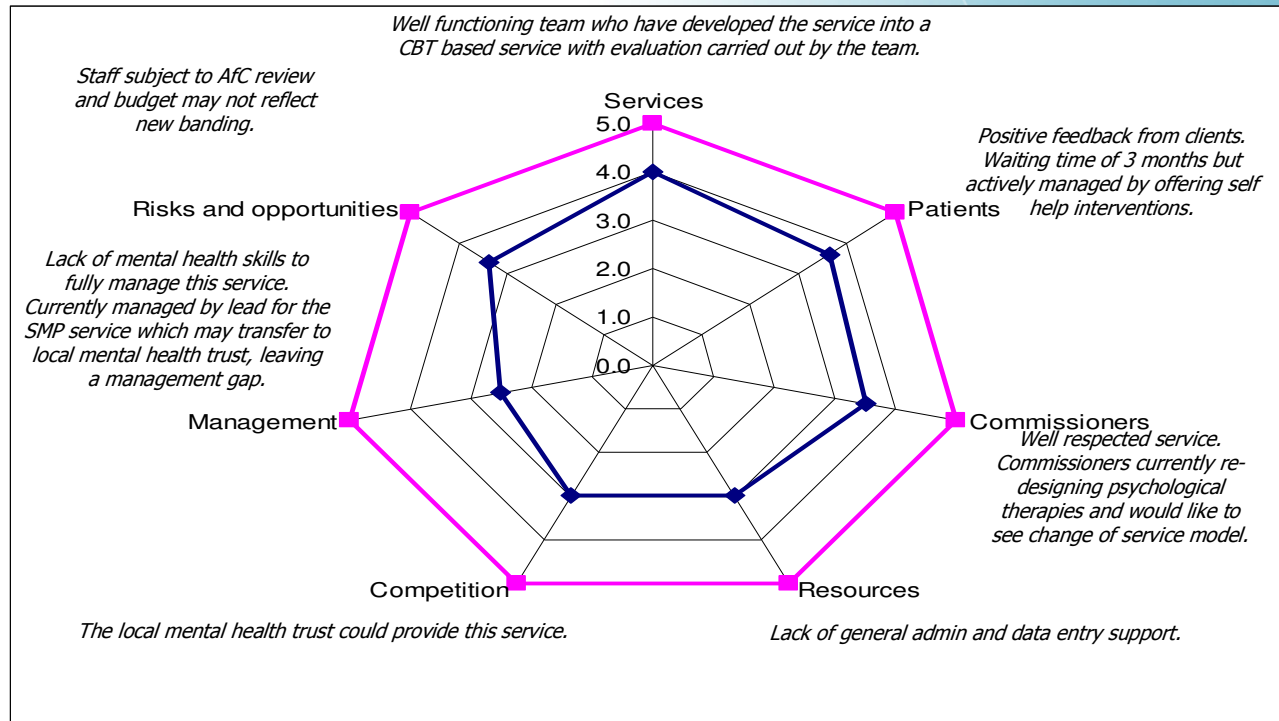
Non-pay £240,000

Sickness 14%

WTE 13.38

Primary Care Mental Health

Service led by three psychologists and provided mainly in GP surgeries in the Kilburn area, although some appointments are offered at Brent East CMHT and Willesden Centre for Psychological Treatment. The service offers short term interventions (6-10 weeks) including CBT, relaxation techniques and coping skills for adult patients experiencing mild to moderate anxiety and depression.



