Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 22 October 2014
Time: 7.15 pm
Venue: Committee rooms B, C & D - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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This is a public meeting – members of the public are very welcome to attend. The meeting room will be open to members of the public from 7.00 p.m.

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Pauline Cowper
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Abdul Latif

Substitute Members:
Joan Henry
Najeeb Latif
Gregory Patrick Udeh
Jill West

Co-opted Representatives

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

⇒ **Call-in**: If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.

⇒ **Policy Reviews**: The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.

⇒ **One-Off Reviews**: Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.

⇒ **Scrutiny of Council Documents**: Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
3 SEPTEMBER 2014

(19.15 - 21.00)

PRESENT Councillors Councillor Peter McCabe (in the Chair), Councillor Brian Lewis-Lavender, Councillor Pauline Cowper, Councillor Mary Curtin, Councillor Brenda Fraser, Councillor Suzanne Grocott, Councillor Sally Kenny and Councillor Abdul Latif

Dr Kay Eilbert (Director of Public Health) and Simon Williams (Director, Community & Housing Department) Stella Akintan (Scrutiny Officer)

Councillor Caroline Cooper-Marbiah (Cabinet Member for Adult Social Care and Health) , Councillor Joan Henry ,Councillor Gilli Lewis-Lavender, Councillor Marsie Skeete.

1 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

There were no declarations of pecuniary interests

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

There were no apologies for absence

3 MINUTES OF THE MEETING HELD ON THE 17 MARCH (Agenda Item 3)

The chair asked for the minutes to be amended regarding the questions he directed to Dr Freeman. Cllr McCabe had asked if Merton had contributed to the helipad recently purchased by St Georges NHS Trust. The second question related to the election of the Chair of Merton Clinical Commissioning Group (MCCG), Councillor McCabe has asked if local people had a mechanism to remove the Chair of the Clinical Commissioning Group if they did not feel they were doing a good job.

Councillor McCabe also sought to clarify if the results of the election of the CCG Chair were on the website, to ensure openness and transparency and that the public could access this information.

The Director for Commissioning and Planning said that there had been contributions to the helipad from Merton Council, St Georges and two other partners he would find the details and report back to the Panel.

In regards to the election of the Chair to MCCG, the Director reported that the election process had taken place when the Board was in shadow form and he was not aware that information was placed on the website at that stage.

The Director for Commissioning and Planning said that check the details for publishing the results of the MCCG election and report back to the Panel.

A panel member asked about the length of the term of office for the Chair of the Clinical Commissioning Group. It was reported that it is two years from authorisation so the next election would be in 2015/16.

ACTION
That the Director of Commissioning and Planning to provide details on financial contributions to the Helipad and if details of the election of the Chair of the CCG would go on their website.

4 MATTERS ARISING FROM THE MINUTES ON THE 17 MARCH (Agenda Item 4)

There were no matters arising from the minutes

5 MERTON CLINICAL COMMISSIONING GROUP - PRIORITIES AND CHALLENGES FOR 2014/15 (Agenda Item 5)

The Director of Commissioning and Planning gave an overview of the report

A panel member asked if the bids for the Nelson and Mitcham hospital will be closed or be made public knowledge?

The Director for Commissioning and Planning reported that they have to adhere to procurement guidance so there are some things they can and some they cannot share. The aim to be as open and transparent as possible as far as procurement guidance will allow.

A panel member asked if there will be a privatisation of this service? The Director for Commissioning and Planning reported that he is not able to answer that question at this stage, however the successful bidder will have to demonstrate a strong track record and strong local record.

A Panel member said there had been considerable criticism of heath statistics so are they relied upon for direction of travel?

The Director for Commissioning and Planning said that they use a wide variety of information to inform decision making. There are some areas that data could be stronger such as mental health and community services.

A panel asked what information was taken into account when developing the Mitcham project. The Director for Commissioning and Planning reported that a new

health needs assessment was conducted which provided robust and detailed information. Site availability is being developed from an original list of ten possible locations of which five have made a shortlist. There will be an event in October for local people to have input and the Mitcham Project will score the final bids.

A panel member asked if length of time to get a GP appointment is one of the key performance indicators and if we can tell on a practice by practice basis how long people have to wait to see a GP and are we confident that we have enough GP surgeries in Merton?

In Merton we have just about the right number of GPs, although there are different views depending on what formula is used. The Director for Commissioning and Planning said that NHS England commission GP services, the clinical commissioning group has a support and improvement role. They are doing co-commissioning with NHS England which will give a better understanding of the issue. They also receive yearly data from NHS England on GP appointments.

An issue in Merton is that many GP's are in the older age bracket or are approaching retirement age therefore we need good succession planning.

ACTION: Panel to ask NHS England for data on waiting times for a GP appointment.

6 PUBLIC HEALTH IN MERTON - PRIORITIES AND CHALLENGES (Agenda Item 6)

The Director of public health gave an overview of the report

A panel member asked when specific dates will be attached to the work programme and more information about the proactive GP practice model.

The Director of Public Health reported that the yearly plan is a summary and a rolling programme however an indication of timescales can be provided for the panel.

The Director of Public Health said there is a Proactive GP practice pilot project in East Merton to tackle health inequalities by looking at prevention, early detection with the aims of reducing smoking and chronic obstructive pulmonary disease rates. GP's are being asked to refer people to the Live Well service. It is hoped to involve the nine GP services that make up the East Merton locality in the pilot.

A panel member asked how we capture illnesses before they become long term conditions.

The Director of Public Health said health champions will play an important role in supporting people and referring them to services so that disease can be managed early when it can either be cured or managed.

A panel member asked what GP's will do in this pilot that they are not already doing?

The Director of Public Health said that the aim is to improve services with no additional money. They hope to use a range of techniques to motivate service providers and support to improve management of chronic obstructive pulmonary disease.

The Director of Public Health asked the panel to disregard appendix three as it was included by mistake.

A panel member asked what the future ring fence for public health will be.

The Director of Public Health reported we do not know what this will be yet. A panel member suggested that Public Health team has an opportunity to demonstrate the impact and benefit of the service now so that their budget will not be reduced in future years.

7 ADULT SOCIAL CARE IN MERTON (Agenda Item 7)

The Director for Community and Housing gave an overview of the report.

A panel member asked what monitoring takes place and how do we ensure that the public are vetted and people are given good care.

The Director for Community and Housing said that the contracts include quality standards which requires that staff are vetted and trained. The procurement team monitor contracts with providers as well look at Care Quality Commission Reports. CM2000 software ensures people turn up and spend designated time with providers. We also rely on customer feedback.

A panel member asked how we deal with dissatisfaction and how we make relatives aware of ways to give feedback.

The Director for Community and Housing said we work with providers to resolve issues. We inform all new customers of the complaints procedure. We do an annual survey of all users of homecare and of all carers known to us. The new Care Act will give us enhanced duties concerning carers.

A panel member asked why only 4% of spend was allocated to prevention.

The Director for Community and Housing explained that as adult social care is a statutory service nearly all funding has to go to supporting people who have a right to support. Another issue is that there is not clear evidence that prevention actually prevents expenditure on statutory services. However the council wishes to continue to invest in prevention as long as it can see this prevention or delay in customers needing statutory services.

A panel member asked if we will lose money if we have to fund deferred payments.

The Director for Community and Housing said that the council already operates a scheme of this nature and does not anticipate any significant extra cost pressures, other than managing the cash flow if the scheme expands. The main risk is that the new guidance needs to enable councils to place a charge on properties, this is being addressed in national discussions.

8 WORK PROGRAMME 2014/15 (Agenda Item 8)

The Panel agreed the following:

To conduct a scrutiny review of diabetes

The Panel thanked the former co-opted members for their work and agreed to conduct an open and transparent recruitment process for new co-opted members.

Scrutiny officer to circulate the list of topics in the draft work programme for Panel members to prioritise

A further discussion on the work programme will take place at the next meeting

Councillor Suzanne Grocott was nominated as the Panel representative for Performance Monitoring

Budget scrutiny will remain the responsibility of all panel members

Panel Members were informed that St Georges Hospital has invited the Panel to visit the hospital as they are keen to strengthen their links with scrutiny. Councillor Caroline Cooper-Marbiah confirmed that she had met with St Georges and felt that the Panel would benefit from a visit. Panel members agreed to consider this invitation when they had determined their priorities for the year ahead.

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 22nd October 2014

Agenda item:

Wards: ALL

Subject: Strategies for improving GP Services in Merton – Healthwatch Merton.

Lead officer: Dave Curtis, Healthwatch Merton, Manager.

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel comment on the report by Healthwatch particularly the section on Access to GP Services which will be considered alongside a report from NHS England on GP Access and waiting times.

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the report is to update the panel on recent Healthwatch Merton research on GP Services in Merton.

2 DETAILS

2.1. At the last meeting of the health scrutiny panel, members agreed to prioritise items for the work programme for 2014-15. One area that was highlighted as a priority was access to GP surgeries as there was some concern that people are waiting a considerable length of time for an appointment.

2.2. Healthwatch Merton has been invited to share their findings on this area

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2014/15

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

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12 BACKGROUND PAPERS

12.1.

healthwatch Merton

Strategies for improving GP services in Merton

A Healthwatch Merton research report

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INTRODUCTION

Healthwatch Merton (HWM), the local consumer champion for health and social care in Merton.

