



Public Meeting 24th June 2014

Good Practice: GP Services in North Somerset

Report



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**Good Practice: GP Services in North Somerset
Public Meeting Report**

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Public Meeting

Good Practice: GP Services in North Somerset

24th June 2014

Background to the public meeting

Access to, and the services provided by GP practices in North Somerset are important issues for the public in North Somerset and as a primary care service, GP practices are the health service that the majority of the population access on an ongoing basis. Feedback indicates that GP services is the highest priority and is the most important issue for members of the public in North Somerset. Healthwatch North Somerset intelligence suggests that there are significant differences between GP practices in terms of opening times, how appointments can be booked, services offered at the practice and the general satisfaction of their patients with the service.

Healthwatch North Somerset has also identified there is a lack of awareness around the relatively new 111 service, its functions and purpose, coupled with some expressions of dissatisfaction around the service provided and confusion about it.

The public meeting aimed to clarify some of these issues and also served as a means of Healthwatch North Somerset gathering further intelligence around primary care issues.

Healthwatch North Somerset's statutory duty and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Setting up the meeting

The meeting was held at St Georges Community Centre in Worle on 24th June 2014, at 2.30pm. Consideration was given to the time and location of the event, as there is an understanding that any chosen time or location would exclude part of the population. To ensure Healthwatch North Somerset meetings are widely accessible it seeks to ensure public meetings vary in terms of time, weekday and venue.

The meeting was advertised in the local press - Weston Mercury and North Somerset Times and was widely advertised through local community websites, community newsletters, social networks and details were emailed or posted to all Healthwatch North Somerset's members and contacts and via Voluntary Action North Somerset's database of over 700 contacts. Invitations were also sent to stakeholders. Details were added to the Healthwatch North Somerset website and social media.

The meeting

The meeting was attended by approximately 45 members of the public who were each given a pack which included feedback forms and information about Healthwatch North Somerset. There was a table of information available about Healthwatch North Somerset and a table of information from the speakers for the public to pick up.

The subject of the meeting and the individual presentations generated a great deal of interest and ensuing lively question and answer sessions.

The presenters at the meeting were:

- **Mark Graham**
Chief Executive, For All healthy Living Centre
- **Caroline Pike and Scott Watters**
Relationship and Business Manager and Lead Clinician, Care UK
- **Dr Mary Backhouse**
Chief Clinical Officer, North Somerset CCG and GP at Nailsea Family Practice

Mark Graham

“A Social Enterprise GP Service”

Mark began his talk by explaining that GP practices are all independent businesses which work towards a common goal. The For All Healthy Living Centre is run as a social enterprise, meaning that any profits are funnelled back into the company for the benefit of the local community. Mark informed the audience that GP practices worked with Key Performance Indicators (KPIs) which if not met, resulted in a decrease in funding.

The For All Healthy Living Centre provides a primary medical service which has over 5,000 patients, and offers GP surgeries, nurse led clinics, and a wide range of other health advice and services.

The Centre, situated on the Bournville estate in Weston super Mare, is located in one of the most socially and economically deprived areas in the country. The area has a 20% turnover in population each year- this is extremely high.

Mark asked the audience, “How many of you have visited your GP in the past year?” The majority of the audience indicated they had done so. Mark explained that GP services are the first place people go when unwell and the number of patient consultations at GP practices is unrelenting and increases year on year.

Mark asked the audience to reflect on the question ‘What is the future for GP practices?’ He stated there is obviously a huge amount of pressure on GP services, and seeking ways to reduce the level of demand on the service is an important factor to consider. Some demand on GPs can be reduced through utilising nurses and healthcare assistants; but he suggested the need to educate the public and change the mind set about when and why they need to visit a GP. He suggested that, for example, attendance at GP Practices to request sick certificates is very time consuming for GPs. He also suggested that prescribing antibiotics is an example of an issue that the public would benefit from an increased awareness of, and explained that antibiotics will not cure a cold therefore a visit to a GP with a request for a prescription for antibiotics for a cold is an ineffective and costly use of GP time. Mark acknowledged the difficulty of changing the mind-set of patients visiting GPs.

