NHS
Wolverhampton
Clinical Commissioning Group

Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 1st August 2017 at 2.00 pm
PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park

A G E N D A

1	Welcome and Introductions	Chair	
2	Apologies	Chair	
3	Declarations of Interest	All	
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12	Any Other Business	Chair	
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Tuesday 5th September 2017 at 2.00pm in the Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park.

MEMBERSHIP	
Wolverhampton CCG	Dr D Bush Mrs M Garcha Dr H Hibbs Mr S Marshall Dr Reehana Ms P Roberts Les Trigg Mr J Oatridge
NHS England	Bal Dhami
Patient Representatives	Sarah Gaytten Jenny Spencer
Invitees (Non-Voting)	Elizabeth Learoyd (Healthwatch) Ros Jervis (Health and Wellbeing Board)

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 4th July 2017, Commencing at 2.00 pm in the in Stephenson Room, Technology Centre, Wolverhampton Science Park

MEMBERS ~
Wolverhampton CCG ~

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	No
Dr Salma Reehana	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	No
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	No
Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

Katie Spence	Consultant in Public Health on behalf of Ros Jervis, Service Director Public Health and Wellbeing	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	No
Jim Oatridge	Interim Chair (WCCG)	Yes
Helen Hibbs	Chief Accountable Officer (WCCG)	No
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
David Birch	Head of Medicines Optimisation (WCCG)	Yes
Tally Kalea	Commissioning Operations Manager (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC65 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

WPCC66 Apologies were submitted on behalf of Jane Worton, Manjeet Garcha, Mike Hastings, Jeff Blankley, Jenny Spencer, Elizabeth Learoyd, Sarah Gaytten, Ros Jervis, Dr Helen Hibbs, Dr David Bush and Tony Gallagher.

Dr Reehana entered the meeting

Declarations of Interest

WPCC67 Dr Reehana declared that, as GP she had a standing interest in all items related to primary care. As this declaration did not constitute a conflict of interest, Dr Reehana remained in the meeting whilst these items were discussed.

Dr Reehana declared that, as a GP she had an interest in agenda item 11 Zero Tolerance Policy (revised) as the practice is the service provider. It was agreed as the Committee was only reviewing an amendment to the policy Dr Reehana could remain within the meeting but could not contribute to the discussions.

RESOLVED: That the above is noted.

Minutes of the Primary Care Commissioning Committee Meeting Held on the 6th June 2017

WPCC68 RESOLVED:

That the minutes of the previous meeting held on 6th June were approved as an accurate record.

Matters arising from the minutes

WPCC69 **Extended Opening Hours Scheme A&E Review Attendance Data**
Mrs Southall shared with the Committee the figures of attendance data for A&E to determine the level of demand in particular over the bank holiday period. The figures were presented within the following tables;

Bank Holiday Period	Number of Attendances @ Hubs	Number of Attendances @ Urgent Care Centre		Potential Cost Savings (non attendance at RWT)	
		2016	2017	Urgent Care Centre £44.54	A&E £91.00
Easter (Friday & Monday)	119	-	596	£5,300	£10,829
Monday 1 May	35	274	270	£1,558	£3,185
Monday 29 May	112	257	264	£4,988	£11,193
			Potential Cost Savings	**£11,846**	**£25,207**

Average Cost Per Hub/Day	£800 VI & £1500 Others
Number of Hubs Open Easter	7 = £10,500
Number of Hubs Open May	9 = £13,500
Total Cost of Hub Service	£24,000

Mrs Southall stated currently it was too early to state if any potential savings have been made, however they are fully prepared and more informed for the next bank holiday period in August and they will continue to reflect and monitor the service.

RESOLVED: That the above is noted.

Committee Action Points

WPCC70 **Minute Number PCC302 – Premises Charges (Rent Reimbursement)**
The Committee was informed that the NHS England are still awaiting the cost directives. Action to remain open.

Minute Number WPCC31 – Extended Opening Hours Scheme Joint Evaluation Report
Ms Southall update on attendance data for A&E/level of demand for the bank holiday period is covered by the July Agenda. Action closed.

Minute Number WPCC52 – Application to close Branch Site – Dunkley Street
Ms Shelley informed the Committee they are working with the practice on the exit strategy and Helen Cook from the WCCG Communications Department has prepared information to support the patients.

RESOLVED: That the above is noted.

Pharmacy First Scheme Report

WPCC71 Mr Birch presented a report on the pharmacy first scheme for patients aged 16 and over to the Committee. The service was provided by the Community Pharmacy Team and was commissioned by NHS England. The service has been decommissioned by NHE England at the end of June 2017.

It was highlighted that the Committees remit of decision making did not cover the decision making of extension of services. The report therefore is seeking assurance for the Committee to recommend that the Director (budget holder) to make the decision for the CCG to continue to commission the service for over 16 years' olds in the short term from July 2016 – March 2018.

A discussion took place regarding the service and the level of equity of the service. It was noted the service is accessible across all of Wolverhampton and available for all patients, however it was noted the higher areas of deprivation

would most access the service more frequently. Mr Birch noted that that the service has been widely advertised though posters within GP practices and pharmacies. It was suggested the information be presented at the Practice Managers forum as it was stated they often advise patients where to access treatment/service if patients are unable to get a GP appointment..

Ms Southall informed the Committee the CCG has been working closely with Wolverhampton Local Pharmaceutical Committee who are supportive of the CCG to extend the service and to raise awareness within the Pharmacies.

The Committee reviewed the costings and activity data within the report and agreed to the recommendation that the Director (budget holder) to make the decision for the CCG to continue to commission the service for over 16 years' olds from July 2016 – March 2018. The Director Mr Marshall agreed that the CCG continues to commission the service for over 16 years' olds from July 2016 – March 2018.

RESOLUTION: It was agreed David Birch to provide information of the service which can be presented to the Practice Managers forum.

Mr Birch left the meeting

Primary Care Quality Report

WPCC72 Ms Roberts shared the quality report in Ms Garcha's absence which is provide to the Committee with an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.

The following was highlighted to the Committee;

- ***Infection prevention –*** no reports were received within the month as there are no visits within the first quarter due to follow up visits being undertaking to provide assurances that actions from last year's audit are being completed. The visits for 2017/2018 will commence in quarter 2.
- ***Friends and Family Test -*** the number of practices with no data was 8, the number of practices that had data supressed was 7 and the number of practices with zero responses was 2. Overall practices with no data available has improved on last month (33% to 36% and on May 38%), this shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis. Ms Shelley informed the Committee she is working with Liz Corrigan, Primary Care Quality Assurance Coordinator and NHS England to review those practices not submitting data and the issues within the system the Practices are experiencing.
- ***Quality Matters –*** There are currently 5 on-going primary care quality matters.
- ***Complaints –*** There are 10 complaints that have been processed by NHS England within 2016/2017. It was highlighted the report needed to make clear that the 10 complaints were formal complaints raised by patients to NHS England that could not be handled or managed by the practice.

- ***Risk Register –*** It has been highlighted that the Quality team are currently discussing the option of presenting the risks live at the various committee meetings from September.

RESOLUTION: The quality report to ensure that it makes clear that the Complaint to NHS England are the formal complaints and this does not include the complaints managed by GP Practices.

Governing Body Report/Primary Care Strategy Committee Update

WPCC73 Mrs Southall informed the Committee the Governing Body report had not yet been considered by the Governing Body and therefore would not be appropriate to share with the Committee.

Mrs Southall shared with the Committee the minutes of the Primary Care Strategy Committee Meeting held in June 2017. An overview was provided of the work and discussions that took place. The Committee accepted the minutes and the update provided.

RESOLVED: That the above was noted

Primary Care Operational Management Group Update

WPCC74 Mr Kalea presented the Primary Care Operational Management Group Update Report on behalf of Mr Hastings. The report provides an overview of the discussions that have taken place at their meeting held on the 20th June 2017 and the following was highlighted to the Committee;

- The Friends and Family Test submission compared to the previous month the recommended percentage response has increased to 89% in May 2017 from 85% in April 2017. This is in line with the national average.
- 10 Primary Care complaints processed by NHS England for 2016/2017 and of these 50% related to clinical treatment but no themes or patterns have been identified. The CCG have raised their concerns regarding the level of detail provided by NHS England.
- Three CCGs Strategic and Operational Estate Teams across the Black Country and working upon developing a Black Country wide Estates approach. The aim is to provide a more efficient way of developing Estates Guidance. The SLA is being developed and the CCG should receive this by next week.
- A CQC update was provided and an issue highlighted with regards to regards to the changeover of EMIS Web that some practices needed training which the IM&T Team have been supporting.
- The GP Practice Contract Review visit programme for 2017/2018 continues with a visit being completed in May to Probert Road Surgery which was successful.
- The IT Migration Plan which outlines the stages of the Practice migrations and merges remains on target.

Mr Marshall asked after the migration plan was complete how many practices would remain on ETTP compared to EMIS web. Mr Kalea noted that by March 2018 all GP Practices would be on one clinical system EMIS web.

The Committee accepted the report and the update.

Mr Kalea left the meeting

Zero Tolerance Policy (Revised)

WPCC75 Mrs Southall informed the Committee following approval of the policy and service specification for the Zero Tolerance scheme it has become apparent within operation there was ambiguity between the specification and policy. Mrs Southall therefore highlighted the changes within the policy under section 2.1.

Mr Oatridge asked for clarity under section 3.1 who was the chair of the review panel, as it states two different roles have the responsibility for this function. It was agreed that it would be the Head of Primary Care and this would be amended accordingly.

Mr Marshall asked if a QIA and EIA had been undertaken, Mrs Southall confirmed the QIA was in process and the EIA needed to be undertaken. Mrs Southall agreed to process the EIA.

The Committee agreed to the revised Zero Tolerance Policy and subject to the additional amendments that needed to be undertaken.

RESOLUTION: Mrs Southall to make changes to the zero tolerance policy and ensure a QIA and EIA has been undertaken.

Any Other Business

WPCC76 Ms Roberts took the opportunity to record thanks to Ros Jervis for her contributions to the Committee and wished her well within her future role.

RESOLVED: That the above is noted.

WPCC77 **Date, Time & Venue of Next Committee Meeting**
Tuesday 1st August 2017 at 2.00pm in PC108, Creative Industries, Wolverhampton Science Park.

Primary Care Joint Commissioning Committee Actions Log

Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
35b	**08.02.17**	**PCC302a**	**Premises Charges (Rent Reimbursement)**	May 2017	NHS England	08.02.17 - Awaiting the new cost directives to provide clarity on rent reimbursement in relation to when Practices allow other service providers to be use their rooms such as midwives. 07.03.17 - NHS England confirmed they are still awaiting the new cost directives and have been informed they should receive this in April 2017. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives. 04.04.17 - NHS England confirmed they are still awaiting the new cost directives and will inform the CCG once this has been received. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives. 06.06.17 - The Committee was informed that the cost directives have been put on hold due to purdah. Action to remain open. 07.06.17 – Action to remain open cost directives still awaited.

Primary Care Commissioning Committee Actions Log (public)

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
03	**04.07.17**	**WPCC71**	**Pharmacy First Scheme Report** It was agreed David Birch to provide information of the service which can be presented to the Practice Managers forum.	**August 2017**	**David Birch**	
04	**04.07.17**	**WPCC72**	**Primary Care Quality Report** The quality report to ensure that it is made clear that the Complaints to NHS England are the formal complaints and this does not include the complaints managed by GP Practices**.**	**August 2017**	**Manjeet Garcha**	

Closed Items - Primary Care Commissioning Committee Actions Log (Public)

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
01	**02.05.17**	**WPCC31**	**Extended Opening Hours Schemes Joint Evaluation Report** Ms Southall agreed to review attendance data for A&E to determine the level of demand from May 2016 to May 2017 focusing on each bank holiday period.	**July 2017**	**Sarah Southall**	04.07.17 – Action closed information provided at the meeting.
02.	**06.06.17**	**WPCC52**	**Application to close Branch Site – Dunkley Street** Ms Shelley to review the option of a coms strategy to support the patients and closure of the surgery.	**July 2017**	**Gill Shelley**	04.07.17 – Action closed update provided at the meeting.

Closed Items - Primary Care Joint Commissioning Committee Actions Log

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
1	03.12.15	PCC04	**Proposed amendments to Committee Terms of Reference** That the 3 GP Locality Leads will attend on a rotational basis for the next 12 months. Mr McKenzie to inform Locality Leads of this arrangement.	Peter McKenzie	14 January 2016	Action complete
2	03.12.15	PCC04	**Proposed amendments to Committee Terms of Reference** That the review of the Committee Terms of Reference be in line with the two window a year permitted by NHS England for the CCG's constitution to be amended.	Peter McKenzie	14 January 2016	Action complete
3	03.12.15	PCC05	**Primary Care Commissioning Operations Management Group Terms of Reference** That the Care Quality Commission will be invited to future meetings of this Group.	Mike Hastings	14 January 2016	14.01.16 – Mike Hastings confirmed that he has spoken to the Head of Quality and Risk at the CCG to confirm local CQC Lead contact details.
4	03.12.15	PCC06	**Upcoming Issues for Provisional Work Programme** That the Showell Park Procurement be brought to a 2016 Committee meeting for decision. Ms Nicholls to confirm appropriate meeting date.	Anna Nicholls	14 January 2016	14.01.16 – Anna Nicholls confirmed that the Showell Park Procurement will be brought to the Private Session of the Primary Care Joint Commissioning Committee in March 2016. 01.03.16 - It was noted that this item is on the private Committee agenda for discussion
5	03.12.15	PCC07	**Standard Agenda item and regular reporting requirements** That the following items be included as standing items on the agenda: • NHS England Update • NHS England Finance Update • Wolverhampton CCG Update	Jane Worton	14 January 2016	14.01.16 – Standard items will be included from February 2016 onwards.

			• Primary Care Delivery Board Update • Primary Care Commissioning Operations Management Group Update			
6	**03.12.15**	**PCC07**	**Standard Agenda item and regular reporting requirements** That Charmaine Hawker, Assistant Head of Finance - Primary Care, from NHS England Finance is invited to attend future Committee meetings.	Jane Worton	14 January 2016	14.01.16 – Confirmed that Charmaine Hawker had been invited to attend future Committee meetings.
7	**03.12.15**	**PCC08**	**Arrangements for future meetings** That the first public meeting of this Committee will take place in March 2016.	Peter McKenzie	2 February 2016	02.02.16 - It was noted the schedule of Committee dates for 2016/17 have now been diarised. Item closed.
8	**14.01.16**	**PCC17**	**Proposed Amendments to Committee Terms of Reference** That the February 2016 WCCG Governing Body Meeting and Sub Regional Team will receive an Executive Summary from this Committee.	Pat Roberts	2 February 2016	02.02.16 - It was confirmed that the executive summary is now complete and will be forwarded to David Williams at NHS England. Item closed.
9	**14.01.16**	**PCC18**	**Primary Care Commissioning Operations Management Group Terms of Reference** That the March 2016 Committee Meeting receive an update from the PCCOMG Meeting on 16 February 2016. That the risk register and Mike Hastings change in role title is reflected in the Terms of Reference.	Peter McKenzie	2 February 2016	02.02.16 - The updated Terms of Reference were discussed and the amendments agreed. Item closed.
10	**14.01.16**	**PCC19**	**Upcoming Issues for Provisional Work Programme** That the draft Primary Care Strategy is to be shared with NHS England.	Margaret Chirgwin	2 February 2016	02.02.16 - It was confirmed that Margaret Chirgwin (WCCG) had shared the Primary Care Strategy with NHS England. Item closed.
11	**14.01.16**	**PCC19**	**Upcoming Issues for Provisional Work Programme** That NHS England share the Operational Plan template with the Committee.	May 2016	NHS England	02.02.16 - It was noted that the planning return will be brought to the next Committee Meeting. 05.04.16 - It was noted that the reporting template will be brought to the May Committee meeting following the next planning deadline. 03.05,16 - It was noted that Ms Shelley

						would raise the reporting template query with NHS England and report back to the Committee. 07.06.16 - Ms Shelley reported she had raised the reporting template query with NHS England and they no longer have this template. It was agreed to close the action.
12	**14.01.16**	**PCC21**	**NHS England Finance Update** That an update on financial planning will be presented to the Committee in February 2016.	Charmaine Hawker	2 February 2016	02.02.16 – The update on financial planning was provided. Item closed.
13	**14.01.16**	**PCC21**	**Capital Review Group / Strategic Estates Forum** That the Capital Review Group / Strategic Estates Forum minutes be reported to the PCCOMG Meetings.	Jane Worton	2 February 2016	02.02.16 - Item included on this meeting's agenda for discussion. Item closed.
14	**14.01.16**	**PCC21**	**WCCG Estates Strategy** That the final Estates Strategy be brought to a future Committee Meeting.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the private Committee agenda for discussion.
15	**02.02.16**	**PCC38**	**West Midlands MOU for the Primary Care Hub** That the MOU be updated and signed off at the March 2016 Governing Body Meeting and Primary Care Joint Commissioning Committee.	May 2016	Mike Hastings / Gill Shelley	01.03.16 – The Committee approve the West Midlands MOU for Primary Care Hub subject to an additional quality element being added. That the MOU will be signed off at the March 2016 Public WCCG Governing Body Meeting. 05.04.16 - Ms Shelley to confirm amendments with regard to the status of WCCG commission of Primary Care as requested by the Governing Body NHS England colleagues and bring the final MOU to the May Committee meeting. 03.05.16 - Mr Hastings informed the Committee that the MOU has now been signed off by Wolverhampton CCG Governing Body and is currently being reviewed internally prior to being submitted to NHS England by 6 May 2016. 07.06.16 - Mr Hastings informed the

						Committee the MOU has now been signed off by Wolverhampton CCG Governing Body and has been submitted to NHS England. The Committee agreed to close the action.
16	**02.02.16**	**PCC42**	**Pharmacy First** That the Pharmacy First information be circulated to the Committee.	Jane Worton	1 March 2016	01.03.16 - It was noted that the information was circulated to the Committee on 11.02.16.
17	**02.02.16**	**PCC37**	**Financial Planning** A further report to be brought to the next Committee meeting.	Charmaine Hawker	1 March 2016	01.03.16 - It was noted that this report is included on the agenda for discussion.
18	**01.03.16**	**PCC53**	**Minutes of the Meeting Held on 2 February 2016** That the minutes of the previous meeting held on 14 January 2016 be approved as an accurate record subject to the following amendments. (PCC39) Spelling of Alistair McIntyre to be amended to Alastair. (PCC40) Amendment of PCCOMG Meeting to PCOMG Meeting.	Jane Worton	5 April 2016	05.04.16 – Amendments made.
19	**01.03.16**	**PCC54**	**Primary Care Models** An update report on Primary Care Home and vertical integration models will be brought to the next Committee meeting.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.
20	**01.03.16**	**PCC61**	**Primary Care Commissioning Operations Management Group (PCOMG) Update** That the next PCOMG update is created in the form of an overarching assurance report subject to any practice specific confidential information being discussed	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.

			in private.			
21	**01.03.16**	**PCC61**	**Pharmaceutical Involvement in Primary Care** That following discussion at the January 2016 Committee Meeting around the pharmaceutical involvement in primary care it was noted that Mr Blankley would attend future PCOMG meetings to drive this forward.	Mike Hastings / Jeff Blankley	5 April 2016	05.04.16 - It was noted that Mr Blankley now attends the PCOMG meetings.
22	**05.04.16**	**PCC77**	**NHS England Update** That a short report will be provided by NHSE outlining any activity throughout the month which impacts on Wolverhampton primary care.	May 2016	Alastair McIntyre / Gill Shelly	03.05.16 - The NHS England Update was included on this meeting's agenda. Item closed.
23	**05.04.16**	**PCC78**	**NHS England Finance Update** That a report will be produced for the May 2016 Committee Meeting to outline the full schedule for the 2016/17 budget.	May 2016	Charmaine Hawker	03.05.16 - The NHS England Finanxe Update was included on this meeting's agenda. Item closed.
24	**03.05.16**	**PCC100**	**GP Communication** That GP communication methods should be discussed at the next Primary Care Operational Management Group meeting.	June 2016	Mike Hastings	07.06.16 - Mr Hastings confirmed with the Committee it has been agreed until the Wolverhampton Clinical Commissioning Group (WCCG) are full delegated all correspondence will continue by NHS England.
25	**03.05.16**	**PCC101**	**PMS Premium Schemes** That the CCG Strategy and Transformation Team will provide a report to the June 2016 Committee Meeting outlining the PMS Premium schemes.	June 2016	Sharon Sidhu	07.06.16 - PMS Premium Schemes included on the Private Primary Care Joint Commissioning Committee meeting agenda.
26	**03.05.16**	**PCC103**	**Protected Learning Time for GPs** That the CCG will explore protected learning time options for GPs and update	August 2016	Mike Hastings / Steven Marshall	07.06.016 - Mr Marshall noted further discussions need to take place to determine the details and requirements for protected

			the Committee.			learning time for GPs. It was agreed a further update would be provided for the next meeting. 05.07.06 - Mr Marshall reported the Protected Learning Time for GPs is part of the GP Forward View and suggested this is included the full summary report update due at the next Committee meeting. August Agenda Item. 02.08.16 – Action covered within Primary Care Forward View. Item closed.
27	**07.06.16**	**PCC121**	**Terms of Reference** The Committee agreed to review the Terms of Reference in September 2016	September 2016	Peter McKenzie	05.07.16 - This agenda item is due to be presented at the September Committee Meeting. Presented at the September meeting - action closed.
28	**07.06.16**	**PC122**	**NHS England Update – Primary Care Update** Ms Shelley agreed to feedback to Ms Skidmore how the WCCG can be involved in the work around recruiting and retaining workforce.	August 2016	Gill Shelley	05.07.16 - Ms Nicholls reported they are still awaiting a response and agreed to report back at the next Committee meeting. August Update. 02.08.16 – Action covered on meeting agenda. Item closed.
29	**07.06.16**	**PC124**	**Wolverhampton CCG Update** Mr Marshall agreed to bring back to the August Meeting an update on the WWCG response to the GP Forward View. Mr Marshall agreed to develop and share a model of how the third sector organisations and other providers will link into Primary Care Services.	August 2016 July 2016	Steven Marshall Steven Marshall	05.07.16 – Mr Marshall agreed to provide a report on the WCCG response to the Primary Care Forward View at the August meeting. 02.08.16 – Item on meeting agenda and closed. 05.07.16 - Better Care Fund – Third Sector Organisations report was on the agenda. Item closed.
30	**05.07.16**	**PCC147**	**NHS England Update – Primary Care Update** Ms Nicholls agreed to clarify and report back to Dr Helen Hibbs in relation to impact of the new partner joining MGS Medical Practice (Dr Bagary) as they are involved in the vertical integration pilot.	August 2016	Anna Nicholls	02.08.16 – Ms Nicholls confirmed that the process of adding and removing partners from practices which are involved in vertical integration remained the same as the contract is held by the partnership and not RWT.

31	**02.08.16**	**PCC174**	**Wolverhampton CCG Update** Mr Hastings to respond to Wolverhampton LMC queries within 7 days.	September 2016	Mike Hastings	06.09.16 - Mr Hastings confirmed he had responded to Wolverhampton LMC queries within in the 7 day deadline. Action closed.
32	**02.08.16**	**PCC174**	**Primary Care Support England (PCSE)** Communication to go out to all practices requesting PCSE feedback.	September 2016	Jane Worton	06.09.16 - Ms Worton confirmed an e-mail went out to all Practice Managers on the 11th August requesting PCSE feedback. All the responses had been collated and sent to NHS England where the information will be discussed in a forum meeting between Capita Services and NHS England. It was confirmed any feedback would be escalated back to the CCG s this could be fed back to the GP Practices. Action closed.
33	**02.08.16**	**PCC175**	**GP Peer Review** Ms Garcha to present the GP Peer Review Terms of Reference at the September 2016 Committee meeting.	September 2016	Manjeet Garcha	06.09.16 - It was noted this item was on the meeting agenda. – Action closed.
34	**02.08.16**	**PCC176**	**Acute Discharge Process** Mr Blankley to meet with Dee Harris to review the prescribing aspect of the acute discharge process.	September 2016	Jeff Blankley	06.09.16 - Mr Blankley confirmed he had met with Dee Harris and discussions have commenced regarding prescribing within the acute discharge process. – Action closed.
35a	**02.08.16**	**PCC176**	**Premises Charges (Market Rent Reimbursement)** Ms Nicholls to look into support available to GP practices with increased premises charges and provide an update at the September 2016 Committee meeting.	February 2017	Gill Shelley / Anna Nicholls	06.09.16 - Mr Hastings agreed to chase Anna Nicholls regarding this action. 04.10.16 - Ms Shelley confirmed that details on the management of transitional funding are to be confirmed and would provide an update at the next meeting. 01.11.16 - It was advised NHSE are still awaiting the financial processes, Ms McGee agreed to take back to Charmaine Hawker as its non-recurrent funding for this financial year 2016/2017. 06.12.16 - Ms Payton informed the Committee they are still seeking further advice as NHS England have not been notified and once this is received it will be

Page 16						shared with the CCG. 03.01.17 - It was confirmed NHS England are still awaiting further assurance from the National Guidance. It was agreed as the Local Medical Committee had raised this initial concern and the CCG needed to inform them of this position. 08.02.17 - Ms Payton informed the Committee the National Team have developed local process and procedures. The application will be sent from The NHS England's Premises Team for circulation and should be returned to them once completed. 07.03.17 - Ms Payton confirmed she had provided the contact details regarding accessing funding for NHS Property Services/Community Health Partnership Premises Charges. This information had been shared with Practices on the 2nd March 2017. Action closed.
36	**02.08.16**	**PCC177**	**Workforce Strategy** Ms Garcha to bring an update on the Workforce Strategy, with specific reference to GP growth, to the October 2016 meeting.	October 2016	Manjeet Garcha	06.09.16 - This item is due to be presented at the October meeting. 04.10.16 - It was noted that this item is on the agenda for discussion. Item closed.
37	**06.09.16**	**PCC186a**	**NHS England Update – Primary Care Update** Primary Care Commissioning Activity return to be shared with the Committee in October 2016.	February 2017	Mike Hastings	04.10.16 – Mr Hastings to contact the Deputy Head of Primary Care at NHS England to share a copy of the final submission with the Committee. 01.11.06 - Mr Hastings agreed to chase. 06.12.16 - Mr Hastings confirmed the CCG had made the submission to NHE England and highlighted this would not cascade back to the CCG it was agreed to share what the

						CCG had submitted to the Committee. 03.01.17 - Mr Hastings confirmed to send the CCG Primary Care Commissioning Activity return to the Committee following the meeting. shared with the Committee on the 4th January 2017.
38	**06.09.16**	**PCC186b**	**NHS England Update – Primary Care Update** Mr Hastings agreed to report back if the CCG had/or needed to make a response on the GP Resilience Programme document.	October 2016	Mike Hastings	04.10.16 - Mr Hastings informed the Committee that an details on the GP Resilience Programme was included in the Wolverhampton CCG Update on the agenda. Item closed.
39	**04.10.16**	**PCC209**	**NHS England GP Resilience Programme (GPRP)** Ms Shelley agreed to confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received.	November 2016	Gill Shelley / Anna Nicholls	Ms Shelley will confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received. **01.11.16 -** Ms Shelley has confirmed there is only 1 practice for Wolverhampton on the GPRP programme. Action agreed to be closed.
40	**04.10.16**	**PCC209**	**WCCG Primary Care Workforce Draft Strategy** Ms Garcha stated that there had been difficulty in confirming an NHS England lead for this work and Ms Shelley agreed to confirm details and feedback.	November 2016	Gill Shelley / Anna Nicholls	**01.11.16 -** Ms Garcha had been in touch with Jacqueline Barns regarding an NHS England Lead for Primary Care Workforce. Action agreed to be closed.
41	**04.10.16**	**PCC211**	**Vertical Integration** That the minutes from the VI assurance meeting on 3 October 2016 be shared with the Committee.	February 2017	Mike Hastings	01.11.16 - Mr Hastings confirmed the minutes from the VI assurance visit had not been received once provided they will be shared with the Committee. 06.12.16 - Mr Hastings advised the CCG are still waiting for the minutes from the VI assurance visit. It was agreed Ms Shelley would chase the relevant department at NHS England.

						03.01.17 – Mr Hastings informed the Committee the CCG have received the minutes from the VI assurance visit and they will be circulated following the meeting. VI assurance visit minutes shared on the 4th January 2017
42	**04.10.16**	**PCC213**	**Patient Engagement** That Ms Shelly would confirm the level of patient engagement required when a practice was merging / closing.	November 2016	Gill Shelley / Anna Nicholls	**01.11.16 -** Ms Shelley advised the level of patient engagement is not in the contract as to what's relevant/appropriate to the number of patients and the changes being made within the practice. They would expect the level of engagement to be proportionate to the level of change. It was highlighted the WCCG have a policy in place for engagement and this should be followed around the proportionate of change taking place.
43	**04.10.16**	**PCC214**	**WCCG Primary Care Workforce Draft Strategy** Ms Garcha to confirm how the Wolverhampton practices involved in Vertical Integration had been recorded in the analysis.	December 2016	Manjeet Garcha	**01.11.16 -** Ms Garcha confirmed a sense check had been undertaken on the data and that 2 out of the 3 VI's had been included within the analysis. Ms Garcha had been unable to speak with the author who undertook the analysis to ask the question regarding the method of recording and confirmed to feed this back at the next meeting.
44	**04.10.16**	**PCC215**	**Social Prescribing Report** Ms Skidmore to feedback Mr McIntosh's queries to Andrea Smith.	November 2016	Claire Skidmore	**01.11.16 -** Ms Skidmore confirmed she had spoken to Andrea Smith regarding Mr McIntosh's queries. Action to be closed.
45	**01.11.16**	**PCC234b**	**Application to Close Brach Surgery** An addendum or revised business case to the December meeting on the progress of the previous business case and give further assurance on what support would be available from the	December 2016	Gill Shelley	

			practice to patients during the closure. The business case needs to state categorically that there is no expectation of patients to access services from Bilston or move to an Intrahealth practice, rather that they can exercise free patient choice.			
46	**01.11.16**	**PCC234b**	**Application to Close Brach Surgery** Further work is required to inform the patient body on the following; a) of the reason for closure i.e. CQC, failure of building and prohibited costs of renovation and the current closure due to recent maintenance event regarding infection prevention and lack of hot water etc. b) to answer the petition participants concerns and have a further public meeting if required.	December 2016	NHS England	
47	**06.12.16**	**PCC259**	**NHS England Finance Update** Ms Skidmore agreed to review, sign and return the MOU to NHS England.	January 2017	Claire Skidmore	03.01.17 - Ms Skidmore confirmed the MOU had been reviewed, signed and returned to NHS England. Closed.
48	**06.12.16**	**PCC260**	**Wolverhampton CCG Update** Ms Southall and Ms Shelley to liaise following the meeting to ensure the pharmacy rota is incorporated within the pilot for extend opening hours at Group level.	January 2017	Sarah Southall	03.01.17 - Mrs Southall advised the pilot for extended opening hours had been commenced on Christmas Eve and plans were submitted to NHS England on the 23rd December 2016. Closed.
49	**03.01.17**	**PCC283**	**Wolverhampton CCG Update** Ms Southall to provide Evaluation Reports on extended opening hours at the March and May Meetings.	May 2017	Sarah Southall	08.02.17 - Ms Southall confirmed an evaluation report on the two extended opening hours scheme will be provided at the March and May Committee Meetings. 07.03.17 - It was confirmed that Ms Southall

						will provide a joint evaluation report on the two extended opening hours scheme at the May Meeting. 04.04.17 - It was confirmed that Ms Southall will provide a joint evaluation report on the two extended opening hours scheme at the May Meeting. 02.05.17 – Action completed.
50	**08.02.17**	**PCC304**	**NHS England Finance Update** The Month 10 position to be provided at the March Meeting.	March 2017	NHS England Finance	07.03.17 - The month 10 report has been provided and is on the agenda for discussion. Action closed.
51	**08.02.17**	**PCC305**	**Wolverhampton CCG Update** Mrs Southall to provide the General Practice Five Year Forward Plan to the March Meeting.	March 2017	Sarah Southall	07.03.17 - The General Practice Five Year Forward Plan has been provided and is an agenda item for discussion. Action closed.
52	**08.02.17**	**PCC307**	**Primary Care Operational Management Group Meeting** Mr McKenzie to provide a report to the March Meeting on the full delegation agreement as this will need formal sign off by the Committee.	March 2017	Peter McKenzie	07.03.17 - The full delegation agreement has been shared and is on the agenda. Action closed.
53	**07.03.17**	**PCC329**	**Wolverhampton CCG Update** Ms Cresswell agreed to review the numbers and details regarding those areas patients feel they are not being provided with patient choice and report back to Mr McKenzie.	April 2017	Tracy Cresswell	04.04.17 - Ms Cresswell to confirm the details regarding the specific areas where patients feel they are not being provided with patient choice at the May meeting. 02.05.17 – Action completed.
54	**07.03.17**	**PCC333**	**General Practice Forward View Implementation Plan** Mr Marshall agreed to meet with Ms Jervis to ensure Public Health are sighted on the Primary Care programmes.	April 2017	Steven Marshall and Ros Jervis	**04.04.17 -** Ms Jervis confirmed they have discussed within a number of different forums regarding the Primary Care programme of work and Public Health are sighted on these developments. Action closed.

