



GP Access and Out of Hours Provision Survey

Review of Actions Report - November 2016

Acknowledgements:

We would like to thank Sarah Vickers and Julie Holmes from NHS Halton CCG for their involvement and input to this report.

Report Authors:

This report was produced by the Healthwatch Halton Task and Finish team comprising Roy Page, Sue Ellison and Paul Cooke.

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There are recommendations included in this report. These recommendation numbers are not to be confused with the Observations and Recommendations contained in the NHS Halton CCG Action Plan, Appendix 1 (see page 13).

This report is to be read in conjunction with Appendix 1.

Background:

From the start of Healthwatch Halton in April 2013 one of the main issues the public commented on was access to local GP services. Having made note of the findings from national surveys and the local feedback we were receiving, it was agreed by the Healthwatch Halton management committee that a task and finish group be set up with the aim of gathering the views of Halton residents on Access to GP Services and the Out of Hours GP Provision.

In undertaking this piece of work and talking with members of the public, as well as community and voluntary sector representatives in the borough, we've identified what has been clear to many for some time - that GP access is currently not meeting the needs of many individuals in our borough. This is a pattern witnessed not just locally, but regionally and nationally.

During March and June 2014 Healthwatch Halton carried out a survey to gain the views of local people on access to GP services.

The survey received 491 responses from the public on which a report was produced by Healthwatch Halton with a number of recommendations in October 2014.

NHS Halton Clinical Commissioning Group's (CCG) Governing Body approved an Action Plan on the 8 January 2015 comprising improvement actions against 17 Healthwatch Observations from the Survey Report.

The Healthwatch '*GP Access and Out of Hours Provision*' report was submitted to Halton Borough Council's Health Policy and Performance Board on 13 January 2015 who supported the report and its recommendations.

It was noted at the time that Healthwatch Halton would liaise with the CCG and after a suitable period revisit the project to establish progress against the specific observations in the CCG Action Plan.

This report reviews that progress.

Action Plan Review

It was recognised that many of the responses involving Patient Participation Groups (PPGs) to address the recommendations had delivery risks. Both Healthwatch and CCG staff agreed that the PPG Plus group (in theory at least one member of each PPG should attend PPG Plus meetings to discuss best practice and share this knowledge with their respective PPG group) was in decline and probably represented less than 50% of the 17 Practices PPGs. Various attempts to reinvigorate the PPG Plus group had little effect.

Two meetings were arranged with CCG staff in January and March 2016 to review the progress against each Action Plan Observation. Further communication following these meetings agreed the record of those meetings.

Explanation of Appendix 1

NHS Halton CCG summarised the Healthwatch Halton report information into an action plan in the form of a spreadsheet. The information contained in the first three columns was taken from the '*GP Access and Out of Hours Provision*' report Executive Summary.

The column titles reading across are Observation through to Timescale are the CCG's action plan.

The Observation column corresponds to each title in the Healthwatch Summary of Observations and Recommendations within the survey report's Executive Summary.

The last column 'Action Plan Delivery Review October 2016' contains the Healthwatch Halton review of the Observation and Recommendation outcomes and progress after approximately 18 months from receipt of the CCGs Action Plan.

Observations and Recommendations

General

PPGs can make a useful contribution to Practice performance and their input should be encouraged. They are currently lacking consistency both in effectiveness and frequency of meetings across the 17 GP Practices in Halton. PPG Plus is designed to promote best practice across the Halton Practices, however not all Practice PPGs attend the PPG Plus meetings.

Recommendation 1

Healthwatch Halton recommends that both individual PPGs and PPG Plus are reinvigorated to perform as designed and Healthwatch is willing to help in this process. This work could be merged with Recommendation 4, see page 8

Communication: (Observation records 1 to 3)

Whilst communication has been improved with the 'Examine Your Options' information and a 'Working Better Together' newspaper drop to each Halton property, the 'Examine Your Options' exercise is repeated annually and the campaign focus is tailored each year. It is not known if the 'Working Better Together' will be repeated.