Questions and comments

The first comment raised from the floor was that it is unsurprising, in a very low income and deprived area such as the Bournville Estate, that people will attend their GP surgery more often, as treatment is free and prescriptions, even if for something such as a cold remedy that can be bought over the counter, are also free.

Q. How do you put the profits from the For All Healthy Living Centre back in.

A. *Amongst other things we offer free rooms to the community, engage more nurses and healthcare assistants.*

Q. If there is a 20% turnover in population each year, how do the patient records get transferred over? An example was given of taking nine and a half weeks for records to be transferred to a new GP practice.

A. *As all GP practices are independent businesses, they also often work with different systems and there are practical also issues around sharing data to consider. However, GP practices can and do work together, and the new practice can phone the old one to get appropriate information faxed or electronically transferred via a system available for GPs called GP to GP.*

Q. Do you think the social enterprise model could be applied anywhere and do you see this as a future for GP practice?

A. *Yes, it can be applied anywhere. It is not necessarily better or worse, just different.*

Q. When a GP refers people to another health service, do you get a fee for this?

A. *No.*

Caroline Pike and Scott Watters **“NHS 111 Service”**

Caroline and Scott introduced themselves and explained a little about their backgrounds.

Pilot studies showed that it would be more efficient and user friendly to have one number for the public to call when it is less urgent than calling 999 eg non-urgent healthcare situations. This resulted in the NHS rolling out the 111 service across the country which commenced in February 2013.

Caroline explained how the 111 service is run in North Somerset, which is staffed by Health Advisors who take the calls, and Clinical Advisors (who have certain calls transferred to them from the Health Advisors). There is one commissioner for this area and the service has a set of Key Performance Indicators (KPIs) which Care UK must meet and are discussed at monthly meetings.

Most GP practices, outside normal surgery hours, direct patients to an out-of-hours service - usually the 111 service (if it is not an emergency). For most GP Practices, the out-of-hours period is from 6.30pm to 8.00am on weekdays and all day at weekends and on bank holidays.

NHS 111 is available 24 hours a day, seven days a week. It works by offering a telephone consultation and triage (an assessment of how urgent the medical symptoms are) to patients. It provides advice to the patient based on the assessment undertaken with the patient.

Scott informed the audience about the number and types of calls the 111 service receives. He explained that there has been a month on month increase in number of calls received, weekends and bank holidays are always the busiest times. If the local call centre is very busy, calls overflow to another centre. He informed the audience of the following:

What happens when a member of the public calls the 111 call centre?

- You, or the person you are calling about, will be asked a series of questions about symptoms, this enables the call advisor to assess the problem (this is not a diagnosis)
- You will then be referred to the appropriate place, eg walk in centre, dentist, A&E department or a clinician will call you back if necessary. You may then be referred to the out of hours GP service
- The patient's GP is notified

How does the 111 service get feedback from the public?

- The service receives direct complaints and compliments
- A survey is sent out to a random selection of callers, with a return rate of 20%

There was an acknowledgment that there needs to be more work done to raise awareness of the 111 service and what it is there for, as many members of the public still do not know about it, or its purpose.

Questions and comments

Q. Why are so many questions asked at the beginning of the call? It is very frustrating as a lot of the questions are irrelevant? (This question was echoed by several members of the public at the meeting).

A. *This is currently being looked at.*

Response provided after meeting: The clinical Triage Tool (which is an assessment of how urgent the medical symptoms are) used within NHS111 is called pathways and this tool asks several questions at the beginning of each assessment to rule out life threatening symptoms and each NHS111 provider across the country has to ask these questions from a patient safety perspective.

