

## HEALTHWATCH HILLINGDON UPDATE

<b>Relevant Board Member(s)</b>	Stephen Otter, Chair
<b>Organisation</b>	Healthwatch Hillingdon
<b>Report author</b>	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	To receive a report from Healthwatch Hillingdon on the delivery of its statutory functions for this period.
<b>Contribution to plans and strategies</b>	Joint Health & Wellbeing Strategy
<b>Financial Cost</b>	None
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services Scrutiny Committee Social Services, Housing and Public Health
<b>Ward(s) affected</b>	N/A

### RECOMMENDATION

**That the Health and Wellbeing Board note the report received.**

#### **1. INFORMATION**

Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.

Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

#### **2. SUMMARY**

The body of this report to The London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees

at the Healthwatch Hillingdon Board Meetings and is available to view on our website: <http://healthwatchhillingdon.org.uk/index.php/publications>.

### **3. GOVERNANCE**

We have pleasure in confirming that Stephen Otter has been duly appointed as Chair of Healthwatch Hillingdon.

Turkay Mahmoud has been appointed to the Board and subsequently appointed Vice - Chair through a nomination process.

Angela Kelly has been appointed as a Board Member.

These appointments, for a term of 3 years, were ratified at the Healthwatch Hillingdon Board meeting on 26 October 2016.

We would advise that Burns Musanu has resigned as a member of the Board, as he has attained a position with The Hillingdon Hospital NHS FT (THH). We express our gratitude to him for his contribution to the work of HWH during his tenure and wish him all the best in his new role.

### **4. OUTCOMES**

Healthwatch Hillingdon would wish to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the first quarter.

#### **GP Access in UB7**

We are pleased to confirm that following our work with Hillingdon CCG, NHS England and the local practices in UB7, that all areas are now covered by a GP practice catchment area. This should now mean that residents will be able to register directly with a GP, without having to be assigned by NHS England. We will continue to monitor the situation to ensure this has rectified the issue.

#### **Care Home**

We were asked by a resident of a Hillingdon care home and their family to accompany them to a family meeting, arranged to discuss current issues within the home. Due to our concerns at the standard of care being outlined by residents and their families we immediately contacted Social Services, who attended the home the following working day. This resulted in the provider putting a plan in place to address the issues and return care to appropriate levels, which we both continue to monitor with Social Services.

This is a great example of how our close working relationship with Social Services is benefitting residents and we would especially thank the officer involved for their prompt action.

#### **Fertility Services**

As part of our work on access to IVF services, we have highlighted to the NWL CCG Collaborative that NHS providers should not be charging patients for supplementary IVF treatments as part of their NHS funded care.

Recent national fertility survey suggests that between 20-31% of NHS-funded patients had also paid for additional tests and treatments as part of their care, which appears to contradict national NHS guidance: <http://bit.ly/2fDRdDd>

We are seeking written assurances from fertility providers that this practice will cease and Healthwatch Hillingdon will explore whether there is scope for reimbursement, or compensation, for NWL patients who were previously asked to pay for part of their NHS funded IVF care.

### **Podiatry**

Healthwatch Hillingdon worked with Central North West London NHS FT (CNWL) during this period on the changes made within the community podiatry service.

Our contact details were included on a letter sent to approximately 2800 podiatry patients, giving them the opportunity to speak to us independently, about the proposals and how the reconfiguration of delivery sites would affect them.

In total, we were contacted by 45 people. The majority of those who raised a concern were worried about how they would be able to get to their appointments at the new location. This was expected by CNWL who in mitigation have arranged for those affected to be assessed for patient transport.

### **Phlebotomy Service**

One of the unforeseen results of the changes made in podiatry, reported to us by residents, was the suspension of the phlebotomy service provided by THH in the premises vacated by CNWL in Yiewsley.

We have raised this with the Hillingdon CCG and work continues to overcome the reasons for the suspension and have the service reinstated for residents.