With feedback we received from different avenues throughout 2013/14, it enabled us to identify our workstreams for the coming year 2014/15 (please see our annual report for more details - available at www.healthwatchmerton.co.uk) .

GP services is one of those workstream areas identified for us to focus on. People told us what they did not like about their GP service. Nothing not already known i.e. access, appointments, continuity, information, communication.

We therefore wanted to produce a report from research carried out locally with patients that would identify improvements, ideas and solutions for GP services—steering away from just highlighting the known issues.

To maximise potential influence and impact we will pass this report to the Merton Clinical Commissioning Group (in addition to relevant other bodies) to support its work on improvement of GP services locally as highlighted within their current business plan.

Research and Report by:

Research and report completed by HWM Associates

Summary

We aimed to engage with 120 people and actually totalled **209** who fed into this GP services research. We achieved this through holding seven community outreach visits to organisations active within Merton, two workshops that the general public were invited to attend and sent out a questionnaire survey to over 2000 people on our database.

The areas covered: Access to GP services, Information provided at GP services, Out of hours, Use of technology, Urgent care support

For ease of reference we have decided to also place the recommendations here, in addition to them following on from the details of the input and feedback for each area within the main body of the report

Access to GP services **Short term** recommendations

1. Increased customer care training for surgery staff to improve interpersonal skills.

2. Increased mental health awareness training for all surgery staff including receptionists and GPs.

3. Opportunity proactively offered to patients; especially those with long term medical needs, to express a preference for a specific GP. For those patients, clear notes on patient records, easily visible to reception on booking, if patient has a preferred GP.

4. Improved transparency. This might mean:

   - If a home visit is refused explaining why
   - Where decisions are made which affect patients as a result of staff shortages being clear about this
   - Providing more information to patients about where they are in phone queues
   - Providing information to patients when they are in the waiting room about how long the wait is likely to be.

5. Clarity regarding follow-up. This might mean:

   - Issuing guidance to all staff so that it is clear how follow-up is handled
   - Ensuring follow up commitments are made in writing (or email) and that there is a clear process for ensuring they are actioned

6. Being considerate about patients concerns on confidentiality. This might mean:

   - Providing and advertising private facilities for people to talk to reception staff if they are concerned about confidentiality. For example allocating a side room for private discussion and making it clear that this space is available. Providing a way for people to talk in confidence when they are on the phone with reception staff
   - Ensuring reception staff are trained not to reveal identifying information when on a telephone call that can be heard in reception.

7. Improved information about waiting times while in surgery reception areas. This might mean:

- Greater interaction from reception staff telling people how long the wait is
- The use of electronic displays to show how many unseen patients each GP has waiting

8. Surgeries with a nurse practitioner role should provide clear, high quality information about people in this role, and specifically about their qualifications and the kinds of tasks they can do. This would overcome a general lack of knowledge about the role and confusion which we believe we saw between the role and skills of practice nurse and nurse practitioner.

9. Increased use of telephone consultations where appropriate.

Access to GP services **Long term** recommendations

1. Improvements in telephone systems so that people are both better informed and more able to make contact. This might mean:
   - Introduction of queuing phone systems that inform patients where they are in a queue
   - More staff on phones at peak call times

2. Wider range of ways of booking appointments, that are widely advertised and maintained– also see "use of technology" section below. This might mean:
   - Setting up online booking systems (which were viewed as desirable by a significant minority, thereby freeing up telephone appointment availability for others)
   - Reviewing the ways in which appointments are released
   - Greater use of drop in non-appointment based system to complement appointment-based provision

Information provided at GP services **Short term** recommendations

1. Provide a greater range of information in waiting rooms in a self-service capacity. There is scope for much of this to be coordinated centrally for a number of GP surgeries or even across Merton to increase efficiency and consistency. The following could be used as a checklist of types of material:
   - Directly health related guides and information
   - Information about local health 'management' and involvement e.g. CCG, PPG, and Healthwatch
   - Information about surgery staff, designed to help personalise the patient experience and break down initial barriers – including photo, specialist medical interests / areas (for healthcare staff), how long individual staff have been at the practice and other information as deemed necessary
   - Signposting to heath related organisations / classes / activities in the local area

2. Give adequate consideration to presenting this information in a user friendly, appropriate way. This might mean:
   - Using modern display methods
   - Using bright and engaging colour schemes
   - Mixing systems such as carousels, large noticeboards, wall mounted dispensers

Information provided at GP services Longer term recommendations

1. Produce a takeaway small information resource – we suggest a fridge magnet or credit card sized takeaway including at least:

   - Surgery contact details
   - Surgery opening times
   - Out of hours contact details
   - Emergency contact details

2. Create strong links with local voluntary and community organisations which will often be keen to have the opportunity to display information about their services and willing to visit a surgery meeting to inform staff about the services available. This may also have potential to lead to productive partnership opportunities for the benefit of patients

Out of hours Short term recommendations

1. Clear promotion of walk-in services available in the borough in surgeries (on noticeboards, website, out of hours telephone message) especially promoting the out of hours availability.

Out of hours Longer term recommendations

1. Consider offering GP services at locations other than surgeries. This could be trialled over a set number of months and involving one or more areas of the borough, ideally at least one in the West and one in the East. Consult with other agencies, including Healthwatch, to decide on appropriate venues and locations for these trials. Elements might include:

   - Trying a range of different locations
   - Offering services at different times to see whether or how demand changes
   - Offering different types of service such as general wellness testing, blood pressure checks
   - Specifically targeting hard to reach groups
   - Taking services out to community organisation sessions including those for hard to reach groups

2. Encourage GP surgeries to open for longer hours. This could include evening, early morning or weekend opening. Evening opening was the most popular of the three for our survey group.

Use of technology: Short term recommendations

1. Where telephone consultations are being used or being considered, patent clarity around how, when and why they are used is paramount. Surgeries could:
   - Make their policies clear and highly visible
   - Give reassurance that telephone consultations will only be used in certain circumstances, and explain what those circumstances are

Use of technology: Longer term recommendations

1. Investment in technologies to allow for:
   - Appointment reminders by text and/or e-mail
   - Booking appointments online.

2. Investment in using SMS to deliver appointment reminders – as an opt-in service. This could be welcomed by many patients and may also help to reduce missed appointments.

3. Allow people to respond to an appointment reminder SMS saying they no longer need an appointment. This could free up space for other patients.

4. Investment in methods of booking appointments by ways other than by telephone or in person. Approximately half of respondents to the questionnaire were supportive of the idea of booking appointments in ways other than the telephone with online, SMS and email almost equally popular. Well implemented, these methods could support efficient use of staff time.

Urgent care support Sort term recommendations

1. Increased visibility and publicity for out of hours GP walk-in services in the borough.

Urgent care support Longer term recommendations

1. Increase number and geographical spread of out of hours GP walk-in services in the borough

2. Consider **out of hours** provision of GP services in A&E departments

Other points raised Sort term recommendations

1. Consider ways in which surgeries could make their waiting rooms more inviting and/or comfortable

Other points raised Long term recommendations

1. Increase availability of blood tests in surgeries.

MAIN REPORT

Scope of the project

The purpose of this research was to produce a comprehensive report identifying areas of improvement patients want to see across Merton.

The two required outcomes of the research were:

1. That patients and service users have been able to identify and convey ideas/ initiatives that can feed into the improvement of the local direction of GP services across Merton
2. That Merton Clinical Commissioning Group can develop strategies for improvement of GP services supported by patient, voluntary and community organisation input.

The researchers were asked to look in particular at five main themes:

- Access to GP services including telephone, appointment availability, consistency, home visits
- Information provided at GP services
- Out of hours GP services
- Use of technology
- Urgent care support (primary care not A&E)

Healthwatch Merton's goal was to seek a range of practical deliverables for GP services. We felt it would be useful to separate out those deliverables which might be achievable in the short term from those which would require longer term development, investments of money, time, learning and so on.

We took this approach so that:

- Surgeries can make some quick, easy changes in the very short term, giving patients an immediate set of outcomes from this research, while planning for medium and longer term changes which might require more preparation, more financial outlay or other mitigating activity.
- Patients would be able to see quick results and outcomes from this piece of research.

The recommendations are to be found in the main body of the report adjacent to the research results which inform them.

The wider context

NHS England website states that "...we have heard that general practice and wider primary care services face increasingly unsustainable pressures and that general practice wants and needs to transform the way it provides services to reflect these growing challenges. These include:

- An ageing population, growing co-morbidities and increasing patient expectations, resulting in large increase in consultations, especially for older patients, e.g. 95% growth in consultation rate for people aged 85-89 in ten years up to 2008/09. The number of people with multiple long term conditions set to grow from 1.9 to 2.9 million from 2008 to 2018;

- Increasing pressure on NHS financial resources, which will intensify further from 2015/16;

- Growing dissatisfaction with access to services. The most recent GP Patient Survey shows further reductions in satisfaction with access, both for in-hours and out-of-hours services. 76% of patients rate overall experience of making an appointment as good;

- Persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas;

- Growing reports of workforce pressures including recruitment and retention problems."