Pay £91,000

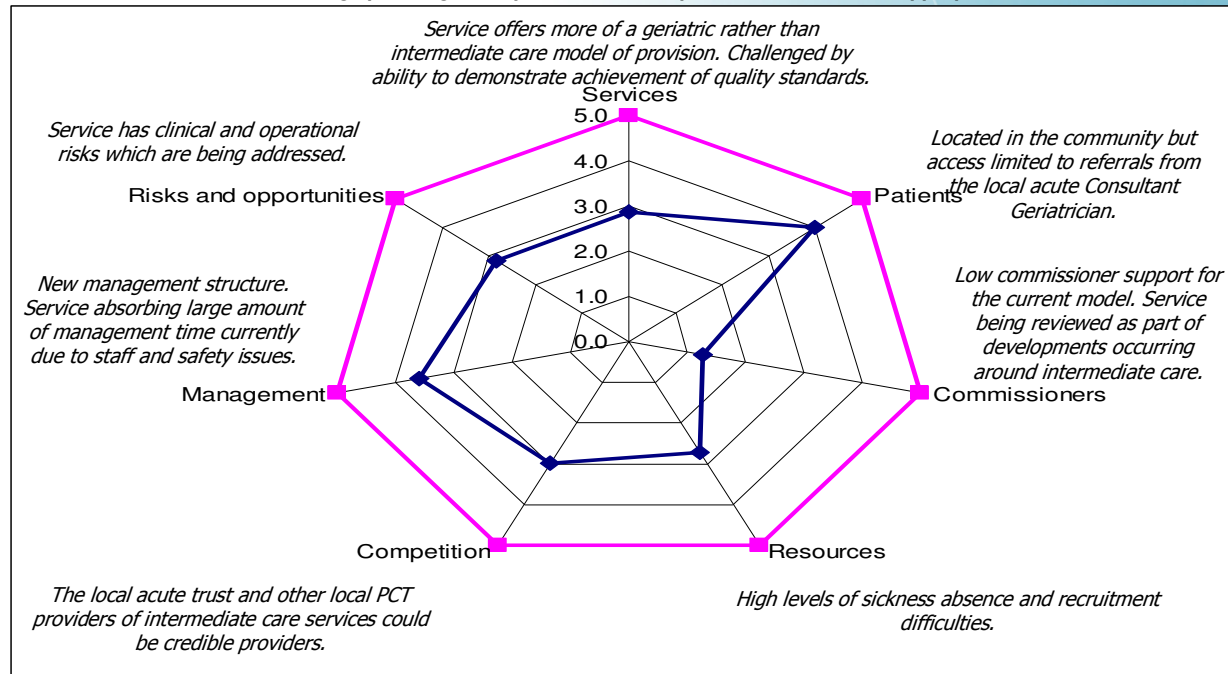
Non-pay £3,000

Sickness 1%

WTE 3.0

Rehabilitation and Intermediate Care In-Patient Service

The Rehabilitation & Intermediate Care In-Patient Service is based at Willesden Centre for Health & Care. The service consists of 2 x 20 bedded wards namely Menzler and Fifoot. Patients aged 65 and over recovering from acute episodes of ill health and in need of general or stroke rehabilitation are admitted to the unit. All patients are admitted from acute hospitals. Intermediate care is provided for patients not stable enough to return to their home but no longer in need of care in an acute setting. The service aims to enable patients to return to their home and live independently or with support from Social Services. A multidisciplinary team consisting of Doctors, Nurses, Therapists, a Discharge Co-ordinator and Social Services Care Managers participate in assessment, goal setting and discharge planning in conjunction with the patient and/or carer as appropriate.