### **Presentation to Local Healthwatch**

Healthwatch England invited Healthwatch Hillingdon to give a presentation of our work on using NICE Guidance at their Quarterly National Policy Development Group in September, hosted by Healthwatch Bristol. This presentation provided Healthwatch Hillingdon an opportunity to showcase our success in influencing uptake of NICE Clinical Guidelines by commissioners, as well as highlighting some of the barriers to successful implementation, using our work on IVF as an example.

The presentation was aimed at providing peer-to-peer best-practice learning for our local Healthwatch colleagues and the presentation slides were made available to share for the whole local Healthwatch network.

## **4.1 Information, Advice and Support**

During this quarter we recorded a total of 296 enquires. 173 of these were from residents in receipt of our signposting service.

Table A gives a breakdown of the number and type of enquiry we have received.

Type of enquiry	Number	% of enquiries
Refer to a health or care service	36	21%
Refer to a voluntary sector service	19	11%
Requesting information / advice	50	29%
Requesting help / assistance	7	4%
General Enquiry	61	35%

**Table A**

Table B shows the source of these enquiries.

Source of enquires	Number	% of source
shopper	123	71%
event	1	1%
referral	11	6%
promo	5	3%
advert	1	1%
website	2	1%
known	18	10%
other	2	1%
unknown	10	6%

**Table B**

Access to our service through the shop remains the main point of contact and we are pleased to advise that we have secured an extension to our lease until August 2017.

We have set out in Table C where we have signposted people to this quarter, to give the Health and Wellbeing Board a sense of the variety in the enquiries we receive.

	Number	%		Number	%
Age UK	9	6%	HCCG	4	3%
H Carers	8	5%	NHSE	2	1%
DASH	10	7%	GP	20	13%
MIND	1	1%	THH	3	2%
CAB	4	3%	CNWL-MH	4	3%
Other Vol	14	9%	CNWL-CH	6	4%
Optician	0	0%	CQC	1	1%
Dentist	8	5%	V-Ability	1	1%
Pharmacy	0	0%	W/Chair	6	4%
LBH - SS	9	6%	Other HW	12	8%
LBH - PH	0	0%	Other	22	14%
LBH - Oth	8	5%			

**Table C**

As noted from previous reports, the support provided to residents and our subsequent interventions are also of a varied nature. We would highlight the following:

#### Sleeping Tablets

One of the worrying contacts for us related to a vulnerable patient who has a history of alcohol and drug dependency. They wanted advise on how they could get their doctor to prescribe more sleeping tablets as they didn't want to keep buying them.

We discovered that currently to safeguard them, their GP prescribes the sleeping tablet, Zolpidem, on a restricted basis by 1 week prescriptions. However, this patient was freely and cheaply purchasing Zolpidem, which is a Class C Controlled Drug, without prescription on the internet.

Having checked what appeared to be a UK based website and verified the possibility of supply of this medication without prescription, we reported this to the Medicines and Healthcare Products Regulatory Agency. They advised us that this is an ongoing issue because as soon as they shut down this site, it will reopen again under different credentials. This is obviously a disturbing and worrying fact.

We would advise that support have been given to this individual through appropriate channels.

#### Lymphoedema Service

This case is one of several this year where we have been highlighted to a lack of primary lymphoedema services by residents. As a result, Healthwatch Hillingdon is currently investigating provision of this service. Our initial findings show that there does not seem to be primary lymphoedema services commissioned in Hillingdon, and that differing providers are taking responsibility for caring for individuals in the community.

We have raised this with Hillingdon CCG as our assumption appears to be verified by a recent report by the Healthy London Partnership <http://bit.ly/2fLbXt0>.

#### Reassurance

Mrs D was due to have a hip replacement in October 2016. She had attended a pre-operation class. She did not want to complain and had found the class interesting and useful, but in the discussions about discharge after the operation, she did not feel she was listened to. She was very concerned about going home after the operation as she felt she was being discharged too soon and was not confident that she will be able to look after herself.

We contacted the hospital and a member of the MSK team contacted Mrs D to listen to her concerns and put a discharge package together that met her needs.