Research Methods

We used a range of methods for this research:

Seven community outreach visits to organisations active within Merton.

These were selected to ensure a broad spread of demographics and to ensure the targeted inclusion of people with a range of experiences and health needs. These included a youth organisation, parent and toddler group, lunch club, charity working with carers, older people's group, an organisation run by and for people with disabilities and a user led BME mental health service users group.

Two GP workshops to which the general population was invited.

These workshops allowed us to reach wider than the community groups identified above, and allowed residents not linked with any of the community groups above the opportunity to have their voice heard.

We devised a data capture tool which was used in each workshop to capture participants' ideas for what might improve their experience at five different key points:

- While making an appointment
- When waiting to see a GP or healthcare professional
- When with a GP or healthcare professional
- Immediately after seeing a GP or healthcare professional
- During the follow up

We asked about the nature of people's experience, and about what made their experiences worse and what could make them better.

This functioned as an excellent structuring tool and helped us capture thoughts – including recommendations for change – so that our recommendations are very much drawn from ideas people expressed.

Questionnaire survey.

We devised a questionnaire survey which was used to gather input more widely. This was used in several ways:

- At various outreach events including the Mitcham Carnival and Wimbledon Carnival
- posted to 258 local organisations by Healthwatch staff
- Publicised through the MVSC and Healthwatch Merton web sites for completion online

The questionnaire included a number of closed questions and an open question: "is there anything else that would make using your GP easier, more effective, or give you a better quality of service?" This allowed people to make suggestions which we could reflect in our recommendations.

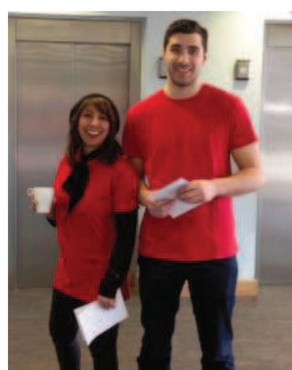
Our target was to engage 120 people. We exceeded this number by 95 (79%) and our total sample size was 209.

The total number of responses received across the various methods used breaks down as follows:

Workshops and outreach visits: **114**
Questionnaire – paper version: **58**
Questionnaire – online version: **37**
Total 209

We would additionally recommend that this research be used in conjunction with wider national research that has been undertaken. We would also point out that our outreach groups included only a very small sample of people in full-time employment, and they may have different access needs.

One relatively easy way to undertake broader research within Merton would be to encourage all GP surgeries to use our questionnaire survey – or a developed version of it, for a set period of time. Patients could complete the survey while they waited to be seen.



A note on our recommendations

It is hoped that many of the recommendations in this report will result not only in better patient experience but also in increased efficiency and cost effectiveness for GP services.

A number of recommendations revolve around a change in practice that would have little or no cost, while others, including around use of technology, would require an initial investment but would likely result in more efficient use of staff time and offer service users more flexibility.

There are a number of recommendations which may be able to be shared by a number of practices, or indeed across all of Merton, so minimising duplication of effort and financial resources.

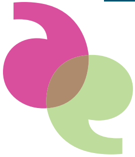
We have broken the recommendations down into short and longer term groups:

- Short term recommendations would generally involve less financial, training, or time investment and so be the easiest and fastest to implement and show quick gains for patients and/or staff

- Longer term recommendations would be likely to require one or more of:
    - Financial investment in, for example, staff training or technology
    - Resource or people planning or redeployment
    - Rethinking service delivery locally or across multiple surgeries working in consortia

Many of the points raised by respondents to this research may seem similar to those raised by other research or in open forums, patient participation groups and so on. This is unsurprising. For many people, high quality interaction with health professionals, being able to get through on the phone, appointment availability and other 'headline' factors are key contributors to people feeling positive (or negative) about their whole GP interaction and will come up across different fora with regularity.

Results and Recommendations



Access to GP services

By far the greatest amount of feedback we had during the course of this research related to access to GP services. Two areas in particular dominated - making appointments and the quality of interaction with GPs.

One of the overarching themes coming through is that of a lack of consistency in surgeries' approach to some very basic parts of the interaction between GP or health professional and patient.

The more common issues found in terms of basic interaction were:

- Perceived unfriendly attitude of reception staff – including one respondent who said "I can never get an appointment when I need it without a tussle with the reception staff."
- People feeling GPs "rattled off" medical terms without explaining them in a way they could understand
- People feeling GPs did not listen fully or that they failed to show empathy or interest in the patient in front of them, and/or feeling patronised. People feeling they were being rushed and/or only able to discuss one thing in any single consultation
- Concerns about confidentiality when talking to reception staff to book appointments either in person or on the phone because of the open environment.

We asked at our community outreach visits and GP workshops whether people would be happy to see a nurse practitioner rather than a GP. A minority of respondents were clear that this would never be acceptable to them, and there was also a monitory who made a general comment that they would have no problem with it.

Several respondents were clear that this would depend on the reason for their GP visit and a number suggested that for more routine matters seeing a nurse practitioner would be their preference.

Examples of acceptable services people might get from a nurse practitioner included blood pressure, flu jab, weight, blood tests, feet checks, smear, health checks. For matters relating to actually being ill a GP was preferred.

A number of general reservations were expressed. These included:

- Not knowing the qualification levels of a nurse practitioner
- Only if the nurse practitioner were able to prescribe
- Only if they could then elect to see a GP to follow up
- Only if they could be assured of a GP referral if necessary
- Would worry the nurse practitioner did something wrong
- Would only find it acceptable if communication between GP and nurse practitioner was very good

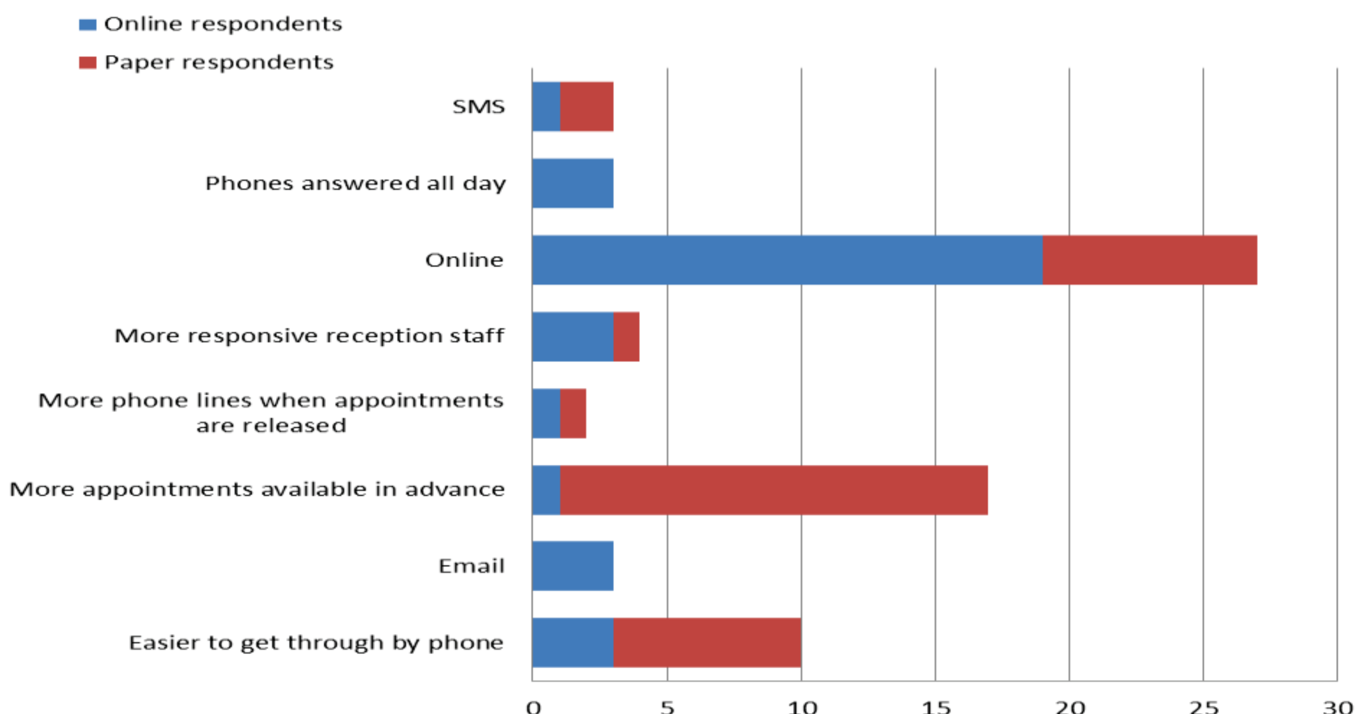
Alongside these negative comments were many respondents who said they see their nurse practitioner regularly and are very happy with the service they get, or who would be happy to see one if the service were available to them. Typical examples included:

- Can sometimes be better if just for a routine check up
- Having nurse practitioners is a good use of resources
- Would see a nurse practitioner as long as they could refer to GP or other services
- Would see a nurse practitioner if they could prescribe

One person even said they see a nurse practitioner at their surgery and think it is a better experience than seeing a GP and another that they have seen a nurse practitioner and found it “excellent”.