Pay £2,122,000

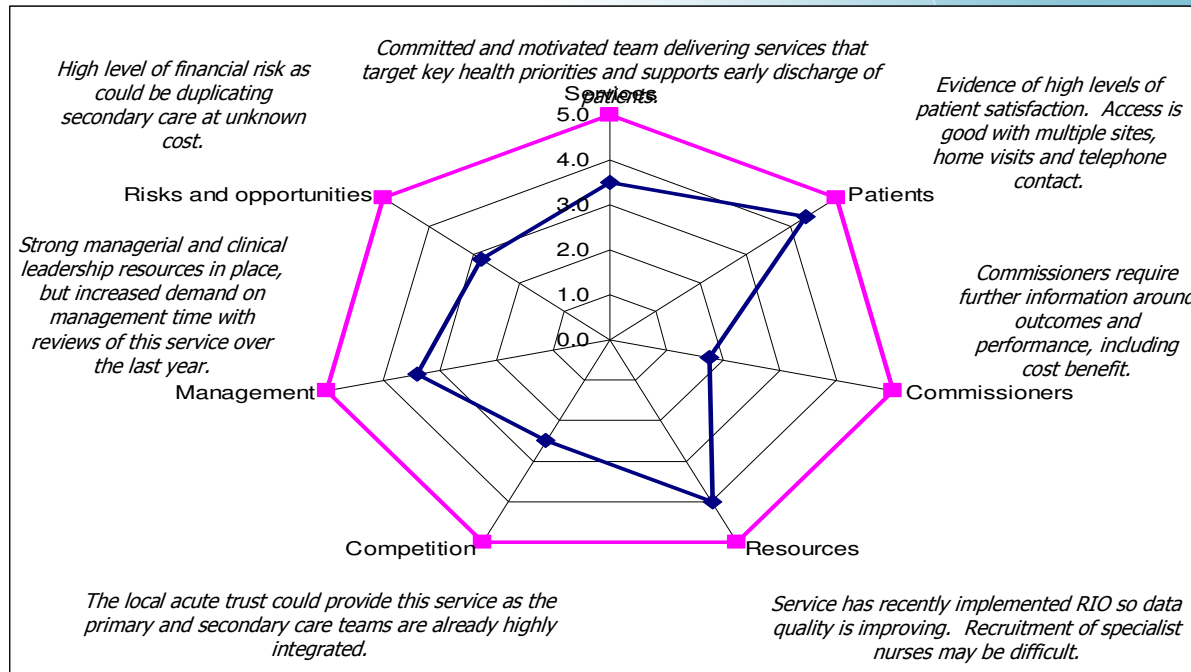
Non Pay £412,000

Sickness 11%

WTE 62.51

Respiratory

Integrated multi-disciplinary Primary and Secondary care services managing patients with severe COPD and poorly controlled Asthmatics. The service places an emphasis on early supported discharge of patients from secondary care back into the home setting where they are supported with equipment and education empowering them to self manage. The Respiratory Nurse Practitioners then follow up with home visits and link with other healthcare professionals ensuring a holistic approach to improving their quality of life. A GPwSI provides weekly community clinics diagnosing patients in the early stages of the disease, optimising medication and proactively preventing exacerbations. Referrals received by fax or email. Service also provides an ongoing six week Pulmonary Rehab programme.



Pay £176,750

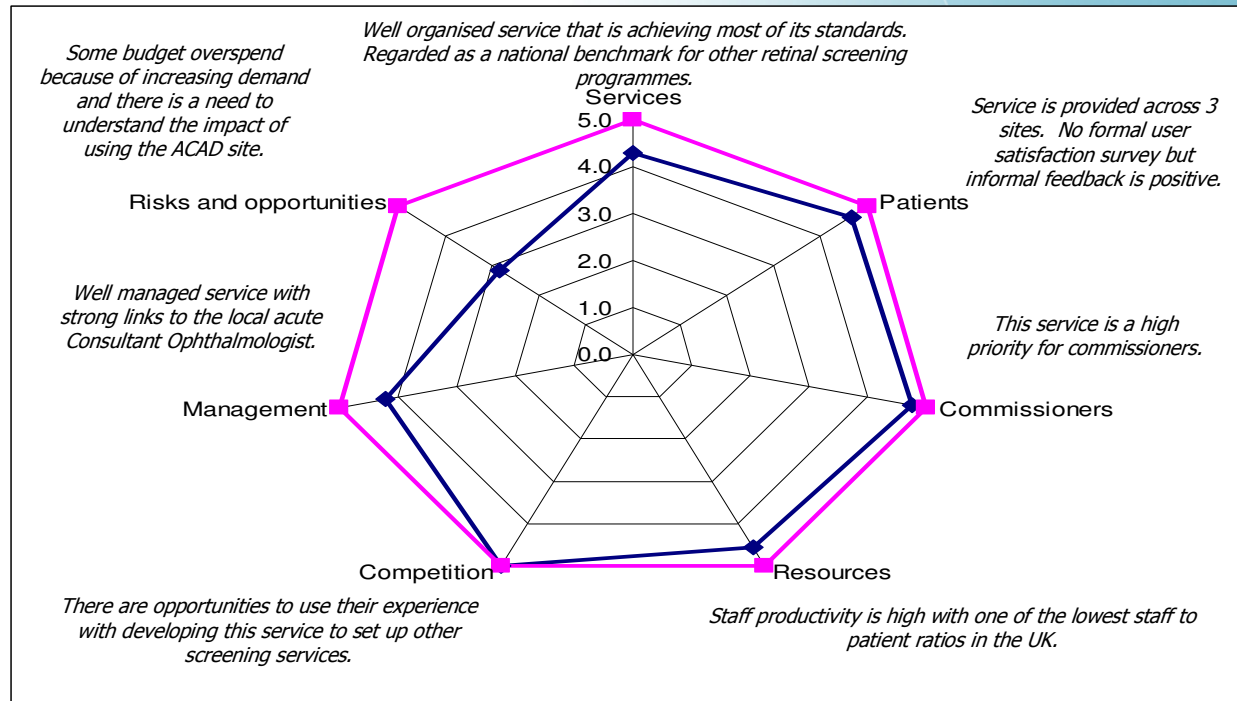
Non-pay £4,000

Sickness 0%

WTE 4.2

Retinal Screening

Diabetic retinopathy is a complication of diabetes and is the leading cause of blindness in the working population of United Kingdom. Brent Diabetic Retinopathy Screening Programme was set up in July 2006 in accordance with the standards and objectives set out in the National Service Framework for Diabetes, the National Screening Committee, the National Institute for Clinical Guidelines and the Brent Local Delivery Plan. The service delivers high quality annual screening to all people with diabetes in Brent aged 12 and over. It seeks to reduce new blindness due to diabetic retinopathy by 10% (minimum standard) or 40% (achievable standard) within 5 years.