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Public Primary Care Commissioning Committee
1st August 2017

TITLE OF REPORT:	Financial Position as at Month 3, June 2017
AUTHOR(s) OF REPORT:	Sunita Chhokar-Senior Finance manager
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer
PURPOSE OF REPORT:	To report the CCG financial position at Month 3, June 2017
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• M3 assumed breakeven • Financial metrics being met • Additional allocations
RECOMMENDATION:	The Committee note the content of the report
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the value for money of patient services ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place
2. Reducing Health Inequalities in Wolverhampton	<u>Improve and develop primary care in Wolverhampton</u> – Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way

	local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this <u>Support the delivery new models of care that support care closer to home and improve management of Long Term Conditions</u> by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

1. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at month 03 are £35.513m. The forecast outturn is £35.513m delivering a breakeven position.

The planning metrics for 2017/18 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations therefore the resource can be committed on a non recurring basis.

2. Allocations

The following allocation were received in M03:

	Programme Costs		
	Recurring £'000	Non Recurring £'000	Total £'000
Month 2	34,825	0	34,825
Tranformation Fund 1% NR	350		350
Growth Allocation expected in line with M02	260		260
GP Premises Funding	78		78
Month 3	35,513	0	35,513

In Month 3 the CCG has received £688k recurrent allocations.

The transformation Fund of £350k is still uncommited and further conversations are underway to identify potential spend. The £260k and £78k have been allocated to the following:

	£'000
Growth Allocation	£260
GP Premises Funding	£78
ETTF Schemes - Revenue Funding	£170
Ettingshall Caretaker	£45
Tudor Road	£60
Sub total	£275
Available Allocation	£63

The additional £63k potentially may be used for Estates to allow practices to be fit for purpose to deliver primary care 5 year forward view.

3. M03 Forecast position

	Annual Budget	FOT M03	Var
	£'000s	£'000s	£'000s
General Practice GMS	21,002	21,002	0
General Practice PMS	1,809	1,809	0
Other list base service AMPS	2,298	2,298	0
Premises	2,684	2,684	0
Premises Other	90	90	0
Enhanced Services	845	845	0
QOF	3,622	3,622	0
Other PCO ie Sickness, Maternity etc	606	606	0
PMS Premium *	494	494	0
Other GP Services	1,541	1,541	0
Contingency 0.5%*	174	174	0
Reserve 1%*	348	348	0
Total	35,513	35,513	0

*budgets being committed non recurrently pending a Q2 budget review.

A full forecast review has been carried out in month 03 which includes the following updates:

- Review of Premises Forecasts based on payments to date.
- Review of Locum reimbursements (maternity/paternity etc.) based on approved applications to date.
- NHSE have confirmed that any costs associated with pre delegation i.e. 16/17 will not count against the CCG's delegated budget for 17/18.

4. Primary Care Reserves

- The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2017/18 planning metrics.
- In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised in year non-recurrently to help and support the delegated services. This is still available at Month 3.
- The 0.5% contingency is still available at Month 3

5. PMS premium reserves

- The PMS premium will grow each year as a result of the transitiona taper of funding of PMS practices and as a CCG we need to ensure we have investment plans in place to recognise this increasing flexibility. Over the next four years the anicipated cumulative position of the PMS premium is as below and the actual resource flexibility will depend on how effective expenditure control is over the previous years.The plan is the following for the next 5 years:

Year	£'000
17/18	494,272
18/19	677,371
19/20	860,470
20/21	978,284
21/22	1,096,098

6. Conclusion

The CCG is monitoring the financial position of the GP Services budget allocated the CCG and will report any variance accordingly on a quarterly basis; including the use of reserves and contingency funding. As the year progresses more detailed reporting will be available. The position of the delegated budgets has to be seen within the context of the CCG financial position. And resources should be committed in year as carry forward of underspends is unlikely to be permitted.

Recommendations

The Committee is asked to:

- Note the contents of this report.
- Continue to mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31st March 2018.

Name: Sunita Chhokar
Job Title: Senior Finance Manager
Date: 21/07/17

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	**Sunita Chhokar**	**21.7.17**
Quality Implications discussed with Quality and Risk Team	NA	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	**Lesley Sawrey**	**21.7.17**

NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Governing Body
11 July 2017

Agenda item 16

TITLE OF REPORT:	Report of the Primary Care Strategy Committee
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee following it's last meeting held on 15 June 2017.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	• Provide assurance on the outcome of a series of deep dives that had taken place involving each Task & Finish Group, including revised terms of reference for consideration. • The outcome of discussions regarding Bank Holiday Opening is also reflected in the report. • The Primary Care Strategy Implementation Plan is currently under review, the committee's objectives have been updated. • Progress made towards ongoing implementation of the General Practice Five Year Forward View Programme of Work is also provided within the report.
RECOMMENDATION:	The recommendations made to governing body regarding the content of this report are as follows:- • Receive and discuss this report • Note the assurance provided by the Committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system 2 Reducing Health Inequalities in Wolverhampton : Improve and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and improve management of Long Term Conditions. 3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton

1 BACKGROUND AND CURRENT SITUATION

1.1. The CCGs Primary Care Strategy Implementation commenced in the summer of 2016. The corresponding programme of work has recently been revisited to determine progress and the effectiveness of action taken to date. This report confirms the findings from the review & paves the way for a series of changes that will be made to the programme of work to ensure the content is reflexive & aligned with other influencing factors that may have an impact on successful implementation.

1.2. The CCGs vision is to achieve universally accessible high quality out of hospital services that promote the health and wellbeing of our local community, ensuring that the right treatment is available in the right place at the right time and to improve the quality of life of those living with long term conditions and also reduce health inequalities

2 PRIMARY CARE STRATEGY COMMITTEE

2.1 Deep Dive Evaluation Report

Following a series of deep dive reviews that had taken place during May with each of the Task and Finish Group Leads the committee considered the findings from those reviews. There were 4 key themes were as follows:-

- Four of the seven Task and Finish Groups programmes of work had been halted pending reviews of the Terms of Reference. They are identified as:

  - Practice as Providers
  - Localities as Commissioners
  - Workforce and Development
  - Primary Care Contract Management

  Revised Terms of Reference have since been considered by the committee and their respective programmes of work are currently being adjusted to reflect changes. Copies of each of the above are attached for consideration.

- Three of the seven Task and Finish Groups programmes of work will be dependent on the future outcomes pertaining to possible MCP contracting models for place based commissioning. They were noted as follows:-
  - Practice as Providers
  - Primary Care Contract Management
  - Clinical Pharmacists

- Identified there is a need for New Models of Care to work in a more collaborative way to avoid replication.

- An options appraisal will be brought back to the next Primary Care Strategy Meeting and moving forward there would be quarterly updates on Patient Online to the meeting.

The revised programmes of work will be considered in more detail when the committee meets again on 20 July 2017.

2.2 Bank Holiday Opening Report

A report was considered based on bank holiday opening that had been introduced for each bank holiday arising during 2017/18 financial year. Funds had been secured via the Accident & Emergency Delivery Board to enable General Practice Hubs to open across the city. The intention was to reduce the burden on the urgent care system, reduce demand & 'catch up' for general practice when practices reopened following bank holiday periods, whilst affording patients the opportunity to see a GP at the nearest hub.

The report confirmed attendance levels over Easter and early May Bank Holiday had been lower than expected. However, activity over late May Bank Holiday had improved across all 4 hubs that were open.

Patients had provided very positive feedback regarding the availability of the service & the committee agreed that the cost effectiveness and any reduction in attendances at the city's Urgent Care Centre should be considered in future reports.

2.3 Primary Care Strategy Implementation Progress

In June the Governing Body were able to reflect on evidence of a series of achievements that been had made by the Primary Care Strategy Committee. Whilst the programme of work is now under review, it is the intention to share with the governing body in September a copy of the milestone plan for the coming year. The milestone plan will define activities that continue to afford assurance of delivery and where necessary delays in achievement. The milestone plan will span all areas of the programme of work.

2.4 General Practice Forward View

The committee considered the extent of progress made regarding a range of projects that were now established. More than 50% of projects are now up & running comprising of:-

- A range of training programmes for primary care personnel ie Practice Manager, Aspiring Practice Manager, Time for Care, Nurse Mentorship, Apprenticeships, Care Navigation etc
- Recruitment & retention to a variety of roles include clinical pharmacists, social prescribers,
- Focus on new models of care & the developing general practice team
- Transformation work attached to the 10 High Impact Actions including working at scale and improving access

The programme of work will continue to be overseen by the committee will develop further over the coming months in response for further guidance from NHS England and ongoing collaborative working with other CCGs within our STP area.

3 CLINICAL VIEW

3.1 There are a range of clinical and non-clinical professionals leading this process in order to ensure that leadership decisions are clinically driven. Clinical representation at many Task and Finish Groups takes place on a regular basis & is overseen by the committee that also has clinical representation.

4 PATIENT AND PUBLIC VIEW

4.1 Whilst patients and the public were engaged in the development of the strategy and a commissioning intentions event held in the summer specific to primary care the Governing Body should note that Practice based Patient Participation Groups are being encouraged to ensure their work with the practice(s) encompasses new models of care and the importance of patient and public engagement moving forward.

4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in March, whilst this was welcomed they have requested further clarity regarding their involvement in the future in discussions with their respective models of care/practice groupings. Therefore, arrangements are being made for each group of PPG Chairs to meet with the CCG and the Group Lead(s) to discuss how this will be achieved and to ensure patients and the public are invited to share their suggestions on areas for improvement and take part in discussions about changes affecting patients.

5 RISKS AND IMPLICATIONS

Key Risks

7.1 The Primary Care Strategy Committee has in place a risk register that has begun to capture the profile of risks associated with the program of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise with the Governing Body.

Financial and Resource Implications

7.2 At this stage there are no financial and resource implications for the Governing Body to consider, representation and involvement from finance colleagues at committee and tasks and finish group level will enable appropriate discussions to take place in a timely manner.

Quality and Safety Implications

7.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme becomes more established is anticipated to be met with positive experiences of care. The quality team will be engaged accordingly as service design takes place and evaluation of existing care delivery is undertaken.

Equality Implications

7.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

Medicines Management Implications

7.5 The role of clinical pharmacist is an area of specific attention within the programme of work. A task and finish group has been established to ensure this role is utilised with maximum impact in the future.

Legal and Policy Implications

7.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.

Enclosure(s) Terms of Reference Practices as Providers
Terms of Reference Primary Care as Commissioners
Terms of Reference Workforce
Terms of Reference Primary Care Contracting

Name **Sarah Southall**
Job Title **Head of Primary Care**
Date **3 July 2017**

SLS/GBR-PCSC/JUL17/V2 FINAL

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**Salma Reehana**	**3.7.17**
Public/ Patient View	**Pat Roberts**	**3.7.17**
Finance Implications discussed with Finance Team	**NA**	
Quality Implications discussed with Quality and Risk Team	**NA**	
Equality Implications discussed with CSU Equality and Inclusion Service	**NA**	
Information Governance implications discussed with IG Support Officer	**NA**	
Legal/ Policy implications discussed with Corporate Operations Manager	**NA**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**NA**	
Any relevant data requirements discussed with CSU Business Intelligence	**NA**	
Signed off by Report Owner (Must be completed)	**Steven Marshall**	**3.7.17**

Wolverhampton CCG
Practices as Providers Task and Finish Group updated 12 06 2017

Terms of Reference

1. Introduction

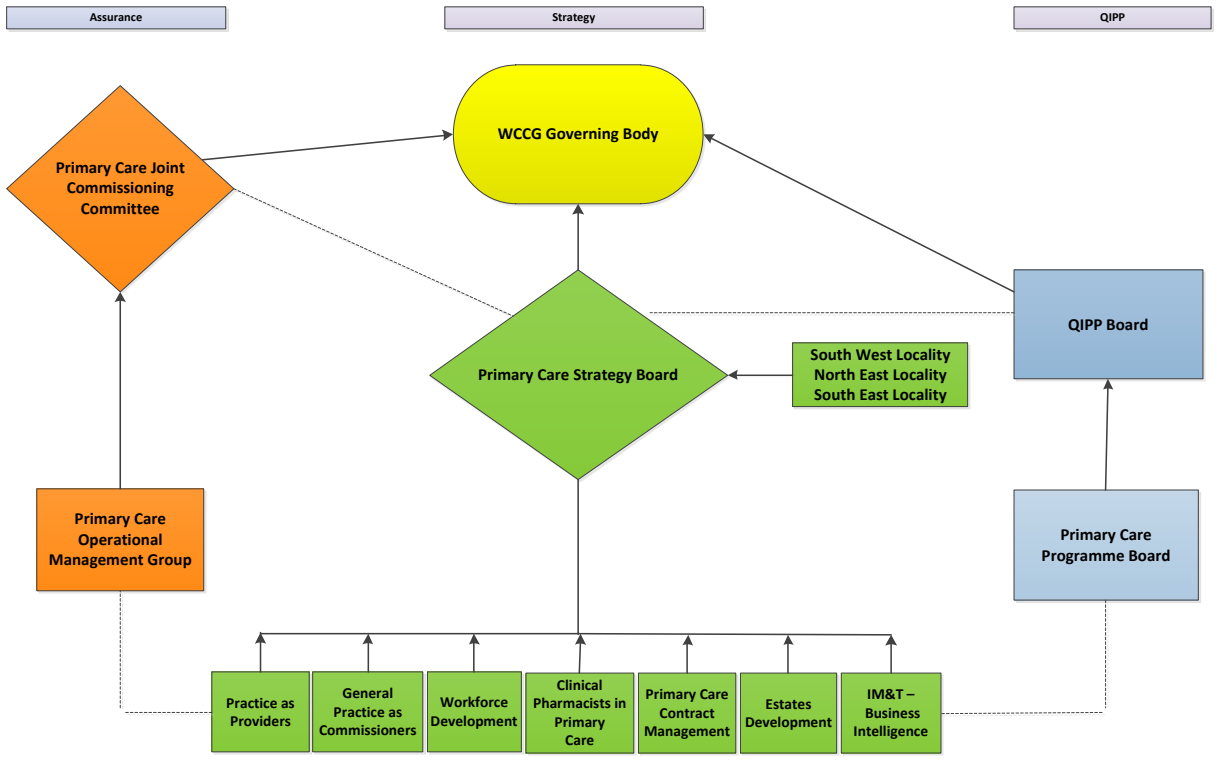
The aim of Practices as Providers Task and Finish Group is to develop GP Clinical Networks in line with GPs to encourage working relationships to strengthen boundaries across Primary and Community Care services in order to develop a Primary Care Model of Care. This is one of the key work streams within the Primary Care Strategy to ensure the Wolverhampton have a Primary Care Model that is resilient to future changes. The Task and Finish Groups role is to define and develop an understanding of infrastructure requirements to support the practices delivery including back office functions in order to support the approach of implementing the Primary Care Model of Care.

It has the responsibility to establish working relationships with practices to devise an approach of bringing practices together to support the movement of specialist care out of hospitals into the community, which is in line with the National Multi-specialty Community Provider (MCP) models of care.

The Task and Finish Group need to ensure information sharing and appropriate links with other Task and Finish Groups and the Better Care Wolverhampton Programme to ensure these interdependencies are aligned and working collaboratively to reduce the risk of duplication.

Its role is to achieve the transition from present way of working to the one set out by Strategy and then to ensure the new way of working becomes business as usual. Once this has been achieved the Task and Finish Group will be disbanded, unless there are on-going activities which exist beyond the transformation delivery duration.

Task and Finish Group Structure



2. Membership

Core membership will comprise of the following personnel:-

Primary Care Transformation Manager (Chair)
GP Locality Leads
New models of care representative
Head of Integrated Commissioning
LMC Representative
Solutions and Development Manager -Community Services

There may be occasions when other representatives are co-opted or invited to attend these meetings.

3. Meeting administration

3.1 The Chair, with the support of their Admin support, will be responsible for ensuring circulation of the agenda and papers of the Task & Finish Group at least three working days before the meeting.

3.2 Circulation of the minutes/action notes will be completed by the chair/admin support within five working days of the meeting to all members.

3.3 The action log will be maintained, monitored and chased by the Business and Performance Primary Care PMO Administrator and they will send reminders to all the T&F Group members prompting updates at least three working days before the meeting.

3.4 Following the meetings, the Chair will provide a highlight report based on key discussion points/ actions, to the Business and Performance Primary Care PMO Administrator within 3 working days, for presentation at the next Primary Care Strategy Committee.

4. Quoracy

4.1 Meetings of the group will be quorate if the chair and 2 other members are present. In the event of members being unable to attend meetings they must ensure they identify a nominated deputy to aid continuity of the program and discussions at the meeting. Where it is possible, the group will also conduct business 'virtually' to ensure that all members have the opportunity to comment on proposals.

5. Voting

5.1 The Task & Finish Group is expected to operate by consensus wherever possible. In circumstance where a decision cannot be reached, the chair will escalate the issue to the Primary Care Strategy Committee.

6. Frequency

Meetings will be held at monthly intervals.

7. Remit, duties and responsibilities

7.1 In light of the General Practice 5 Year Forward View the vision is to work with Localities/Clinical Networks to explore and test general practice models, which are fit for the future and demonstrate sufficient resilience to future challenges inclusive of:-

Practices collaborating to improve access

- Shared access to records
- Seven day services
- Practices coming together collaboratively to deliver out of hospital services
- Overseeing the implementation of initiatives aligned with the 10 High Impact Actions to release time to care:
    1 Active signposting
    2 New consultation types
    3 Develop the team
    4 Reduce DNAs
    5 Productive Workflows
    6 Personal Productivity
    7 Partnership Working
    8 Use Social Prescribing
    9 Self Care
    10 Build QI Expertise
- Practices undertaking GP Peer Review and referral management to reduce unwarranted variation

Integrating primary and community services
Development of Integrated Primary Care Model of care, place and population based approach, geographically coherent across localities, consisting of the following characteristics;

- Best Practice models
- MCP approach in line with national MCP framework
- Wider primary care team, with wrapped around community teams across Locality Hubs incorporating both health and social care provision as aligned with the Better Care Wolverhampton programme
- Risk Stratification and admissions avoidance for high risk individuals

Sharing of Back Office functions to enable practices working at scale including:

- Legal Advice
- Payroll
- Interpreting Services
- Supplies and Ordering
- Human Resource support
- IT, information sharing and clinical templates
- Standard set of policies and procedures
- Business intelligence and Data
- Medicine Optimisation and Prescribing Support
- Contract Management

8. Reporting

8.1 The Task & Finish Group will report to the Primary Care Strategy Committee on a monthly basis. The Primary Care Strategy Committee will oversee the programme of work for this, and all other Task and Finish Groups.

8.2 Workstream leads will need to ensure they alert each other if implications for another workstream are identified (which will be reflected in the highlight report).

9. Review of Terms of Reference

9.1 These terms of reference will be reviewed by the T&F group and Primary Care Strategy Committee annually to ensure the group is achieving its objectives and to ensure that key changes are being incorporated as required.

10. TOR agreed at:

Wolverhampton CCG
General Practice as Commissioners - Task and Finish Group

Terms of Reference

1. Introduction

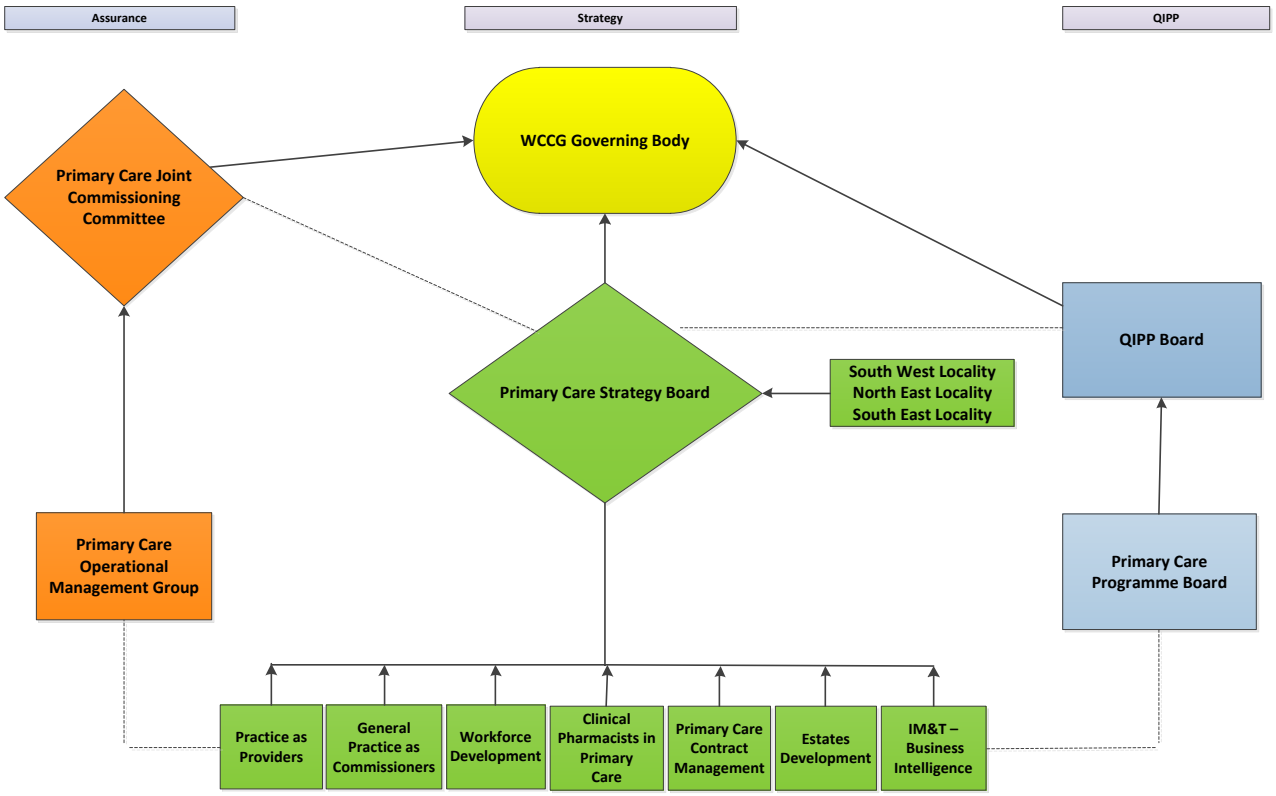
The General Practices as Commissioners Task and Finish Group has the responsibility to ensure the Localities/GP Groupings have the essential arrangements in place to deliver their functions effectively. The key areas to address include developing plans to address the following:

- Governance/Functions of Locality Meetings
- Commissioning and Contracting Cycle
- Commissioning within a predefined financial envelope that meets the needs of the Locality registered list.
- Monitoring and Quality
- Engagement and Development of Services
- Business Intelligence and Data

The Task and Finish Group need to ensure information sharing and appropriate links with other Task and Finish Groups and the Better Care Wolverhampton Programme to ensure these interdependencies are aligned and working collaboratively to reduce the risk of duplication.

Its role is to achieve the transition from present way of working to the one set out by Strategy and then to ensure the new way of working becomes business as usual. Once this has been achieved the Task and Finish Group will be disbanded, unless there are on-going activities which exist beyond the transformation delivery duration.

Task and Finish Group Structure:



2. Membership

Core membership will comprise of the following personnel:-

- Primary Care Transformation Manager (Chair)
- Nominated Locality Chair Representative
- Head of Strategy & Transformation
- Finance Representative
- IM&T/ Business Intelligence
- Primary Care Home (Wolverhampton Total Health Care nominated Representative)
- Operations Representative

There may be occasions when other representatives are co-opted or invited to attend these meetings.

3. Meeting administration

3.1 The Chair, with the support of their Admin support, will be responsible for ensuring circulation of the agenda and papers of the Task & Finish Group at least three working days before the meeting.

3.2 Circulation of the minutes/action notes will be completed by the chair/admin support within five working days of the meeting to all members.

3.3 The action log will be maintained, monitored and chased by the Business and Performance Primary Care PMO Administrator and they will send reminders to all the T&F Group members prompting updates at least three working days before the meeting.

3.4 Following the meetings, the Chair will provide a highlight report based on key discussion points/ actions, to the Business and Performance Primary Care PMO Administrator within 3 working days, for presentation at the next Primary Care Strategy Committee.

4. Quorum

4.1 The group will be quorate if the chair along with the nominated locality chair representative and a CCG lead are present.

4.2 In the event of other members being unable to attend meetings they must ensure a nominated deputy is identified to aid continuity of the program and discussions at the meeting.

5. Voting

5.1 The Task & Finish Group is expected to take most decisions by consensus. Where a decision cannot be reached, this will be escalated to the Primary Care Strategy Committee.

6. Frequency

6.1 Meetings will be held at monthly intervals.

7. Remit, duties and responsibilities:

7.1 The remit of this Task and Finish Group is to ensure all member practices are fully involved, particularly at locality level, and are engaged in developing the operating function of the Locality meetings and networks covering North East, South East and South West to be more commissioner led.

Pivotal to this is to strengthen collaborative working across the Localities and Clinical Networks in par with the CCG mission:

We will be an expert clinical commissioning organisation, working collaboratively with our patients, practices and partners across health and social care to ensure evidence-based, equitable, high quality and sustainable services for all of our population.

7.2 The three ways Member Practices are involved in the commissioning undertaken by the CCG on their behalf is:

- By participation the quarterly membership meetings
- By participation through localities
- By participation in focussed work to review present services and develop new services

7.3 Oversight and development of Localities as commissioners ensuring that the localities have appropriate arrangements in place to exercise their; functions effectively, efficiently and economically and in accordance with the localities terms of reference and governance.

This will include 5 key areas, detailed below:

Governance/Functions of Locality groups/ clinical network groups

- Ensuring structures, systems and processes are in place for locality groups to be involved in the decision making processes of the CCG.

    - Discussions held at Locality/ clinical network groups need to be recognised when recommendations and decisions are made at Programme Boards and Commissioning committees

    - Work to ensure that engagement at practice and locality level is maximised to ensure discussions at this level are truly reflective of the views of practitioners and teams delivering services.

Commissioning and Contracting Cycle

- Develop a yearly planning template to incorporate the localities and clinical network priorities for the year 2017/18 and beyond.

- Developing processes for commissioning-Extended Primary Care services schemes which will seek to increase the range of services delivered out of hospital, where indicated by local evidence

- Using relevant Contract clauses to full effect to increase the quality and cost effectiveness of all CCG held contracts and thus reduce risk

- Oversight of the application of the agreed pricing model for Primary Care Services

- To ensure that practice indicative budget statements are developed and rolled out. Work with practice teams to ensure that the statements are considered in local decision making.

- Encourage practices/ networks to identify any QIPP opportunities and develop these and include within clinical network delivery plans.

Monitoring and Quality

- Developing processes to ensure locality/ clinical networks monitor activity and spend against plan by contract through scrutiny of practice level or locality/ clinical network reports and consider responses and remedial actions where indicated.

- Embed the GP Peer Review Scheme across clinical networks to improve quality, cost and reduce variation in referral patterns across a range of clinical specialties where there is a high number of referrals from primary to secondary care.
  To enable this to take place, scrutiny of referral behaviours will be carried out by impartial experts e.g. GPs with special interests from outside of the CCG where applicable.

- Ensuring processes are in place to identifying service redesign/clinical pathway review opportunities to increase the range of out of hospital extended services.

Engagement and Development of services

- Ensure localities are involved in the development of commissioning intentions, CQUINS, QIPP projects and the overall service strategy of the CCG for all providers and agencies.

- Ensure localities are involved in the review and development of existing and new pathways and services.

- Clearly defined processes to enable Practices to feed back their and their patient's experience of using commissioned services.

Business Intelligence and Data

- Ensure there is a comprehensive range of reports/reporting formats for all data to be used at locality, clinical network and practice level. This includes:
    - Practice group level budget statements
    - Practice group level data dashboards utilising data held within the Primary Care Web-tool, Aristotle business intelligence, Public Health Observatory

- The development of locality dash boards and actively supporting the implementation of QIPP Plans, Quality Premium spending plans, Annual Operating Plan etc. as required by NHSE.

- Practice level intelligence should be collated and reviewed to determine clinical need and patient outcomes.

8. Reporting

8.1 The Task & Finish Group will report to the Primary Care Strategy Committee (frequency to be confirmed).

9. Review of Terms of Reference

9.1 These terms of reference will be reviewed by the T&F group and Primary Care Strategy Committee annually to ensure the group is achieving its objectives and to ensure that key changes are being incorporated as required.

Wolverhampton CCG
Workforce Development - Task and Finish Group

Terms of Reference

1. Introduction

The aim of the Workforce and Development Task and Finish Group is to deliver the vision of the Primary Care Workforce Strategy. The purpose of the group is to ensure the strategy is reflective of national and local influencing factors and is duly implemented to assist in achieving a sustainable workforce for Primary Care in Wolverhampton.

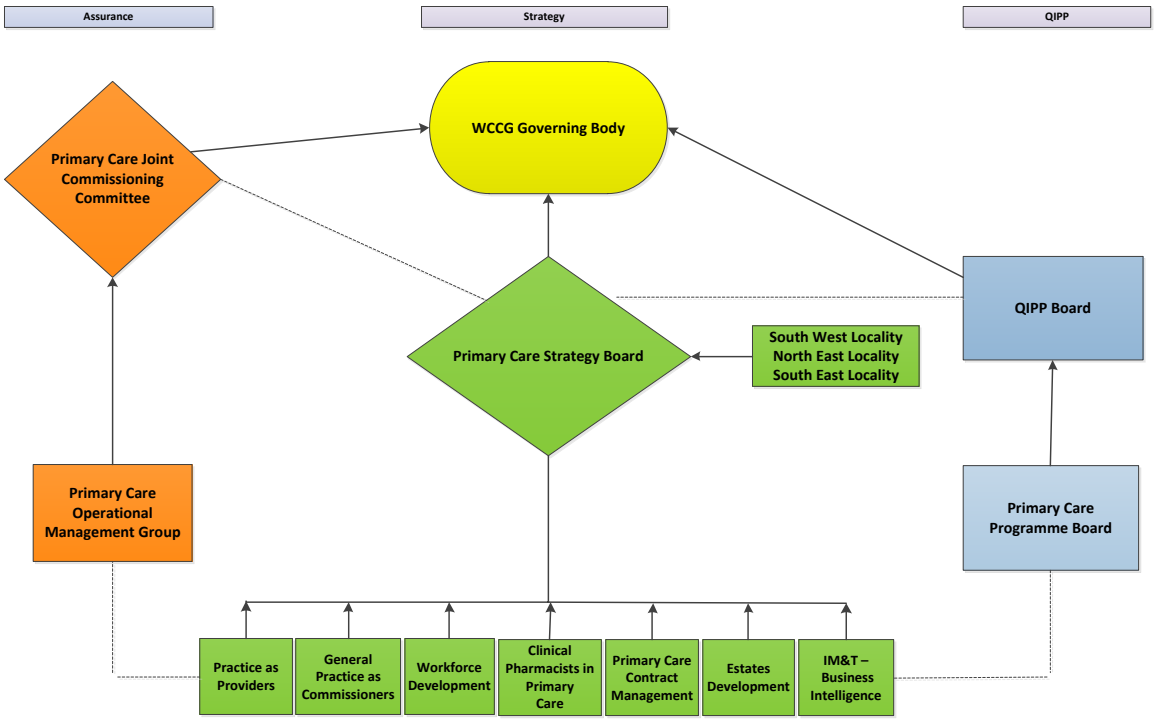
Through implementation of the strategy, gaps in clinical / non clinical roles will be redefined and strengthened, training and development needs will be proactively managed and recruitment and retention of a range of new roles advocated in the General Practice Five Year Forward View will also be introduced at practice level.

This is one of the key work streams within the Primary Care Strategy to ensure Wolverhampton CCG have a comprehensive plan in place to retain, strengthen and develop a sustainable Primary Care Workforce for the future.

Its role is to achieve the transition from the present way of working to the one set out by the strategy and to ensure the new way of working becomes an approach that is pro-actively business as usual.