#### Further Support

An individual visited our offices in September in a highly distressed state. They had been referred to ARCH (Addiction Recovery Community Hillingdon) by their GP, as although they had been previously prescribed methadone and codamol for 20 plus years by a GP, their current GP was not now authorised to prescribe methadone. The patient informed us that following a review by ARCH, the codamol was withdrawn which were for her back pain. The patient explained that they were in severe pain and had been unable to contact their key worker and had been told she would not be able to see the ARCH clinician for a further 3 weeks.

We contacted ARCH who provided further support to help the individual. We feel it is so important that whenever medication is withdrawn that this is done in a controlled and supported manner to reduce the impact on the individual and prevent them from going into crisis.

ARCH is new service in Hillingdon, provided by CNWL. When working with the above individual we noted that the new ARCH website did not provide details of their PALS Department, or how a patient can make compliments, or a complaint. We contacted CNWL who rectified this, to ensure all residents using the website now have these details.

## 4.2 Concerns and complaints

Healthwatch Hillingdon recorded 123 experiences, concerns and complaints in this quarter. Of these 45 were in response to the CNWL Podiatry service changes.

The areas by organisational function are broken down in Table D.

<b>Concern/complaint Category</b>	<b>Number</b>	<b>% of recorded</b>
CCG	2	2%
Primary care: GP	17	14%
Primary care: Pharmacy	0	0%
Primary care: Optician	0	0%
Primary care: Dental	2	2%
Hospitals	25	20%
Mental Health Services	9	7%
Community Health	51	41%
Social Care	11	9%
Care Agency	0	0%
Care Home	2	2%
Patient Transport	0	0%
Community Wheel Chair Service	2	2%
London Ambulance Service	1	1%
Voluntary Sector	1	1%

**Table D**

### Referring to Advocacy

During July/Aug/Sept 2016 we directly referred 8 people: 5 to VoiceAbility and 3 to safeguarding (2 LBH & 1 to Hounslow council).

### Overview

The following is to note from the analysis of the recorded concerns and complaints data this quarter.

### GP Access

In August we were contacted by a resident whose mother had been discharged from hospital following a difficult life-changing illness. They told us they had found a lovely care home where they new their mother would be safe, but were horrified to find that the home were having extreme difficulties in registering their mother with a GP practice.

On speaking to the home we found that they had 7 new residents that the local GP practices had refused to register. Due to current pressures the GP practices were reluctant to register these patients although it was their legal duty. Even after we involved NHS England, the practices continued to put up administrative barriers, which resulted in the home having to take 3 of these frail elderly residents physically to the GP surgery to enable registration.

Residents of the nursing home are all currently registered but with only 15% of the current homes capacity taken up this will be an ongoing issue. We continue to work with NHS England and Hillingdon CCG to ensure residents are registered and a long-term solution can be found, to benefit all parties.

#### Autism Diagnosis Service

We have continued to note the long delays for assessment, experienced by some patients who had been referred by their GP to the Autism diagnosis service. We were originally highlighted to this in March, and raised this with Hillingdon CCG. It turned out that the problem lay with a contractual disagreement with the local service provider.

Under the NHS Constitution a CCG has a legal duty to ensure that residents have access to appropriate timely treatment and must refer to an alternative provider, outside of the area, if one is not available locally. As this issue had not been rectified by May, we were concerned for these vulnerable residents and urged the CCG to find a solution.

We are pleased to note that as a temporary solution an alternative provider has been commissioned this quarter, and that the CCG are planning to procure a permanent autism assessment service for the borough's residents.

#### Care Package

We were contacted about an elderly Hillingdon resident, who suffers from mental health issues and numerous physical long term health conditions. They live alone and for many years have received a jointly funded care package, which included the regular reapplication of compression bandages for their lymphoedema (chronic swelling of limbs). However, without any notice, the family were informed that the care agency will no longer be providing this service and that the care package had been withdrawn by social services. This was very concerning for the family as the resident had previously had a life-threatening leg infection due to their lymphoedema.

We contacted Social Services who immediately investigated the case and reinstated the care package to ensure the resident received the care they needed.

We also received reassurance that the reason for the error had been identified and a process had been changed immediately to stop it happening again.