The Healthwatch Halton Task and Finish team accept this information can only be distributed periodically at a practical level.

Ideally a more continuous approach of having access to health information is desirable, not necessarily regular information drops at properties, but a means of the public being aware of services as an on-going exercise.

Modern technology is now the prime source of information for many people. This has changed the way we access information and the situation is progressive year on year. Those who cannot embrace IT, in particular the elderly, are at risk of becoming disadvantaged. There are devices available which provide a very simplistic access to a tailored number of information sources.

Recommendation 2

In addition to the traditional communication routes of posters and newsletters, user friendly IT options should be made available/developed for those patients who currently cannot or are afraid to use new technology, using the traditional access options available.

We recommend a review of IT options for people who have difficulties in this area. Whilst this may not fully solve the problem, any significant gains will be worthwhile.

As implied above, there will be people for whom IT is not an option regardless of the simplicity of the system. Therefore a non-IT communication option should be included in the review, for example, information cards.

Triage Systems: (Observation records 4 to 7)

'Hubs' are not widespread through the Halton GP Practices and the creation of hubs has been left to Practices to work together rather than monitored through the CCG.

There does not seem to be any collective evaluation on the success of triage systems or patient feedback at those practices where triage or some form of triage is in place.

Recommendation 3

A review to be carried out by the CCG and/or GP practices to provide guidance on the effectiveness of triage systems for both practices and patients in Halton.

Opening Hours: (Observation records 9 to 11)

The GP Extra scheme has been trialled in Widnes Practices and has offered patients 7 day access to GPs. An evaluation of this scheme by the CCG will be conducted in October 2016, with recommendations. The outcome of this will be rolled out across Halton.

If PPGs are to play a role in the effectiveness of Practices, they need invigorating at Practice level with consistency across Halton and possibly sharing best practice through PPG Plus. To date this has not been effective.

Recommendation 4

Healthwatch Halton could help to develop PPG Plus with CCG staff. However it would require discussion with the GP Leads in each Practice to agree a way forward.

Practice opening hours for the respective sides of the river could be advertised in Pharmacies and Urgent Care centres.

Patient Records: (Observation record 12)

Whilst the target date of delivery for sharing records has been delayed, the principle is on track and the sharing of records across Halton health providers will be delivered within the next 12 months.

Urgent Care Centres: (Observation records 13 to 15)

Both Urgent Care Centres have been a success, they are well attended and have reduced the strain on local A&E hospital units Halton residents use. Further surveys at A&E units could provide useful information regarding the areas people live in who are attending A&E.

For further information refer to Healthwatch surveys of both Urgent Care Centres carried out in December 2015, available to access from the Healthwatch Halton website:

<http://www.healthwatchhalton.co.uk/about-us/documents/>

Recommendation 5

Healthwatch Halton is planning to attend both of the Urgent Care Centres regularly to collect patient feedback. This will be part of the Healthwatch Halton outreach work.

NHS Halton CCG may wish to add to the list of Healthwatch Halton questions in this work. If this is the case they should make contact with Healthwatch Halton to formalise their request.

Complaints: (Observation 16 to 17)

It is not known if PPG groups have been involved. If they have it is likely they have operated in isolation within their own Practice environment. To gain a consistent approach this subject needs sharing and developing with other/all PPG groups in Halton, ideally through the PPG Plus route.

Non-clinical training of Practice staff with regard to complaints is carried out at Practice level. The Practice decides the training, whether it is in-house or external or if any accreditation is required.

It is standard practice for patients who have a complaints against a GP practice to raise the complaint directly with the Practice. However if patients feel uncomfortable raising complaints directly with the practice there is a national contact available at NHS England either by phone, 0300 311 2233, or by email to england.contactus@nhs.net and state '*For the attention of the Complaints team*' in the subject line.