The achievements of the Task and Finish Group will be reviewed periodically to ensure progression is taking place and to determine the future of the group.

Task and Finish Group Structure:



2. Membership

Core -
(Chair)
Primary Care Clinical lead (Vice Chair)
Primary Care Development Manager
GP Lead (Locality Lead)

Attendance on-request -

Health Education West Midlands - Primary Care Workforce Lead
Local Education Training Board – Primary Care forum reps
Vocational Training Scheme(s) - Programme Director

Representative from:

- Clinical pharmacist
- Appraisal lead
- Clinical Education for Practice Nurses
- Primary Transformation Manager/Head of Service
- University of Wolverhampton
- Social care
- Third sector
- Acute
- MH Provider
- New Models of Care / Localities
- LMC

3. Meeting Administration

3.1 The Chair, with support of their administrative support, will be responsible for ensuring circulation of the agenda and papers of the Task and Finish Group at least three working days before the meeting.

3.2 Circulation of the minutes/action notes will be completed by the chair/admin support within five working days of the meeting to all members.

3.3 The action log will be maintained, monitored and chased by the Business and Performance Primary Care PMO Administrator and they will send reminders to all the TandF Group members prompting updates at least three working days before the meeting.

3.4 Following each meeting, the Chair will ensure the respective workbook for the programme of work is duly updated for assurance to the responsible committee. The workbook will be provided directly to the Business and Performance Primary Care PMO Administrator within 3 working days, for presentation at the next Primary Care Strategy Committee.

4. Quorum

4.1 Two of the following must be present from the core membership to enable meetings to take place:-

xx (Chair)
Primary Care Clinical Lead
Primary Care Team Representative
GP Lead (Locality Lead)

Decision making will be ratified by Primary Care Strategy Programme Board.

5. Voting

5.1 The Task and Finish Group is expected to take most decisions by consensus, where a decision cannot be reached this will be escalated to the responsible committee.

6. Frequency of Meetings

6.1 Monthly

7. Remit, duties and responsibilities

7.1 The overarching role of this group will be to:

- In view of the changing landscape, review and update the Primary Care Workforce Strategy covering all staff groups spanning both clinical and non-clinical roles within Primary Care. All in accordance with the CCGs Primary Care Strategy (2016) and General Practice Five Year Forward View (2016).
- Review and update the current implementation plan and continue to deliver the aims of the Strategy through the Plan.
- Assume responsibility for implementation of the strategy at practice group/locality level whilst striving to achieve a more resilient workforce for the future.
- Identify any risks likely to have an impact on the delivery of the strategy and ensure early mitigation plans are in place and reported to the responsible committee in a timely manner.
- Ensure that the programme of work for the task and finish group is reflective of all corresponding expectations for the primary care workforce as advocated in the General Practice Five Year Forward View and Primary Care Strategy.

- Pro-actively undertake workforce analysis at regular intervals to inform the workforce plan achieving a mutli professional workforce. The plan should be owned at practice group/locality level and due consideration given to the recruitment, retention and development of personnel across all staff groups.
- Regularly review training and development needs spanning all staff groups to ensure identified needs and skill mix are reflected in workforce plan(s), overseen by the task and finish group.
- Ensure a strong correlation between skill mix and health care need through focussing on population health, prevention and innovative ways of delivering care to patients through multi-disciplinary team working with health and social care partners i.e. community teams, also including mental health therapists.
- Develop a recruitment programme to attract and recruit personnel to work in Wolverhampton offering the necessary training and development to train them locally in the city, this also includes trainees and development of existing employees.
- Encourage and support those living in the area with suitable qualifications to work in primary care, maximising their employment potential i.e. hours, working at scale and seven day working.
- Establish and maintain strong links with stakeholder educational establishments to aid implementation of the strategy and achievement of a sustainable primary care workforce.
- In response to the General Practice Forward View work closely with the Black Country STP to respond to a range of projects and approaches on an STP footprint to secure value for money and greater quality through at scale development and delivery
- Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups, linked to the Workforce Strategy. Draw upon the expertise of the Comms Department to support the planning of engagement and events.
- Through work with practice groups/localities create a working environment that encourages trainees to remain in Wolverhampton
- Develop a primary care workforce dashboard based on the principles of the Primary Care Workforce Strategy and General Practice Five Year Forward View to routinely monitor the progress and identify early warnings where shortfalls/risks affecting the workforce can be identified and mitigated at the earliest opportunity.

- Provide assurance in the form of highlight reports or workbook updates to the Primary Care Strategy Committee following each Task and Finish Group Meeting.
- Identifying and securing resources internal and external to WCCG to support the implementation of the strategy through strong partnership working.
- To ensure sound information sharing among other task and finish group leads to aid effective implementation of the Workforce Strategy and strong allegiance with wider implementation of the Primary Care Strategy.

7 Reporting

7.1 The Task and Finish Group will report to the Primary Care Strategy Committee/ Board following each meeting providing a formal update on all respective areas of the work programme.

7.2 Workstream leads will need to ensure they alert each other if implications for another workstream are identified (which will be reflected in the highlight report/workbook updates).

8. Review of Terms of Reference

9.1 These terms of reference will be reviewed by the T and F group and Primary Care Strategy Committee annually to ensure the group is achieving its objectives and to ensure that key changes are being incorporated as required.

9. Terms of Reference Approval

The Terms of Reference will be agreed within the Task and Finish Group as well as the Primary Care Strategy Committee/Board.

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Wolverhampton CCG
Primary Care Contract Management - Task and Finish Group

Terms of Reference

1. Introduction

The Task and Finish Group has been up and running for approximately 12 months. On 12th May 2017, a deep dive meeting took place to review progress of the group. The summary points from this are as follows:
Two out of three key deliverables have been achieved. These are;

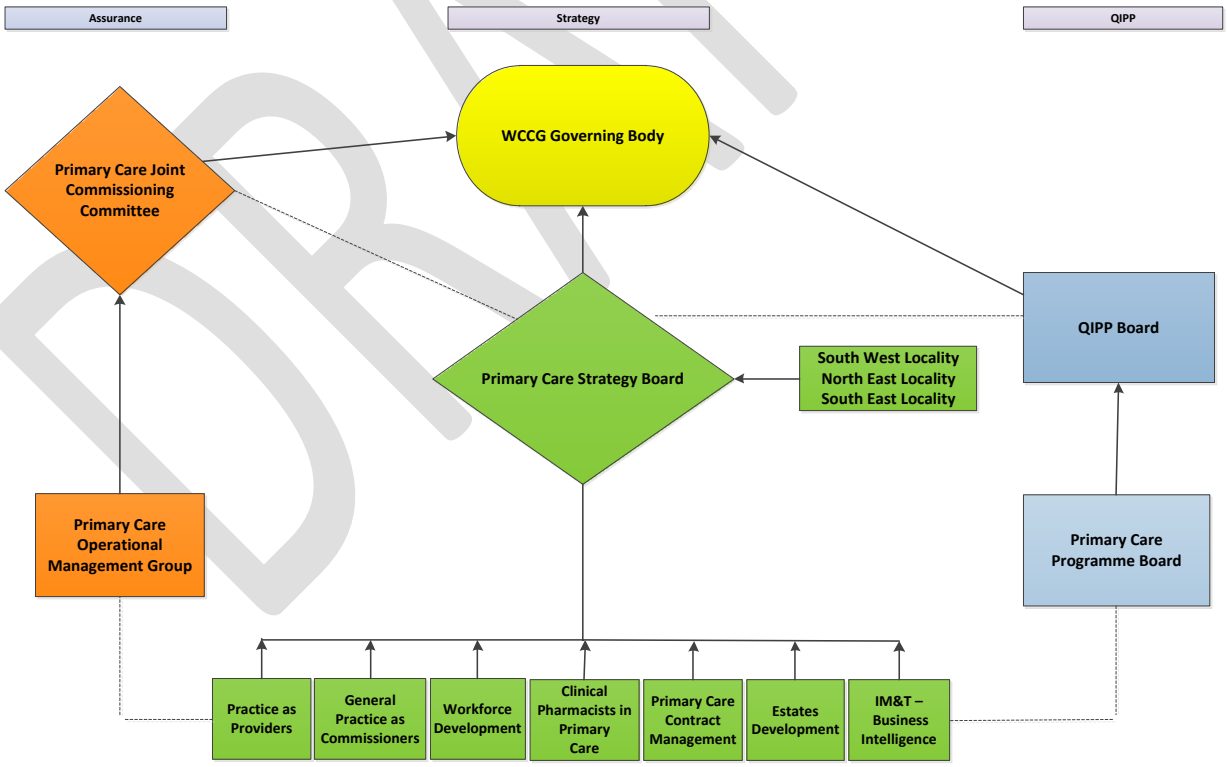
- *Collaborative Working between NHSE, CCG and Public Health*
- *Progression to Fully Delegated Commissioning*

The third area of delivery for the group is the development of the New Models of Care. The Task and Finish Group will be one of the key mechanisms to support implementation and delivery of virtual Alliance Incentive-based Contract spanning secondary and primary care.

It was agreed this needed to become the main focus for the next 12 months and the Terms of Reference and programme of work need to be amended accordingly.

This version of the terms of reference aims to reflect the revisions referenced above.

Task and Finish Group Structure:



2. Membership

Head of Contracting and Procurement (Chair)
Head of Primary Care
Primary Care Contracts Manager
GP Representative(s)
Local Authority Representative (Commissioning Manager for Public Health)
Finance Representative (specific rep to be confirmed)

*This was a recommendation from the Deep Dive meeting given the focus on the Virtual MCP contract and the need to ensure appropriate links between contracting and finance.

Other people will be co-opted as required, for example the CCG's Corporate Operations Manager for advice on Governance issues, the Director of Strategy and Transformation for advice on strategic direction and the Equality and Diversity Lead.

3. Meeting administration

3.1 The Chair, with the support of their Admin support, will be responsible for ensuring circulation of the agenda and papers of the Task & Finish Group at least three working days before the meeting.

3.2 Circulation of the minutes/ action notes will be completed by the chair/ admin support within five working days of the meeting to all members.

3.3 The action log will be maintained, monitored and chased by the Business and Performance Primary Care PMO Administrator and they will send reminders to all the T&F Group members prompting updates at least three working days before the meeting.

3.4 Following the meetings, the Chair will provide a highlight report based on key discussion points/ actions, to the Business and Performance Primary Care PMO Administrator within 3 working days, for presentation at the next Primary Care Strategy Committee.

4. Quoracy

4.1 There should be a minimum of 4 people in attendance (including the chair) for the meeting to be quorate. A representative from each organisation should be present as far as possible. Members should nominate a deputy to attend in their absence.

5. Frequency of meetings

5.1 The meetings will be held monthly

6. Remit, duties and responsibilities

6.1 Key objective - oversight and development of a New Model of Care (in line with the Five Year Forward View) with the aim of achieving effective contract management to ensure high quality of service provision.

6.2 Context

- There is a strong push from NHSE to establish a MCP/ PACS approach and find a workable local solution
- The solution must not lead to de-stabilisation of local providers, in particular RWT
- There is a strong consensus amongst local GPs to retain their GMS contracts and the majority of GPs do not wish to vertically integrate
- There is a lack of clarity over community services commissioned from RWT
- A joint executive meeting between the CCG and RWT took place in May, at which future contracting models formed the basis of the agenda. There was agreement reached in principle to put in place a virtual alliance contract.

6.1.1 Implementation of a Virtual Alliance Contract

- Ensure collaborative working approach across the Health Economy
- Review and appraise national guidance on MCP/ PACS contracting models
- Learn from other areas who have implemented change in this area, for example Bolton CCG implemented a radically different outcomes based contract with their local acute trust which moved them away from PbR.
- Agree scope of services to be included in the virtual contract
- Agree different incentive categories ie activity reduction, cost reduction, risk/ gain share, fixed income and which service groups should be allocated to each.
- Clearly identify the contracting mechanisms to be used.
- Identify risks on an ongoing basis
- Implement virtual contract by 1 April 2018.

6.1.2 Development of New Models of Care.

- Recognise new and emerging models of care (eg VI/ PCH) and the need for appropriate contracting approaches for these.
- Ensure clearly defined contract review arrangements are consistent with the CCG's wider contract review programme (collaborative model)

7. Reporting

7.1 The Task & Finish Group will report to the Primary Care Strategy Committee. Documentation to be completed and presented to the Committee includes monthly progress assurance updates via the workbooks, implementation chart and control documents/ exception reports.

7.2 Workstream leads will need to ensure they alert each other if implications for another workstream are identified (which will be reflected in the highlight report).

8. Review of Terms of Reference

8.1 These terms of reference will be reviewed by the T&F group and Primary Care Strategy Committee annually to ensure the group is achieving its objectives and to ensure that key changes are being incorporated as required.

9. TOR agreed at:

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
4th July 2017

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Manjeet Garcha
PURPOSE OF REPORT:	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	• Overview of Primary Care Activity
RECOMMENDATION:	Assurance only
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Providing information around activity in primary care and highlighting actions taken around management and mitigation of risks
2. Reducing Health Inequalities in Wolverhampton	N/A
3. System effectiveness delivered within our financial envelope	N/A

1. BACKGROUND AND CURRENT SITUATION

This report provides an overview of primary care activity in Wolverhampton and related narrative. This aims to provide an assurance of monitoring of key areas of activity and mitigation where risks are identified.

2. INFECTION PREVENTION

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link for primary care. Information for this month's visits and audits are shown below.

IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

Site	Date	Overall audit
Dr Fowler Practice	**10/5/2017**	**91%**

The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:

- Waste
- Equipment
- IP Management
- Environment
- Sharps
- PPE
- Minor Surgery Room
- Practice Nurse Room

3. MEDICINES ALERTS

Healthcare professionals are informed about the alerts via a monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches are used to inform healthcare professionals where appropriate.
Click to view Tablet Bytes
Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme (www.mhra.gov.uk/yellowcard).

4. FRIENDS AND FAMILY TEST

The figures for June FFT submissions (May 2017 figures) are shown below.

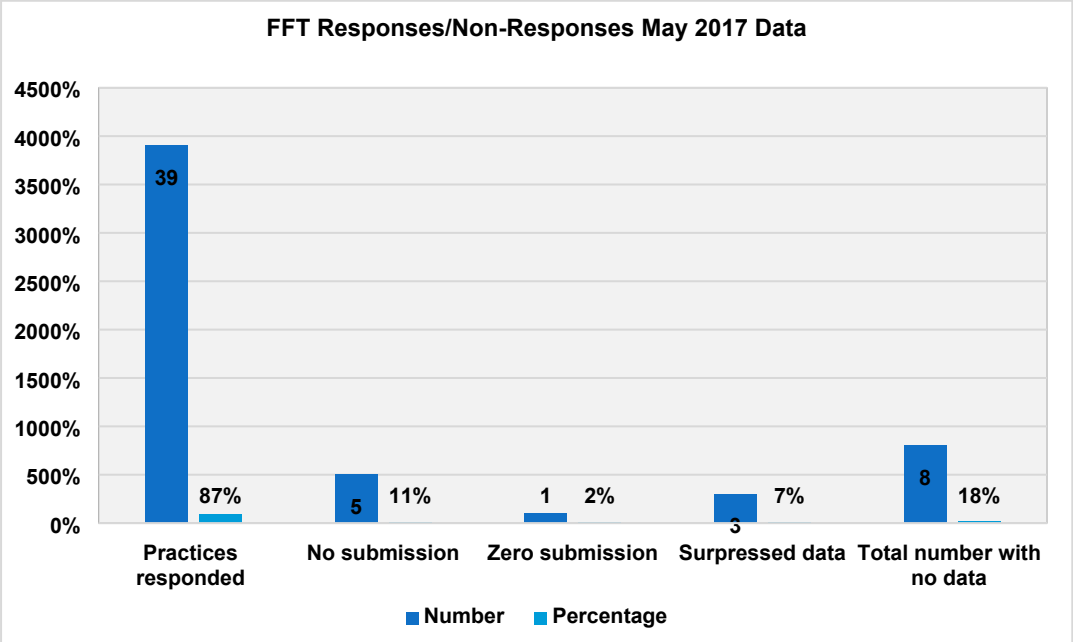
GP FFT	Submission for June 2017 (April 2017 data)		
	WCCG	West Mids	England
Percentage Recommended	84%⇧	90%⇧	89%⇔
Percentage Not recommended	6%⇔	5%⇔	6%⇧

Overall response % of total list size	0.7%⇧	0.6%⇧	0.4%⇧

Wolverhampton CCG		
	Number	**Percentage**
No of Practices with "no data"	5	11%⇩
No of Practices had data suppressed *(returns with less than 5 responses are not included in the final analysis by NHSE)*	3	7%⇩
No of practices with zero responses	1	2%⇩
Total number practices with no data	8	18%⇩

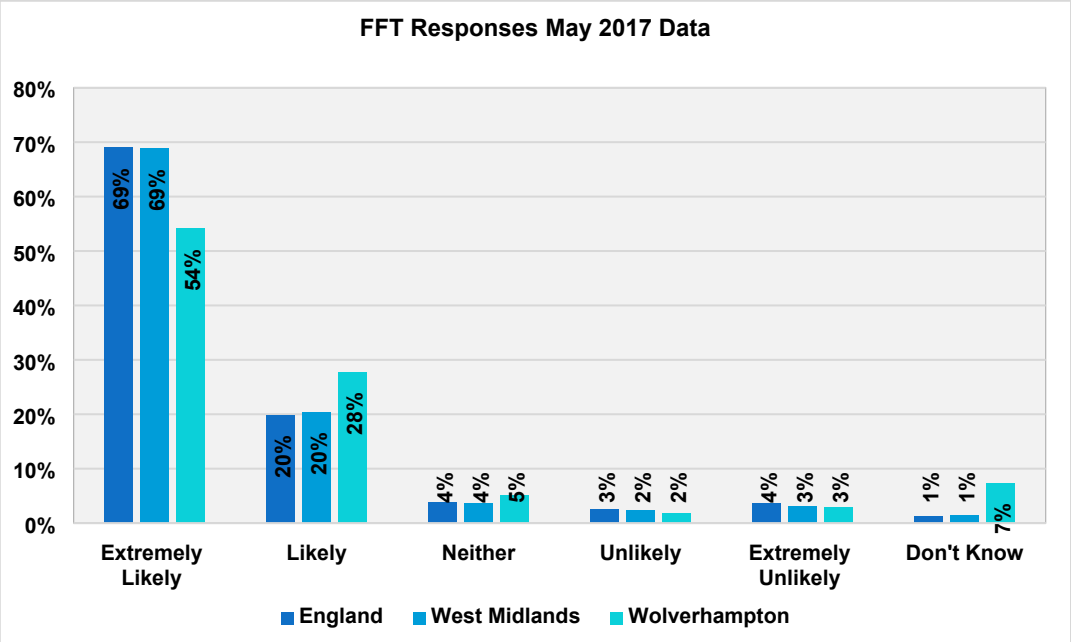
Overall practices with no data available is improved on last month (18% to 33% and on May 36%), this again shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis. NHS England Quality team continue to provide input into FFT and Gill Shelley Primary Care Contract Manager has been in contact with practices that have failed to submit data. Work continues with PPGs and with Sheila Gregory's team around technological solutions to improve uptake. Liz Corrigan also continues to liaise with practices and with the Primary Care Team to encourage promotion of FFT and to look at ways to facilitate this. It must however be appreciated, that FFT percentages relate to the whole population and not just the number of individuals who have had a GP appointment, and it also relates to children, and adults who may not be able to complete the questionnaire themselves, relying on a third party to do so.

The numbers/percentages of submission and non-submission are shown below:

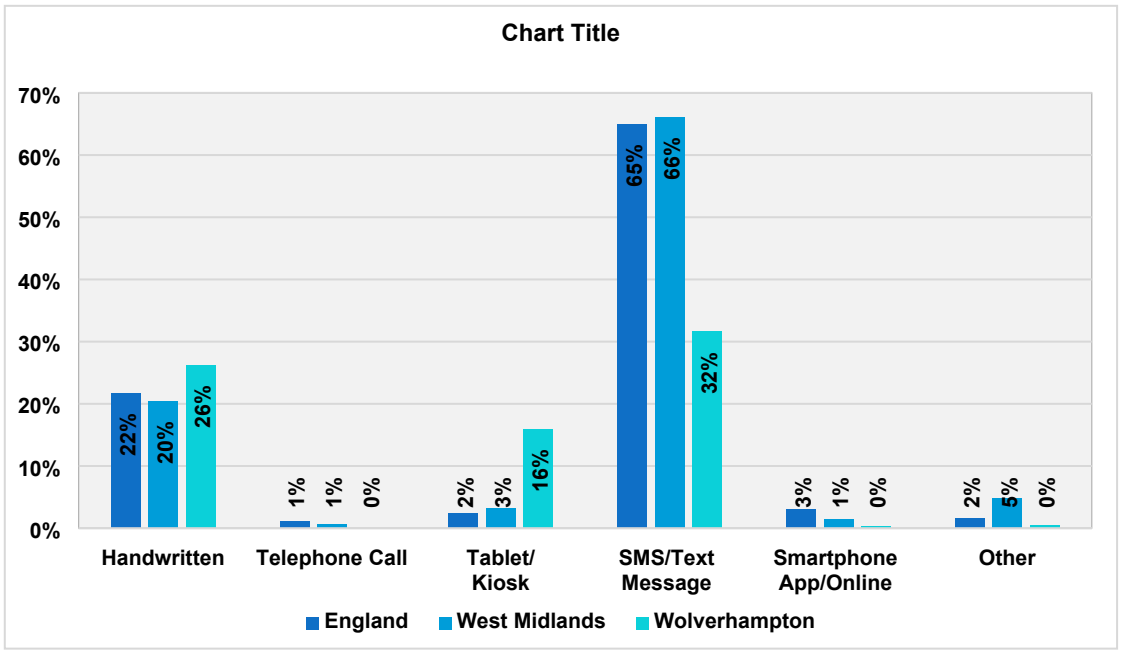


Overall response for WCCG as a proportion of list size was 0.7% which had increased from 0.5%.

FFT Ratings:
82% of responses were positive (extremely likely or likely with all practices providing a response in this category), 5% (responses from 26 practices) were unlikely or extremely unlikely to recommend which is the same as last month, although more practices received a negative response. Overall 12% of respondents also gave a neither or don't know answer to this question which is the same as last month, once again figures are low and fluctuate on a monthly basis and it is difficult to draw firm conclusions.



Method of Response:
This month the majority of responses have come via SMS text message with handwritten cards in second place and a significant increase on responses via tablet/kiosk reflecting an effort by the CCG to promote this within practices. Responses via SMS are lower than the national average but on a par with the regional average.

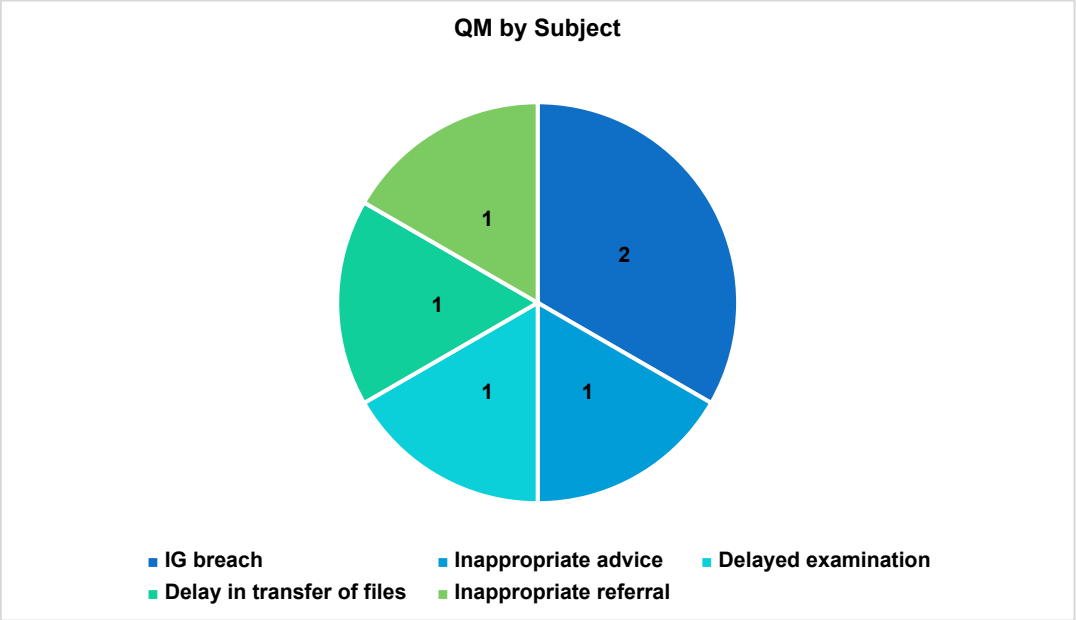


5. QUALITY MATTERS

Activity via the Quality Matters process is shown below, this is reviewed monthly. Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

New	0
On-going	5
Closed	0

Quality Matters themes are shown in the chart below:



6. COMPLAINTS

No complaints or compliments relating to primary care are noted for the CCG. NHS England Primary Care complaints data next due at the end of Quarter 2.

7. NICE/CLINICAL AUDIT

The NICE assurance group met on the 17th May 2017 where the latest guidelines were discussed. Guidance relevant to primary care is shown below. For the latest list of published guidance please see this link.

Guidance
CG95 - Chest pain of recent onset: assessment and diagnosis
NG60 - HIV testing: increasing uptake among people who may have undiagnosed HIV

QS140 - Transition from children's to adults' services
QS141 - Tuberculosis
NG63 - Antimicrobial stewardship: changing risk-related behaviours in the general population
CG146 - Osteoporosis: assessing the risk of fragility fracture
QS86 - Falls in older people
QS143 - Menopause
QS139 - Oral health promotion in the community

8. CQC INSEPECTIONS AND RATINGS

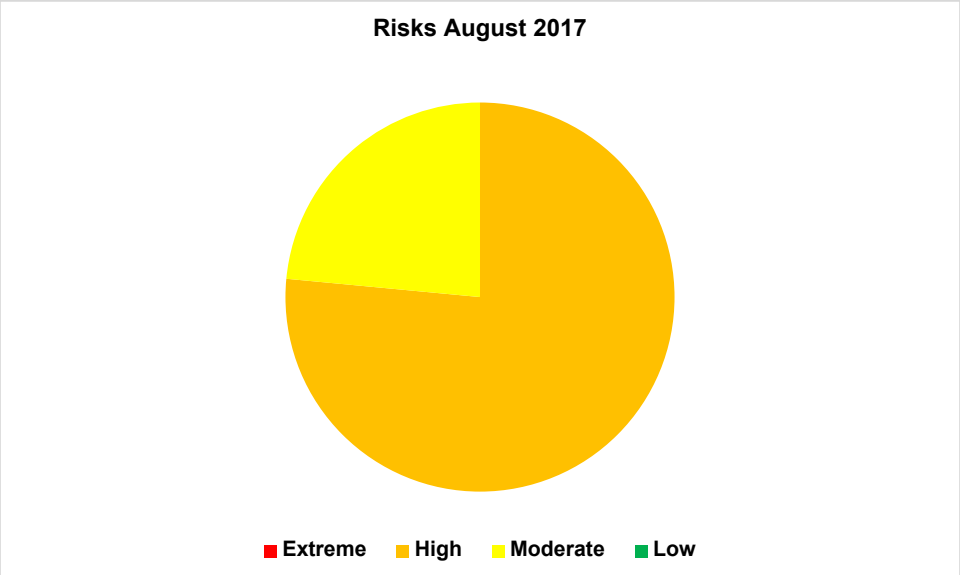
Most recent inspections are shown below with rating and link to the full report, CQC continue to liaise with the CCG around inspections and ratings.

Site	Date	Rating
Woden Road Surgery	13/7/2017	Good
Tettenhall Medical Practice	5/7/2017	Requires Improvement
Bilston Urban Village Medical Centre	9/7/2017	Good
Drs Bilas & Thomas	19/7/2017	Good
Hill Street Surgery	19/7/2017	Good

9. RISK REGISTER

Risks relating to primary care are recorded on Datix and monitored on a monthly basis by the Quality and Risk Team, with mitigation and actions discussed via Primary Care Operational Management Group and Quality and Safety Committee. The current risk status is shown below

Rating	Number	Percentage
Extreme	0	0%
High	13	76.5%
Moderate	4	23.5%
Low	0	0%
Total	17	
Confidential risks	0	



10. WORKFORCE

The TNAs continue in their course as do the nurses undertaking Fundamentals of Practice Nursing.

A workshop for RN apprenticeship was on July 18th at the University of Wolverhampton and a meeting was also be held on the same day launching the GPN Development Plan and examining how providers, commissioners and Community Education Provider Networks. The action plan and funding allocation was not released as expected, this will be announced via NHS England in August.

GPFV training programmes continue and include Care Navigator and Reception Staff training and Practice Manager training. Funding allocation for practice nurse and ACP courses will be finalised in August, 2 individuals have applied for Fundamentals in Practice Nursing and 4 for ACP course.

A workforce gap analysis has been undertaken by the primary care home and medical chambers project managers and a further training needs analysis and action plan are underway.

11. CLINICAL VIEW

Not applicable

12. PATIENT AND PUBLIC VIEW

Not applicable

13. KEY RISKS AND MITIGATIONS

See section 9.

14. IMPACT ASSESSMENT

Not applicable.

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
Tuesday 1st August 2017

TITLE OF REPORT:	Primary Care Operational Management Group Update
AUTHOR(s) OF REPORT:	Mike Hastings, Director of Operations
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide the Committee with an update on the Primary Care Operational Management Group.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• The IT Migration has now been completed for Showell Park and Dr Kharwadkar. • Friends and Family Test (FFT) completion rates have improved this month. The Primary Care Contract Manager will be contacting those Practices who fail to produce this data. • General Practice Forward View implementation plan was reviewed with good progress across the programme of work. Lessons have been learned from the Christmas and Easter Bank Holiday opening and these will be applied to the forthcoming August bank holiday dates.
RECOMMENDATION:	The Committee are asked to note the progress made by the Primary Care Operational Management Group.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Operational Management Group monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Operational Management Group work with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Operational issues are managed to enable Primary Care Strategy delivery.

1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Operational Management Group met on Monday 17th July 2017 and this report is a summary of the discussions which took place.

2. MAIN BODY OF THE REPORT

2.1. Review of Primary Care Matrix

Thornley Street Medical Practice have contacted the CCG to request to subcontract delivery to the Royal Wolverhampton NHS Trust (RWT). The practice are one of those previously receiving Personal Medical Services money which is coming to an end and so they are feeling financial pressures. The request will be taken to the Primary Care Commissioning Committee.

The CCG has been made aware by NHS England that concerns have been raised regarding VI practices and so a meeting has been set up by NHS England to include the CCG and RWT as soon as practical.

2.2 IT Migration Plan

Showell Park and Dr Kharwadkar are now complete. The next practices scheduled to migrate to EMIS Web are Castlecroft and Coalway Road, the dates of these are to be agreed with the practices. There is also a merger being planned for Grove and Dr Mundlur.

2.3 Estates Update/Local Estates Forum

Currently working with Grove, All Saints, Caerleon and Dr Mundlur on a possible practice merger. The proposed option to extend into the car park at Grove Medical Centre to increase the gross internal area has been closed due to planning issues.

Black Country wide Estates support Service Level Agreement is being tested by solicitors prior to a full support offer being made to the CCG. It is hoped that a proposal will be made this month.

2.4 Primary Care Quality Update

Friends and Family Test (FFT) was discussed. The completion rates have improved this month. Those practices which continually fail to produce the numbers will be highlighted to the Primary Care Contract Manager who will then liaise with the practices. A discussion took place around the reasons for doing FFT and how the outcomes can be put to good use by practices. Some work will begin to share best practice for collection of data and using that data for good use.

The majority of Care Quality Commission visit outcomes are rated as 'good'. The Head of Primary Care is keen to implement a programme to lift all practices to 'Outstanding'.

2.5 **Demand Management Plan/Referral Diversion**

The plan is due to be refreshed and will be done by the new Primary Care Project Manager when they start at the beginning of August.

2.6 **General Practice Forward View Update**

The implementation plan was reviewed with good progress across the programme of work. A review has been carried out of extended access over bank holidays. Take up was variable dependent upon how much communications the practice had carried out prior to the extended opening. Lessons have been learned from the Christmas and Easter opening and these will be applied to the forthcoming August bank holiday dates. Specifically these relate to the promotion of the availability of appointments. Assurance was given that all of the necessary IT access is now in place for GPs to access records of patients not registered at their practice.