Pay £204,250

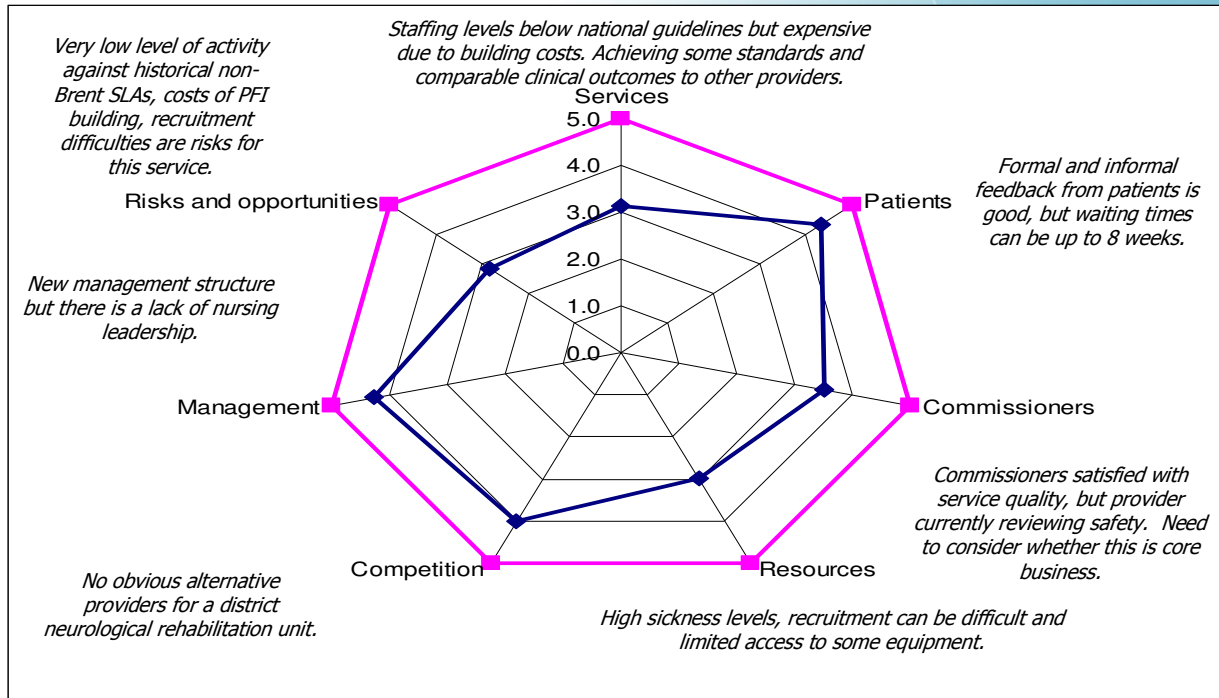
Non-pay £31,000

Sickness 1%

WTE 5.45

Specialist Neuro-Rehabilitation Unit

Robertson is a unique 12 bedded specialist unit within Willesden Centre for Health & Care, aimed at minimising the impact of neurological disability and assisting disabled patients to maximise their rehabilitation potential in a purpose built rehabilitation setting and within the context of the National Service Framework for Long Term Conditions. The service consists of a Consultant Led Multidisciplinary Team of Therapists and Nurses. The team assesses the rehabilitation needs of each patient and plans a rehabilitation programme targeted towards patient centred goals. The team also provides a spasticity management service consisting of Botox injections, intrathecal phenol, casting and splinting, this service is conducted in clinic settings and in the community.