Complaints to the Out of Hours UC24 service should be directed to NHS Halton CCG Complaints Team. Information on this can be found at <http://www.haltonccg.nhs.uk/contact-us/pals-complaints>

Recommendation 6

It is recommended that there is some consistency in non-clinical training across the Halton GP Practices, possibly with accreditation, so that the same expertise and standard exists across GP Practices in Halton.

This would benefit both patients and Practices. Any non-clinical staff moving jobs between Practices would be trained to the same standard and curriculum.

Recommendation 7

It is not clear if PPGs have made any progress or been involved in shaping a methodology for simplifying the complaints process. This should form part of Recommendation 1.

Summing Up:

This report reviews outcomes and progress against the original action plan response by NHS Halton CCG, (see Appendix 1).

Of the 17 observation records, PPGs were allocated 6 to either lead or form part of the solution by NHS Halton CCG. This could be viewed as ambitious since it is GP practices that link directly to individual PPGs. It is unclear how many, or if any, PPGs were aware of the Action Plan. Fortunately other avenue routes were identified by the CCG to address the recommendations.

Healthwatch Halton has reviewed this information and made 7 recommendations for consideration by NHS Halton CCG on specific Observation groups detailed above.

Overall it seems clear that progress has been made. Where difficulties have occurred a change in delivery has been taken on board by the CCG. It would have been useful for Healthwatch Halton to receive updates to the Observation Plan throughout the delivery period. This would identify the route changes for Observation delivery and provide a comfort factor to Healthwatch that progress was being made in advance of this review.

NHS Halton CCG response to this report:

A copy of this report was sent to the Chief Officer of NHS Halton CCG on 7th November 2016, with a request for a response to the report by 5th December 2016. Receipt of the report was acknowledged on 7th November 2016. A response was received on 15th December 2016 with a request to meet and discuss the report further. This meeting was held on 15th February 2017.

Following on from that meeting, NHS Halton CCG sent their formal response to the report, and the seven recommendations made in the report, on 6th March 2017.

Their response is shown in full on page 10 of this report.

6th March 2017

Roy Page
GP Survey Task and finish Group
Healthwatch Halton

Dear Roy

**Re: GP Access and Out of Hours Provision Survey Review of Actions Report
November 2016**

I am now able to formally respond to your letter of 7th November 2016 following meeting between Jan Snoddon Chief Nurse, Sarah Vickers Head of Primary Care, Roy Page and other colleagues from Healthwatch which took place on 15th February 2017.

I apologise for the length of the delay caused I understand by diary pressures but I am pleased to hear that this meeting was both constructive and helpful. Many thanks for sharing the report with NHS Halton CCG, as you are aware NHS Halton CCG is committed to improving quality of services and working in partnership with all stakeholders including Healthwatch.

At the meeting the reports and its recommendations was discussed alongside a range of developments and new services which linked into a number of areas within the report and many of the recommendations. We discussed in detail the GP Forward view and its implementation plan, the continuation of the Prime Ministers Challenge Fund and the services it provides including GP access.

For ease I will outline the areas discussed and actions agreed in line with each of the recommendations.



Recommendation one

We discussed in some detail the issues in relation to Patient Participation Groups (PPGs), we noted that all practices have PPGs but there is variability in how effective these are. We noted that those which appear to be most effective have a supportive practice manager, presence of a lead clinician at meetings and meet frequently enough to make an impact. We agreed that there are opportunities for reinvigoration of the PPG plus meetings building support for practice based PPGs. The CCG will therefore ensure that a new lay board member is identified to chair the PPG plus and attempt to invigorate the PPG plus thereby enabling sharing of good practice across PPGs and support the effectiveness of the individual PPGs.