2.7 **Child Health Information System (CHIS)**

Public Health gave an update on the CHIS. Following their investigations into issues identified with regard to records not updating, it transpires that the issue is not as widespread as first thought. Their team has been working with the provider of the system and with data specialists at the CCG and they are increasingly confident that this is now mitigated as a risk.

2.8 **Patient Choice Update**

As RWT move towards being paper free by the Summer of 2018 they are introducing more direct booking onto E-RS. Over the last few months the Trust have introduced a new process to book 2ww cancer appointments which involves practices also sending the trust the Unique Booking Reference Number in an email for each appointment made. Feedback from GPs has not been good and so a meeting has been set up between Operations, Local Medical Committee and cancer services to go through the process and look for alternative processes.

CLINICAL VIEW

3.1 A clinical representative from LMC attends the meetings and gives views on all discussions.

3. PATIENT AND PUBLIC VIEW

3.1. Patient and public views are sought as required.

4. KEY RISKS AND MITIGATIONS

4.1. Project risks are reviewed as escalated from the programme.

5. IMPACT ASSESSMENT

Financial and Resource Implications

5.1. The group has no authority to make decisions regarding Finance.

Quality and Safety Implications

5.2. A quality representative is a member of the Group.

Equality Implications

5.3. Equality and Inclusion views are sought as required.

Legal and Policy Implications

5.4. Governance views are sought as required.

Other Implications

5.5. Medicines Management, Estates, HR and IM&T views are sought as required.

Name: Mike Hastings
Job Title: Director of Operations
Date: 20th July 2017

NHS
Wolverhampton
Clinical Commissioning Group

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Mike Hastings**	**27.07.17**

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healthwatch Wolverhampton

Engaging Communities
Inspiring Change, Improving Outcomes

Healthwatch Wolverhampton

GP Access: Patient experiences in Wolverhampton

April 2017

Contents

Project Brief

Healthwatch Wolverhampton relies on feedback from the public to inform its work priorities for the year ahead. For the year 2016/17, Wolverhampton residents informed us that a priority area to review was GP access. Access to GP's has been a recurrent theme in the patient feedback data we have received and the interest in this area is often highlighted as a negative aspect of patient experience. The purpose of this report is to clarify the public perception and experience, often reflected in the media, of problems accessing GPs.

Nine out of ten public interactions with the health and social care systems are through primary care, including GP services.[1] Accessibility issues are frequently attributed in a lack of available appointments, with patients often explaining that they are having to wait up to two weeks or more for an appointment with their GP, yet national research has demonstrated that patients with more timely access to GP appointments make fewer visits to A&E departments[2]. There have been a number of other Healthwatch studies nationally carried out in response to perceptions that there are issues affecting access to GP services. These include long waiting times for appointments; inflexible booking systems and rigid surgery hours. In March 2015 Healthwatch England brought together the findings of a number of studies by

[1] (Department of Health (2012) Primary Care. Available at http://www.dh.gov.uk/health/category/policy areas/nhs/primary-care/)

[2] (T.E Cowling et al. "Access to Primary Care and Visits to Emergency Departments in England: A Cross Sectional Population-Based Study. PLOS One (2013).)

different Healthwatch saying that access to primary care services, including GP's was the public's number one health concern. The findings of local Healthwatch when they have gone out and talked to consumers has often been at odds with the findings of the Patient Surveys and have led to Healthwatch England questioning the top level findings of the survey. The survey in 2015 showed that 85 per cent of respondents were satisfied with their GP practice, however, by talking to people, Healthwatch has identified significant issues with access and experience.

Healthwatch Wolverhampton has received feedback from the public on GP access, with common issues including difficulties encountered when booking appointments, a lack of appointment availability and communication problems. However, some feedback received by Healthwatch also provides patient experiences of areas of good practice that should be shared.

Our Aim

We wanted to understand people's experiences of making GP appointments and be equipped with a greater understanding and body of evidence to identify where problems exist and suggest improvements that will benefit the local community, as well as service providers. The findings of this project may inform future Healthwatch projects for further in depth analysis of GP accessibility.

The project outcomes will help to inform recommendations which can contribute towards improving the commissioning, delivery and monitoring of GP services and contribute to recommendations for service improvement to ensure patients are accessing the most appropriate service for their needs.

How did we go about it?

Healthwatch staff and our trained volunteers conducted surveys of patients at a variety of locations throughout the city, including community centres, GP surgeries, local events and at New Cross Hospital throughout December 2016, January and February 2017. The survey was also sent out online to our volunteers and partner organisations and distributed through Facebook and on Twitter.

We talked directly with patients who called us on the phone to share their experiences and also in person.

In total, we heard from **379 patients** from the following GP practices across the city:

- All Saints Surgery
- Alfred Squire Surgery
- Ashfield Road Surgery
- Ashmore Park Health Centre
- Bilston Health Centre
- Bilston Medical Centre
- Bilston Urban Village
- Bradley Medical Centre
- Cannock Road Medical Practice
- Castlecroft Surgery
- Church Street Surgery
- Coalway Road Surgery
- Duncan Street Surgery
- East Park Medical Practice
- Ettingshall Medical Centre
- Keats Grove Surgery
- Lea Road Medical Practice
- Leicester Street Medical Centre
- Lower Green Health Centre
- Marsh Lane Surgery
- Mayfield Medical Practice
- Primrose Lane Surgery
- Probert Road Surgery
- Thornley Street Surgery
- Tudor Medical Centre
- Warstones Health Centre
- Whitmore Reans Health Centre
- Woden Road Surgery

What did we learn?

We surveyed **379 patients** to gather their views of accessing their GP and this is a summary of the findings:

- 61% of people had visited their GP within the last 3 months. Only 7 % had not visited within the last year.
- 73 % of patients rated their overall experience of their last visit as either good or very good.
- 79% of respondents usually book their GP appointments by phone.
- 61% of respondents stated it was either easy or fairly easy to get through to the GP practice on the phone, although
- 37% of people stated it was not easy at all to get through on the phone when trying to book an appointment.
- 39% of patients stated they are always given a choice of appointment time when they book to see their GP.
- When making an appointment 52% of people said the receptionist asks them the reason they need the appointment.
- When in the reception area, 33% of patients stated that other patients could overhear their conversations with the reception staff and they were unhappy about this.
- 72 % of respondents stated they knew how to contact an out of hours GP service when their surgery is closed, but 28% of patients did not know who to contact.
- When asked if their GP practice was open at times that were convenient,
- 76% of respondents confirmed that opening times were convenient, but 18% of respondents stated that opening times were not convenient at all.

- When asked which additional opening times would make it easier to see or speak to someone at the GP surgery, the most commonly reported answers were after 6:30pm (24%), before 8am (24%) and on a Saturday (20%). Additionally, 12% answered that opening at lunchtimes would make it easier and 3% answered they would like their surgery to be open on a Sunday.

- 69% of respondents were not aware of the complaints process within the GP surgery.

- When referred to hospital, 32% of respondents reported having a choice of which hospital they would like to go to. However 38% of respondents were not given a choice.

What did people tell us?

The details...

- I don't think the GP reception staff should ask what your problem is
- The reception staff are excellent
- There is no privacy when I need to speak to the receptionist. People can overhear and it makes me embarrassed
- You have to phone at 8am the same day for an appointment else it can be two weeks' wait
- If when I call I can't get an appointment for the same day, I am offered a call back later on in the afternoon
- The phone is engaged a lot of the time. You have to keep trying
- I'm unsure how to see a Doctor- I don't know if you're supposed to call on the day or book in advance
- GP's need to have British Sign Language (BSL) interpreters more readily available and not assume Deaf patients do not require an interpreter or that a family member can be there instead of a trained interpreter
- Sometimes, the BSL interpreter does not turn up to my appointments
- I have been with my practice since last March, but never seen a GP. I always get a Nurse Practitioner- I want to see a GP but there are no appointments
- I see a different GP every time I go for an appointment
- I think the GP surgeries should be open longer hours; it's hard if you work in the week to get an appointment
- I needed an appointment with a phlebotomist, but they are not there every day so I had to wait until they were next in the surgery
- A facetime service out of hours would be useful as it is easier for me to speak with someone after work in the evenings which I could do from home

Our recommendations

1) Patients expressed frustration when trying to telephone the surgeries at busy times. As most patients confirmed they currently book appointments on the telephone, online booking should be promoted to patients with support to help them register online if needed

2) Offer a range of ways to book appointments for people who work or have other issues

3) Effectively publicise extended opening hours, pre-bookable appointments, online appointment booking and interpretation services or British Sign Language for patients if required

4) Ensure that information regarding booking British Sign Language interpreters is made readily available to patients and staff are also aware of the process to follow if an interpreter is required. Offer Deaf awareness training to all staff.

5) Have systems in place that listen and respond to patient feedback, also ensuring that all patients are aware of Patient Participation Groups and how they can join

6) Ensure that all patients are given a choice of where they are to be referred to in accordance with the Choice agenda

7) Ensure that all patients can easily access information on how to make a complaint and also advocacy services should they require support. Visibly display information in surgeries on making a complaint or how to leave positive feedback

8) Provide patients with information on the other alternative services available to them e.g. Pharmacies, Urgent Care Centre.

9) The role of the Nurse Practitioner could be better explained to patients as a valuable alternative to the GP, patients who had used them tended to view them positively and welcomes the fact they were easier to book appointments with, but others remained unsure of the role of the Nurse Practitioner compared with their GP.

Appendix 1 – Survey Data Analysis

Demographics

Data was collected from individuals within all Wolverhampton postcodes, with the largest number of respondents being from WV3, WV4, WV6, and WV10 areas. 72% of respondents were female and 27% male, with 1% having had a gender reassignment. The age profile of the respondents was normally distributed, with the majority being between the ages of 35 and 64. The full age profile of respondents is shown in Figure 2.

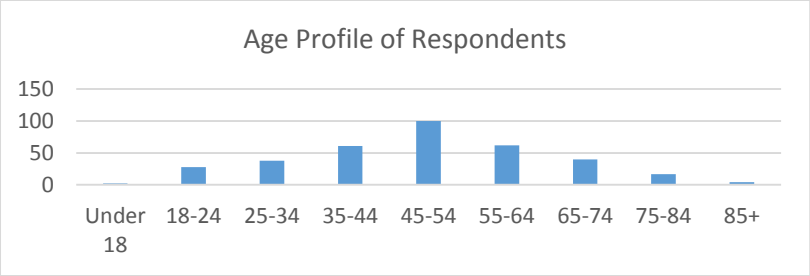


Figure 1. Age profile of respondents

92% of respondents were heterosexual; 56% of all respondents were married and 25% reported their marital status as single. The large majority of respondents were white (78%; Chart 2), and either Christian (50%) or not religious (28%).

	%	n
White	78%	268
Asian / Asian British	13%	45
Black / Black British	4%	15
Other	2%	7
Mixed	1%	2
Prefer not to say	1%	5

Figure 2. Ethnic origin of respondents

47 respondents reported having a disability, and 136 had a long-standing health condition. The most commonly reported long-term health conditions were diabetes, high blood pressure, mental health problems, asthma, and arthritis.

Overall experience

When did you last visit your GP?

Of 379 respondents, 233 (61%) had last visited their GP within the previous 3 months; an additional 31% had last been between 4 and 12 months prior. Only 26 (7%) had not visited their GP within the last year.

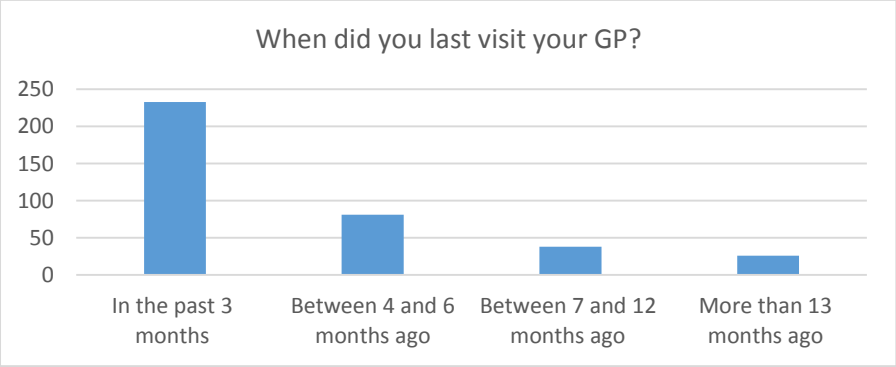


Figure 3. When did you last visit your GP?

Who was your appointment with?

307 (83%) respondents had their appointment with a GP, whilst 61 (16%) saw a nurse. 4 respondents reported seeing either or both, and 3 had visited a specialist professional, such as a midwife.

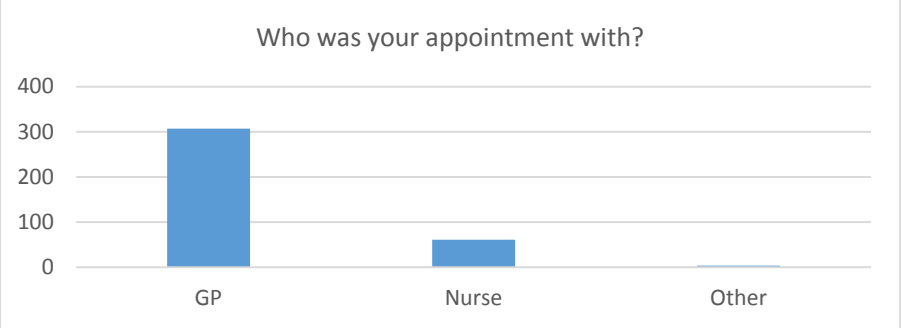


Figure 4. Who was your appointment with?

Overall experience

When rating their overall experience, almost three quarters of respondents (275; 73%) gave a rating of very good or good. This was reflected in open-ended responses, such as:

> *'I feel very lucky to have an excellent GP surgery and doctors, nurses, healthcare assistants and receptionist are all very helpful and kind.'*

However, 15 (4%) respondents reported their overall experience of their GP practice to be very poor. This dissatisfaction with the service is illustrated by comments such as:

'GP need to show more empathy when dealing with children. My children are now fearful of going to see this dr.'

Appointment Availability

When you last made an appointment to see a GP/nurse when did you want to book to see them?

When last booking to see the GP/nurse, 41% of respondents wanted an appointment on the same day, 11% on the next working day, and 26% within a few days. Only 12% wanted to be seen a week or more later, whilst 8% did not have a specific day in mind.

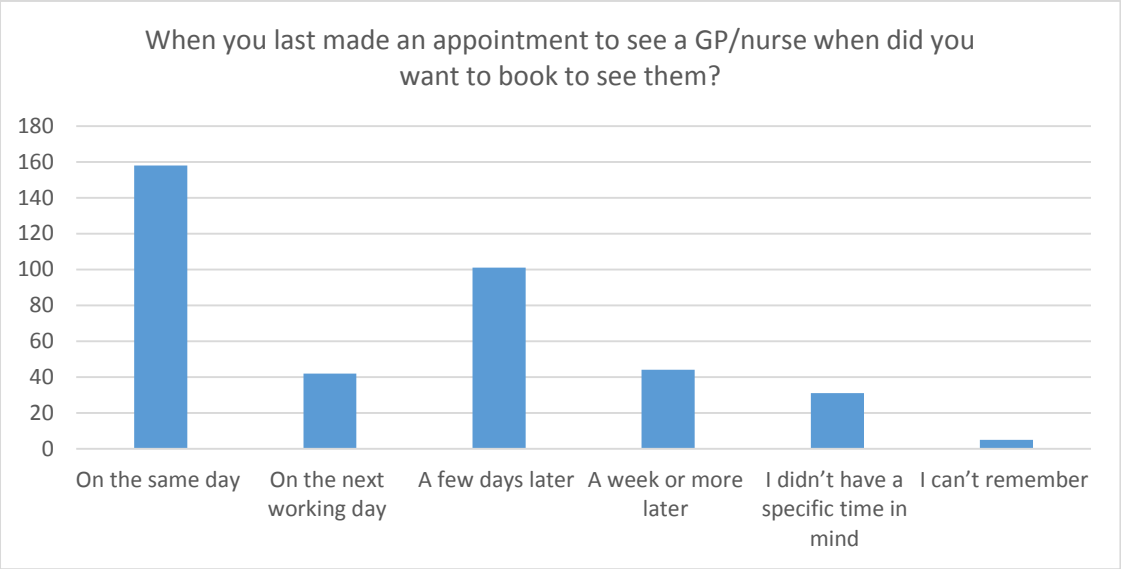


Figure 5. When you last made an appointment to see a GP/nurse when did you want to book to see them?

Do you get a choice of appointment time?

Of 382 respondents, 39% reported being able to have a choice of appointment time, and 46% said that this is sometimes the case. However, 12% claimed that they do not have a choice.

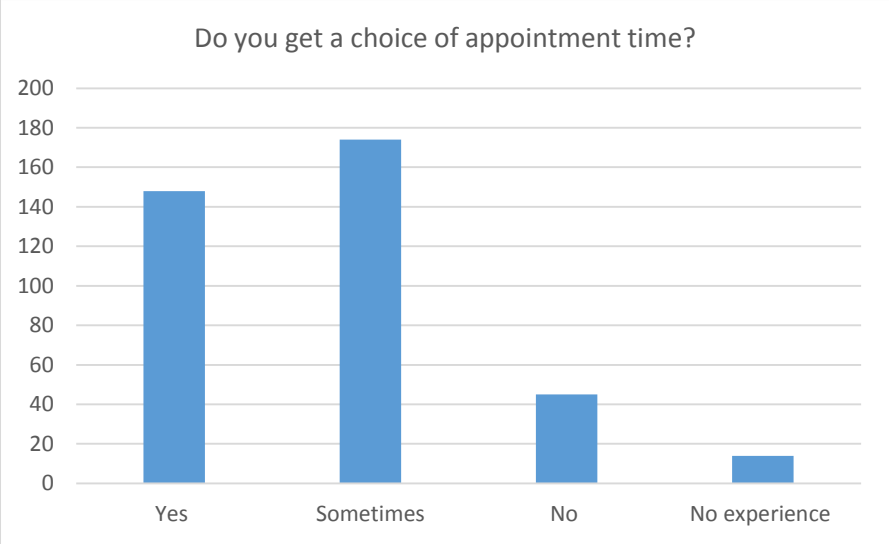


Figure 6. Do you get a choice of appointment times?

If you weren't able to get an appointment or the appointment you offered wasn't convenient, why was that?

Whilst 171 (47%) of the 366 respondents found the question not to be applicable, when asked why they were not able to secure a convenient appointment, the most common responses were that there were no appointments for the preferred day (27%) or time (13%).

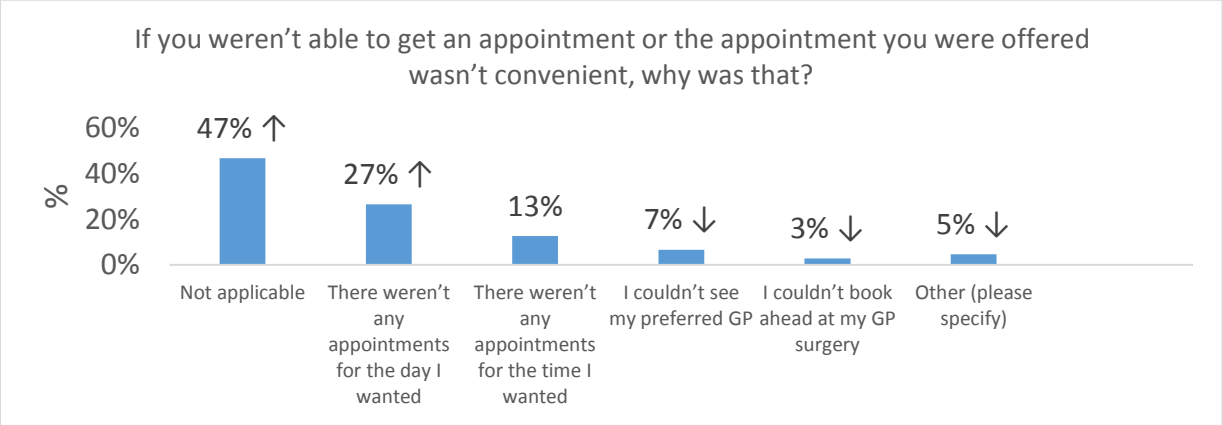


Figure 7. If you weren't able to get an appointment or the appointment you were offered wasn't convenient, why was that?

Of the 17 respondents that reported 'other' reasons, examples ranged from not being able to fit an appointment in around work, always having home visits, no

appointments being available at the practice, or specific requirements of the surgery, for example:

'Patients are required to speak to the Doctor by telephone (on a call back service) before the Doctor determines if an appointment can be offered'

Same day appointment availability

Regarding same day appointments, when contacting the surgery after 9am, 24% reported there being no availability; after 12pm this increased to 40%. However, 39% reported that there are sometimes same day appointments available when calling at 9am, and 21% reported appointments being available. When calling after 12pm, 22% claimed there are sometimes appointments available, whilst only 10% reported being able to book a same day appointment.

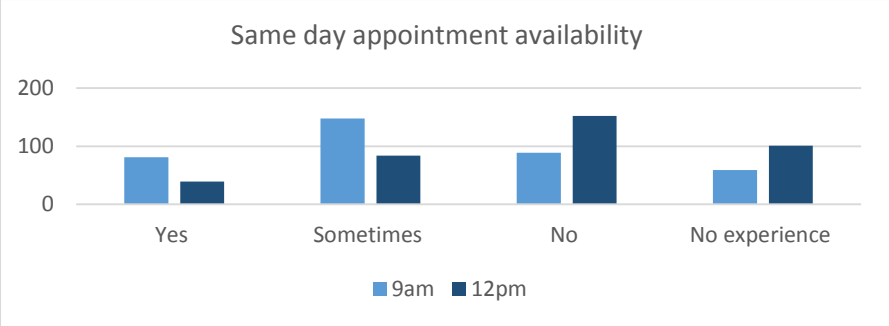


Figure 8. Same day appointment availability

Open-ended responses often referred to the problems in getting appointments, for example:

'There aren't enough GPs and you can NEVER get an appointment you need. There is always an extremely long wait.'

Appointment Booking Procedure

Can you book your next appointment before leaving the practice?

68% of respondents reported being able to book their next appointment before leaving the practice, whist 16% claimed that this was not the case, and 16% had no experience.

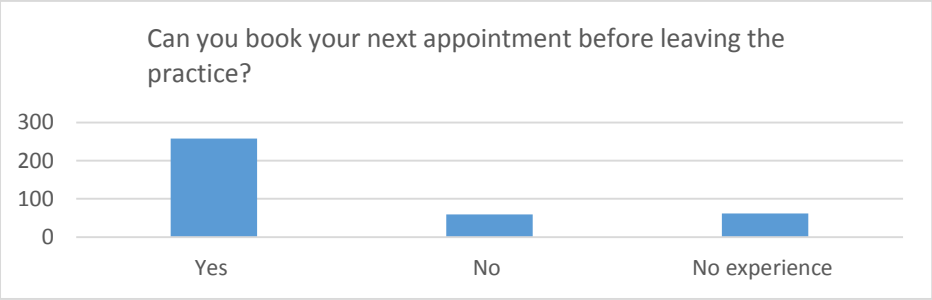


Figure 9. Can you book your next appointment before leaving the practice?

Can you book an appointment 2 weeks or more ahead?

Over half of respondents (203; 53%) reported being able to book an appointment 2 weeks or more ahead. However, 19% reported that they were not able to do so. 27% had no experience of this.

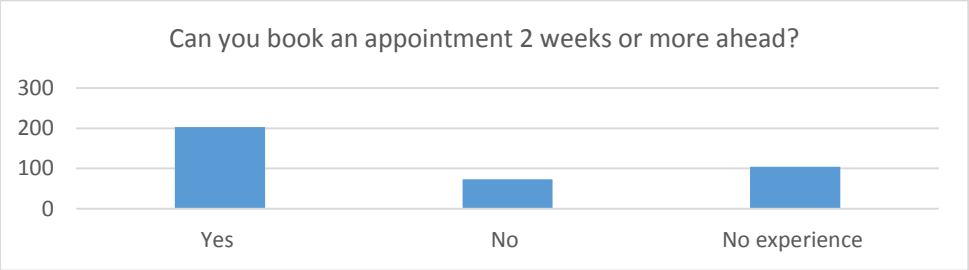


Figure 10. Can you book an appointment 2 weeks or more ahead?

Do you have to make separate appointments for each health concern?

167 (44%) respondents reported not having to make separate appointments for each health concern, whilst 119 (31%) reported that within their GP practice they did have to make separate appointments. 95 respondents were either unsure or reported the question as not applicable.

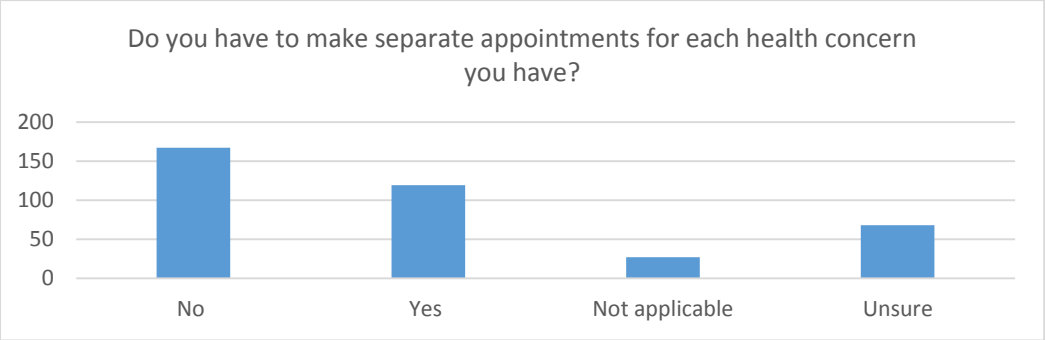


Figure 11. Do you have to make separate appointments for each health concern you have?

Appointment booking preferences

79% of respondents usually book their appointments by phone, yet only 59% report the method to be their preference. Whilst only 5% currently book by email, 22% reported that to be their preferred method. The number booking in person (14%) and preferring to book in person (12%) was similar.

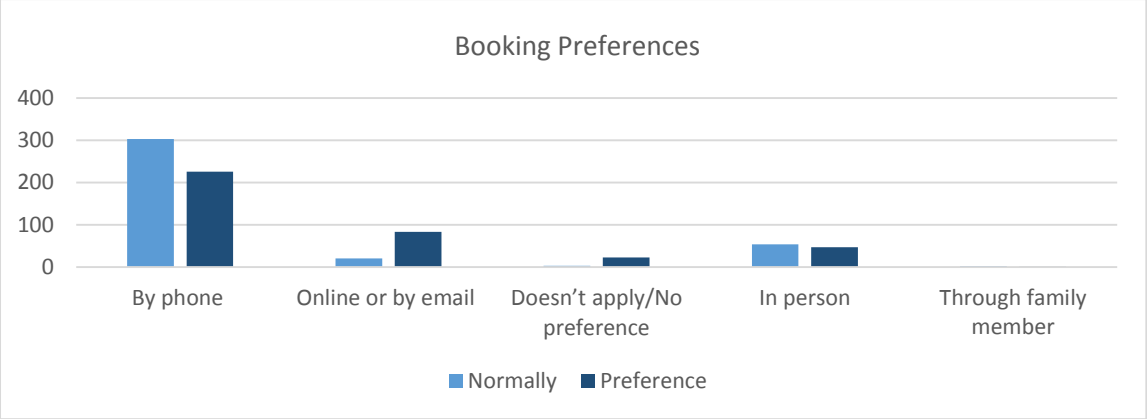


Figure 12. Actual vs preferred methods of booking an appointment at GP surgery

What happens if you are late for your appointment?

233 (61%) had no prior experience. Of the 146 that did know, 81 reported that they would be seen if they waited, and 51 reported that they would have to make a new booking. 14 reported an answer of 'Other', with responses including that the outcome varies from time to time, that they attend an open surgery with no appointments, and that their doctor is often late anyway. Furthermore, many

within the 'other' response reiterated that they had no experience of the procedure.

Figure 13. What happens if you are late for your appointment?

Overall, how would you describe your experience of making an appointment?

Of 372 respondents, 57% reported their experience as very good or good.

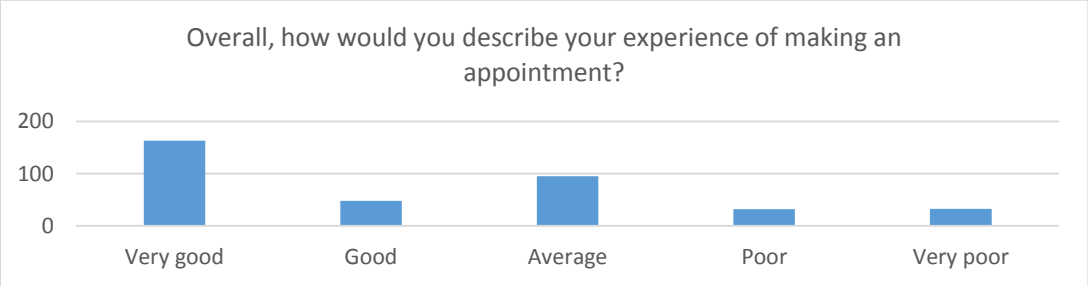


Figure 14. Overall, how would you describe your experience of making an appointment?

Reception

When making an appointment does the receptionist ask you for the reason for wanting the appointment?

When making an appointment, 197 (52%) reported that the receptionist asks the reason for wanting the appointment. However, 136 (36%) said that the receptionists do not ask for a reason, and 42 (11%) were unsure.

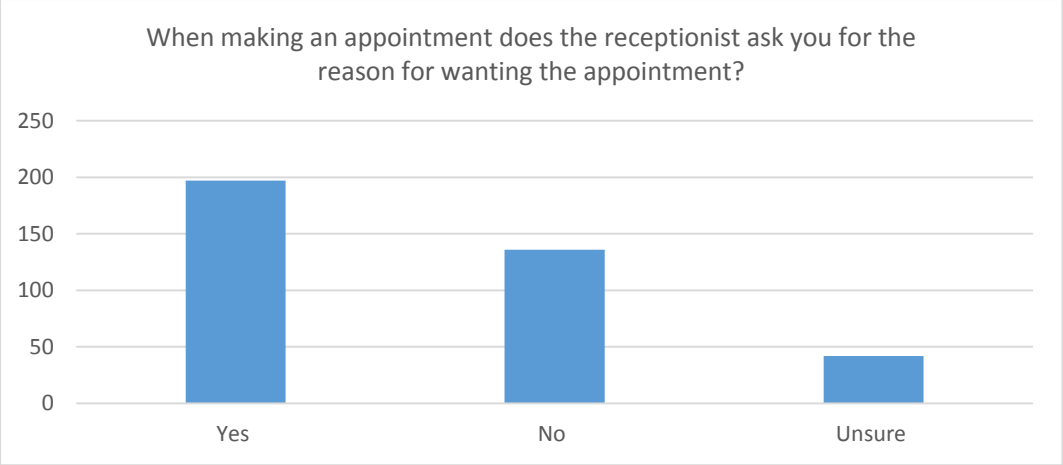


Figure 15. When making an appointment does the receptionist ask you for the reason for wanting the appointment?

In the reception area, can other patients overhear what you say to the receptionist?

When asked if other patients can overhear what is said within the reception area, 11% reported that other patients cannot overhear, and 48% reported that although other people can overhear, they do not mind. However, 33% reported that others can overhear and that they are not happy about it.

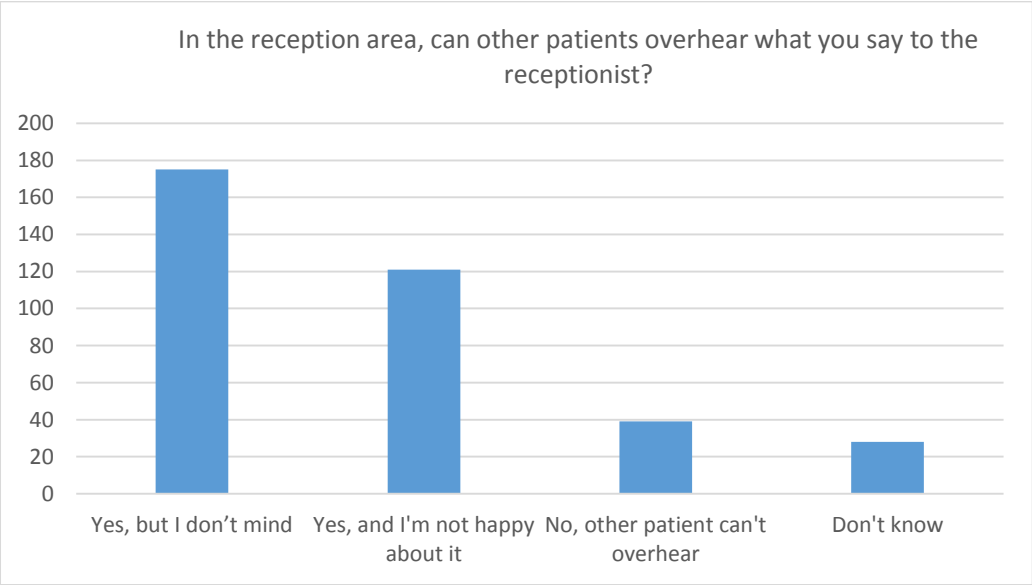


Figure 16. In the reception area, can other patients overhear what you say to the receptionist?