We feel that some of the reservations people expressed come from a lack of understanding of what a nurse practitioner does and quite probably a degree of confusion with the roles of nurse practitioner and practice nurse. Because of this we would recommend that where a practice has a nurse practitioner they should communicate clearly about what they can offer and how highly they are qualified.

We asked our questionnaire respondents “How could the process of booking a GP appointment be made easier for you?” The responses hinged on three key areas: making phoning easier in various ways, freeing up more appointment slots, and catering for online bookings. Not surprisingly, perhaps, those who completed the survey online were more.



We discussed the subject of appointment booking within our community outreach groups and GP workshops. Lots of people expressed problems with booking appointments, and looking at these problems gives a clear steer on their resolution. The use of new technologies in relation to this is examined elsewhere, so here we will concentrate on points which do not relate to use of technology. Views expressed included:

- Difficulty or impossibility of making appointments days in advance and/or lack of appointments available in advance
- Need to book an appointment at specific times as all the time slots are gone very quickly
- Need to keep redialling in order to get through to book an appointment at the times they are released, knowing that others are doing it too and it is just luck whether or not you get through
- Frustration with phone systems which give the engaged tone and a preference for queuing systems
- General dislike of answer machines – some respondents said that messages left don't get returned
- Phone systems which are switched to an answering service at lunchtime
- A lack of appointments in the early morning and evening
- Needing to book at 8am, as getting up early can be particularly difficult if on medication or unwell.

While some respondents expressed understanding that they were not 'these days' able to see the same GP every time, there was a general feeling that more consistency on who they saw would be welcome.

Related to consistency, points were made regarding follow-up by a number of respondents. Typically these were pointing out that promised follow-up activity had not taken place.

Our mental health outreach group was quite strongly of the opinion that both GPs and the surgeries in general needed more training in how to deal with people with mental health issues. Some respondents said they felt that when in consultations GPs were not able to understand mental health issues. The problems experienced spread wider into quality and type of information provision and to reception areas which could be too noisy and make people anxious or uncomfortable.

Some respondents felt that GPs were in some ways a victim of targets and that they were pushed to prioritise quantity of people seen over quality of patient interactions. If a patient goes into a consultation with this view, their expectations may be negatively affected before the consultation even starts.

We received a number of positive comments about GPs and about access to services, and these could be used as pointers to areas to target for improvement. Examples of positive feedback included:

- GP comes out of their room to greet patients, which was seen as a nice touch
- The GP is very sensitive and has a nice manner
- The GP spends time explaining things – useful as English is a second language
- My GP listens to me and does not patronise me

There was a lot of praise for drop in services, and in some cases calls for services which are entirely non appointment based. Home visits were felt to be less widely available than people would like, and often difficult to get. A significant number of people wanted surgeries to be open outside core working hours, variously citing evenings, weekends and, on fewer occasions, early morning opening as desirable.

There were also requests for access to some specialist GP services, for example those with special knowledge of particular conditions, or those who are particularly able to deal with children's issues.

Waiting times and delayed appointments were inevitably discussed. While many people felt there is often a good reason for them having to wait, and empathise with GPs who give patients the time they need rather than rushing, there were some key learning points in comments made:

- Not knowing how long people might have to wait for their appointment is frustrating
- Having appointments cancelled if a patient is delayed was felt by some to be unfair

Related to this was the requirement to phone at specific times to get test results. A feeling that this was imposed at the surgery's convenience and could be very inconvenient for the patient was expressed.

The availability of telephone appointments received positive comments from a number of respondents.

Recommendations—access to GP services

SHORT TERM:

1. Increased customer care training for surgery staff to improve interpersonal skills.

2. Increased mental health awareness training for all surgery staff including receptionists and GPs.

3. Opportunity proactively offered to patients; especially those with long term medical needs, to express a preference for a specific GP. For those patients, clear notes on patient records, easily visible to reception on booking, if patient has a preferred GP.

4. Improved transparency. This might mean:

   - If a home visit is refused explaining why
   - Where decisions are made which affect patients as a result of staff shortages being clear about this
   - Providing more information to patients about where they are in phone queues
   - Providing information to patients when they are in the waiting room about how long the wait is likely to be.

5. Clarity regarding follow-up. This might mean:

- Issuing guidance to all staff so that it is clear how follow-up is handled
- Ensuring follow up commitments are made in writing (or email) and that there is a clear process for ensuring they are actioned

6. Being considerate about patients concerns on confidentiality. This might mean:

- Providing and advertising private facilities for people to talk to reception staff if they are concerned about confidentiality. For example allocating a side room for private discussion and making it clear that this space is available. Providing a way for people to talk in confidence when they are on the phone with reception staff
- Ensuring reception staff are trained not to reveal identifying information when on a telephone call that can be heard in reception.

7. Improved information about waiting times while in surgery reception areas. This might mean:

- Greater interaction from reception staff telling people how long the wait is
- The use of electronic displays to show how many unseen patients each GP has waiting

8. Surgeries with a nurse practitioner role should provide clear, high quality information about people in this role, and specifically about their qualifications and the kinds of tasks they can do. This would overcome a general lack of knowledge about the role and confusion which we believe we saw between the role and skills of practice nurse and nurse practitioner.

9. Increased use of telephone consultations where appropriate.

LONGER TERM:

1. Improvements in telephone systems so that people are both better informed and more able to make contact. This might mean:

- Introduction of queuing phone systems that inform patients where they are in a queue
- More staff on phones at peak call times

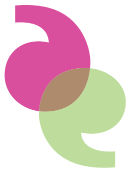
2. Wider range of ways of booking appointments, that are widely advertised and maintained– also see “use of technology” section below. This might mean:

- Setting up online booking systems (which were viewed as desirable by a significant minority, thereby freeing up telephone appointment availability for others)
- Reviewing the ways in which appointments are released
- Greater use of drop in non-appointment based system to complement appointment-based provision

3. Providing access to services over less restricted time frames. In our research this related specifically to setting specific times to get test results, but there may be other areas where timed access could be opened up.

4. Better access to a GP outside normal working hours – see “out of hours” section below.

5. Increased transparency about specialisms of GPs already working in surgeries and improved internal processes for ensuring patients are directed to them where appropriate.



Information provided at GP services

We asked people what kinds of information they would like to see at their surgeries. The responses fall into two very broad categories:

Information of broad general appeal. A very wide range of suggestions for information was given which could have broad interest across the range of people visiting GP surgeries. These spanned a number of generic types of information as listed below.

Information relevant to specific user groups. We were asked to target some specific user groups, and held community outreach visits with a youth organisation, parent and toddler group, lunch club, charity working with carers, older people's group, an organisation run by and for people with disabilities and a user led BME mental health service users group.

These groups inevitably came up with suggestions of information specific to their needs alongside suggestions with broad general appeal, had a different set of user groups been targeted it is highly likely that different specific types of information would have been requested.

Information of broad general appeal:

- Specific visit related information
  - ◊ Information about how long the wait is to see a GP
  - ◊ Clear list of services provided
  - ◊ Which GPs specialise in what

- General health related information
  - ◊ Information about health matters, inoculations, etc.
  - ◊ Dietary and nutrition advice
  - ◊ Health education videos
  - ◊ General health & wellbeing information

- Relating to patient participation and NHS management / consultations
  - ◊ Patient surveys or CCG consultations
  - ◊ Notice of NHS, CCG, PPG and Healthwatch Meetings
  - ◊ Information about patients' rights / liaison services

- Signposting
  - ◊ Information about out of hours services
  - ◊ Information about other medical centres
  - ◊ Information about support groups
  - ◊ Signposting to specialists, advice sessions and information on the web
  - ◊ Signposting to other services, carers group
  - ◊ Signposting to local groups and voluntary services
  - ◊ Signposting to exercise classes
  - ◊ Signposting to high quality web sites
  - ◊ Details about where different operations are carried out

- Non health related information
    - ◊ Information about Community Services and how to access them
    - ◊ Information about social services
    - ◊ Information about benefits law
    - ◊ Information about classes and events in the local area
    - ◊ General magazines
    - ◊ Jobs fairs and job search

- Information relevant to specific user groups
    - ◊ Information about available mental health services
    - ◊ Information about how to get help in a crisis
    - ◊ Midwives
    - ◊ Contraception information, including information targeting young people
    - ◊ Recovery services / support groups
    - ◊ Drop-in child check-ups for parents
    - ◊ Information about exercise classes run by specific community organisations

One respondent suggested a 'big noticeboard' and this is a concept which could be developed by surgeries to great effect.

At the other end of the scale a respondent suggested a plastic credit card sized note with important contact numbers on it such as emergency numbers, surgery contacts and opening times and details of out of hours services.

It was pointed out by a number of respondents that information which is provided in surgeries can be out of date. Where this is the case it gives a bad impression and does not inspire confidence that undated information is still relevant or accurate.

One of the general findings of our research was that people can feel disconnected from their GP. Many factors can contribute to this including: seeing different GPs for the same ongoing issue(s) and not having time to 'get to know' a GP or to discuss anything but the presenting problem. One way to promote a more joined up feeling in a surgery might be to ensure there is information about the staff available along with a photo.