Pay £990,000

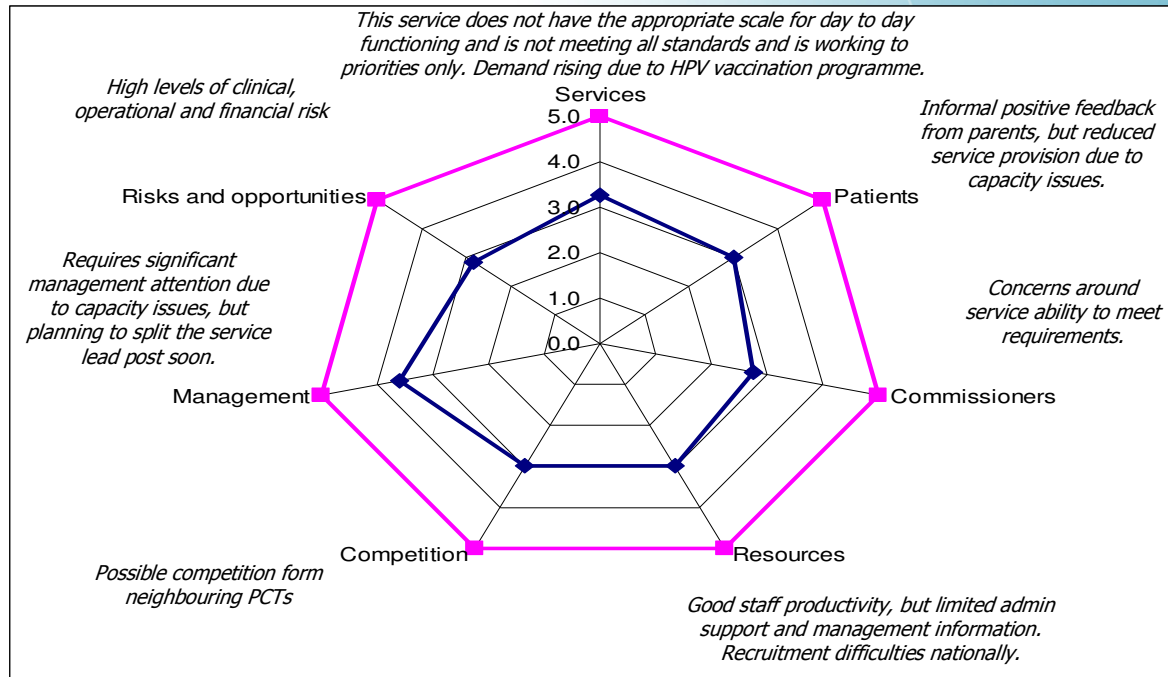
Non Pay £83,000

Sickness 17%

WTE 24.74

School Nursing (incl. special schools)

Brent's School Nursing Service is the smallest universal service dedicated to the largest client group (approx 55,000 pupils) who either resides or attends schools in Brent. The service works with school age children, their families and schools to empower each and every child to achieve the five outcomes within Every Child Matters document (2004). Those attending Brent Special Needs Schools receive a more individualised nursing service supporting them to reach optimum progress developmentally. The service provides a confidential and holistic approach celebrating and recognizing diversity within the community and is provided almost entirely via Education and on school premises, but remains a part of the National Health Service



Pay £926,000

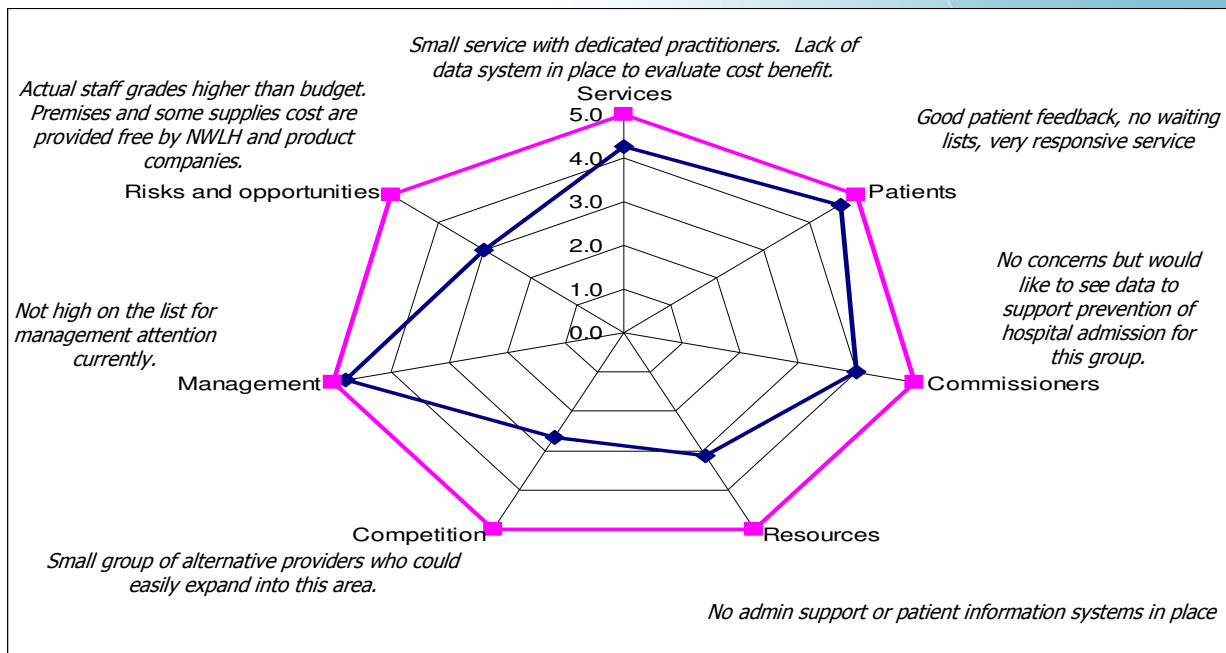
Non Pay £35,000

Sickness 7%

WTE 25.01

Stoma

The Stoma Care service provides a comprehensive specialised nursing service for all patients in Brent PCT and CMH with a stoma/fistula. The service extends to family and carers. Based at CMH the service is directly provided and case managed by 2 specialist nurses and is patient focussed and patient led. A simple referral process provides direct access for patients, relatives, staff, and any professional. The service is Brent wide seeing patients at CMH, at home, designated treatment room - anywhere in Brent. Patients are never discharged from the service and can access the service at any time.