Generally, how easy is it to get through to someone at your GP surgery on the phone?

61% reported it to be very or fairly easy to get through to someone at the GP surgery by phone. Only 2% had not tried to get through by phone, whilst 37% found it not very easy or not at all easy.

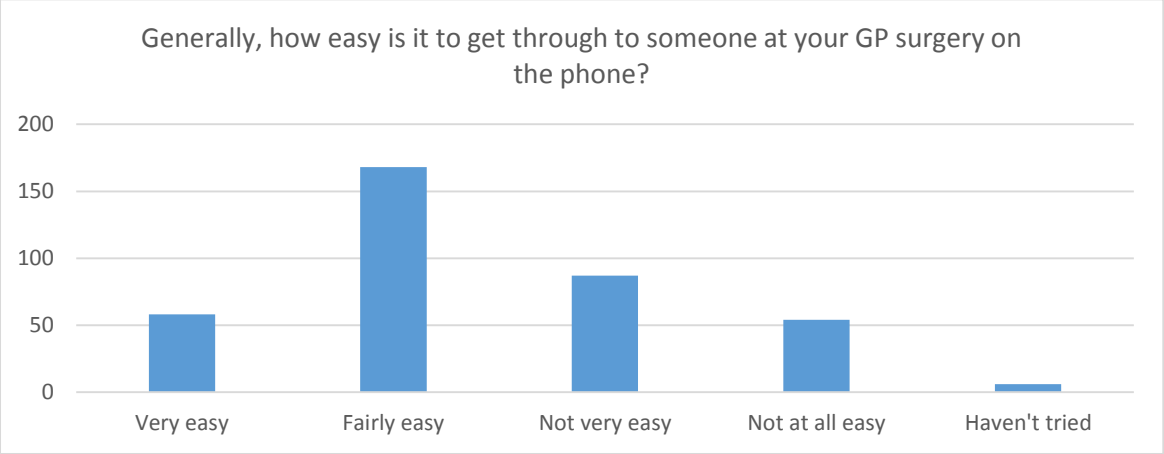


Figure 17. Generally, how easy is it to get through to someone at your GP surgery on the phone?

How helpful do you find the receptionist at your GP surgery?

Of 370 respondents, 86% found their receptionists to be very or fairly helpful, whilst only 13% reported them as being not very helpful or not at all helpful.

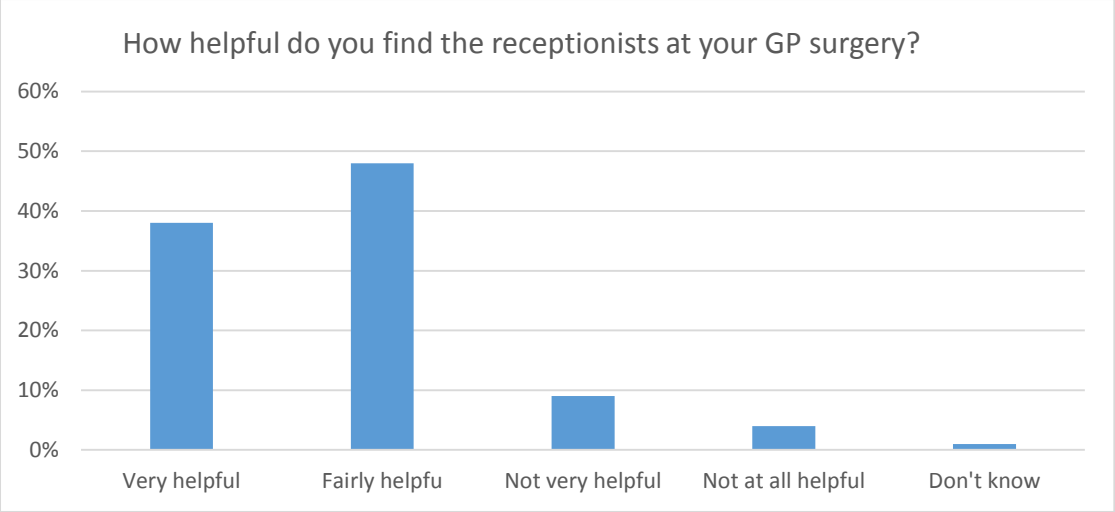


Figure 18. How helpful do you find the receptionists at your GP surgery?

However, some open-ended responses showed issues with receptionists, for example:

> *'The receptionists should be more respectful which includes leaving you waiting at the front desk as well as the length of time it takes for someone to answer the phone.'*

Opening Hours

Is your GP surgery currently open at times that are convenient for you?

280 (76%) of 369 respondents reported that the GP surgery was open at times that were convenient to them. In contrast, 64 (18%) reported that the opening times were not convenient.

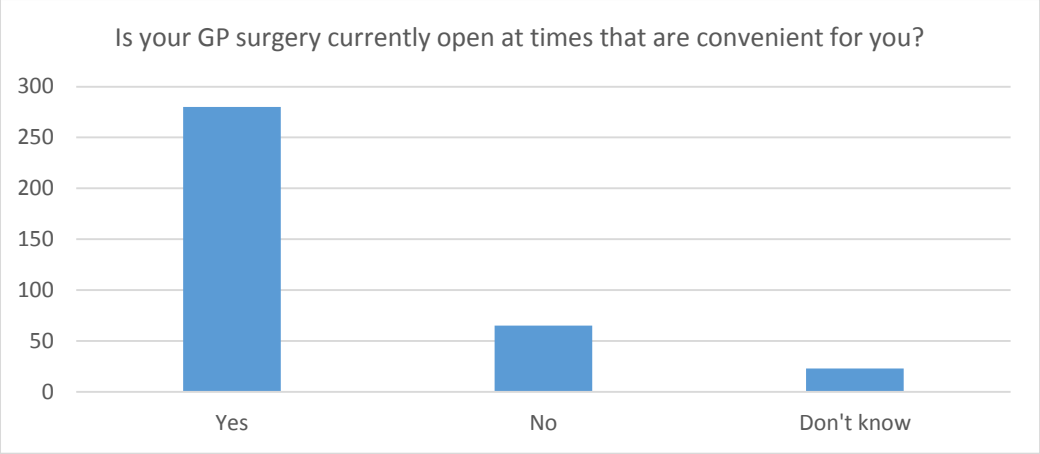


Figure 19. Is your GP surgery currently open at times that are convenient for you?

This was also illustrated through open-ended responses, for example:

> *'I would like more flexibility with opening times, later appointments that recognise the needs of workers.'*

Which of the following additional opening times would make it easier for you to see or speak to someone?

When asked which additional opening times would make it easier to see or speak to someone at the practice, the most commonly reported answers were after 6:30pm (24%), before 8am (24%) and on a Saturday (20%). Additionally, 12% answered that opening at lunchtimes would make it easier and 3% on a Sunday. However, 17% did not think that any of the options would make it easier to see or speak to someone.

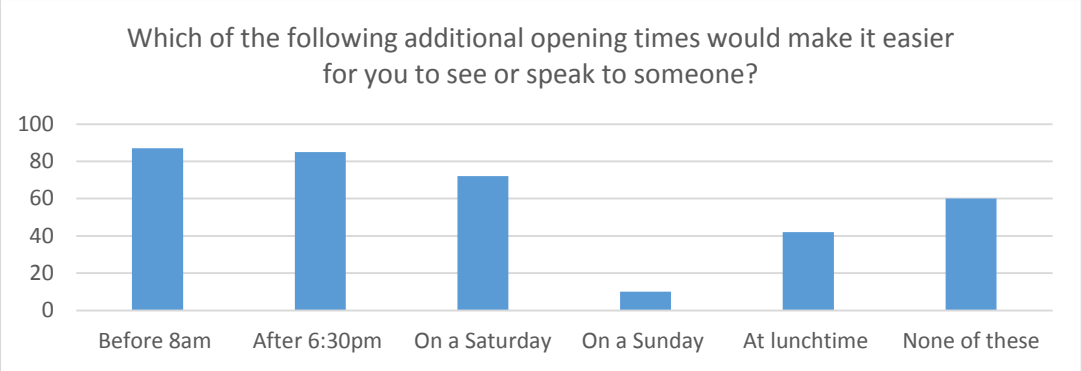


Figure 20. Which of the following additional opening times would make it easier for you to see or speak to someone?

Out of Hours Service

Do you know how to contact an out-of-hours GP service when the surgery is closed?

72% knew how to contact an out-of-hours GP service.

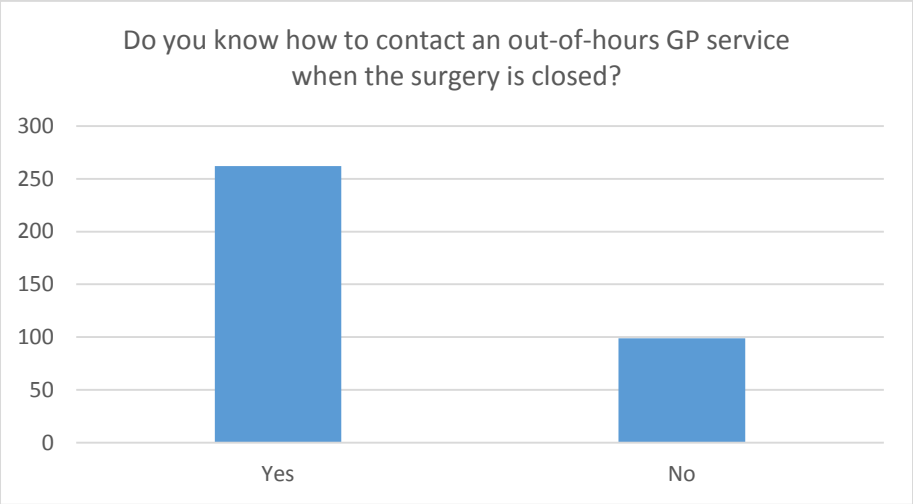


Figure 21. Do you know how to contact an out-of-hours GP service when the surgery is closed?

How easy was it to contact the out-of-hours GP service by telephone?

Whilst 49% of respondents did not know or did not make contact with the service, 41% reported it to be very or fairly easy to contact the service by telephone. 9% reported it to be not very easy, and 1% reported it to be not at all easy.

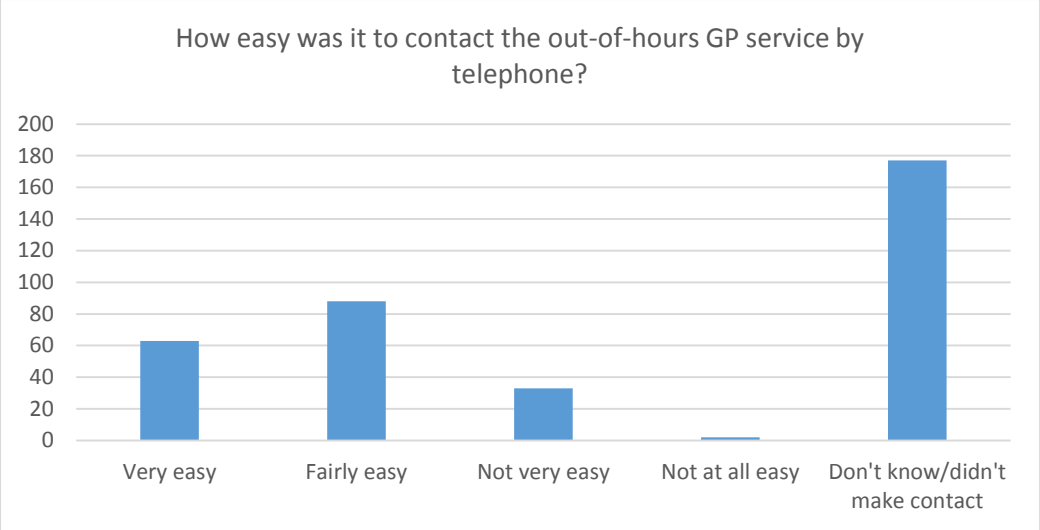


Figure 22. How easy was it to contact the out-of-hours GP service by telephone?

Patient Participation Groups (PPGs)

Are you aware of the PPGs in your practice?

211 (58%) asked were aware of the PPGs in their practice.

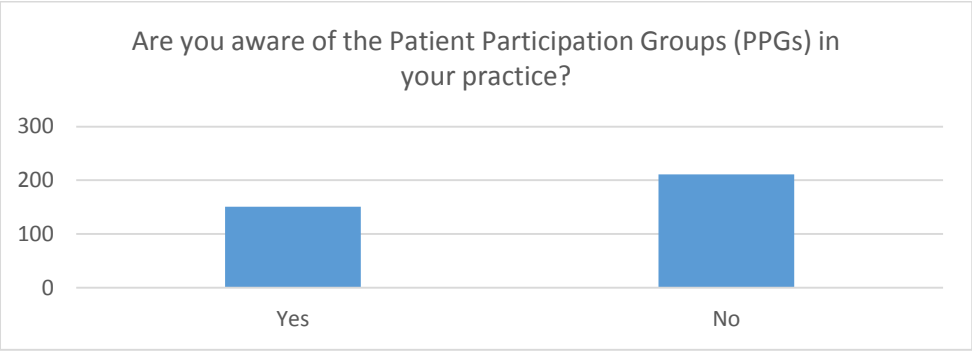


Figure 23. Are you aware of the PPGs in your practice?

If you do not know of the PPGs in your practice, would you like to receive more information?

96 respondents would like to receive more information; 136 did not want to receive information.

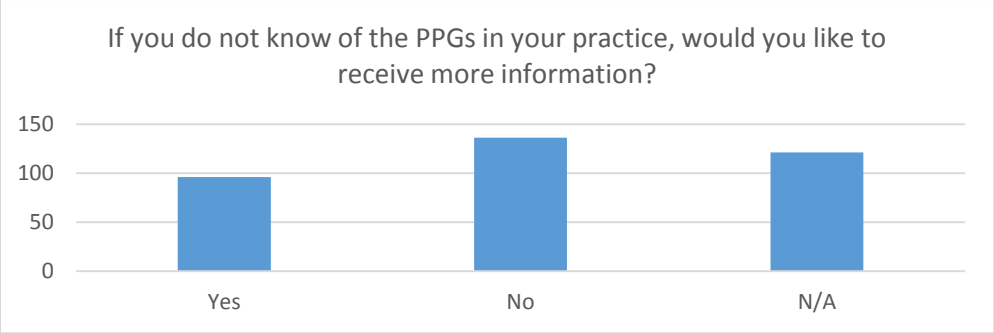


Figure 24. If you do not know of the PPGs in your practice, would you like to receive more information?

If you know of the PPGs in your practice, do you attend or receive minutes?

55 respondents attend or receive minutes, and 52 found the information to be useful – however 79% reported this question as not applicable or answered it as not sure.

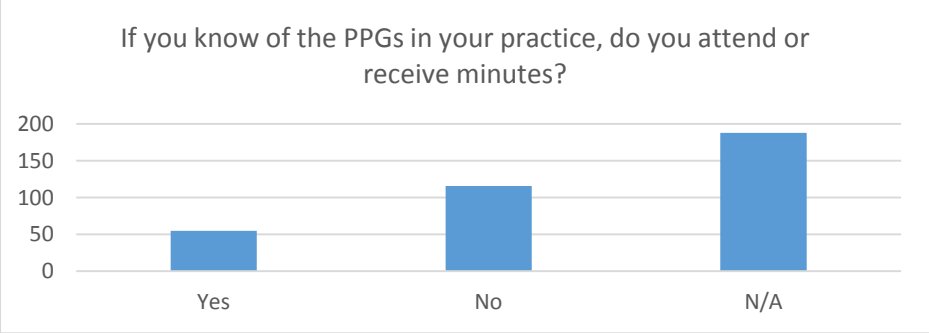


Figure 25. If you know of the PPGs in your practice, do you attend or receive minutes?

Information from Practices

Do you receive newsletters from your practice?

Only 40 (11%) of the 361 respondents reported receiving newsletters from their GP practice. 31 (9%) were not sure whether they did or did not, and the large majority (289; 80%) do not receive newsletters.

Figure 26. Do you receive newsletters from your practice?

Do you get notified of any changes within the practice?

42% were not notified of changes within the practice, and 28% were unsure.

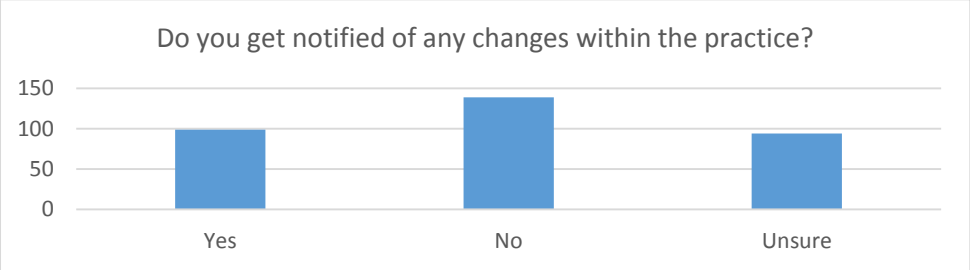


Figure 26. Do you get notified of any changes within the practice?

Medical records

Of 364, 11% of respondents had experience of asking to access their medical records. 23 asked in person, 10 by phone, and 6 online. 'Other' responses included by post and through a solicitor.

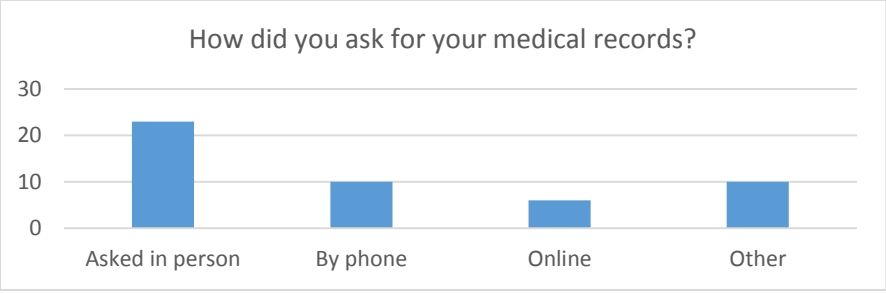


Figure 27. How did you ask for your medical records?

Of 363 respondents, the large majority (69%) were not aware of the complaints process within their practice.

General Health Checks

Do you get called in for a general health check?

59 respondents over 55 had been called in for a general health check. 55 respondents over 40 reported having being called in for a general health check.

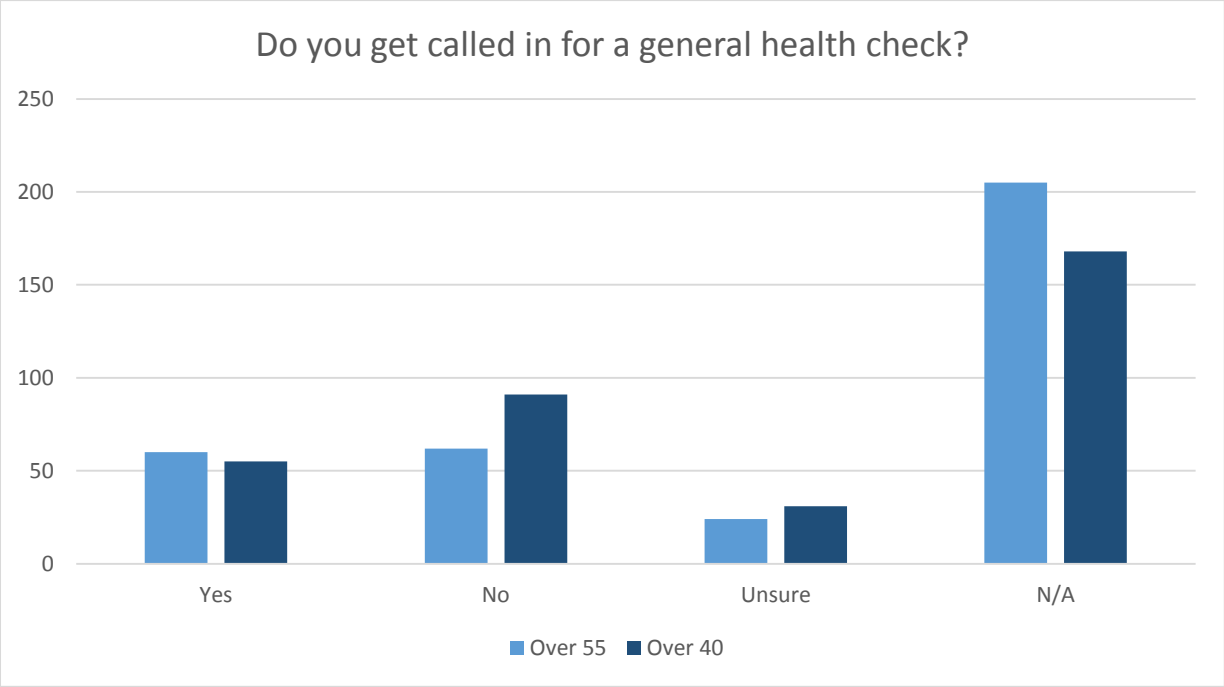


Figure 28. Do you get called in for a general health check?

Accessing the Services

When you have been referred to a hospital, are you given a choice of which hospital you would like to go to for it?

When referred to hospital, 32% reported having a choice of which hospital they would like to go to. However 38% did not have a choice.

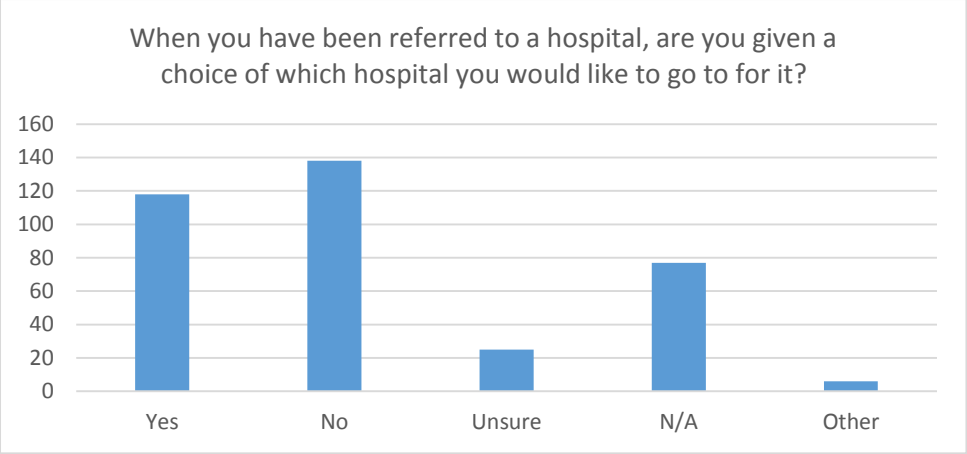


Figure 29. When you have been referred to a hospital, are you given a choice of which hospital you would like to go to for it?

One respondent reported that they:

> *'Wanted to transfer to New Cross Cardio unit as this is near told to stick with Birmingham city even though it is approx 20 mile away'*

Is your GP surgery made accessible for people with disabilities?

294 (81%) reported their GP surgery to be accessible for those with disabilities, whilst 16% were not sure. Only 10 (3%) reported their surgery to not be accessible for those with disabilities.

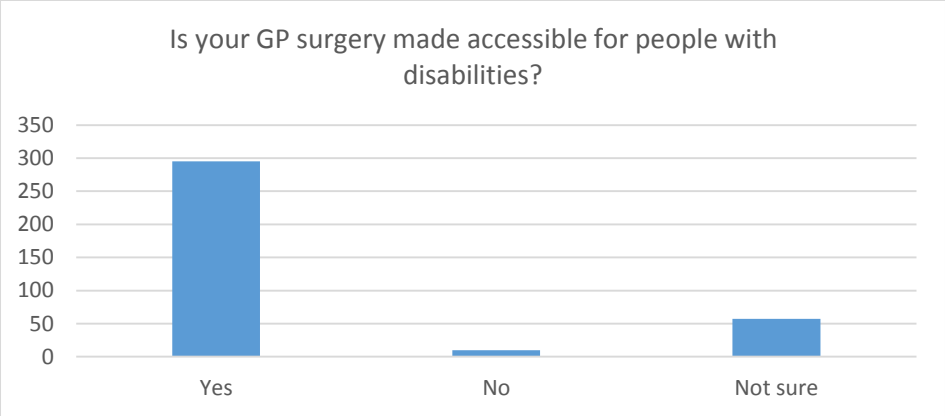


Figure 30. Is your GP surgery made accessible for people with disabilities?

Of the 10 responses, main issues reported were wheelchair access and no alarms for the deaf community. For example:

'Reception desk is not suitable for wheelchair users and privacy is an issue'

How do you check-in to your GP surgery?

When checking into the surgery, 229 (63%) check-in at the check-in machine, and 127 (35%) at the reception desk. Of the 1% that reported 'other', the main method reported was a combination of the reception or machine, depending on which they preferred or which was available.

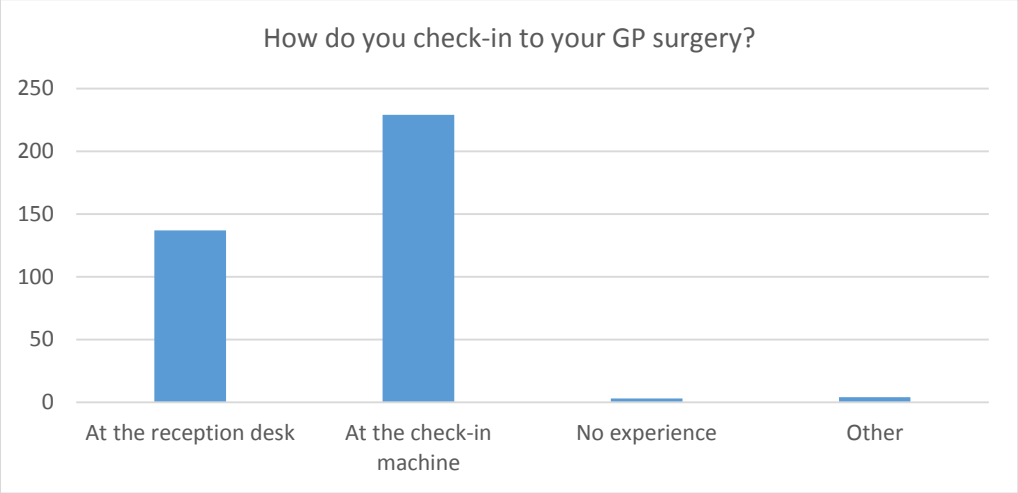


Figure 31. How do you check-in to your GP surgery?

When you are at the practice, how do you get called in to see the doctor?

73% reported that they are called into the appointment via their name being put on the screen, and for 21%, their doctor comes to get them. Only 3% are informed by reception. Other answers included a combination of methods, or through a loudspeaker.

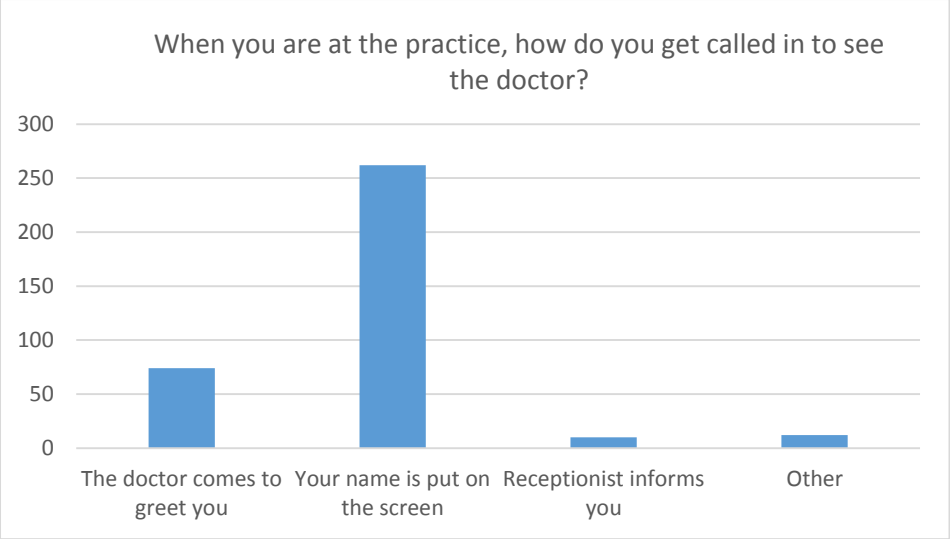


Figure 32. When you are at the practice, how do you get called in to see the doctor?

Prescriptions/Vaccinations

How easy is it to get a repeat prescription?

261 (72%) respondents found it easy to get repeat prescriptions, whereas 32 (9%) found it difficult. 68 (19%) respondents had no experience of repeat prescriptions.

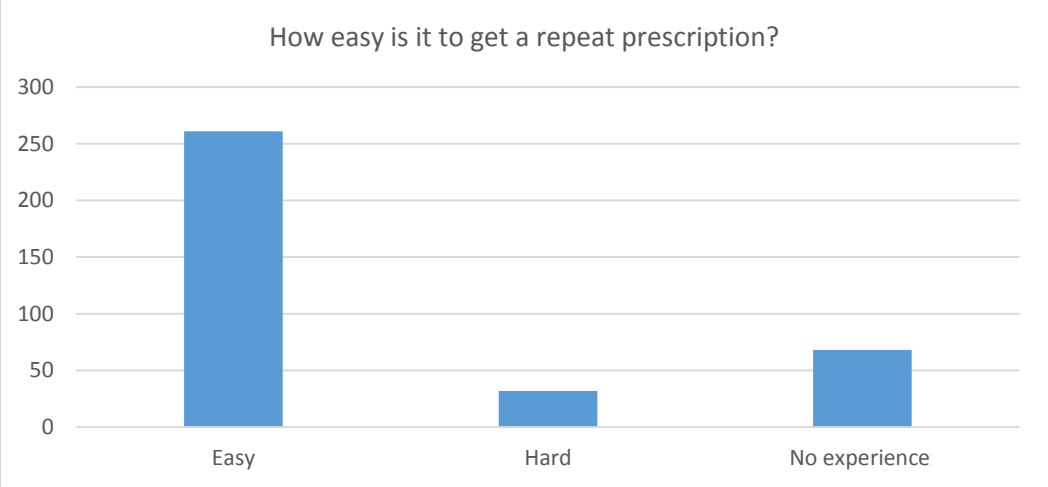


Figure 33. How easy is it to get a repeat prescription?

Do you use EPS in your GP surgery?

46% reported their GP surgery to use electronic prescription service (EPS). When waiting for a prescription through EPS, 35% reported waiting 48 hours or less.

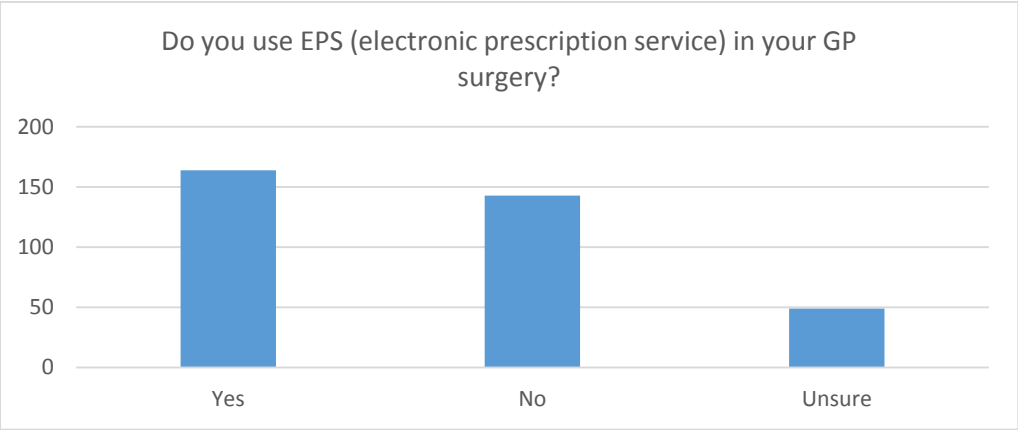


Figure 34. Do you use EPS (electronic prescription service) in your GP surgery?