Participants talked about needing the right information in the right way at the right time and indicated that information should be available at all stages of their interaction with a GP service.

Often people found it easiest to talk about tangible printed information available in reception or from the GP or nurse but people also talked about being signposted to specialist websites or support groups.

Recommendations — Information provided at GP services

SHORT TERM:

1. Provide a greater range of information in waiting rooms in a self-service capacity. There is scope for much of this to be coordinated centrally for a number of GP surgeries or even across Merton to increase efficiency and consistency. The following could be used as a checklist of types of material:

- Directly health related guides and information
- Information about local health 'management' and involvement e.g. CCG, PPG, and Healthwatch
- Information about surgery staff, designed to help personalise the patient experience and break down initial barriers – including photo, specialist medical interests / areas (for healthcare staff), how long individual staff have been at the practice and other information as deemed necessary
- Signposting to heath related organisations / classes / activities in the local area

2. Give adequate consideration to presenting this information in a user friendly, appropriate way. This might mean:
- Using modern display methods
- Using bright and engaging colour schemes
- Mixing systems such as carousels, large noticeboards, wall mounted dispensers

LONGER TERM:

1. Produce a takeaway small information resource – we suggest a fridge magnet or credit card sized takeaway including at least:

- Surgery contact details
- Surgery opening times
- Out of hours contact details
- Emergency contact details

2. Create strong links with local voluntary and community organisations which will often be keen to have the opportunity to display information about their services and willing to visit a surgery meeting to inform staff about the services available. This may also have potential to lead to productive partnership opportunities for the benefit of patients

Out of hours GP services

We asked a number of questions relating to accessing GPs outside of normal surgery hours. We wanted to know if people used drop in or walk in centres, and also if would be helpful if GPs were accessible in places other than a surgery, as this might make it easier for people to see a GP and ease congestion at surgeries.

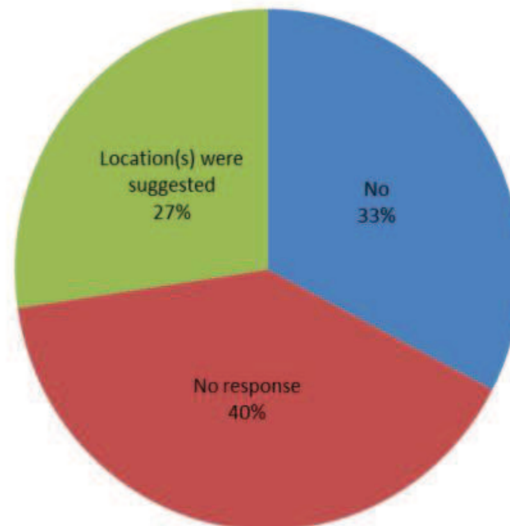
We asked our online and postcard questionnaire recipients if they had used a walk in centre in the last six months. Overall we asked 95 people the question "If you have used walk in centres or clinics in the last 6 months can you name them?"

66 people had not used a walk in centre or clinic in the last six months. The remainder had used a number of venues. In most cases only one had been used, but a very small number of people had used more than one:

Site	No of people
Clapham Junction walk in centre	1
Kingston Hospital	1
Springfield	1
Kings College Hospital	1
Roehampton	2
St Georges	7
The Wilson Health Centre	20

We also asked "Would it be helpful if GPs could be seen in different places? If yes what kinds of places?"

In general people seemed to find this question quite challenging. As an idea it is something many people seem not to have thought about before, and as a consequence we got a large number of non-responses. In addition a significant number specifically said they felt their surgery was convenient enough for them to use.



Of the 27 percent of respondents who suggested locations that GPs might be seen, the range of ideas was broad. The table below combines the questionnaire survey results with suggestions made in or community outreach sessions and GP workshops.

Location	Number of suggestions
Home visits	12
Community centres /groups	6
Shops/supermarkets	5
Workplaces	4
Library	4
Schools	4
Churches / faith related locations	2
Pharmacies	2
Public sector employment premises	2
Children’s centres	1
Day centres	1
Family centres	1
Hospitals	1
Leisure centres	1
Playgroups	1
Pop-up clinic	1
Post office	1
Pub	1
Transport stations	1
Yes - no location specified	3

We asked our community outreach groups and GP workshops "How could it be made easier to access a GP when the surgery is closed?"

The most popular topics that came up in discussion around this question were that GP surgeries should open longer hours. Walk-in centres were a popular option. Being able to contact someone by phone was also mentioned by a number of people. It is worth noting that the young people's group were specifically asked if they would like to see GPs in schools and were very vocal about their dislike of this option.

Recommendations — Out of hours GP services

SHORT TERM:

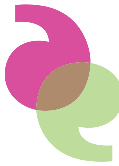
1. Clear promotion of walk-in services available in the borough in surgeries (on noticeboards, website, out of hours telephone message) especially promoting the out of hours availability.

LONGER TERM:

1. Consider offering GP services at locations other than surgeries. This could be trialled over a set number of months and involving one or more areas of the borough, ideally at least one in the West and one in the East. Consult with other agencies, including Healthwatch, to decide on appropriate venues and locations for these trials. Elements might include:

- Trying a range of different locations
- Offering services at different times to see whether or how demand changes
- Offering different types of service such as general wellness testing, blood pressure checks
- Specifically targeting hard to reach groups
- Taking services out to community organisation sessions including those for hard to reach groups

2. Encourage GP surgeries to open for longer hours. This could include evening, early morning or weekend opening. Evening opening was the most popular of the three for our survey group.



Use of Technology

Communications technologies such as email, web sites, video conferencing and SMS have long been used in the health sector. We wanted to learn people's attitudes to a number of specific uses of technology which might help them access GP services, and to ask more generally if they had their own thoughts about how technology might be of use.

We discussed different aspects of the use of technology in our GP workshops and community outreach visits, and asked specific questions about the use of technology in our questionnaire survey.

We also allowed space for people to suggest other ways technology might be used to improve their experience. Very few responses were offered, and in some outreach groups the whole group was against the idea of using technology in any of the ways suggested.

There was a degree of wariness of the loss of the personal touch in the use of new technologies – and even old technologies – in this. The idea of telephone consultations, for example, was sometimes supported, but only if for advice, information or general discussion rather than for diagnosis. For surgeries, even though telephone consultations are now far from rare, this points to the need for both clear staff guidelines and good quality outward facing information where telephone consultations are being considered or already being used.

Respondents in our community outreach groups and GP workshops were also clear that new technologies should be used as additions to, and not replacements for, existing systems. The idea of appointment reminders by text is a good example of an addition to existing systems, as is the general level of support expressed for making appointments using methods other than the telephone. Indeed, we heard a number of positive comments about using web sites for making appointments.

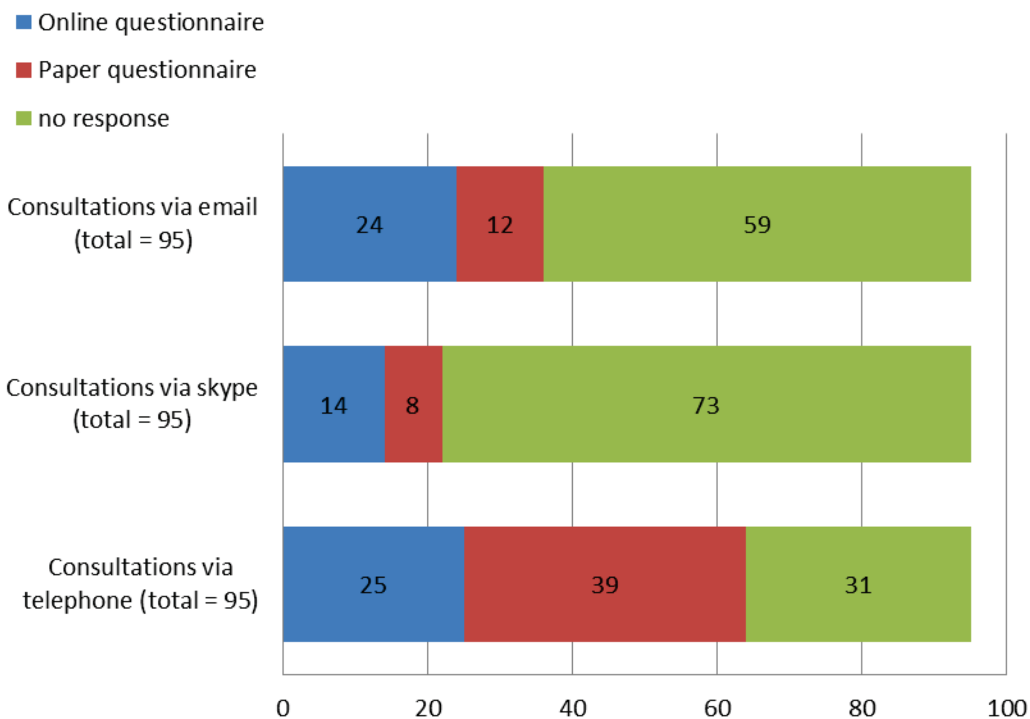
Some applications of new technologies were considered completely inappropriate in some discussions. The delivery of test results in any way other than face to face was strongly opposed by the majority of those taking part in groups, but a text telling someone results were now available could be acceptable to some groups.