Recommendation two

We discussed in detail traditional communication routes and the use of other forms of communication including IT systems. We also discussed in detail how education of the public and their knowledge of local services and how this can be improved. Whilst we did not agree to any specific action we did agree to look at other options including the use of mobile apps, supporting with staff and information for a fact or fiction session with Healthwatch colleagues.

Recommendation Three

We explained how different triage models work and explained the evaluation of triage systems is the role of practices themselves in relation to safety and effectiveness though some will be reviewed as part of access models evaluation.

Recommendation four

In this area we discussed in detail the full review of models of access and outlined the new models in place locally:

- Web GP
- Triage
- Telephone consultation
- GP access in Widnes which is now being extended to Runcorn
- UCC Widnes and Runcorn

We then had some discussions regarding how local PPGs might support the use of these systems and perhaps support reviews of how effective they are. We outlined that a number of the programmes are subject to formal evaluation and that perhaps Healthwatch could link to local PPGs to gather further views.



Recommendation five

Regarding the attendance at Urgent Care Centres on a regular basis, we discussed the processes we have for accessing views of patients through regular surveys completed nationally for the NHS which provides feedback on a regular basis. We agreed that a further survey may be useful at a later date.

Recommendation six

We discussed in detail the training of reception and clerical staff particularly around signposting patients to ensure they access the most appropriate service, we outlined the plans to train all staff and that the programme of training which will ensure that all staff are appropriately trained and skilled, the training programmes will be delivered during 2017/2018.

Recommendation seven

We discussed in some detail the complaints processes and how PPGs might be engaged in communication regarding how the complaints systems work; we agreed this was an area of work we can discuss at next PPG plus to progress as appropriate.

I hope this letter provides assurance of our commitment to working with Healthwatch now and in the future

If you have any further questions or concerns do not hesitate to contact Sarah Vickers to discuss and we look forward to further work with Healthwatch in the future

Yours sincerely



Simon Banks
Chief Officer
NHS Halton Clinical commissioning Group

Cc Sarah Vickers Head of Primary Care Commissioning
Jan Snoddon Chief Nurse
Hitesh Patel Chair Healthwatch



APPENDIX 1

NHS Halton CCG Action Plan in response to 'Healthwatch Halton: GP Access and Out of Hours Provision Survey 2014'. See overleaf.

Appendix 1: Action Plan in response to Healthwatch Halton: GP Access and Out of Hours Provision Survey 2014