Open-ended responses found that there were sometimes delays in receiving prescriptions. For example:

> *'Need to allow more than 48hrs for a repeat as there never done in this time.'*

Where do you go for your flu jab?

Of 311 respondents, 52% received their flu jab from the GP, 6% from the pharmacy, and 41% from other places. The 41% reporting 'other' predominantly reported getting their vaccination at work, whilst others reported having it at university, Boots, through a home visit, or somewhere else.

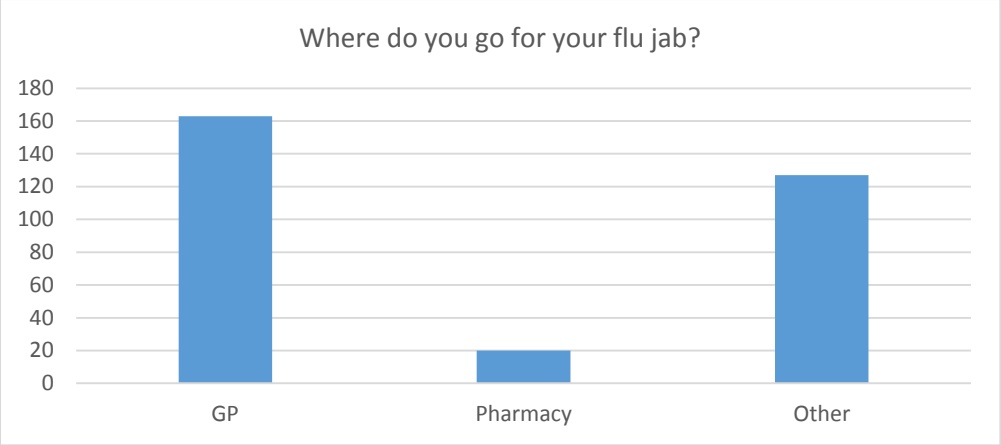


Figure 35. Where do you go for your flu jab?

If your GP has an in-house pharmacy, do you make use of it?

Although 54% did not have experience, 28% reported that their GP had an in-house pharmacy, which they used.

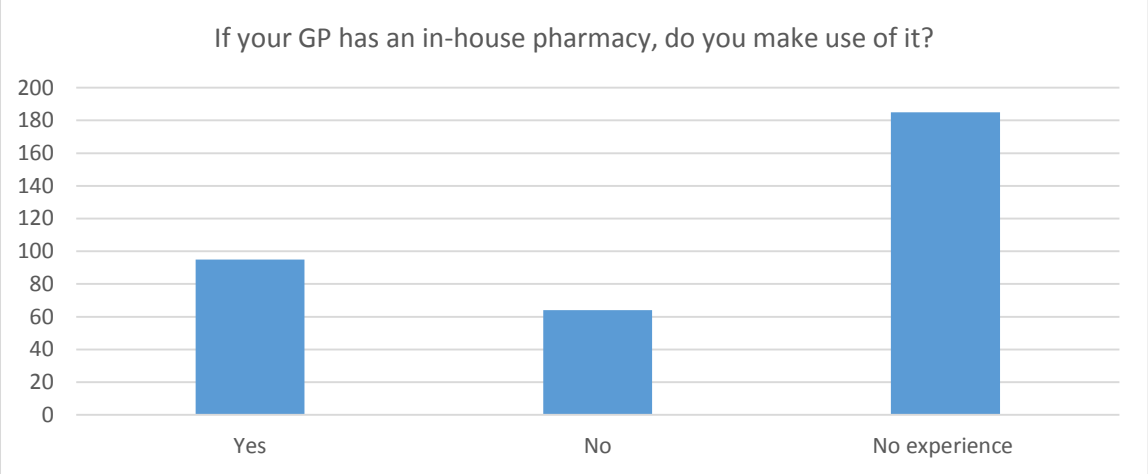


Figure 36. If your GP has an in-house pharmacy, do you make use of it?

Charges

Practices were reported to charge for: a copy of computerised records (7%); a copy of patient records (8%); general letters (16%); private sick notes (12%); claim forms/certificate or proforma (12%); and Hepatitis A (5%). However, many reported not knowing information regarding the charges.

Appendix 2 – A Copy of the GP Survey

Name of your GP

* 1. What is the name of your GP surgery?

2. What is the name of your GP/nurse (person)?

Rating your GP/nurse

Last time you saw or spoke to a GP/nurse from your GP surgery, how good was that GP/nurse at each of the following? Please rate each on a scale of 1 to 5.

3. When did you last visit your GP?

- ◯ In the past 3 months
- ◯ Between 4 and 6 months ago
- ◯ Between 7 and 12 months ago
- ◯ More than 13 months ago

4. Giving you enough time

1 - Very good 3 Very poor - 5

5. Listening to you

1 - Very good 3 Very poor - 5

6. Explaining tests and treatments

1 - Very good 3 Very poor - 5

7. Involving you in decisions about your care

1 - Very good 3 Very poor - 5

8. Treating you with care and concern

1 - Very good 3 Very poor - 5

9. Overall, how would you describe your experience of your GP practice?

1 - Very good 3 Very poor - 5

GP appointments

10. When you last made an appointment to see a GP/nurse when did you want to book to see them?

- ○ On the same day
- ○ On the next working day
- ○ A few days later
- ○ A week or more later
- ○ I didn't have a specific day in mind
- ○ I can't remember

11. Do you have to make seperate appointments for each health concern you have?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

12. What happens if you are late for your appointment?

- ○ Make a new booking
- ○ Seen if you wait
- ○ No Experience
- ○ Other (please specify)

13. Can you book your next appointment before leaving the practice?

- Yes
- No
- No Experience

14. Can you book an appointment 2 weeks or more ahead?

- Yes
- No
- No Experience

15. Do you get a choice of appointment time?

- Yes
- Sometimes
- No
- No Experience

16. Are same day appointments still available when contacting the surgery after 12pm?

- Yes
- Sometimes
- No
- No Experience

17. Are same day appointments still available if you ring the surgery after 9am?

- Yes
- Sometimes
- No
- No Experience

18. Which of the following methods would you prefer to use to book appointments at your GP surgery?

- In person
- By phone
- Through family member
- Online or by email
- No preference

19. How do you normally book your appointments to see a GP or nurse at your GP surgery?

- In person
- By phone
- Through family member
- Online or by email
- Doesn't apply

20. Who was your appointment with?

- GP
- Nurse

Other (please specify)

21. Overall, how would you describe your experience of making an appointment?

1 - Very good 3 - Neither good nor poor 5 - Very poor

22. What did you do on that occasion?

- Went to the appointment I was offered
- Got an appointment for a different day
- Had a consultation over the phone
- Went to A&E / a walk-in centre
- Saw a pharmacist
- Decided to contact my surgery another time
- Didn't see or speak to anyone
- Not applicable

23. If you weren't able to get an appointment or the appointment you were offered wasn't convenient, why was that?

- There weren't any appointments for the day I wanted
- There weren't any appointments for the time I wanted
- I couldn't see my preferred GP
- I couldn't book ahead at my GP surgery
- Not applicable
- Other (please specify)

24. Did you get an explanation why you could not get the appointment of your choice?

- Yes
- No
- Unsure
- Not applicable

25. When making an appointment does the receptionist ask you for the reason for wanting the appointment?

- Yes
- No
- Unsure

General access to GP services

26. Generally, how easy is it to get through to someone at your GP surgery on the phone?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

27. Which of the following additional opening times would make it easier for you to see or speak to someone?

- Before 8am
- At lunchtime
- After 6.30pm
- On a Saturday
- On a Sunday
- None of these

28. What is your experience of the GP's reception service?

29. Is your GP surgery currently open at times that are convenient for you?

- Yes
- No
- Don't know

30. How helpful do you find the receptionists at your GP surgery?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Don't know

31. How satisfied are you with the hours that your GP surgery is open?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- I'm not sure when my GP surgery is open

32. Do you know how to contact an out-of-hours GP service when the surgery is closed?

- Yes
- No

33. How easy was it to contact the out-of-hours GP service by telephone?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don't know / didn't make contact

34. Are you aware of the Patient Participation Groups (PPGs) in your practice?

- Yes
- No

35. If you do not know of the PPGs in your practice, would you like to receive more information?

- Yes
- No
- Not applicable

36. If you know of the PPGs in your practice, do you attend or receive minutes?

- Yes
- No
- Not applicable

37. If so, do you find the information useful?

- Yes
- No
- Not sure
- Not applicable

38. Do you receive newsletters from your practice

- Yes
- No
- Not sure

39. Have you asked to access your medical records?

- Yes
- No
- Can't remember

40. How did you ask for your medical records?

- In person
- By phone
- Through family member
- Online
- Doesn't apply
- Other (please specify)

41. Do you know the complaints process in your practice?

- Yes
- No

42. If you are over 55, do you get called in for a general health check?

- Yes
- No
- Unsure
- Not applicable

43. If you are over 40, do you get called in for a general health check?

- Yes
- No
- Unsure
- Not applicable

44. When you have been referred to a hospital, are you given a choice of which hospital you would like to go to for it?

- Yes
- No
- Unsure
- Not applicable
- Other (please specify)

45. If you have any other comments please write them here:

46. Is your GP surgery made accessible for people with disabilities?

- Yes
- No
- Not sure

If 'no', please indicate why you think this

47. How do you check-in to your GP surgery?

- At the reception desk
- At the check-in machine
- No Experience
- Other (please specify)

48. How easy is it to get a repeat prescription?

- Easy
- Hard
- No experience

49. Is there a particular GP you usually prefer to see or speak to?

- Yes
- No
- There is usually only one GP in my GP surgery

50. In the reception area, can other patients overhear what you say to the receptionist?

- Yes, but I don't mind
- Yes, and I'm not happy about it
- No, other patients can't overhear
- Don't know

Use of your GP services

51. Where do you go for your flu jab?

- GP
- Pharmacy
- Other (please specify)

52. If your GP has an in-house pharmacy, do you make use of it?

- Yes
- No
- No experience

53. Do you use EPS (electronic prescription service) in your GP surgery?

- Yes
- No
- Unsure

54. If you use EPS, how long do you have to wait for your prescripton to be ready?

- 24 hours
- 48 hours
- 72 hours
- Unsure
- Not applicable
- Other (please specify)

55. When you are at the practice, how do you get called in to see the doctor?

- The doctor comes to greet you
- Your name is put on the screen
- Receptionist informs you
- Other (please specify)

GP charges

56. Does your Practice charge fees for any services it offers? (Tick all that apply).

- [ ] Copy of computerised records
- [ ] Copy of patient records
- [ ] General letter ('To whom it may concern' or 'fitness to' letters)
- [ ] Private Sick Note (Any sick note within 7 days is private)
- [ ] Claim form, certificate or proforma (Insurance/sickness/accident/holiday cancellation/private medical insurance/school fees)
- [ ] Hepatitis A (All doses)
  This can include: Combination Hep A & Hep B (all doses), Typhoid (both injectable and oral) , Combined Hep A and Typhoid, Polio (which is only available in combined tetanus, polio and diphtheria vaccine), Cholera.

57. Do you get notified of any changes within the practice?

- ( ) Yes
- ( ) No
- ( ) Unsure

Demographics

58. What is your gender?

- Male
- Female

59. Have you had a gender reassignment?

- Yes
- No
- Prefer not to say

60. What is your age?

- Under 18
- 18-24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over

61. What is your ethnic background?

62. Do you have a disability?

- Yes
- No

63. Are you a deaf person who uses sign language?

- Yes
- No

64. Do you have a long-standing health condition?

- Yes
- No
- Don't know / can't say
- If yes, what is it? (please specify)

65. Which of the following best describes how you think of yourself?

- Hetrosexual / Straight
- Gay / Lesbian
- Bisexual
- Other
- I would prefer not to say

66. What is your ethnic origin?

- White
- Black / Black British
- Asian / Asian British
- Mixed
- Prefer not to say
- Other (please specify)

67. Are you pregnant?

- Yes
- No
- Prefer not to say
- Not applicable

68. Which, if any, of the following best describes your religion?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Roman catholic
- Hindu
- Jewish
- Muslim
- Sikh
- I would prefer not to say
- Other (please specify)

69. What is your marital status?

- Single
- Married
- Divorced
- Civil partnership
- Prefer not to say

healthwatch Wolverhampton

An Evaluation of the Urgent Care Centre (UCC) at New Cross Hospital

Report on the Research into Patient Experience

May 2017

Contents

1. Introduction

Due to the steady rise in demand for walk in centres and Accident and Emergency services in Wolverhampton, the Clinical Commissioning Group (CCG) developed a new service specification for an Urgent Care Centre which came into force on 1 April 2016. This new plan resulted in a purpose built facility at New Cross Hospital site and involved the relocation of services from Showell Park, one of the two walk in centre in Wolverhampton.

Healthwatch Wolverhampton approached the CCG with a research proposal to review the patient experience of users of the UCC. The research method chosen was a face-to-face survey to focus on the quality of service delivery and meeting the needs of patients. More detail is provided in the Methodology section.

2. Executive Summary

The highlights of the research findings are provided below. For some questions, a low number of people provided a response and these are indicated with an *. Page references are provided in brackets for more detail on each topic.

- 63% were referred to the UCC by another service and over half of these were from the NHS 111 service. (Page 3)
- 78% provided GP-related reasons for attending the UCC, including those who couldn't get an appointment or whose GPs were closed. (Page 4)
- 85% said that it was easy or very easy to find the UCC. Signposting was the most common recommendation for improvement.(Page 5)
- 88-93% rated the friendliness, helpfulness and understanding of staff as good or very good. However, 34% rated waiting time as poor or very poor.(Pages 5- 6)
- 90-93% rated lighting, cleanliness and availability of seating as good or very good. (Page 6)
- 73% were waiting two hours or less to be seen, although less than one-third answered this question.* (Pages 7-8)
- 56% said that the clinician gave their name and 41% explained their job role.* (Page 8)
- 83-95% agreed or strongly agreed that, during their consultation, they had time to explain their problem, had a clear explanation of their diagnosis and were told what would happen next. However, 68-71% disagreed or strongly disagreed that they were given printed information about their diagnosis and treatment.* (Pages 8-9)
- 79% said that information was not available or they were unsure about how they could make a comment, compliment or complaint.* (Page 9)
- 81% were satisfied or very satisfied overall with the service at UCC.* (Page 10)

3. Methodology

3.1 Research Methods

A face-to-face survey was conducted in the waiting area of the UCC over the course of one week in February at different times of the day. The intention was to capture as many patients as possible whilst they were having the experience of the Centre. Some of the questions were designed to capture the respondents' views *after* their consultation. However, many did not want to wait around to complete these questions, having already been at the UCC for a long time.

A questionnaire was used for the survey, which had been co-designed by Healthwatch Wolverhampton, the CCG and Vocare, who are the providers of the service. The questionnaire was piloted with a small group of patients at UCC and was refined using the feedback from the pilot. A copy of the questionnaire is included in Appendix 1.

During the survey, the fieldwork team were recording any observations that were beyond the scope of the questionnaire and these are included in the findings of this report along with any emergent recommendations.

3.2 Characteristics of the Participants

187 people responded to the survey. The numbers of responses to each question vary, as not all participants answered all questions. A full breakdown of participants by their protected characteristics (such as age and race) can be found in Appendix 2, however the most frequent responses were as follows:

Gender identity -	72% female
Age –	62% aged 18-39
Race -	70% white British
Religion/belief -	48% Christianity, 41% none
Disability -	84% no
Relationship status -	40% married, 28% single
Sexual orientation -	97% heterosexual/straight
Pregnant -	92% no
Birth last 26 weeks -	95% no

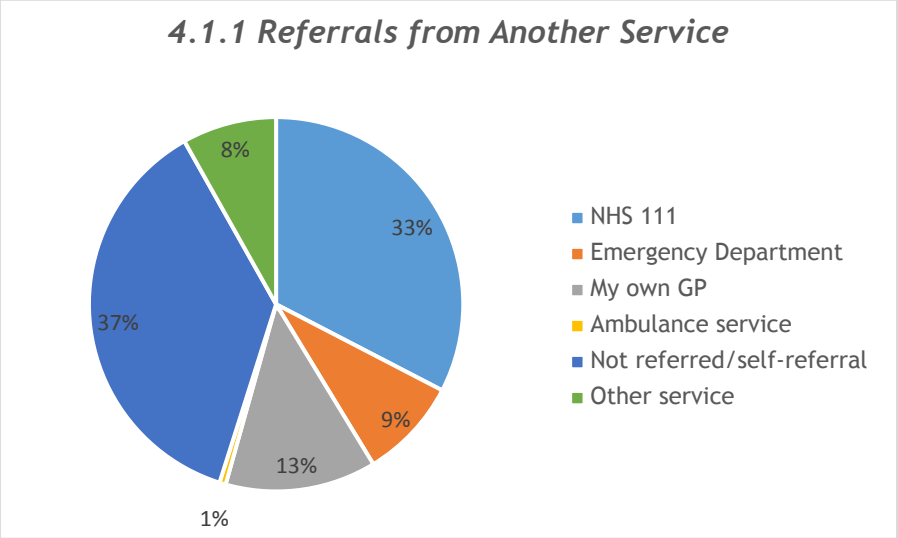
More than half of the patients were from the WV10 (34%) or WV11 (18%) postcodes. One-third of respondents (41) were in attendance as a parent or guardian. Nine of the patients (7%) were not registered with a GP.

4. Findings

4.1 Context of the Patients' Visit

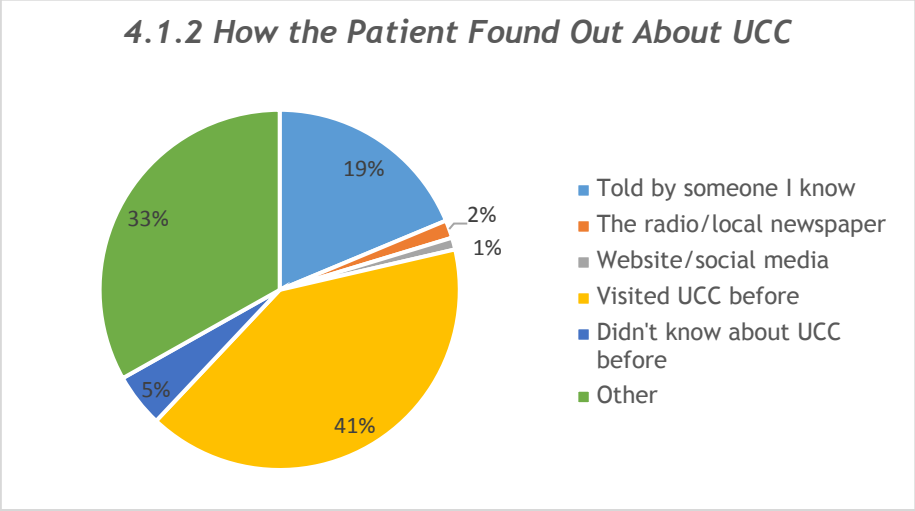
4.1.1 Referrals from Another Service

63% (115 patients) were referred to the UCC by another service. Of these, over half were from the NHS 111 service. The second largest group of referrals came from GPs (13% or 24 patients). *Note: Those who indicated that they had been referred by another service, but then stated that this was a self-referral, have been included in the category 'not referred/self-referral'.*



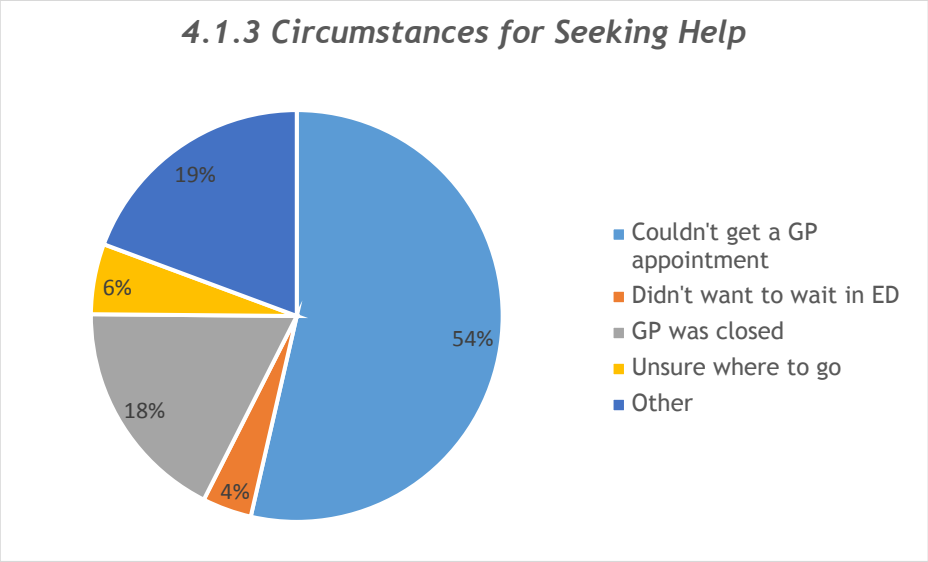
4.1.2 How the Patient Found Out About UCC

The main reason for awareness of the UCC was a previous visit to the Centre (41% or 76 respondents). One-third of the patients recorded 'other' as their response and, for these, the main source of information was the NHS 111 service (19). Other high frequency responses were the patient's GP (13) and the hospital's Emergency Department (10).



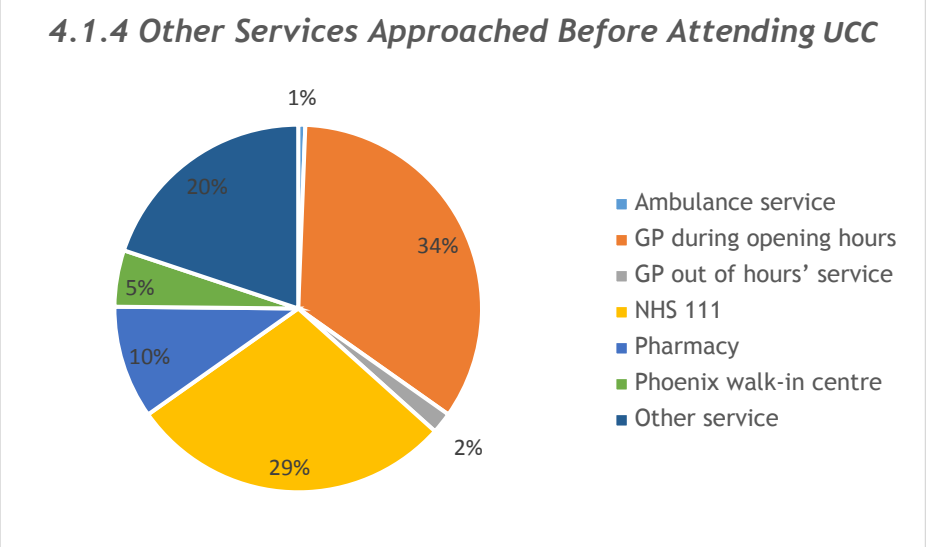
4.1.3 Circumstances for Seeking Help

Over half of those who answered this question (97) said that they came to the UCC because they had contacted their GP and couldn't get an appointment, with a further 32 patients whose GPs were closed. The main reasons given by those who answered 'other' were GP-related (12). In total, 78% (141/181) of responses to this question were GP-related and mostly regarding access to appointments. Two of the respondents were not registered with a GP and one said that they hadn't contacted their GP, as they knew they wouldn't get an appointment. For some, the UCC was their first choice of destination for help (10) and for some others, they were unsure where else they could go (10).



4.1.4 Other Services Approached Before Attending the UCC

37% of respondents (including some who had indicated 'other') had sought help from their GP before attending the UCC. The service with the second highest frequency responses was NHS 111.

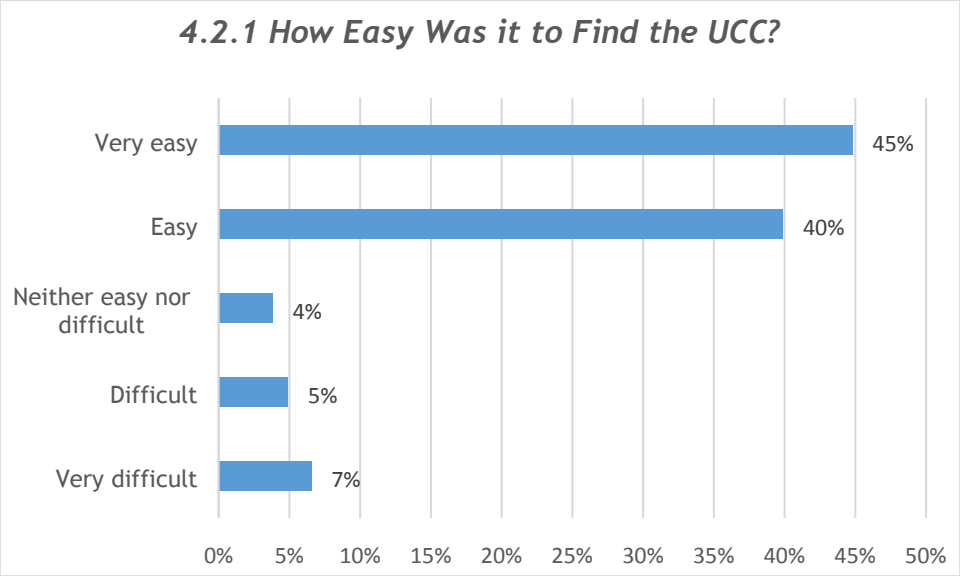


4.2 Arrival on Site

4.2.1 How Easy was it to Find the UCC?

85% of respondents said that it was easy or very easy to find the UCC. Of those who gave reasons for their response to this question, 35% (20) mentioned signposting as an issue, although the evaluation of this was split. 11/20 said that signposting was not good, whilst nine felt that it was.

Eight patients had to ask for directions. Two patients went to the old Accident and Emergency building not knowing that this had relocated on site. One respondent said that the Phoenix Centre had told them that UCC was in the Maternity building and another said that NHS 111 had called it the Primary Care Centre and this had caused confusion.

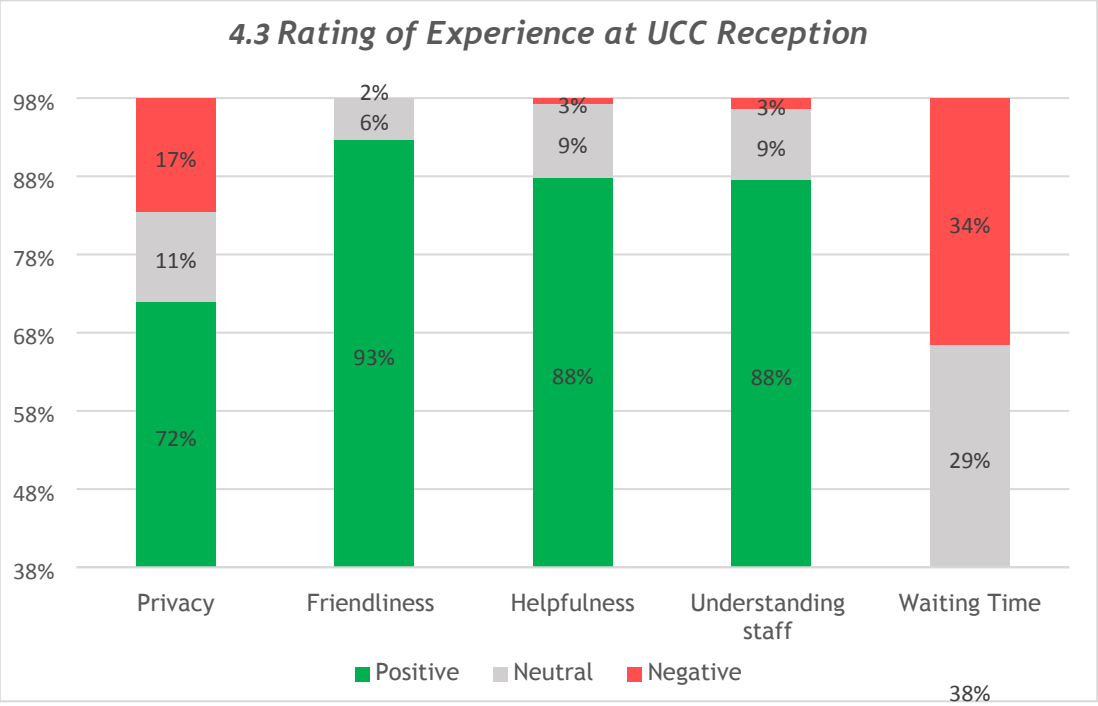


4.2.2 What Would Make it Easier to Find the UCC?

39 patients provided free texts comments in response to this question. The most common recommendation by far (85%) was improved signage, including at other areas around the site. Increased size of signs and being able to differentiate between the Emergency Department and the UCC were suggested.

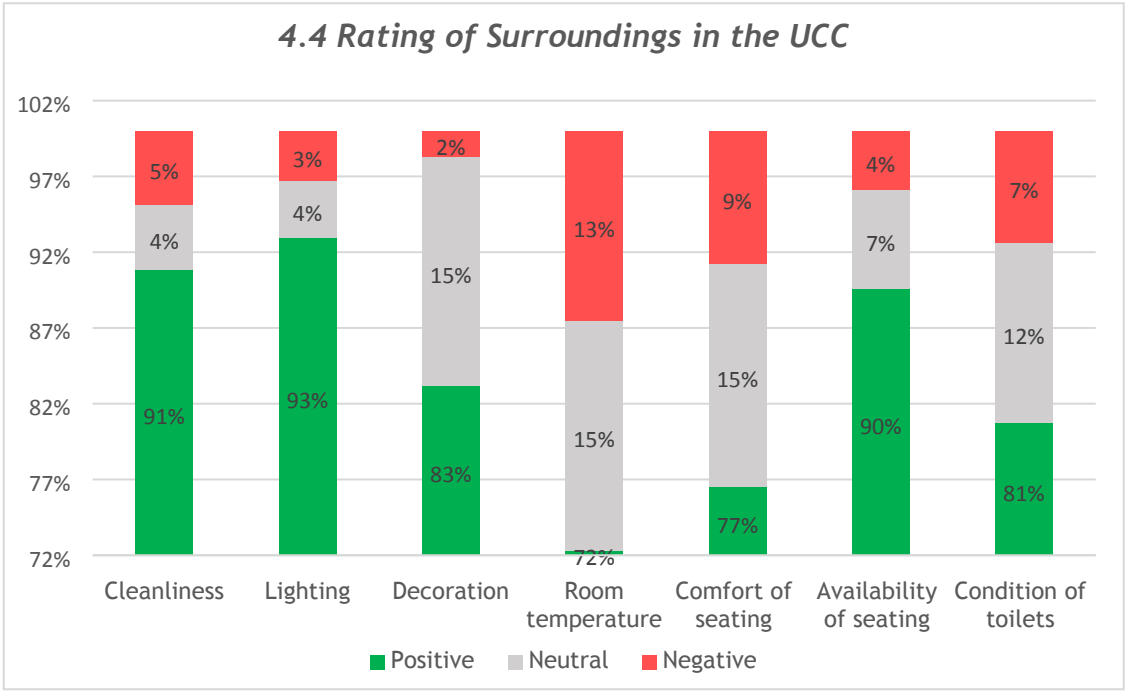
4.3 Experience at the UCC Reception

The friendliness of staff at the UCC was rated as the most positive part of the patients' experience at the Reception, with 93% (165) rating this as good or very good. This was followed by the helpfulness (158) and understanding of staff (155), each with 88% of good or very good patient ratings. 72% of patients (126) rated the privacy of the UCC Reception as good or very good. 34% (41) of patients said that their waiting time was poor or very poor and a further 29% (35) said neither good nor poor.