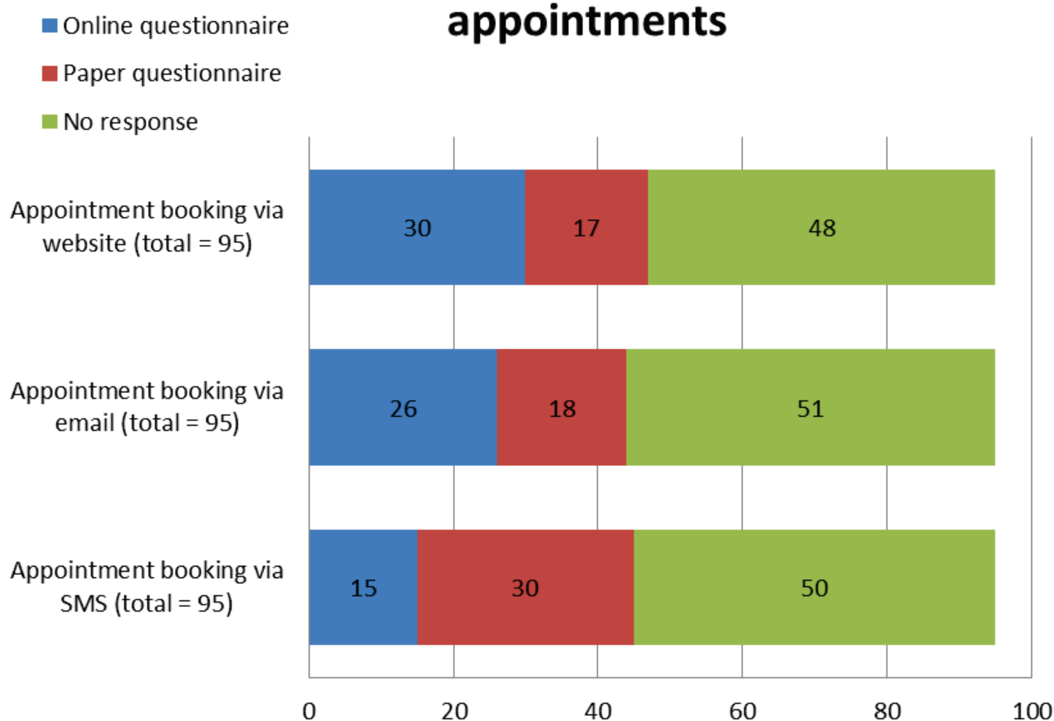
The few suggestions that were made offer some interesting ideas:

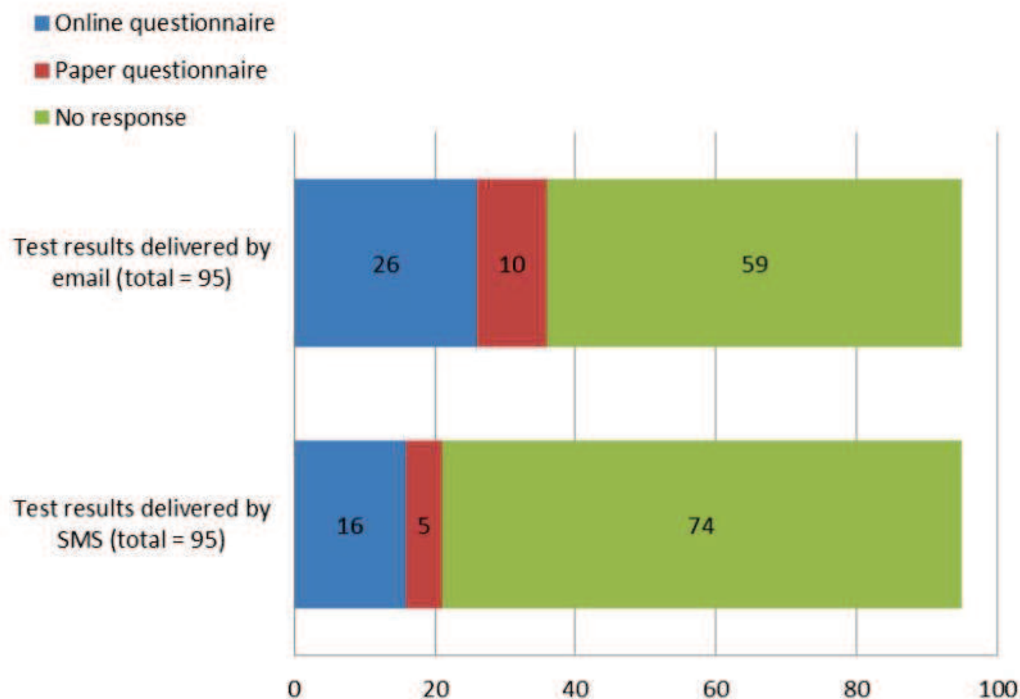
- Repeat prescriptions requested by email and text
- A virtual GP surgery
- Email reminder of an appointment the day before

Our questionnaire asked very specific questions about the uses of technologies for particular types of activity. The online respondents were broadly more in favour of the use of technology than those using paper questionnaire forms. This is probably not surprising as the online recipients had self-selected on the basis of receiving an electronic invitation to complete the survey.

The total number of respondents for each of the three charts below is 95.







Recommendations — Use of technology

SHORT TERM:

1. Where telephone consultations are being used or being considered, patent clarity around how, when and why they are used is paramount. Surgeries could:

- Make their policies clear and highly visible
- Give reassurance that telephone consultations will only be used in certain circumstances, and explain what those circumstances are

LONGER TERM:

1. Investment in technologies to allow for:

- Appointment reminders by text and/or e-mail
- Booking appointments online.

2. Investment in using SMS to deliver appointment reminders – as an opt-in service. This could be welcomed by many patients and may also help to reduce missed appointments.

3. Allow people to respond to an appointment reminder SMS saying they no longer need an appointment. This could free up space for other patients.

4. Investment in methods of booking appointments by ways other than by telephone or in person. Approximately half of respondents to the questionnaire were supportive of the idea of booking appointments in ways other than the telephone with online, SMS and email almost equally popular. Well implemented, these methods could support efficient use of staff time.

Urgent care support

We asked “If you have ever gone to A&E in a non-emergency situation rather than seeing your GP, what was the reason for this?”

The vast majority of people said they had not gone to A&E in a non-emergency situation. For those who had, the majority gave the reason of not being able to get a GP appointment. There was a strong feeling among respondents that if surgery opening hours were longer and if it was easier to get an appointment then this would reduce the need for urgent care support.

Some people had gone to A&E services because they were concerned about a child and felt unable to wait for an appointment to see a GP, although they may have recognised that the issue was not strictly one requiring A&E.

The idea of a greater availability of walk in services was supported by respondents as a way to address the need for urgent primary care. People recognised that this may mean a wait in a queue but felt that this would be acceptable.

Many respondents had used walk-in services as well as their registered GP and were generally very happy that these provided a means to address an urgent care need. One concern raised was that these centres did not have access to a patient’s full medical history and were therefore unable to provide repeat medication requests when these had been forgotten until the last minute.

At the community outreach events we explored the idea of people being able to use GP practices other than those they were registered with. This received a very mixed reaction. Some people saw this as a way to be able to ‘shop around’ for a surgery that could offer the soonest appointment when they felt the need was urgent. However most people did not like the idea, often because of concerns about what information would be known by or shared between practices or due to not perceiving any need for it.

Recommendations — Urgent care support

SHORT TERM:

1. Increased visibility and publicity for out of hours GP walk-in services in the borough.

LONGER TERM:

1. Increase number and geographical spread of out of hours GP walk-in services in the borough
2. Consider **out of hours** provision of GP services in A&E departments

Other points raised

During the research two additional areas came up very regularly, and are worth drawing out here in terms of the overall brief of this research as "identifying areas of improvement patients want to see across Merton". These are the availability of blood tests and waiting rooms.

Blood tests. People frequently said they would like blood tests to be more easily available at their surgeries. They wanted this in order to save time travelling to another location to get a blood test.

Waiting areas. People were broadly negative about the quality of waiting areas. Some may be better disposed to waiting for appointments if waiting areas were improved. Comments made, which inevitably point to ideas for improvements, included:

- Noisy children
- Can be too warm
- Can be overcrowded
- Uninviting, hard chairs
- Nothing to do while waiting. People suggested free Wi-Fi, books for young people and children, magazines that are up to date rather than very old, toys for children and TV
- Touchscreen systems to register that you have arrived can be broken
  Some patients with mental health issues may like a quieter additional waiting space (this could apply to other groups too)

Recommendations — Other points raised

SHORT TERM:

1. Consider ways in which surgeries could make their waiting rooms more inviting and/or comfortable

LONGER TERM:

1. Increase availability of blood tests in surgeries.

Appendix

GP surgeries used by participants:

Some participants visited surgeries outside the borough and we have left these in for completeness. There were also some participants who could not remember the name of their surgery. These are indicated by unknown, followed by some explanation.