Observation	Rec'd No	Proposed recommendation identified by Healthwatch	CCG Lead(s)	Response	Timescale	Action Plan Delivery Review October 2016
Poor Communication	1	Practices to work with their Patient Participation Group to develop the best ways of prominently displaying information within the practice (about the services they offer).	Engagement & Involvement Manager	To be raised with Patient Participation Groups. Chairs of PPG's to be identified as accountable lead.	31/03/2015	The actions were assigned to the PPG Plus (a collection of people from PPGs) and as the PPG Plus do not meet regularly and not all PPGs are represented at PPG Plus meetings, progress has been limited. It is clear PPGs being assigned to these have not worked, and the focus now is on the delivery of the GP Strategy and Prime Ministers Challenge Fund (PMCF). As part of the PMCF communication to patients this will include "Examine your Options" about how to access services. This was distributed to every house in Halton in June 2016.
Poor Communication	2	Halton CCG to look at a small project with the PPG+ group to develop a 'best practice guide for patient information'.		To be raised with Patient Participation Group Plus. Chairs of PPG's to be identified as accountable lead.	31/03/2015	
Poor Communication	3	This information should be included as a pull out in a future issue of Halton Borough Council's 'Inside Halton' magazine.		Patient Participation Group Plus to lead on developing an Inside Halton article. Chairs of PPG's to be identified as accountable lead.	31/03/2015	
Triage System	4	Halton CCG work with the local practices and their PPGs to produce a guide/information for patients explaining what triage is, why it is used and how it could benefit both patient and practice.	Engagement & Involvement Manager & Deputy Chief Nurse	To be included in the work undertaken relating to recommendation 1, 2 and 3. Chairs of PPG's to be identified as accountable lead.	31/03/2015	1 Practice has a fully triaged system and 4 others have a partial triage system in place (Practice Managers survey). However since the CCG are not required to collect this as Practices develop their own access models working with their PPGs. The CCG does not know how or how many Practices are using triage. It is therefore unknown if patients generally like triage or if there is a plan to encourage triage across the Practices. It is up to individual Practices to determine, working with their PPGs, if they wish to implement triage systems.
Triage System	5	Share and publicise the results of the trials of triage systems to show the benefits to the patients/practices.	Head of Primary Care & GP Strategy Lead	The approach being taken with the General Practice strategy will see the formation of a series of Community Hubs across Halton. Each hub will comprise a number of GP practices as well as a number of wrap-around service providers. The aim is for each Hub to cover a population size of approximately 20,000-25,000. Each Hub will be responsible for determining the most appropriate approach to service configuration for its local population. Consultation of changes will be required. It is anticipated that through this process, the co-design and co-production of services, pathways and access will be undertaken between the local GPs, Providers, public and patients. The feedback on GP access demonstrates high levels of variation in satisfaction with some practices scoring really well, whilst others score poorly. Learning from each other will be significant opportunity to consider which approach(es) are most effective.	Work will commence in 2015/16	
Triage System	6	The necessity for triage by clinical staff, as opposed to reception staff, should also be considered.				
Triage System	7	GP surgeries and the PPGs should review guidelines for emergency and non-emergency appointment booking. Guidelines should be standardised across the borough to patients understand the system, including how and when to access emergency care appropriately.				

Observation	Rec'd No	Proposed recommendation identified by Healthwatch	CCG Lead(s)	Response	Timescale	Action Plan Delivery Review October 2016
Single call centre	8	If the single call centre option is to proceed, more in depth information showing the key reasons should form part of publicity material. Including consultation with interested parties so that all concerned fully understand the reasoning behind the initiative.	N/A	The CCG has no current or future plans to implement a single call centre. That said, if in the future such a scheme was considered, consultation would absolutely take place with all relevant and local parties.	N/A	N/A
Opening hours & Appointments	9	Review GP practice opening hours to ensure that additional opening hours are widely available in the borough, if not uniformly across the borough.	Head of Primary Care & GP Strategy Lead	See answer above for actions 5,6 and 7. Also this work will be aligned with the Practice Manager Health Watch survey being jointly developed.		All Widnes practices have been involved in the GP Extra scheme. The additional appointments made available in Widnes under the GP Extra scheme is currently being evaluated. A decision on this will be made regarding enlarging this to the whole of Halton after the evaluation is complete. The current forecast for completion is October 2016, however this may be extended.
Opening hours & Appointments	10	Practices should consult with their patients, possibly through their PPG, to identify popular methods of booking appointments and adopt a variety of the most popular methods so patients have a choice.	Practice Managers. Engagement & Involvement Manager	Practices are required, under their core contract, to make appointments available via a number of means; in person, by telephone and on-line. It is recognised that these options may need further publicising to patients. Practice Patient Participation Groups are ideally placed to help identify how this would be most effective therefore this will be raised with them.	31/03/2015	Practices do not necessarily get wide representation at their PPGs. There is also a wide variation in effectiveness and commitment between PPGs in Halton. Practices with active PPGs may have looked at methods of booking appointments. All practices offer a variety of methods to book an appointment – face to face, by telephone and on-line. How to do this will be included on the practice website and in their patient leaflet.
Opening hours & Appointments	11	It would also be of a benefit to see a list of opening hours of GP practices, as well as those of the walk in centre and minor injuries unit, published on a regular basis within the local press.		Link to actions 1, 2, 3 and 10. Practices are required to make their opening hours available on their websites. Greater consideration is needed as to how to publish the opening hours of 17 practices in the local press. Other services may be more easily published.	31/03/2015	It is not known if Practices advertise their opening hours in the local press. They are advertised in the Practices and on their Practice websites. There does not appear to be a plan to enhance this situation.
Patient Records	12	We recommend that Patient Records are made available across local Primary Care services.	Head of Urgent Care & Head of Primary Care	Work is on-going in developing the structures and processes required to enable patient records to be shared between practices and the Urgent Care Centres. The CCG is also looking into developing sharing between General Practice and Community Nurses. Currently patients do not usually visit more than one practice therefore data sharing is not appropriate between practices. If the implementation of the General Practice Strategy leads to patients being able to access more than one practice, then the required data sharing processes, with robust governance arrangements will be developed.	UCC 31 Mar 15, Community 31 Mar 16.	Lead times for project and technical developments suggests the current forecast for patient records to be available at both Urgent Care Centres is within the next 12 months.