An individual requested the NHS fund a placement at a specialised treatment centre to treat his condition. A funding review panel was established and the individual requested independent advocacy support to help him through the process, but was unable to get this support as this service is not available in London Borough of Hillingdon. Healthwatch Hillingdon, at the patients request were asked to help. We agreed to attend a funding review panel as "independent observers" (not as advocates, as we are not commissioned to provide this service) to ensure process was fair and reasonable. We found the NHS funding panel to be fair and reasonable and that the patient's rights were respected and that his clinical needs were been appropriately meet.

#### Sharps disposal

A few patients with diabetes, who are managing their condition at home, have contacted us as in relation to the disposal of the needles (sharps) they use for their insulin injection.

There seems to be confusion amongst professionals and a lack of information for patients on where clinical sharps are disposed.

On investigation, we found that the national policy for the disposal of “domestic clinical waste” provided by the Department for Environment, Food & Rural Affairs advises that “Local authorities have a duty to collect household waste including healthcare waste from domestic properties.” (<https://www.gov.uk/guidance/healthcare-waste>)

In Hillingdon there is a sharps service provided by both the NHS and the Council for substance misuse. But for diabetes patients the disposal service is provided by a select number of pharmacies and a few GP practices and these are not readily publicised for patients.

Further clarity and clear information to the public on who to contact to arrange the safe removal of clinical waste (including sharps) from domestic property would be welcomed.

In the meantime, we have suggested that Hillingdon CCG and the Council publish a list of the pharmacies and GP practices who provide the sharps disposal service on their websites.

## 5. Strategic Working

### Suicide Prevention Planning

In recent months, there have been two important publications on suicide.

- ‘The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer’ <http://bit.ly/2dt1m1b>; and
- Public Health England’s resource guide “Local suicide prevention planning” <http://bit.ly/2g9B9pQ>.

The first highlights several key facts, which we feel impact significantly upon the successful delivery of the NWL Like Minded programme:

- Suicide by mental health in-patients continues to fall, most clearly in England where the decrease has been around 60% during 2004-14.
- There are now around three times as many suicides by CRHT (crisis resolution home treatment) patients in the community, than in-patients.
- A third of CRHT patients who die by suicide have been under the service for less than one week. A third have been discharged from hospital in the previous two weeks.
- 43% of CRHT patients live alone.

These facts suggest that providing acute mental health care in the community has not been the most suitable setting and that inpatient provision is safer. As the NWL Like Minded programme looks to shift activity into the community and may possibly mean a reduction of acute mental health inpatient bed capacity across NWL, we have written to the NWL Like Minded Programme Board to strongly recommend that the contents of this report be carefully noted.

We therefore welcome the second document “Local suicide prevention planning”. This guidance supports Local Authority Public Health Teams to work with CCGs, Health and Wellbeing Boards, the Voluntary Sector and wider networks of partners, to develop a local suicide prevention plan.



In light of the National report, it will be essential that the London Borough of Hillingdon suicide prevention plan be developed, to inform the Like Minded strategy and ensure that care is designed and delivered to meet the needs of Hillingdon residents. It will also enable local partners plan to meet the mandated STP commitment to reduce suicides by 10%.

#### The Sustainability and Transformation Plan (STP)

As the Health and Wellbeing Board are aware the draft of the NWL STP was shared on the 13th October for partner comment, prior to submission to NHS England on 21 October 2016.

At the Healthwatch Hillingdon Board Meeting of 28<sup>th</sup> October 2016, members unanimously endorsed the letter from the Chair of the Health and Wellbeing Board submitted to Dr Mohini Parmar, the Chair of the Joint NWL Health & Care Transformation Board.

As a non-decision making group, representative of all NWL partners, The NWL Joint Health and Care Transformation Group will oversee the development and delivery of the STP and allocations of the Strategic Transformation Funding.

Healthwatch Harrow and Central West London sit on this group and we will deputise for Harrow when required.

In September NHS England published 'Engaging local people'. This document outlines the expectations upon statutory organisations to involve the public in the STP and sets out their relevant legal duties to engage and consult on their STP proposals.