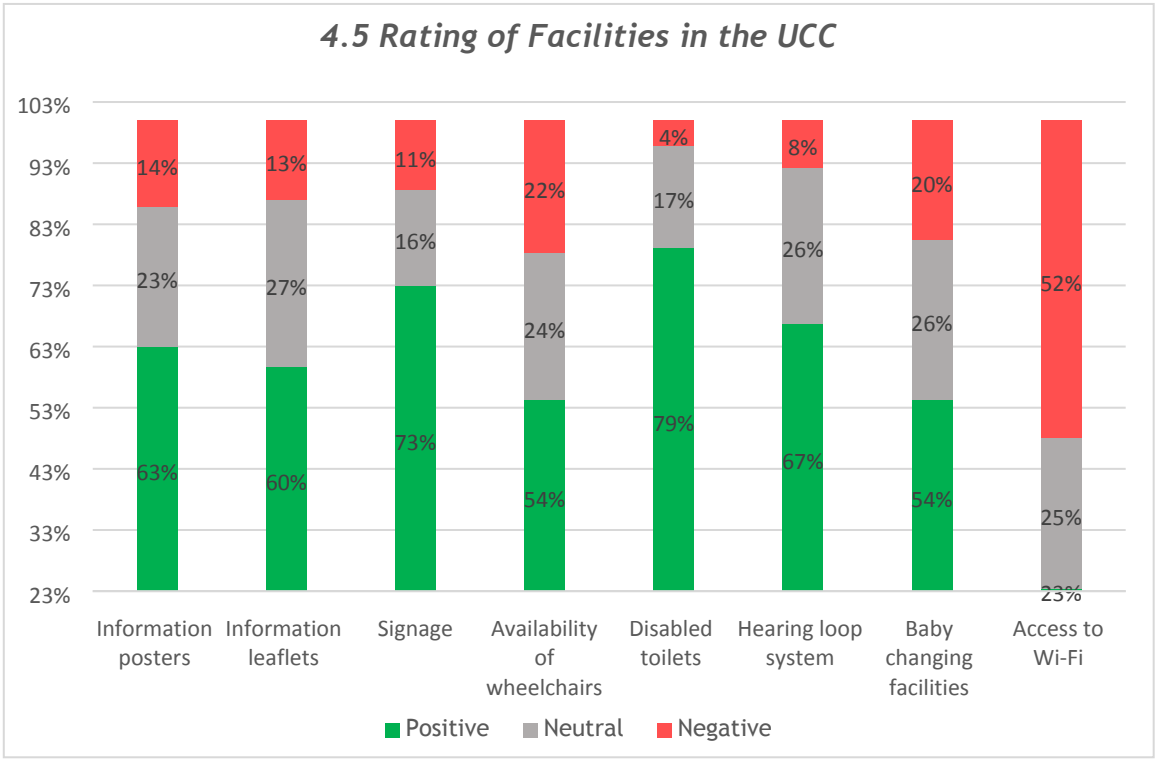
4.4 Rating of the Surroundings in the UCC

The most positive aspects of the surroundings in the UCC, rated as good or very good, were lighting (93% or 171 patients), cleanliness (91% or 168 patients) and availability of seating (90% or 163 patients). This was followed by decoration (83% or 148 patients) and condition of toilets (81% or 88 patients). *Note: different numbers of patients answered each of the questions, hence the variability in numbers as represented by percentages.* Survey respondents were less positive about the room temperature, with 72% (133) rating this as good or very good, and the comfort of seating (77% or 140 patients).



4.5 Rating of the Facilities in the UCC

The ratings for the facilities in the Centre were generally less positive than for earlier questions (experience of Reception and surroundings in the UCC). The areas which received the highest frequencies of good or very good ratings were disabled toilets (79% or 38 patients), signage (73% or 122 patients) and the hearing loop system (67% or 26 patients). *Note: Numbers of responses to some questions were low, so percentage comparisons can be misleading*. The poorest ratings were received for access to Wi-Fi, with 52% (40) of patients responding that this is poor or very poor.

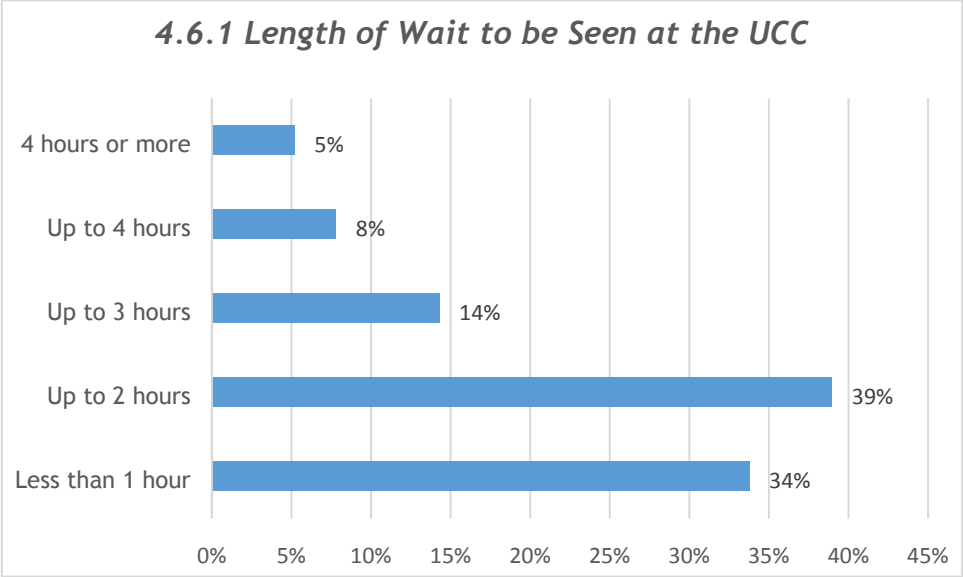


4.6 Experience of the Service at the UCC

This section of the survey was conducted after the patient had received their treatment and not all of the participants returned to complete these questions.

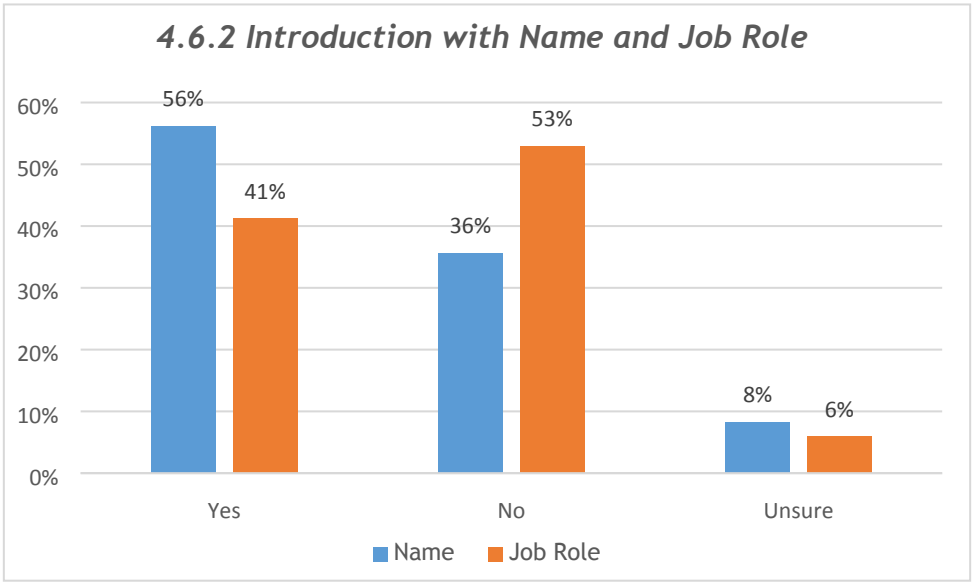
4.6.1 Length of Wait

Most patients surveyed were waiting two hours or less to be seen (73% or 56 patients).



4.6.2 Clinician Introducing Themselves

56% of patients (41) said that the person who treated them gave their name and 41% (28) said that they explained their job role/job title.



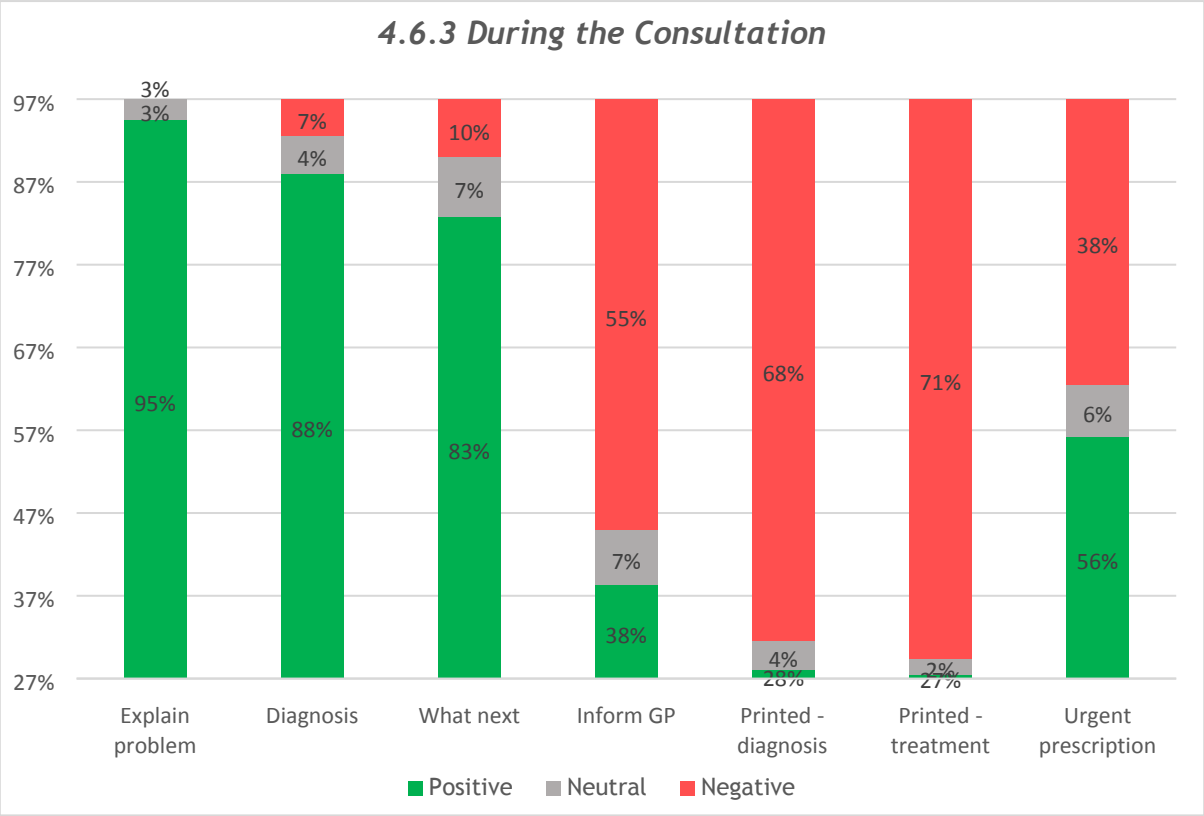
4.6.3 During the Consultation

More than 80% of respondents agreed or strongly agreed that they were given enough time to explain their problem (95% or 69 patients), given a clear explanation of their diagnosis (88% or 59 patients) and were told what would happen next (83% or 58 patients).

56% (18 patients) agreed or strongly agreed that they were advised where they could pick up an urgent prescription and 38% (23 patients) were told that their GP would be informed of their treatment.

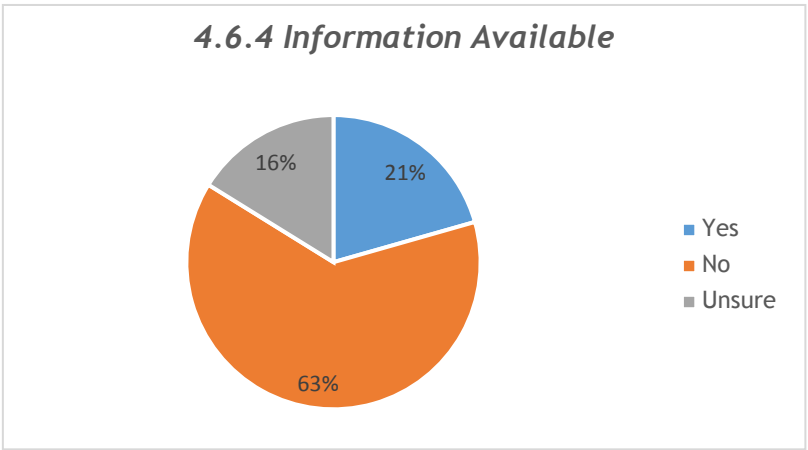
More than two-thirds of patients disagreed or strongly disagreed that they were given printed information about their diagnosis (68% or 39 patients) and their treatment (71% or 36 patients).

Respondents were offered an option of 'not applicable' to the questions about their consultation and these responses have been excluded from the analysis. However, there may be a difference in perception between clinician and patient as to whether provision of printed information on diagnosis and treatment, for example, is relevant.



4.6.4 Information about Making a Comment, Compliment or Complaint

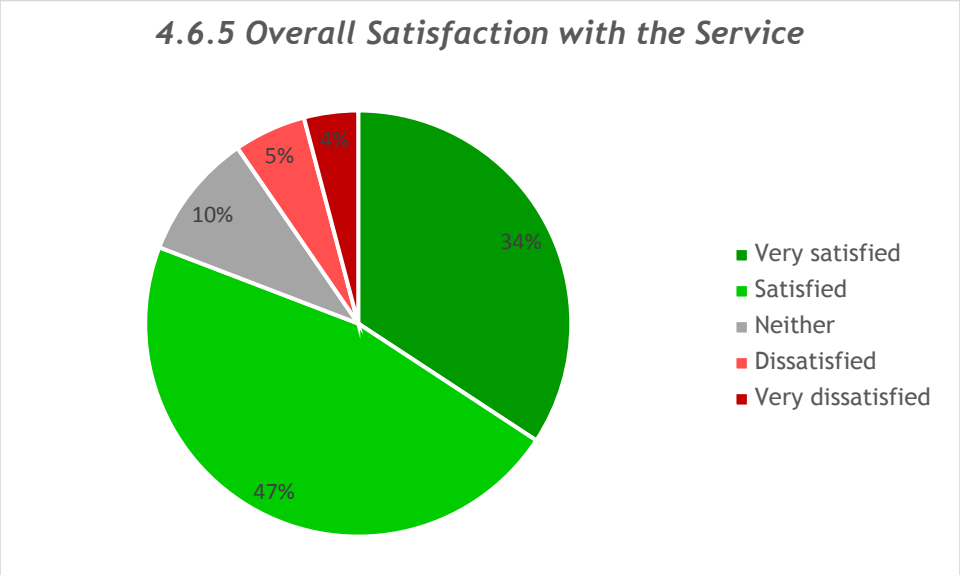
63% (43 patients) said that information was not available about how they could make a comment, compliment or complaint and a further 16% (11 patients) were unsure; a total of 79% of patients not answering 'yes' to this question.



4.6.5 Overall Satisfaction with the Service

81% (59 patients) provided a positive response to this question, being satisfied or very satisfied with the service at UCC that day. 10% (7 patients) were neutral and 10% (7 patients) were dissatisfied or very dissatisfied. *Note: Rounding of percentages accounts for the slight variation with the data on the chart below*

More commentary is provided on the patient experience in Section 4.7 below.



4.7 Patients' Commentary on Their Experience at UCC

4.7.1 Dignity and Respect

Patients were asked to comment on whether they felt that they had been treated with dignity and respect. Of the 65 people who provided a comment, 86% (56) had something positive to say, using words such as excellent, with dignity and respect, with care, helpful and kind.

Nine negative comments were received (14%) and, of these, six were related to waiting time. The other three comments were:
"Absolutely disgraceful. Neglected"
"…very degrading and put me down as I am not breastfeeding my baby"
"…not saying what they was going to do"

4.7.2 Tell Us More

In response to the question: "Would you like to tell us more about your experience today?" 43 comments were provided. Of the comments, one-third were complimentary, particularly about the service they had received and the attitude of the staff. Four

patients were happy that they had been seen quickly and two of these had made an appointment. Others described the staff using words such as friendly, informative, very nice, helpful, understanding and courteous. One person felt that the UCC offered "better service than at Bushbury – very relaxed".

The most common theme of the areas for improvement (30% of the comments) was the disappointment with the long wait to be seen. This included two patients who had booked an appointment, but were still waiting longer than expected; one of these patients reported a wait of six hours. Related to the long wait were comments about there being nothing to occupy the time, such as TV (switched off at the time) or "something to read", particularly for children as there were no toys to play with.

Some of the comments received related to the organisation of patients. One person felt that there "should be separate GPs for appointments and for walk-ins" and another suggested better "patient liaison and customer service". Two people referred to better information. One person had been previously unaware that "the service existed" and another suggested "information leaflets".

One patient was unhappy that the doctor had referred her back to her GP. Instead, she presented at A&E, where she was seen by a surgeon and admitted to hospital.

Other observations included the staffing levels of doctors, their long working hours and one person commented that the "doctor was not caring". Other suggestions included installing a clock on the wall and WiFi – "really could do with this".

4.8 Fieldwork Observations

During the fieldwork, the team recorded their own observations. Many of their observations reflect the responses received by patients in the survey, including signage, improved information and facilities. The fieldwork team picked up on a sense of confusion about the triaging system, for example for those who had already waited in A&E and the priority given to children. They observed that there were other clinics taking place and people were waiting in the same area as other attendees of the UCC, which caused some confusion. Some patients could not hear when the clinician called out their name.

The team observed that the reception desk was very busy, with patients having to wait whilst the receptionists were on the telephones and there were some times when the desk was unattended. They felt concern for the safety of staff, who were easily accessible from the reception area should a patient become aggressive, and also for the privacy of patients at the desk.

5. Conclusions

Most of the patients in the UCC during the survey week were referred by another service, with one-third of all patients being referred from the NHS 111 service. However, there was still some lack of awareness that an appointment with the UCC can be booked using this service. Some felt that more could be done to promote the UCC and NHS 111 through GPs, for example. One-third of patients came directly to the UCC without a referral from another organisation. The main reason given for this was the lack of access to GP appointments. Of those who had been to their GP, some patients were not satisfied and came to the UCC for further help. In some cases, the GP had referred them on to the UCC. A small number of patients were not registered with a GP.

The main source of dissatisfaction was the length of waiting times. Whilst many acknowledge that this was due to the volume of activity at the UCC, there was a core of patients who felt that more could be done to: i) review the system for appointments and triage and ii) make the wait more bearable where this was unavoidable. There was a general sentiment that better communication and more information would improve the patient experience during their wait, especially to be given an indication of waiting times and reasons for this.

Signage was identified as an area for improvement, even amongst those who said that the UCC was easy to find. There were some positive comments about the signage, although some of these patients had visited the UCC before. The suggestions offered for improvements included the size and location of the signs, especially those on other parts of the site.

Most of the survey respondents were happy with the content of their consultation. They felt that they had been given enough time to explain their problem, had been given a clear explanation of their diagnosis and were told what would happen next. However, they were not so positive about clinicians' introducing themselves by name and job role. There was a strong negative view that patients had not been provided with printed information about their diagnosis and treatment. There may be a difference in perception between clinician and patient as to whether provision of printed information on diagnosis and treatment is relevant, but the choice should be with the patient where this resource is available.

A number of improvements to the provision of information resources and facilities in the waiting area were suggested by patients and the fieldwork team and these have been included in the recommendations.

6. Recommendations

Given the findings and conclusions of the research, it is recommended that:

- The pathways for urgent care are clearly identified and communicated to the general public, so that services can be accessed appropriately to meet the needs of the patient.
- More is done to encourage GP registration, including further research into the barriers to access for those who are not registered with a GP.
- Information on the triage system is improved, for example with posters and leaflets. This information could include:
  - How patients are prioritised, answering the following questions: To what extent is this based on clinical need? Are children given higher priority? Are NHS 111 appointments seen first?
  - Linkages between the Emergency Department and the UCC triage systems, so that patients understand whether they will have to wait twice.
- Consideration be given to the development of a patient liaison/customer service role within the UCC, so that patients have an improved understanding of how things work and what is happening to them.
- Organisation of the waiting room is reviewed, so that it is clear where patients attending clinics and NHS 111 bookings should report to and wait for their appointments.
- Signage be improved, as follows:
  - To differentiate between the Emergency Department (ED) and the UCC;
  - In the lift, indicating with floors are for the ED and UCC;
  - At the old A&E building, providing directions to the UCC;
  - At the entrances to the hospital site;
  - To make the lettering on signs bigger, to improve visibility and readability.
- Information about the complaints system is displayed more prominently, with consideration given to the introduction of posters, a patient notice board and a rack for leaflets.
- Visual displays be introduced for announcements, such as calling patients for their appointments. If the TV is used for this purpose (it was not in operation during the survey week), then consideration could be given to the purchase of a second set to improve visibility from different angles and as a backup in case the first set is out of order.
- Consideration be given to a system which indicates a patient's place in the queue, with an approximate waiting time.
- A consistent reminder is sent to clinicians about standards for consultations, which could include:

- Introducing themselves by name and job title and briefly explaining their role;

- Providing information about where patients can collect an urgent prescription;
- Giving patients the choice to receive printed information about their diagnosis and treatment, if this is available.

- The experience of waiting at the UCC be improved by including the following:
  - Access to WiFi;
  - Installation of a clock;
  - Availability of a water dispenser or drinks machine;
  - Availability of toys and reading material.
- Assurances are provided that appropriate risk assessment has been/will be conducted into staff safety at the reception desk.

Author: Sam Hicks
Research and Evidence Officer
Healthwatch Wolverhampton

APPENDIX 1 – COPY OF THE QUESTIONNAIRE

healthwatch Wolverhampton

WDUC

Patient Experience of Wolverhampton Urgent Care Centre

We are conducting a survey today to help us understand our patients' experiences of using the Urgent Care Centre. The information that you provide on this questionnaire will be collated and presented in a report, which will help to improve the services we provide at the Centre. By taking part today, you can help to ensure that our services meet your needs, so we really value your opinions. The survey is anonymous. If you prefer, you can complete this survey online at http://bit.ly/2kBoAp7

Date (DD/MM/YYYY)_____

Time of arrival (HH:MM) at the Emergency Department downstairs (if applicable): _____
Time of arrival (HH:MM) at the Urgent Care Centre upstairs: _____

SECTION 1: THE CONTEXT OF YOUR VISIT TO THE URGENT CARE CENTRE

1. Which service referred you to the Urgent Care Centre today?

- ❍ NHS 111
- ❍ The Emergency Department at New Cross Hospital
- ❍ My own GP
- ❍ Ambulance service
- ❍ I was not referred by another service
- ❍ Other service, please specify _____

2. How did you find out about the Urgent Care Centre? (Please tick all that apply)

- ❍ I was told about it by someone I know
- ❍ I heard about it on the radio
- ❍ I read about it in a local newspaper
- ❍ I found out about it through the website
- ❍ I read about it on social media
- ❍ I had visited the Urgent Care Centre before
- ❍ I did not know about the Urgent Care Centre before
- ❍ Other, please specify _____

3. What circumstances led you to seek help from the Urgent Care Centre today?

- ❍ I contacted my GP, but could not get an appointment
- ❍ I did not want to wait in the Emergency Department
- ❍ My condition started when my GP was closed
- ❍ I was unsure where else I could go
- ❍ Other, please specify _____

4. Did you seek help from any of the following services before attending the Urgent Care Centre today? (Please tick all that apply)

- ❍ Pharmacy
- ❍ Phoenix walk-in centre
- ❍ GP during opening hours
- ❍ GP out of hours' service
- ❍ NHS 111
- ❍ Ambulance service
- ❍ Other service, please specify _____

SECTION 2: ARRIVAL ON SITE AT THE HOSPITAL

5. How easy was it to find the Urgent Care Centre today?

- ❍ Very easy
- ❍ Easy
- ❍ Neither easy nor difficult
- ❍ Difficult
- ❍ Very difficult

Please tell us why

_____

_____

6. Is there anything which might make it easier to find the Urgent Care Centre?

_____

SECTION 3: YOUR EXPERIENCE OF THE URGENT CARE CENTRE RECEPTION

7. How would you rate your experience at the Urgent Care Centre reception?

	Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
Privacy	❍	❍	❍	❍	❍	❍
Friendliness of staff	❍	❍	❍	❍	❍	❍
Helpfulness of staff	❍	❍	❍	❍	❍	❍
Understanding staff	❍	❍	❍	❍	❍	❍
Waiting Time	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍

If other, please specify _____

SECTION 4: YOUR EXPERIENCE OF OTHER AREAS WITHIN THE URGENT CARE CENTRE

8. How would you rate the surroundings in the Urgent Care Centre?

	Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
Cleanliness	❍	❍	❍	❍	❍	❍
Lighting	❍	❍	❍	❍	❍	❍
Decoration	❍	❍	❍	❍	❍	❍
Room temperature	❍	❍	❍	❍	❍	❍
Comfort of seating	❍	❍	❍	❍	❍	❍
Availability of seating	❍	❍	❍	❍	❍	❍
Condition of toilets	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍

If other, please specify _____

9. How would you rate the facilities in the Urgent Care Centre?

	Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
Information posters	❍	❍	❍	❍	❍	❍
Information leaflets	❍	❍	❍	❍	❍	❍
Signage	❍	❍	❍	❍	❍	❍
Availability of wheelchairs	❍	❍	❍	❍	❍	❍
Disabled toilets	❍	❍	❍	❍	❍	❍
Hearing loop system	❍	❍	❍	❍	❍	❍
Baby changing facilities	❍	❍	❍	❍	❍	❍
Access to Wi-Fi	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍

If other, please specify _____

SECTION 5: YOUR EXPERIENCE OF THE SERVICE YOU RECEIVED AT THE URGENT CARE CENTRE. THIS SECTION IS TO BE COMPLETED AT THE END OF YOUR VISIT.

10. How long did you have to wait before you were to seen at the Urgent Care Centre?

- ❍ Less than 1 hour
- ❍ Up to 2 hours
- ❍ Up to 3 hours
- ❍ Up to 4 hours
- ❍ 4 hours or more. If more than 4 hours, how long were you waiting? _____

11. Did the person who treated you give you their name?

- ❍ Yes
- ❍ No
- ❍ Unsure

12. Did the person who treated you explain their job role/job title?

- ❍ Yes
- ❍ No
- ❍ Unsure

13. The Urgent Care Centre wants to ensure that all patients are treated with dignity and respect. How would you describe how you were treated today?

_____
_____
_____

14. During your consultation, would you agree that you were…

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
Given enough time to explain your problem?	❍	❍	❍	❍	❍	❍
Given a clear explanation of your diagnosis?	❍	❍	❍	❍	❍	❍
Told what would happen next?	❍	❍	❍	❍	❍	❍
Told that your GP would be informed of your treatment here today?	❍	❍	❍	❍	❍	❍
Given printed information about your diagnosis?	❍	❍	❍	❍	❍	❍
Given printed information about your treatment?	❍	❍	❍	❍	❍	❍
Advised where you could pick up an urgent prescription?	❍	❍	❍	❍	❍	❍

15. Was there information available about how you could make a comment, compliment or complaint?

❍ Yes
❍ No
❍ Unsure

16. Are you attending the Urgent Care Centre as:

- ❍ A patient?
- ❍ A parent/guardian?
- ❍ Other? Please specify _____

17. Are you (the patient) registered with a GP?

- ❍ Yes
- ❍ No
- ❍ Unsure

If yes, what is the name of your GP?

_____

18. Overall, how satisfied have you been with the service today?

- ❍ Very satisfied
- ❍ Satisfied
- ❍ Neither satisfied nor dissatisfied
- ❍ Dissatisfied
- ❍ Very dissatisfied

19. Would you like to tell us more about your experience today?

_____
_____
_____
_____

Thank you for taking time to complete our survey. That is the last question we would like to ask about your experiences at the Urgent Care Centre.

20. Are you happy to answer some questions about yourself on our Equalities Monitoring Form?

- ❍ Yes, turn to the next page
- ❍ No, thank you for completing our survey

SECTION 6: EQUALITIES MONITORING FORM

Thank you for agreeing to complete this section. This will help us ensure that our services are not unfairly discriminating against some people. Your responses will be treated in the strictest confidence and you can leave blank any questions that you would prefer not to answer.

1. What is your gender identity?

- ❍ Female
- ❍ Male
- ❍ Other

Please state _____

- ❍ Female to Male Transgender
- ❍ Male to Female Transgender

2. What is your age?

- ❍ Under 18
- ❍ 18 – 29
- ❍ 30 – 39
- ❍ 40 – 49
- ❍ 50 – 59
- ❍ 60 – 69
- ❍ 70 – 79
- ❍ 80+

3. What is your race?

White

- ❍ British
- ❍ Irish
- ❍ Polish
- ❍ Lithuanian
- ❍ Other

Please state_____

Mixed multi ethnic

- ❍ White & Black Caribbean
- ❍ White & Black African
- ❍ White & Asian
- ❍ Arab
- ❍ Other

Please state _____

Asian or Asian British

- ❍ Indian
- ❍ Pakistani
- ❍ Bangladeshi
- ❍ Nepali
- ❍ Other

Please state _____

Chinese or other ethnic groups

- ❍ Chinese
- ❍ Philippine
- ❍ Vietnamese
- ❍ Thai
- ❍ Other

Please state _____

Black

- ❍ Caribbean
- ❍ African
- ❍ British
- ❍ Other

Please state _____

Gypsy & Traveller

- ❍ Irish
- ❍ Romany
- ❍ Other

Please state _____

Any other ethnic or nationality background not listed, please state: _____

4. What is your religion or belief?

- ❍ None
- ❍ Buddhism
- ❍ Christianity
- ❍ Islam
- ❍ Sikhism
- ❍ Other

❍ Judaism Please state _____

5. What is your relationship status?

❍ Civil Partnership
❍ Divorced
❍ Married
❍ Live with Partner
❍ Separated
❍ Single
❍ Widowed
❍ Other
Please state _____

6. What is your sexual orientation?

❍ Bisexual
❍ Gay
❍ Heterosexual/straight
❍ Lesbian

7. Pregnancy and maternity (female only)

Are you pregnant at this time? ❍ Yes ❍ No
Have you given birth in the last 26 weeks? ❍ Yes ❍ No

8. Do you consider yourself to have a disability?

❍ No
❍ Yes

If yes, which of these? (Please tick all that apply)

❍ Learning disability or difficulty
❍ Long term illness
❍ Mental health condition
❍ Physical impairment
❍ Sensory impairment
❍ Other
Please state _____

9. What is your postcode?

_____

APPENDIX 2 – EQUALITIES AND DIVERSITY MONITORING

1) Nine Protected Characteristics

Gender identity

Female		118	72%
Male		44	27%
Male to Female Transgender		1	1%
Blank	24		
TOTAL	**187**		
Total Without Blanks	**163**	**100%**	

Age

Under 18		6	4%
18-29		53	34%
30-39		43	28%
40-49		23	15%
50-59		15	10%
60-69		11	7%
70-79		8	5%
80+		3	2%
Blank	25		
TOTAL	**181**		
Total Without Blanks	**156**	**100%**	

Race

Asian Indian		11	7%
Asian Pakistani		2	1%
Black African		3	2%
Black Caribbean		5	3%
Mixed White & Asian		1	1%
Mixed White & Black African		1	1%
Mixed White & Black Caribbean		7	4%
White British		112	70%
White Irish		2	1%
White Lithuanian		2	1%
White Polish		8	5%
Other		6	4%
Blank	27		
TOTAL	**187**		
Total Without Blanks	**160**	**100%**	

Religion or belief

Buddhism	1	1%

Christianity			66	48%
Islam			1	1%
None			56	41%
Sikhism			14	10%
Other			15	11%
Blank	34			
TOTAL	187			
Total Without Blanks	138	**100%**		

Relationship status

Civil Partnership			2	1%
Divorced			3	2%
Live with Partner			36	24%
Married			61	40%
Separated			3	2%
Single			43	28%
Widowed			5	3%
Other			3	2%
Blank	31			
TOTAL	**187**			
Total Without Blanks	**153**	**100%**		

Sexual orientation

Gay			1	1%
Heterosexual/Straight			140	97%
Lesbian			3	2%
Blank	43			
TOTAL	**187**			
Total Without Blanks	**144**	**100%**		

Pregnant

Yes			10	8%
No			121	92%
Blank	56			
TOTAL	**187**			
Total Without Blanks	**131**	**100%**		

Given Birth in the Last 26 Weeks

Yes			6	5%
No			119	95%
Blank	62			
TOTAL	**187**			
Total Without Blanks	**125**	**100%**		

Disability

Yes			23	16%

No	122	84%

If yes, which disability?