Pay £81,000

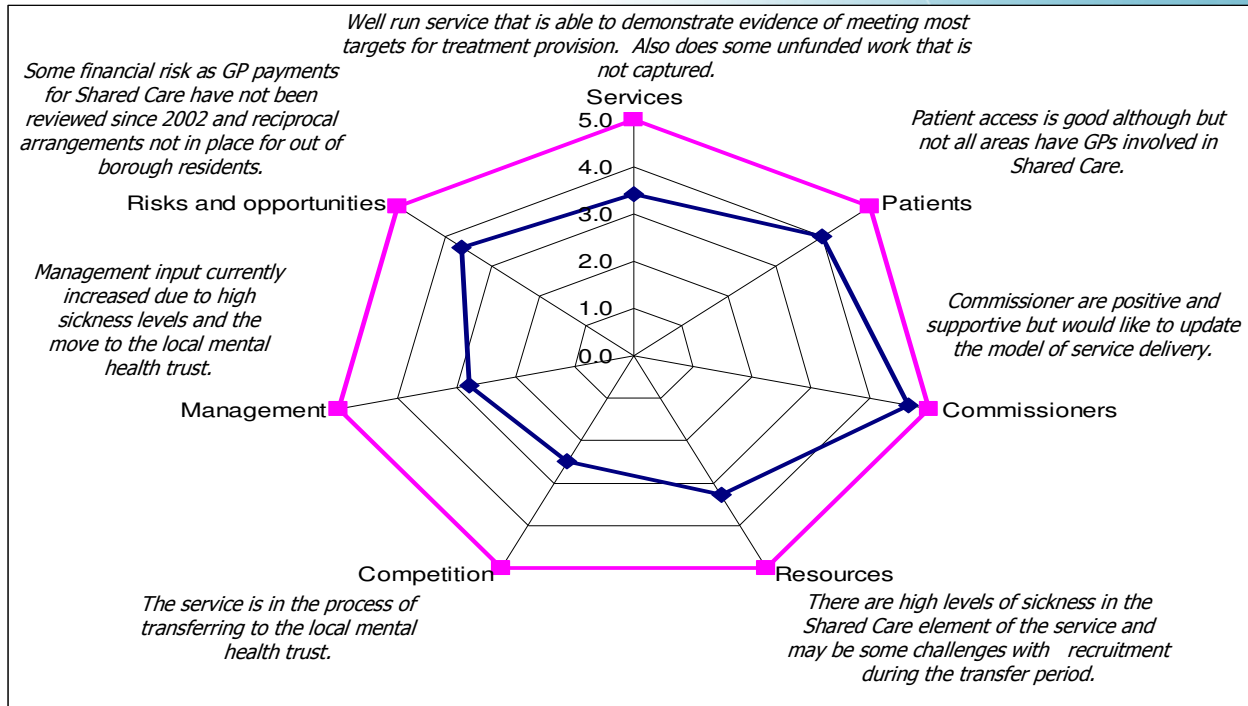
Non Pay £1,000

Sickness 5%

WTE 2.0

Substance Mis-use

Nurse-led substance misuse team who commission and/or support and manage a range of services for opiate dependent clients in the community including Shared Care (Practice-based GP prescribing and treatment), Supervised Consumption (Pharmacy led supervision of substitute medication) and Drug Rehabilitation Requirement (Co-ordination of treatment including prescribing for suitable 'Class A' offenders, referred via Probation Service.)