Q. When you get a complaint, does it receive an individual response?

A. *Yes, all complaints are investigated individually.*

Q. Do you police yourself?

A. *No. All complaints go through the CCG.*

An example of an experience of the 111 service not working effectively was provided by a member of the audience. It was explained that the 111 service had some teething problems but that these had been resolved and the situation should not occur now.

Dr Mary Backhouse

“GPs in North Somerset- providers and commissioners”

Access to GP services is a major issue for North Somerset and elsewhere. The average patient attends their GP surgery 7.5 times a year, compared to 2.5 times 10 years ago.

There should be an ongoing dialogue with patients about how they should use their GP service. To ensure continuity of care, all providers should have good information.

£32 million worth of drugs are prescribed by GPs in North Somerset per year.

GPs need to take a proactive approach, including looking at who are the most vulnerable in our communities and thinking about how they can be prepared. Every year, demand on NHS services increases by 4%.

In North Somerset, mental health, addiction and health inequality are growing issues.

There are twice as many nursing home beds in North Somerset compared to the national average.

Things that may help the challenges faced by GP Practices:

- Recognising issues locally
- Aging GP workforce
- Better core funding
- Practices working together- 4 practices in North Somerset are now doing this
- Make better use of a wider mix of skills, for example, nurse practitioners

Mary explained the history of North Somerset Clinical Commissioning Group (CCG) and showed a slide of the services which are currently commissioned by the CCG.

The five year plan is to move towards a system that is built around the patient rather than the other way around.

Questions and comments

Q. Why are there problems employing GPs in North Somerset?

A. *General practice is not a popular area of medicine for doctors; this is for many reasons, long hours included. Currently not enough GPs are being trained.*

Q. Are you happy with the level of funding received for North Somerset?

A. *North Somerset Primary Care Trust (PCT) was the most underfunded in the country- North Somerset is no longer the most underfunded but there is still a gap.*

Q. We get a good service at our GP practice, but practices are losing GPs and surgeries are closing- it looks like a bleak future. Can you offer any reassurance?

A. *We should be working together as a community and looking at ways of better spreading the load and becoming more IT literate, with this approach it should get better.*

Q. The NHS should be wealthy, why does it have so little money?

A. *A large proportion of government budget is given to the NHS, though the majority of this goes to hospitals.*

Q. Who does the commissioning for care services?

A. *Care services are commissioned by the local authority (council) and run by agencies. There is work ongoing looking at partnerships with the CCG - the NHS, however, is free at the point of access, whereas social care is not, this creates some issues to be overcome.*

Conclusion

Healthwatch North Somerset has identified there is a lack of awareness by the public about issues such as antibiotics for colds which could be tackled through public awareness campaigns.

The public also lacked an understanding of the 111 service, its functions and purpose, coupled with some expressions of dissatisfaction around the service provided and confusion about it.

The public meeting aimed to clarify some of these issues and also served as a means for Healthwatch North Somerset to gather further intelligence around primary care issues and gain a fuller understanding of the issues that are of concern to the public.

This meeting will be followed by a Healthwatch North Somerset GP Practice survey which aims to identify more fully the picture of 'Good Practice' in North Somerset GP Practices.

This report, which includes public feedback from the meeting and by telephone, email and letter, will be forwarded for responses to North Somerset CCG, NHS England, North Somerset Council and Healthwatch England. This report will also be available on the Healthwatch North Somerset website and in paper and other accessible formats on request.

Appendix 1

Further Information:

North Somerset Clinical Commissioning Group
www.northsomersetccg.nhs.uk

For All Healthy Living Centre
www.forallhlc.org

NHS 111 Service (NHS Choices)
www.nhs.uk

Health statistics
www.nuffieldtrust.org.uk/data-and-charts?gclid=CIWR_v6s88ACFW3JtAod5gsAkw

NHS England
www.england.nhs.uk

The Kings Fund
www.kingsfund.org.uk/publications/commissioning-and-funding-general-practice



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