<http://bit.ly/2epU9IB>

We asked that these expectations are written in to the NWL STP plan before it was submitted on the 21 October 2016.

#### Shaping a Healthier Future Programme (SaHF)

Healthwatch Hillingdon continues to be strategically involved in the SaHF process, through our seats on the NWL Patient Participation Reference Group (PPRG) and The Hillingdon CCG Governing Body.

#### Paediatric Transfer

On 30 June the children's ward at Ealing Hospital closed and ambulances are no longer taking children to Ealing's accident and emergency (A&E) department. Healthwatch Hillingdon were fully sited on the assurance process undertaken prior to this closure.

#### Implementation Business Case (ImBC) Strategic Outline Case (SOC)

Healthwatch Hillingdon are currently reviewing the draft ImBC SOC part 1 document. Comments from this final review will be incorporated prior to the ImBC SOC part 1 document being approved by the individual NWL CCGs for submission to NHS England.

#### Hillingdon CCG Commissioning Intentions

The Hillingdon CCG Commissioning Intentions for 2017-18 are aligned with the five year planning for the STP and the two-year contracts required by NHS England to be signed by 23 December 2016.

The commissioning intentions document was circulated to partners in September 2016 for comment. Healthwatch Hillingdon Board members reviewed the document and the recommendations made in our considered response were incorporated into the final document, which was discussed at the H&WB on 29 September and approved at the October 2016 Hillingdon CCG Governing Body. <http://bit.ly/2e6GhfJ>

#### Accountable Care Partnership (ACP)

The ACP continues to develop in preparation for coming out of shadow form in April 2017. The ACP Provider Shadow Board are currently looking at their governance model, service development, their financial model and risk share for all partners.

The governance model for ACPs outlined in the NWL best practice guidance suggests inclusion of a lay chair and further lay membership from shadow form. Currently there is no lay membership on the Shadow Board and we have asked that this guidance be considered as the providers develop their governance structure.

The ACP have set up a Clinical Design & Delivery Group to oversee the service development which Healthwatch Hillingdon attends.

## **6. Engagement Overview**

During the quarter we have directly engaged with 270 people through 20 events attended by over 1,100 members of the public. These figures demonstrate a significant increase on our exposure on the previous quarter, due to an increase of the number of events attended.

We took part in Hillingdon Age UK's 60 + Fair, Uxbridge Freshers Fair, Hillingdon Health Conference, Parkinson's Information Day and Hillingdon Carers Health MOT day amongst others. These events were targeted towards different segments of the community and so presented an excellent opportunity to gather experiences from diverse audiences.

We also continued to complete our drop-in sessions at all Hillingdon libraries, and have now held surgeries at 15 of Hillingdon's 17 libraries – although these events did not prove as effective as we would have hoped in collecting resident feedback, it has helped us to raise our profile.

Our attendance at Uxbridge College Freshers Fair was one of the highlights of our engagement activities this quarter as we were able connect with a younger audience (16-24) who very rarely share their experiences of health and social care services. We were accompanied by 2 of our younger volunteers to assist on our stall as we felt the students would respond better to their peers. This proved to be a positive approach as during the two-day event we spoke to over 50 young people and handed out our literature.

During the next quarter, we plan to carry out more intensive outreach and engagement activities with our younger residents via youth centres, pupil referral units, schools and colleges.

#### Feedback tools

We have recently introduced a new feedback form called 'Have Your Say'. The form will be used at public events to capture individual experiences – both positive and negative of accessing services.

We initially trialled the new form at the Age UK 60+ Fair which was attended by over 100 local people. The form proved effective, as during the event we collected a total of 13 feedback forms, in addition to providing information and advice. There was a good balance between positive and negative feedback although many shared their concerns about accessing GP appointments. One resident who shared her feedback was concerned she had to wait 5 weeks to get an appointment for her 13-year-old son.