Pay £353,000

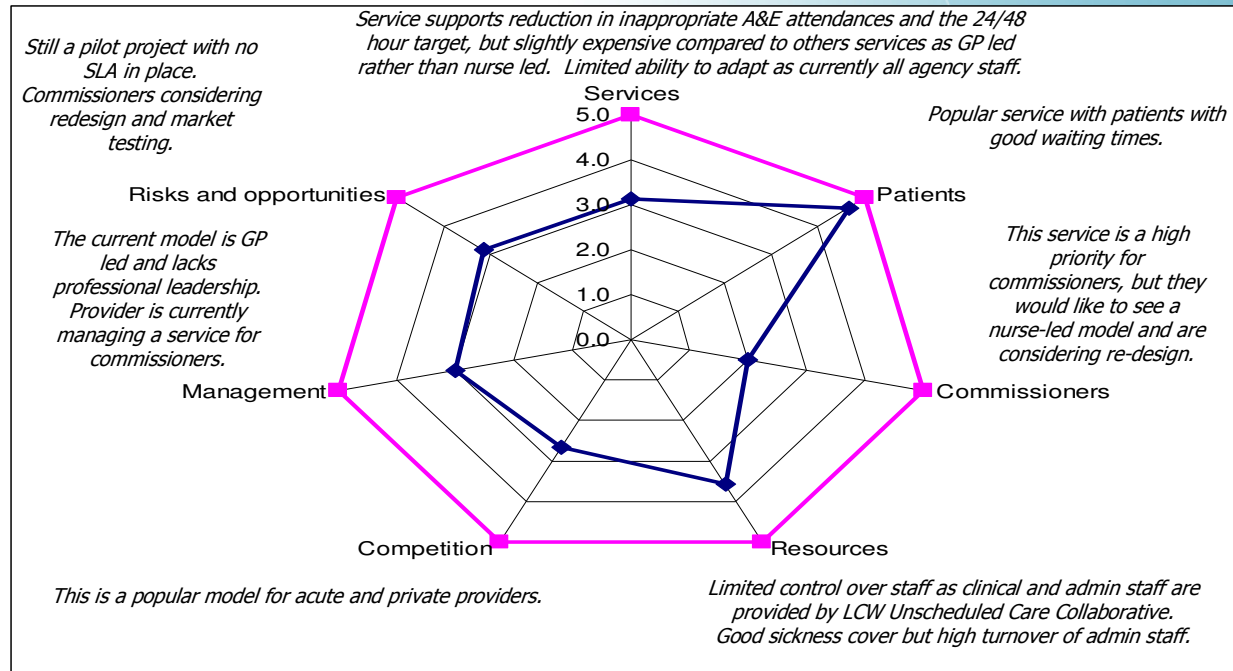
Non Pay £226,000

Sickness 12%

WTE 7.76

Wembley Walk In Centre

The Wembley Walk In Centre (WIC) is an integrated Walk-In Centre that provides unscheduled primary care service for residents of Brent and neighbouring boroughs where they can be treated for minor illnesses and injuries in a primary care setting; instead of attending local A&E departments. The service sees patients, who are over 16 who choose to attend a Walk in Centre, Monday-Friday, 11.00-18.00. The WIC also supports Brent GP practices in meeting their primary care access targets by providing a same day appointments for patients, it also facilitates patient's registration with local GPs practices.



Pay £258,000

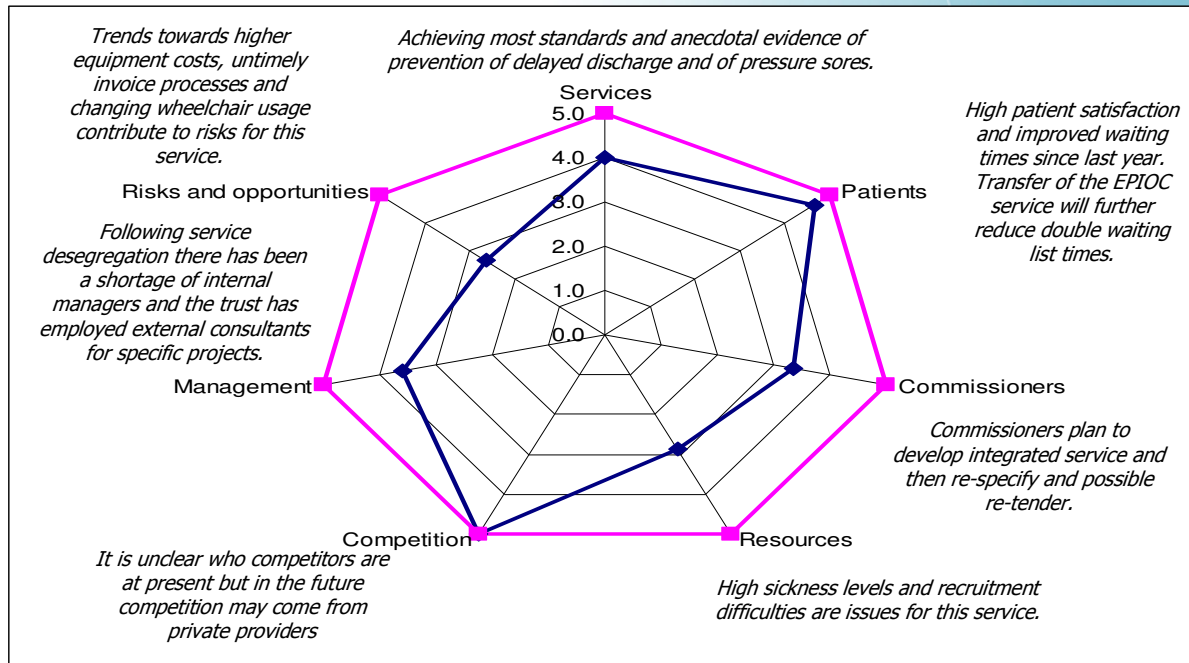
Non Pay £83,000

Sickness 0%

WTE 4.0

Wheelchair Service

The wheelchair service is a specialist service that provides important solutions to people's needs. The service includes assessment of service users of all age groups for their clinical need in mobility, pressure care and postural management. Trained therapists complete the assessments in the appropriate environment e.g. own home, workplace, school, etc. Appropriate wheelchairs, cushions and accessories are prescribed and issued, including training in the use and handling of the equipment. The service also provides follow up and review for selective groups of service users e.g. children and those with progressive neurological conditions as they grow or their condition changes. Service users can access the service and re-refer themselves if they require a review. An important part of the service is provided by the Approved Repairer who is contracted to carry out deliveries and collections, complete modifications to wheelchairs, and provide a repair service for all wheelchairs and maintenance of powered chairs.