Observation	Rec'd No	Proposed recommendation identified by Healthwatch	CCG Lead(s)	Response	Timescale	Action Plan Delivery Review October 2016
Urgent Care Centres	13	Ensure that information on the new centres is made widely available across the borough and in both of our local hospital A&E units.	Head of Urgent Care	Once both centres have a confirmed opening date, the CCG and Provider organisations will ensure a host of communications materials are available to members of the public to ensure they are fully briefed on what is available at the new centres. This will include for example: Leaflets, Posters, Pull ups at provider estates including both local A&Es, Online marketing via CCG, Provider and partner websites, Briefings sent through PPGs, Social media coverage, Press ads, Proactive PR, Stakeholder events.		Funding of the promotion of Urgent Care Centres has been provided by the Prime Ministers Challenge Fund. Both Urgent Care Centres have become popular and are well used.
Urgent Care Centres	14	Further and/or alternative ways of advertising should be considered to increase public awareness of these improvements in Halton.	Head of Urgent Care	The Communications and Marketing plan includes use of traditional and new media to ensure we reach all groups including those hard to reach and vulnerable members of the community.		
Urgent Care Centres	15	A survey of patients attending our local A&E units could be carried out to find out how they ended up at A&E.	Head of Urgent Care	Halton Healthwatch is already currently involved in undertaking patient surveys within the local A&E Units. As part of the UCC Communication Sub Group, Healthwatch have offered to undertake a patient survey at the UCCs to determine patient experience within 6 months of the opening of the Centres.		For results of Healthwatch visits to Warrington and Whiston A&E units and visits to the Urgent Care Centres, see written report.
Complaints	16	The complaints process should be simplified. There should be clear information readily available to patients explaining the complaints process.	Head of Primary Care & Engagement & Involvement Manager	The complaints process will be shared with Patient Participation Groups, who will be asked to help shape how this can be easily communicated to patients. Practices are already required to make this available on their website however it is recognised that this may need to be promoted.	31/03/2015	It is not known if PPGs have been involved in this. There are national guidelines for the complaints process which provide consistency across the 17 practices. Information on how to complain is on each Practices website and the Practices patient leaflets.
Complaints	17	Training is offered to all relevant staff in complaints handling and customer services to ensure they can offer appropriate help and support to members of the public who wish to raise a complaint.	Head of Primary Care & Deputy Chief Nurse & PALS/complaints CSU to support	Complaints handling and customer services training will be identified and shared with Practice Managers.	31/03/2015	Regarding administration/office staff, each Practice organises its own training, there are a number of external training providers plus in-house training. There does not appear to be any accreditation or qualification with the office training. Best practice is discussed at Practice Manager meetings with the CCG. The CCG are not involved in overseeing or influencing Practice training. Training of UC24 doctors is audited by the CCG.

your **voice** counts

We want to hear about the treatment and care you receive from our local health and care services

Hospitals, GP's, Dentists
Opticians, Social Care
Non-emergency services

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Halton website today.

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