Alexandra Surgery

Ashburton Park Medical Practice – Croydon

Bishopsford Road (outside Merton)

Brigstock Medical Centre

Cannon Hill Lane Medical Practice

Central medical Centre Morden

Church Lane practice Merton Park

Church Lane Practice Patrick Doody clinic

Cricket Green Medical Practice

Dr Guna

Faccini House Middleton Road (outside Merton)

Figges Marsh surgery

Francis Grove Surgery

Graham Road Surgery (Dr LALL & partner)

Grand Drive Surgery

J JJephcott Stonecott Surgery

Jubilee Health Centre – Sutton

Lambton Road Medical Practice

Lavender Fields & Colliers Wood Surgery (Dr Ayub & Partners)

Maldon Road Wallington

Merton Medical practice

Middleton Road Outside Merton

Mitcham Medical centre

Morden Hall Medical Centre

Morden Road Sutton

Out of Borough Wandsworth

Ravensbury Park Medical Centre

Shotfield Medical Centre Sutton

South Wimbledon Kinston Outpatients centre - Bloods

St Helier (GP practice in main hospital)

Sutton Medical Practice – Sutton

Tamworth House Medical Centre

The Rowans Surgery

The Village – Wimbledon ?

Thornton Heath Health Centre

Tooting Medical Centre – Wandsworth

Tooting South Surgery

Tooting St George's Walk-in

Trevellan House Tooting

V Sharma Princes Road Surgery

West Barnes Surgery

Wide Way Medical centre

Wilson Health Centre

Unknown (Carshalton Beeches)

Unknown (couldn't remember the name) in Morden

Unknown (couldn't remember the name) The Circle

Strategies for improving GP services in Merton:
A research report for Healthwatch Merton

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 22nd October 2014

Agenda item:

Wards: ALL

Subject: GP Access and Waiting Times

Lead officer:

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel comment on the data relating to access to GP surgeries in Merton

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the report is to provide the panel with the latest data on patients experience of accessing GP services in Merton

2 DETAILS

2.1. NHS England commissioned IPSOS Mori to conduct a survey amongst patients to find out their experiences of accessing GP services. The survey was conducted from January to March 2014 and covered areas such as making an appointment, waiting times and opening hours.

2.2. A table is also attached which provides details of local GP surgeries that provided extended opening hours

2.3. NHS will attend the Panel to give an overview of the report and answer questions.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2014/15

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

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12 BACKGROUND PAPERS

12.1.

NHS England

The IPSOS MORI GP Patient Survey
Overall view

Data provided by the July 2014 IPSOS MORI poll taken between January and March of 2014. The data is RAG rated based upon the upper and lower scores for each question: this may be based upon the average across England, London, or the Merton CCG area. The figures are generally similar for Merton compared to England and London. Any discrepancies and schemes in place which may affect future scores are noted below.

ACCESSING YOUR GP SERVICES

Ease of getting through to someone at GP surgery on the phone
19% patients who took part in the survey found getting through to a GP practice "very easy", compared to an average of 26% across England. The majority of respondents stated that getting through to someone on the phone their GP Practice was "fairly easy". 12% of respondents stated that they found this "not at all easy".

How normally book appointments to see a GP or nurse
86% of patients normally book appointments over the phone, in Merton, and 30% book in person. These figures are both marginally below the England wide average. Only 3% of patients book online, although there is a similar picture in wider London and England.

Preferred methods to book appointments at GP surgery
The majority (75%) of patients prefer to book appointments, however 44% of patients have shown interest in being able to book their appointments online. Practices in the borough have been investigating providing online appointment booking, and online prescription requests. NHS England is funding interested practices through the Patient online Access Direct Enhanced Service. However this is an optional service for practices, and practices are currently under no obligation to offer this service.

MAKING AN APPOINTMENT

Last time wanted to see/speak to GP or nurse: What did you want to do?
80% of the survey takers contacted their practice to see a GP, whilst 13% wanted to see a nurse.

When did you want to see or speak to them?
Of the responders, 46% wanted to see a doctor on the same day, whilst 11% did not have a specific date in mind.

Able to get an appointment to see or speak to someone
Only 65% of patients were able to get an appointment or speak to someone, this is compared to the England average of 73%.

What type of appointment did you get?
81% of patients in Merton were then able to book an appointment with a GP. This is marginally below the London average of 82%, and above the England average of 76%.

How long until actually saw or spoke to GP / nurse

The duration of the length of time to an appointment varies across the borough. 37% of patients were able to receive an appointment of the same day, but 32% had to wait “a few days” and 16% had to wait a week or more. This does however, mirror the London-wide.

Convenience of appointment
52% of responders found the appointment fairly convenient, and 37% found it very convenient. 10% found it not very convenient, and 1% found it not convenient at all.

Reason for not being able to get an appointment / the appointment offered was inconvenient
51% of responders found that appointments were not available on that day, 18%stated that there weren’t any appointments available at their required time. 14% of responders could not book ahead at the surgery.

What did you do on that occasion?
35% of patients went to the appointment offered, 24% got an appointment on a different day, and 5% had a consultation over the phone.
14% of responders went to a walk in centre or A&E, this is compared to a London average of 12% and an England wide average of 9%.15% decided to contact the practice on another day.

Overall experience of making an appointment
On average, practices in the Merton area perform below the London and England average for patient experience, in appointment booking. Only 24% found the experience “very good” compare to 34% across England and 29% across London. The area is above average for patients responding neutrally or negatively.

<u>WAITING TIMES</u>

Waiting time at surgery
Patients in Merton report that they have to wait more than 15 minutes in 36% of cases: compared to a London average of 34% and an England average of 27%. 49% wait between 5 to 15 minutes: this is below the London average of 50% and the England average of 57%.

Impression of waiting time at surgery
49% of responders believe that they don’t normally need to wait too long. However, 32% believe they wait “a bit too long”, this is compared to the London average of 30% and the England average of 26%.

<u>OPENING HOURS</u>

Satisfaction with opening hours
The satisfaction of patients in Merton reflects that across London and England. 32% are very satisfied, compared to 33% across London. 42% are fairly satisfied.

Is your GP surgery currently open at times that are convenient for you?
70% of responders believe their GP surgery is open at times that are convenient, with 75% reporting the same across England, and 71% across London.

Additional opening times that would make it easier to see or speak to someone
Again, these figures generally reflect those reported across London and England.
36% would like to see appointments before 8am, 12% at lunchtime, 74% after 6.30pm, 77% on a Saturday and 42% on a Sunday.

Merton GP Practices

Code	Practice	List size as at 01.04.2014	Siged Up Y/N	Extended Hours provided per week hr:min
H85016	S J WOROPAY	8289	yes	04:00
H85020	CHURCH LANE PRACTICE	15952	yes	08:00
H85024	DR B NAHA	10572	Yes	05:25
H85026	FRANCIS GROVE SURGERY	11365	yes	
H85027	DR ALLEN & PARTNERS	10213	yes	05:00
H85028	V SHARMA	9937	yes	05:30
H85029	M N PATEL	7421	yes	03:45
H85033	G P HOLLIER	9642	yes	05:00
H85035	K WORTHINGTON	9106	yes	04:30
H85037	DR GIBBS & PARTNERS	13775	yes	07:00
H85038	CRICKET GREEN MEDICAL PRACT	9454	yes	04:30
H85051	LAMBTON ROAD MEDICAL PRACTI	14638	yes	07:25
H85070	CENTRAL MEDICAL CENTRE	8375	yes	04:15
H85072	J J JEPHCOTT	5945	yes	03:00
H85076	STONECOT SURGERY	9156	yes	04:35
H85078	R LALL	3108	yes	01:30
H85090	FIGGES MARSH SURGERY	7067	Yes	
H85092	M N BAIG	5723	yes	03:00
H85101	THE GRAND DRIVE SURGERY	8881	yes	04:30
H85110	T KEYAMO	4788	yes	02:30
H85112	J R JONES	5551	yes	02:45
H85634	MERTON MEDICAL PRACTICE	6674	yes	03:30
H85649	DR AYUB & PARTNERS	10768	no	
H85656	SORNALINGHAM	5513	yes	02:45
Y02968	GP LED HEALTH CENTRE	5529	N/A	N/A

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 22nd October 2014

Agenda item: **Vineyard Hill Road Surgery-**

Wards: ALL

Subject: **An options appraisal for the provision of Primary Medical Services**

Lead officer:

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. For noting and comments

B.

PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of the report is to provide the panel with an update on the future of Vineyard Hill GP Practice. The Practice Partners have served notice to hand in their Personal Medical Service (PMS) contract by 31st March 2015 to NHS England. This is due to both of the partners wish to retire from general practice. NHS England is going through an options appraisal process concerning patient access to Primary Medical services in the locality. To support this NHS England has started a consultation process with patients and local stakeholders, and will have in place a robust transition plan to ensure patients registered with the Practice have access to NHS Primary Medical GP services in the locality.

1 DETAILS

Vineyard Hill Road Surgery is located Merton and are a PMS contract partnership. The contractors, Dr R Jones and Dr G Provost, hold a PMS contract with a registered list size of 5416 (as of 01st July 2014).