Pay £290,000

Non Pay £416,000

Sickness 7%

WTE 7.99

Appendix 3.

Provider Services Development Programme

Summary of General Practice Survey

An email survey asking for comments on all the service lines was sent to all GPs in NHS Brent with a request to return the completed questionnaire within 2 weeks. The response rate was very low. A total of 5 surveys were returned, two of which were on behalf of all of the GPs and practice managers in these two medical/health centres. In addition, four other GPs provided feedback about services in other forms, either by email or during the commissioning feedback workshop. However, the limited response provided very little data about some of the services as not all questions were answered. As a result, the comments and responses that were received were used only to provide a qualitative understanding of how Provider Services are perceived. The table below provides a qualitative summary of responses for three key questions in the survey and a consolidated response to the questions that covered the referral process and general communication between GPs and services.

GP responses

	Do you have sufficient information about the service?	Does the service meet your patients needs?	Overall response about the referral process and communications.	Overall rating of quality
CMH A&E Front of House	yes	yes	yes	mixed
Primary Care Mental Health workers	yes	yes	yes	good
Phlebotomy	yes	mixed	yes	good
Nutrition and Dietetics	mixed	yes	mixed	good
Infection Control	mixed	mixed	yes	good
MSK Physiotherapy	yes	no	yes	mixed
Diabetes and Retinal Screening	yes	mixed	mixed	mixed
Substance Misuse	mixed	mixed	mixed	unknown
Walk In Centre	mixed	unknown	mixed	unknown
POPP	mixed	mixed	mixed	mixed
Stoma	mixed	mixed	mixed	mixed
Continence	mixed	mixed	mixed	mixed
Rehabilitation and Intermediate Care Inpatients and Robertson	mixed	no	mixed	mixed
CHD, Respiratory, Dermatology	mixed	no	mixed	variable
Children's Medical, Community Nursing and Therapies	mixed	no	mixed	unknown
Health Visiting	mixed	no	mixed	mixed
Podiatry	mixed	no	mixed	poor
HIV Coordinator	no	unknown	poor	poor
Community Dental	no	unknown	poor	poor
Homeless Service	no	unknown	poor	unknown
School Nursing	no	no	poor	mixed
District Nursing	yes	no	poor	poor
Community Matrons	no	no	poor	mixed
Brent Rehabilitation Service	no	no	mixed	unknown
Learning Disabilities	no	mixed	poor	unknown

Notes:

- Yes/good – the majority of responses were positive
- No/poor – the majority of responses were negative
- Mixed – Responses varied between negative and positive
- Unknown – Not answered in majority of responses

It was noteworthy that only 3 services received generally more favourable responses: CMH A&E Front of House, Phlebotomy and the Primary Care Mental Health Workers. These are shown at the top of the table above. Responses were mixed for the majority of services, but 8 services had generally more negative feedback and these are shown at the bottom of the table above.

Due to the low numbers no firm conclusions can be drawn from the data but it is worth noting a few key themes raised by the survey:

- Quality of service was unknown or responses were mixed for the majority of services, with four rated as poor quality. Only four services were rated as providing a good quality service.
- Lack of general information about the service, referral criteria and processes, and lack of timely notification about treatment outcomes and follow up requirements characterised those services that generally were perceived as of poor or unknown quality.
- It was difficult to determine from this survey why service quality was rated as either good or poor, but generally those services that were perceived as meeting patients' needs and had good communication processes in place also rated the quality of the service as good.
- Services where GPs felt they did not have enough information about the service generally rated the overall quality as poor.

Although the response rate to this survey was very low, and the views expressed above may not reflect the views of all GPs in Brent, the low number of provider services where the service quality was rated as high raises a potential concern around how provider services are perceived. This is not an unexpected finding as the service line assessments have highlighted services that exhibit clinical and operational risks and further reviews of those services have been implemented by provider services. However, some services exhibited exemplary features in the service line assessments but surprisingly GPs perceived the quality of some these services as mixed or unknown.

This result indicates that there would appear to be a need for improved communication strategies by Provider Services to raise general awareness and understanding of what services provide. Clarity about referral criteria and processes and methods of feedback about treatment outcomes are key areas that should be reviewed by each service line.