### Media

We continue to engage with residents and other stakeholders via our social media channels and are pleased to announce that we recently reached our 1,000th follower on Twitter. More recently we introduced Instagram as part of our social media strategy as a means of engaging with the under 25's and since the beginning of June, we have attracted over 40 followers including Hillingdon Council. This proves that Instagram has the potential to become a high engagement and effective marketing tool for Healthwatch to promote its work via images and videos.

Traffic to our website remains constant. It was pleasing to see that when looking at the statistics, almost 50% of the 5500 who access the website each month, do so directly rather than through a search engine.

We have also seen further coverage in the Evening Standard, when an article was published on Fertility Services in July 2016.

### Volunteers

Volunteer retention rates remain high and 4 Healthwatch volunteers have now completed 6 months of volunteering. As part of our maternity and discharge project work, 5 Healthwatch volunteers supported the project leads with conducting surveys on the wards at The Hillingdon Hospital and the Children Centres. In total volunteers contributed 154 hours of their time between July -September. As a way of saying thanks we are planning a thank you lunch later in the year.

We have also nominated our Social Media volunteer – Lily Doyle for the annual 'Hillingdon Volunteer Award' to receive formal recognition for the fantastic work she has carried out for us on Twitter and Facebook - Thank you Lily!

## **7. PROJECT UPDATES**

### **7.1. Maternity Care**

The engagement programme has now spoken to 241 women and exceeded the 200 target set. We are now engaging in Hillingdon Hospital, Children's Centres in Hillingdon and Southall, have run workshops and attended several mother & baby groups. In general, women are reporting positive experiences and staff are receiving positive feedback for good respectful care. Women have informed us of areas which for them would have improved their maternity experience and our report will outline these in due course.

On the analysis of the data at the recent project operation meeting a decision was taken to carry out some focussed engagement with women from British, Black, Asian, and minority ethnic (BAME) backgrounds, to look at language barriers. We contacted several

community groups in both Hayes and Southall and carried out some focus groups in November 2016.

We have also started to follow up women who have previously given us permission to contact them after the birth of their child to gauge their experience of the birth and the provision of post-natal care.

## **7.2. Hospital Discharge**

The engagement programme for the project has now been completed. We have spoken to 172 patients/family in their hospital beds and followed up 60 patients/family in their homes after discharge.

In late October 2016 we held a project meeting to analyse the data collected and produced an initial evidence document for stakeholders on the patient experience of discharge. This evidence was shared with The Hillingdon Hospital NHS FT, Hillingdon CCG and Hillingdon Social Services and presented to the Older Peoples Service Strategy Group on 9th November. All Partners will be providing a response to the evidence and a final report, outlining our findings, will be produced and published in the New Year.

We are also looking to create a short film to accompany the report. Filming was completed in early November and following production, it will be released later this year.

The Council's Social Services, Housing and Public Health Policy Overview Committee are currently looking at hospital discharge. We are scheduled to present an overview of our evidence on 15<sup>th</sup> December.

## **8. ENTER AND VIEW ACTIVITY**

### PLACE Assessments

Our Enter and View Team committed 28 hours to the PLACE Assessments of the care environment at Hillingdon and Mount Vernon Hospitals in September 2016.

## **9. KEY PERFORMANCE INDICATORS (KPIs)**

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2015-2017.

The following table provides a summary of our performance against these targets.

## Key Performance Indicators 2016/17

\*Targets are not set for these KPIs as measure is determined by reactive factors.

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2016-17	Q1			Q2			Q3			Q4		
				2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017
1	Hours contributed by volunteers	SP4	550	692	550	637	732	625	522	583	462		637	729	
2	People directly engaged	SP1 SP4	350		354	434		333	270		250			354	
3	New enquiries from the public	SP1 SP5	175	124	232	177	126	402	296	96	241		98	227	
4	Referrals to complaints or advocacy services	SP5	N/A*	19	9	12	15	14	8	18	7		12	7	
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	70	68	49	93	68	60	69	87	54		112	72	
6	Consumer group meetings / events	SP1 SP7	10	62	22	16	48	25	15	42	10		89	22	
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	0	0	0	0	1		0	0	
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	5	7	3	2	4	2	4	3		2	7	