On 25th July 2014 the partners met with David Sturgeon, Director of Primary Care (NHS England) and William Cunningham–Davis, Deputy Head of Primary Care (NHS England), to inform that the partners wished to take full retirement (Dr Jones has already taken 24 hrs retirement) and to come off the performers list. They have requested to close the business with effect from 06th February 2015. NHS England asked the partners to reconsider their position and look to provide services until 31st March 2015.

This request was accepted by the partners and on 22nd August 2014 they informed NHS England in writing. The termination of the PMS contract on 31st March 2015 has

been agreed by both parties. It has also been agreed that the practice will close their list and stop registering new patients with effect from 01st September 2014 except for family members under the age of 16.

The existing premises at 67 Vineyard Hill Road, London SW19 7JL owned by Dr Jones and Dr Provost and they wish to sell the property after March 2015. They have been very clear that under no circumstances will the premises be available for ongoing or future primary medical services provision.

1.1 OPTIONS

NHS England identified three options appraisal as follows:-

1- Do Nothing – this is unviable as contractors have issued a 6 month termination notice.
2- Procurement-of a replacement service from a new premise.
3- List dispersal of existing patients to neighbouring GP practices

A consultation process for patients and stakeholders has started as part of the options appraisal process. Patients will be invited to express their views. (Please refer to section 3)

2 ALTERNATIVE OPTIONS

NHS England did consider the possibility of a merger with a surrounding GP practice, but no interest was shown and would require the availability of existing premises which can accommodate the large number of patients.

3 CONSULTATION UNDERTAKEN OR PROPOSED

NHS England Proposed Consultation with stakeholders

3.1 Patients

The partners at Vineyard Hill Road Surgery have given notice on the termination of their PMS contract with effect from 31st March 2015. All registered Patients have been written to about the closure of the practice. Dr Jones has informed the staff at the practice and the Chair of the PRG.

As part of the consultation patient views will be sought via various routes; these being

- A short survey carried out by post, email, online, or at the surgery. The questionnaire can be returned to NHS England in a pre-paid envelope, via email, or to the Practice.
- Face to face. NHS England and the Practice will be holding drop-in sessions at the surgery. There will be 3 sessions during October at various times during the day to ensure patients will have the opportunity to come and discuss the options at the most convenient time for them.

The survey will be available until 30th November 2014 and the results will be analysed by NHS England.

Depending on the outcome of the patient consultation NHS England will make provisions for primary care for the patient currently registered at Vineyard Hill Road Surgery.

It should be noted that if dispersal is not the option that is agreed and that if procurement was the option chosen; this would lead to a lengthier process by approximately 9-12 months. It would also incur a large additional cost to the NHS for a two stage approach with caretaking arrangements and then contract award to a new provider. The dispersal timeline is 3 months and has a limited cost of re-provision.

Patients are being advised to consider registering with other GP practices in the area. Details of the local practices are available on NHS Choices or on a leaflet provided by NHS England. This leaflet was posted to registered patients and is also available at the practice premises. The practice will speak to those patients considered at risk and if requested ensure a safe transfer to their practice of choice in advance of closure.

The current registered list is drawn from both Merton and Wandsworth Local Authorities and also further afield. The table below shows the dispersal of patients by postcode:

Post code	COUNT
KT2	6
SW15	9
KT3	5
KT4	3
SM4	5
SW11	1
SW20	218
CR4	1
SW17	11
SW18	181
SW19	5039

NHS England will be writing further to patients to advise about the outcome of the patient consultation and to ensure they re-register either temporarily or permanently with another practices of their choice.

A third and final letter will be sent to those patients who have still not re-registered by the 31st March 2015.

3.2 CCG

Merton CCG has been consulted and supports the option of list dispersal due to the lack of premises and sufficient capacity in the area. Wandsworth CCG have also been informed as this practice is very close the Local Authority boundaries.

3.3 LMC

The LMC have been informed of the Practice decision to hand back the contract to NHS England and are supportive of the list dispersal to existing practices locally, rather than going out to full market procurement .

3.4 LOCAL NEIGHBOURING PRACTICES

There are 6 GP practices identified within a one mile radius of Vineyard Hill Road Surgery. David Sturgeon and William Cunningham-Davis visited the practices closest to Vineyard Hill Road Surgery. These practices were, Elborough Street Surgery and Southfields Group Practice in Wandsworth; and Wimbledon Village Surgery and Princes Road Surgery in Merton. All neighbouring practices have confirmed that they have capacity to register new patients should the list be dispersed. Alexandra Road Surgery which is 0.66 mile from Vineyard Hill has also been visited and has capacity.

3.5 COMMUNITY PHARMACY

NHS England has identified local Community Pharmacies close to the Practice and will be engaging with them and the Local Pharmaceutical Committee.

4 TIMETABLE

The next steps between October 2014 and March 2015 are as follow:

- The option appraisal paper for the Practice closure has been taken to the NHS England Primary Care Decision Making Group
- A Project plan has been set up to ensure the transition fort patients in order to received NHS Primary care GP Medical services.
- Patients to be advised of the closure and surrounding practices at the beginning of February 2015 with a follow up letter at the beginning of March 2015. Final letter to those not registered at the 31st March 2015.
- Work with the Practice on safe transfer of care to the new providers.

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Premises at Vineyard Hill Road surgery will cease to be available for NHS Primary Care Medical services after 31st March 2015.

6 LEGAL AND STATUTORY IMPLICATIONS

NHS England is the national body responsible for the establishment and maintenance of contracts with GPs throughout the whole of England. It took over the responsibility from Primary Care Trusts on the 1st April 2013. NHS England is divided into a number

of Area Teams that are responsible for geographical areas. Vineyard Hill Road Surgery falls under the responsibility of the London Area Team of NHS England.

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Patient consultation is now being run and stakeholders are being informed.

8 CRIME AND DISORDER IMPLICATIONS

None relating to this covering report.

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

The options appraisal has identified the associated risks

Do Nothing – this is unviable as contractors have issued a 6 month termination notice.

Procurement-of a replacement service from a new premise. NHS Property Services have been consulted and has confirmed that there is no local empty site or land locally owned by them. There are no other available and suitable premises currently in the area to allow the building or opening of another surgery; as it is a residential area. Also, the notice period we have been given of 6 months unfortunately does not afford adequate time to complete full market procurement with the need to obtain, apply for planning for D1 usage and fit out to achieve a fully compliant building. Therefore there would be a need to have a temporary contract in place which would be costly. (A typical procurement would take approximately 6 – 12 months). If procurement was sought and the process was unsuccessful this would result in a protracted period of uncertainty for patients and add to the temporary costs.

List dispersal of existing patients to neighbouring GP practices – this has the lowest risk option. Some patients may chose not to register which means they will not receive Primary Care Medical services. There is adequate access and capacity with the existing GP Practices in the locality.

10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

10.1. None relating to this covering report

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Healthier Communities and Older People Work Programme 2014/15

This table sets out the Healthier Communities and Older People Panel Work Programme for 2014/15 that was agreed by the Panel at its meeting on 3rd September 2014. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).

The Healthier Communities and Older People Panel has specific responsibilities regarding Budget and Business Plan Scrutiny and Performance Monitoring for which Lead Members are appointed**:**

Councillor Suzanne Grocott is lead for Performance Management
All papers members will take responsibility for Budget Scrutiny.

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting Date 03 September 2014

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Overview of the key issues in adult social care	Report to the Panel	Rahat Ahmed- Man, Head of Commissioning	Panel to decide if they want to look at any area in more detail.
Policy Development	Merton Clinical Commissioning Group – Overview of key issues and priorities	Report to the Panel	Adam Doyle	Panel to decide if they want to look at any area in more detail.
	Overview of the key issues in public health	Report to the Panel	Kay Eilbert	Panel to decide if they want to look at any area in more detail.
	Work programme 2014-15	Report to Panel	Cllr McCabe	Panel to agree work programme for the year ahead

Meeting date – 22 October 2014

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
	Challenges in getting a GP Appointment in Merton	Report to the Panel	NHS England	
	Changes to Local GP services in Merton	Report to the Panel	NHS England	
	Healthwatch Merton report on GP services	Report to Panel	Dave Curtis Healthwatch Merton Manager	

Meeting date – 12 November 2014

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
	Budget update	Report to the Panel	Caroline Holland, Director of Corporate Services	
	End of life Care	Report to the Panel		
	Health issues in Polish Community	Report to panel	Polish Family Association/ MCCG	To consider how to improve services for polish community to increase GP registration and less reliance on A&E

Meeting Date – 14 January Budget Meeting

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes

Meeting date – 11 February 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
	Mental Health review	Report to Panel	Dr Anjah Ghosh	Panel to consider outcomes of review of mental health services
	Update on Healthwatch and Health and	Report to Panel	Simon Williams, Dave Curtis	Look at the progress with the work of the

	Wellbeing Board			Board and Healthwatch

Meeting date – 17 March 2015

Scrutiny category	**Item/Issue**	**How**	**Lead Member/Lead Officer**	**Intended Outcomes**
	Health and Wellbeing Strategy	Report to the Panel	Dr Kay Eilbert	Review the revised strategy.
	Cancer Screening	Report to the Panel	NHS England	Panel to scrutinise cancer screening rates for Merton