Long term illness	9	45%
Learning disability or difficulty	1	5%
Mental health condition	5	25%
Other - Arthritis	1	5%
Physical impairment	4	20%

2) Other Participant Information

Postcode

WV1	13	8%
WV2	5	3%
WV3	5	3%
WV4	9	6%
WV5	1	1%
WV6	12	8%
WV9	1	1%
WV10	52	34%
WV11	28	18%
WV12	3	2%
WV13	5	3%
WV14	10	6%
Non WV	10	6%

Attending as:

A parent/guardian?	41	34%
A patient?	75	61%
Other?	6	5%

What is your gender identity?		
Female	118	72%
Male	44	27%
Male to Female Transgender	1	1%
Blank	24	
TOTAL	**187**	
Total Without Blanks	**163**	**100%**

Registered with a GP

Yes	112	93%
No	9	7%
Unsure	0	0%
Blank	66	

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GP PATIENT SURVEY

NHS Wolverhampton CCG

Latest survey results

July 2017 publication

Version 1| Public

Ipsos MORI
Social Research Institute

Ipsos

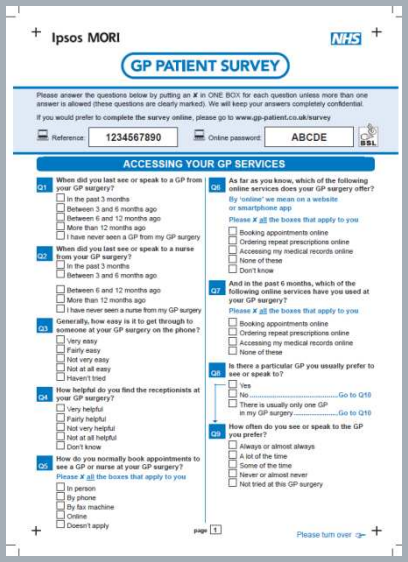
Contents

This slide pack provides results for the following topic areas:

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit https://gp-patient.co.uk/.
- This slide pack presents some of the key results for **NHS Wolverhampton CCG**.
- The data in this slide pack are based on the **July 2017 GPPS publication**. In contrast to previous years when the survey was carried out across two waves, the GPPS now consists of a single wave of fieldwork carried out annually, from January 2017 to March 2017. However, the sample size has remained similar, continuing to provide practice-level data.
- In NHS Wolverhampton CCG, **15,268** questionnaires were sent out, and **4,785** were returned completed. This represents a response rate of **31%**.
- Prior to 2015 these slide packs presented Area Team averages for each CCG. These are no longer included following the integration of Area Teams into the four existing Regional Teams. However, CCGs can still see how their results compare to those of other local CCGs.
- **The questionnaire can be found here:** https://gp-patient.co.uk/surveys-and-reports. Note the numbering may change each publication due to the addition or removal of questions.


Ipsos MORI

NHS

GP PATIENT SURVEY

Please answer the questions below by putting an X in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to complete the survey online, please go to www.gp-patient.co.uk/survey

Reference: 1234567890 Online password: ABCDE

ACCESSING YOUR GP SERVICES

Q1 When did you last see or speak to a GP from your GP surgery?
In the past 3 months
Between 3 and 6 months ago
Between 6 and 12 months ago
More than 12 months ago
I have never seen a GP from my GP surgery

Q2 When did you last see or speak to a nurse from your GP surgery?
In the past 3 months
Between 3 and 6 months ago
Between 6 and 12 months ago
More than 12 months ago
I have never seen a nurse from my GP surgery

Q3 Generally, how easy is it to get through to someone at your GP surgery on the phone?
Very easy
Fairly easy
Not very easy
Not at all easy
Haven't tried

Q4 How helpful do you find the receptionists at your GP surgery?
Very helpful
Fairly helpful
Not very helpful
Not at all helpful
Don't know

Q5 How do you normally book appointments to see a GP or nurse at your GP surgery?
Please X all the boxes that apply to you
In person
By phone
By fax machine
Online
Doesn't apply

Q6 As far as you know, which of the following online services does your GP surgery offer?
By 'online' we mean on a website or smartphone app
Please X all the boxes that apply to you
Booking appointments online
Ordering repeat prescriptions online
Accessing my medical records online
None of these
Don't know

Q7 And in the past 6 months, which of the following online services have you used at your GP surgery?
Please X all the boxes that apply to you
Booking appointments online
Ordering repeat prescriptions online
Accessing my medical records online
None of these

Q8 Is there a particular GP you usually prefer to see or speak to?
Yes
No ..... Go to Q10
There is usually only one GP in my GP surgery ..... Go to Q10

Q9 How often do you see or speak to the GP you prefer?
Always or almost always
A lot of the time
Some of the time
Never or almost never
Not tried at this GP surgery

page 1

Please turn over

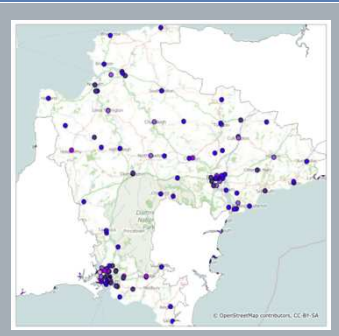
Introduction

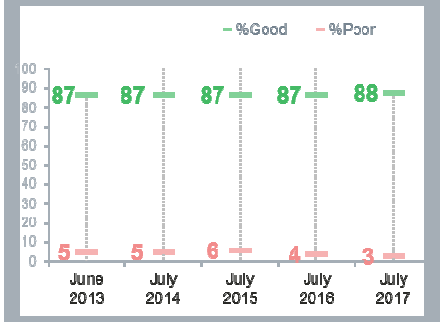
- The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Making appointments
  - Waiting times
  - Perceptions of care at appointments
  - Practice opening hours
  - Out-of-hours services
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data which limits the detail provided by the results.
  - The data are provided once a year rather than in real time.
- However, given the consistency of the survey across organisations and over time, GPPS can be used as one element of evidence.
- It can be triangulated with other sources of feedback, such as feedback from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journeys.
- **This slide pack is intended to assist this triangulation of data. It aims to highlight where there may be a need for further exploration.**
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**

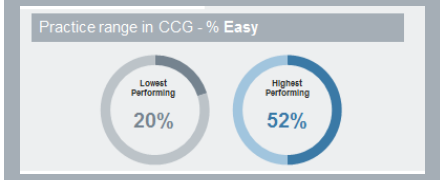
Guidance on how to use the data

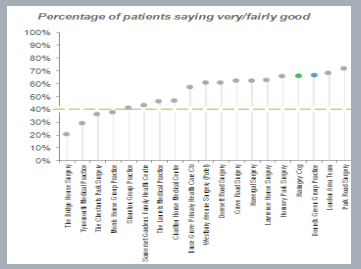
The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- **Comparison of a CCG's results against the national average**: this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- **Analysing trends in a CCG's results over time**: this provides a sense of the direction of the CCG's performance over time. The CCG may wish to focus on areas that have seen declines over time.
- **Considering questions where there is a larger range in responses among practices or CCGs**: this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.
- **Comparison of practices' results within a CCG**: this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.









Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particularly when comparing practices due to low numbers of responses.**

For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.

- **Maps:**
  - CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- **Trends**:
  - **Latest / July 2017:** refers to the **July 2017 publication** (fieldwork January to March 2017).
  - **July 2016:** refers to the **July 2016 publication** (fieldwork July to September 2015 and January to March 2016).
  - **July 2015:** refers to the **July 2015 publication** (fieldwork July to September 2014 and January to March 2015).
  - **July 2014:** refers to the **July 2014 publication** (fieldwork July to September 2013 and January to March 2014).
  - **June 2013:** Refers to the **June 2013 publication** (fieldwork July to September 2012 and January to March 2013).
- For further information on using the data please refer to the end of this slide pack.

* More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

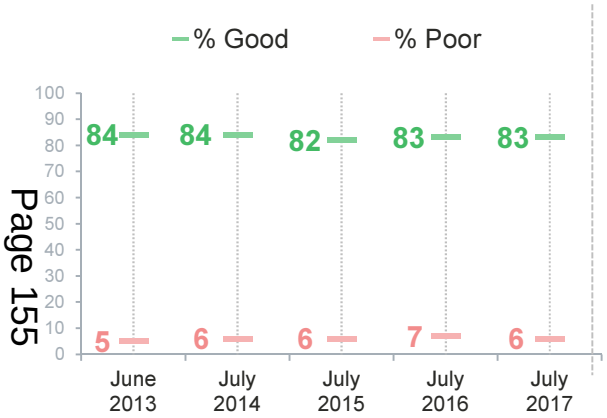
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding**.

Overall experience of GP surgeries

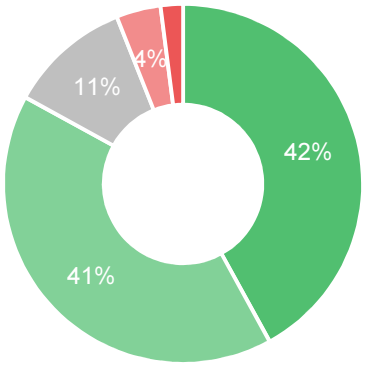
Overall experience of GP surgery

Q28. Overall, how would you describe your experience of your GP surgery?

CCG's results over time



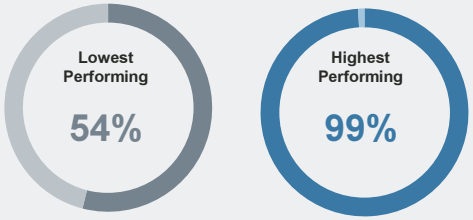
CCG's results



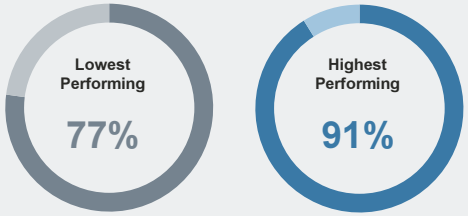
Comparison of results

	CCG	National
	83%	85%
	Good	Good
	6%	5%
	Poor	Poor

Practice range in CCG – % **Good**



Local CCG range – % **Good**



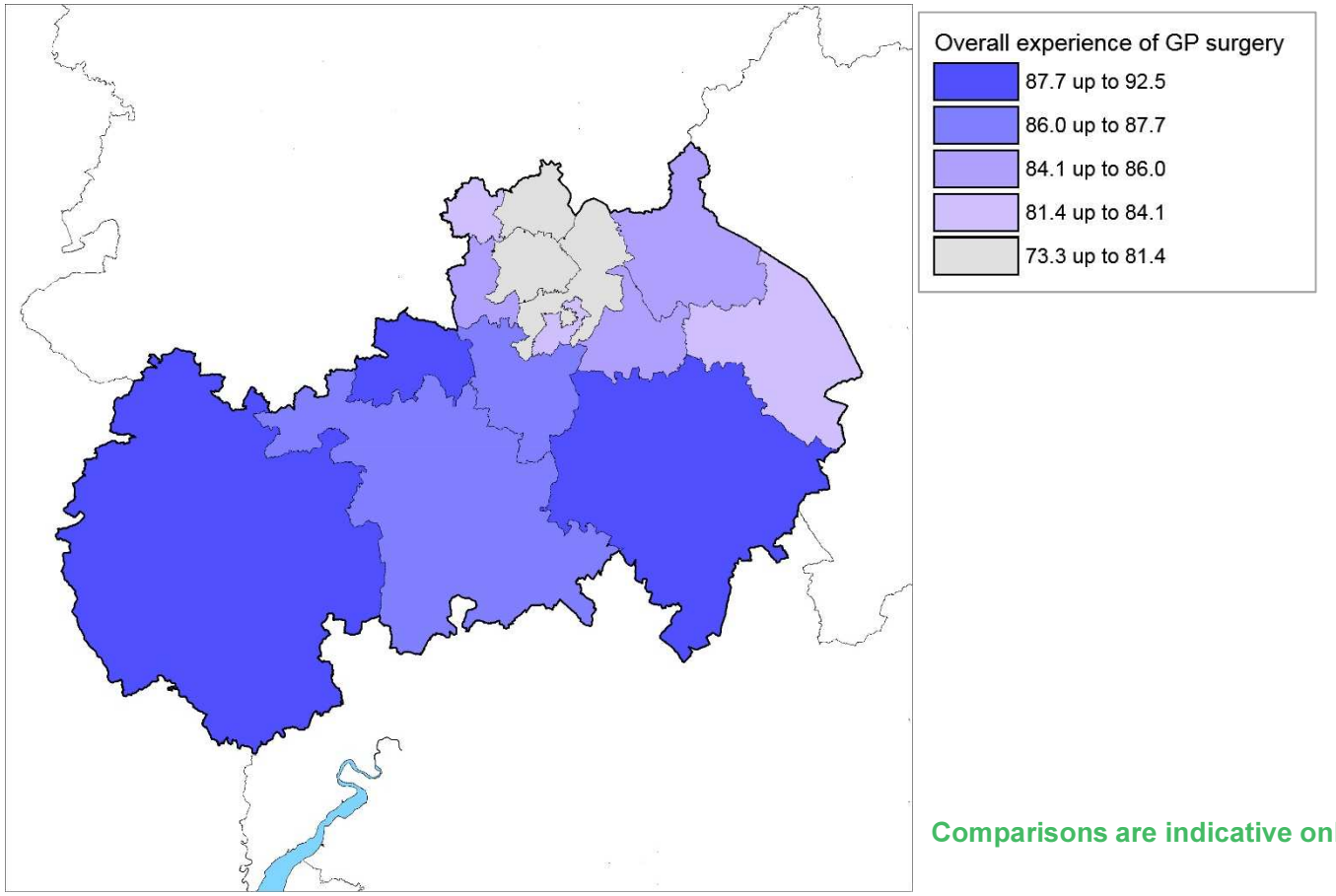
Base: All those completing a questionnaire: National (794,704); CCG 2017 (4,709); CCG 2016 (4,735); CCG 2015 (4,772); CCG 2014 (5,298); CCG 2013 (5,573); Practice bases range from 53 to 125; CCG bases range from 1,269 to 8,941

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience:
how the CCG's results compare to other local CCGs

Q28. Overall, how would you describe your experience of your GP surgery?

Percentage of patients saying good



Results range from

77%

to

91%

Comparisons are indicative only: differences may not be statistically significant

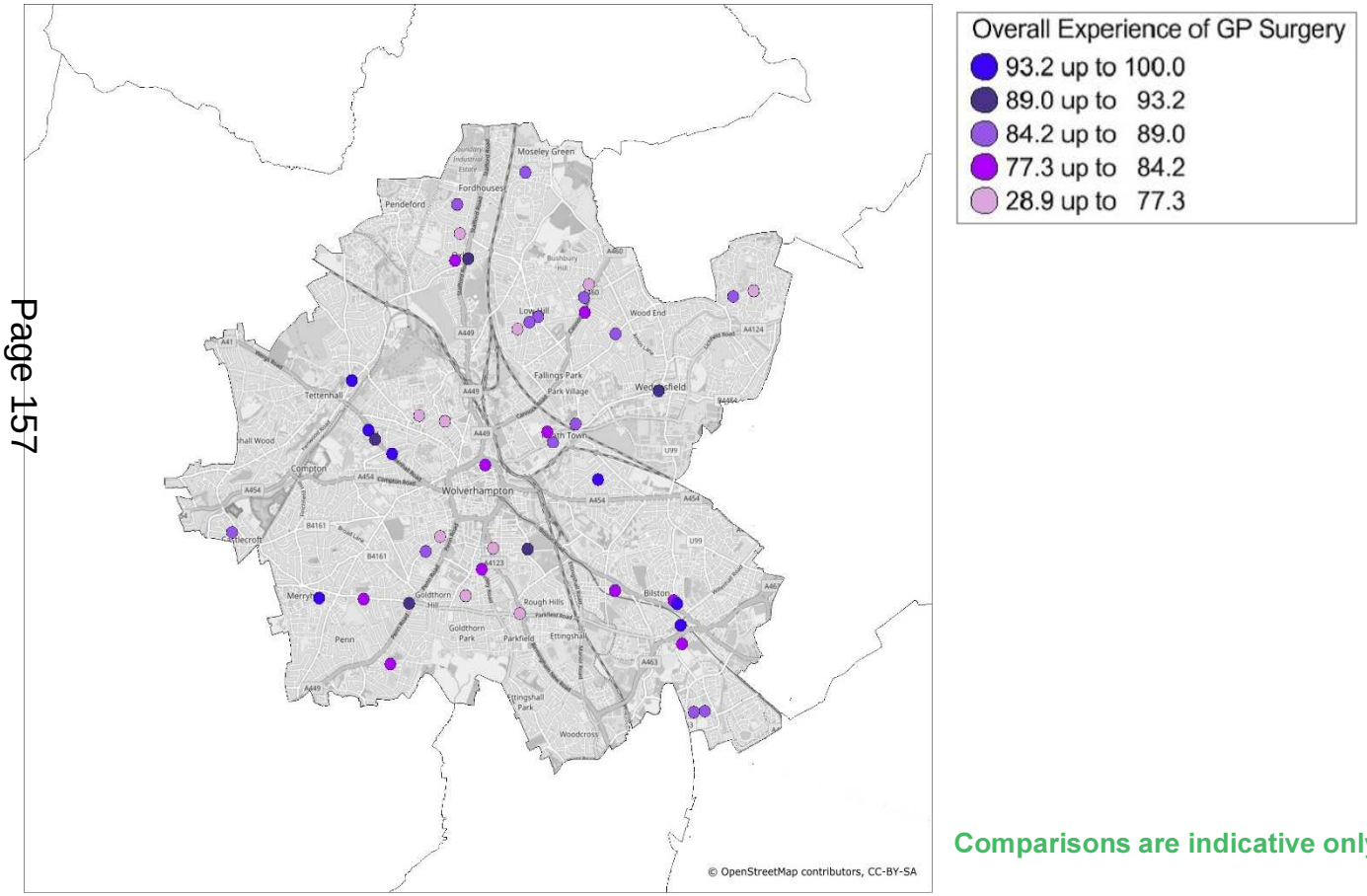
Base: All those completing a questionnaire: CCG bases range from 1,269 to 8,941

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q28. Overall, how would you describe your experience of your GP surgery?

Percentage of patients saying good



Results range from

54%

to

99%

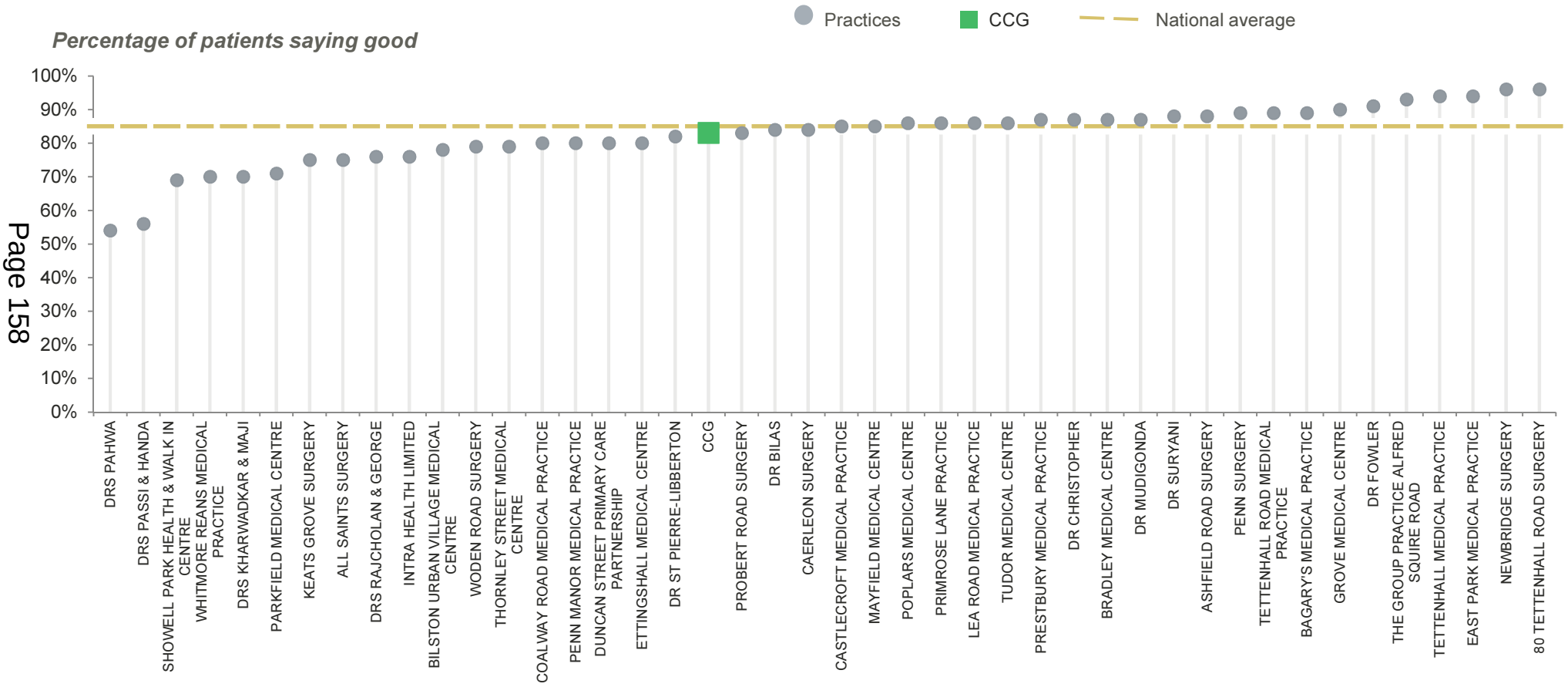
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: Practice bases range from 53 to 125

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q28. Overall, how would you describe your experience of your GP surgery?



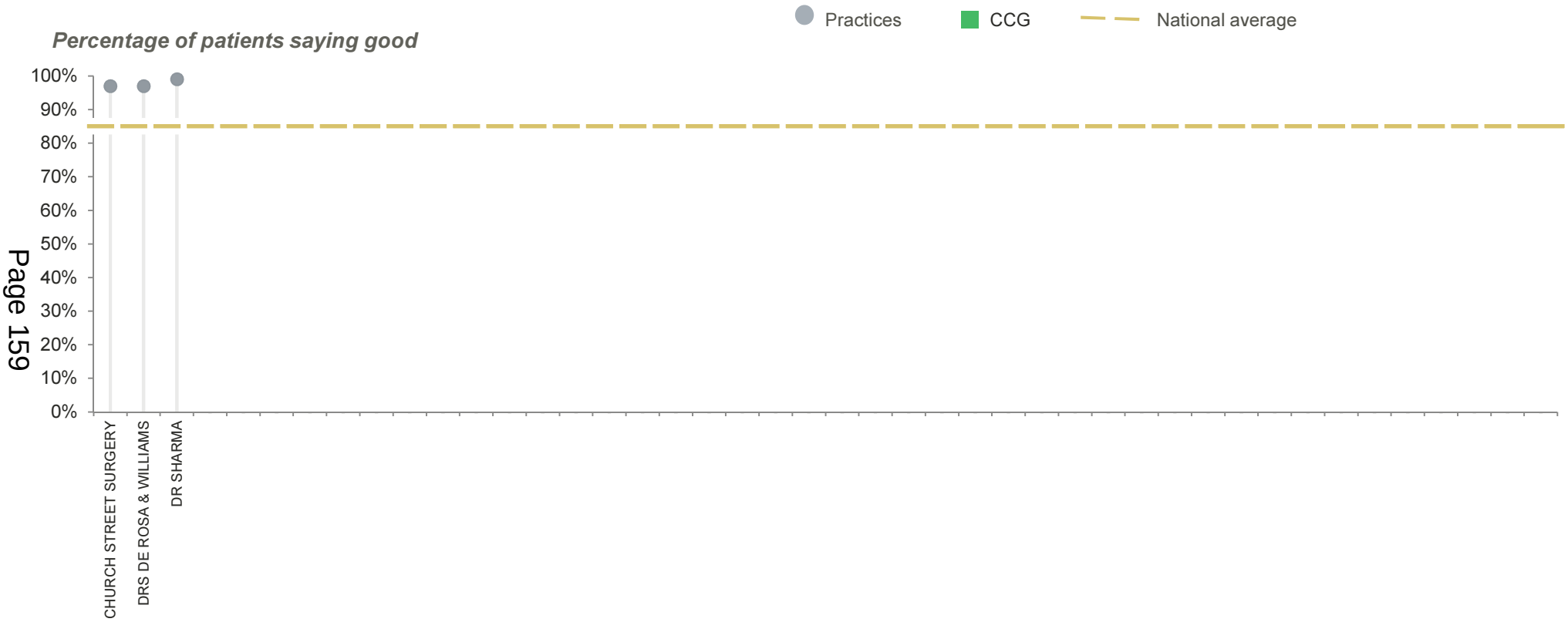
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (794,704); CCG (4,709); Practice bases range from 53 to 125

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q28. Overall, how would you describe your experience of your GP surgery?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (794,704); CCG (4,709); Practice bases range from 53 to 125

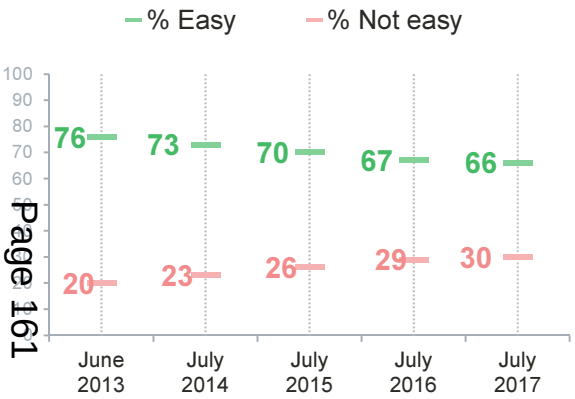
%Good = %Very good + %Fairly good

Access to GP services

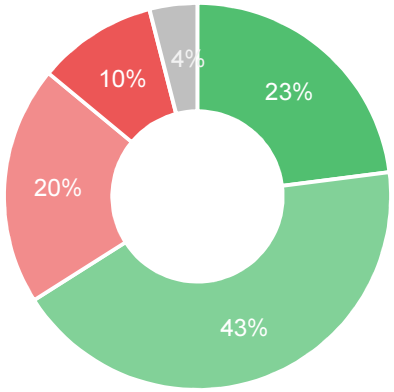
Ease of getting through to GP surgery on the phone

Q3. Generally, how easy is it to get through to someone at your GP surgery on the phone?

CCG's results over time



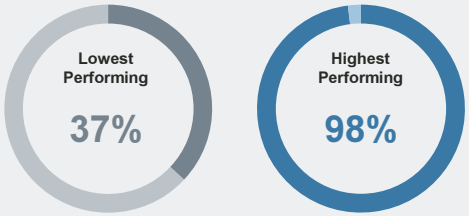
CCG's results



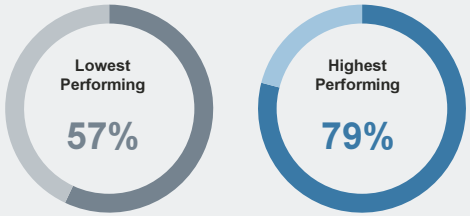
Comparison of results

	CCG	National
	66%	68%
	Easy	Easy
	30%	28%
	Not easy	Not easy

Practice range in CCG - % **Easy**



Local CCG range - % **Easy**

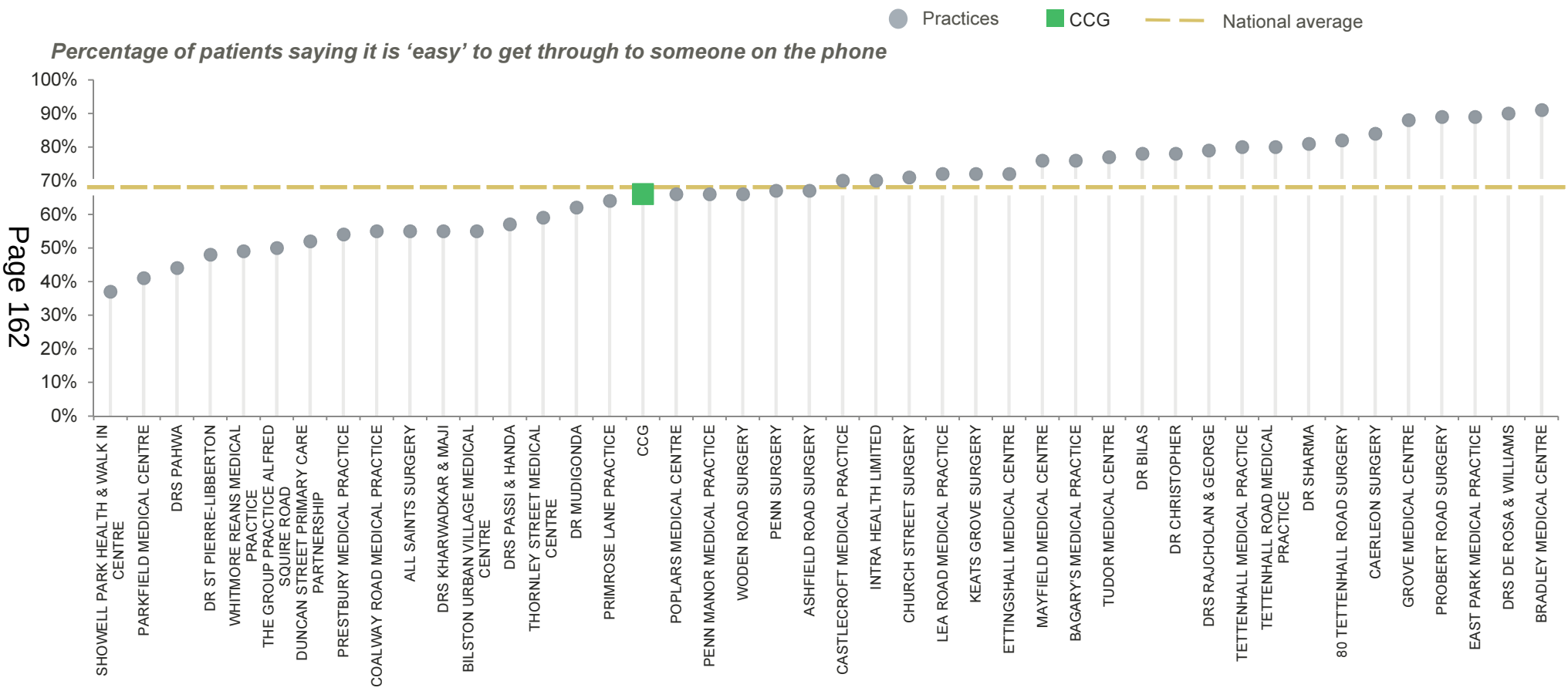


Base: All those completing a questionnaire: National (804,177); CCG 2017 (4,756); CCG 2016 (4,812); CCG 2015 (4,858); CCG 2014 (5,379); CCG 2013 (5,729); Practice bases range from 52 to 125; CCG bases range from 1,285 to 9,058

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of getting through to GP surgery on the phone: how the CCG's practices compare

Q3. Generally, how easy is it to get through to someone at your GP surgery on the phone?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (804,177); CCG (4,756); Practice bases range from 52 to 125

%Easy = %Very easy + %Fairly easy

Ease of getting through to GP surgery on the phone: how the CCG's practices compare

Q3. Generally, how easy is it to get through to someone at your GP surgery on the phone?

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

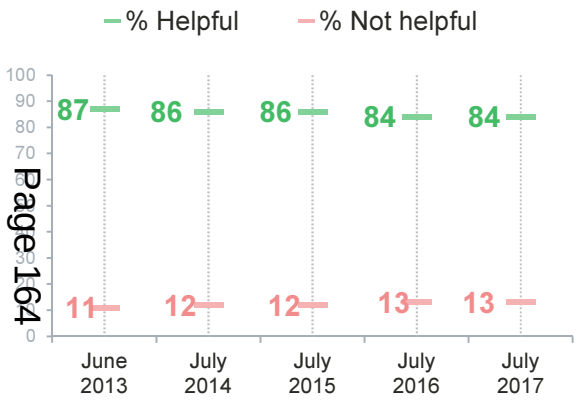
Base: All those completing a questionnaire: National (804,177); CCG (4,756); Practice bases range from 52 to 125

%Easy = %Very easy + %Fairly easy

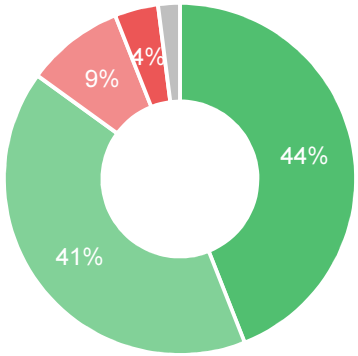
Helpfulness of receptionists at GP surgery

Q4. How helpful do you find the receptionists at your GP surgery?

CCG's results over time



CCG's results

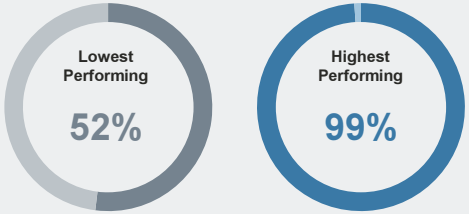


- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Don't know

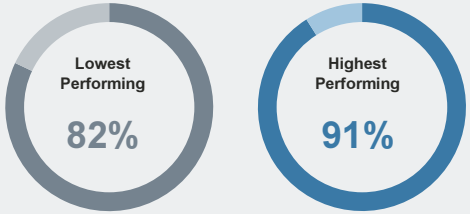
Comparison of results

	CCG	National
	84%	87%
	Helpful	Helpful
	13%	11%
	Not helpful	Not helpful

Practice range in CCG - % **Helpful**



Local CCG range - % **Helpful**

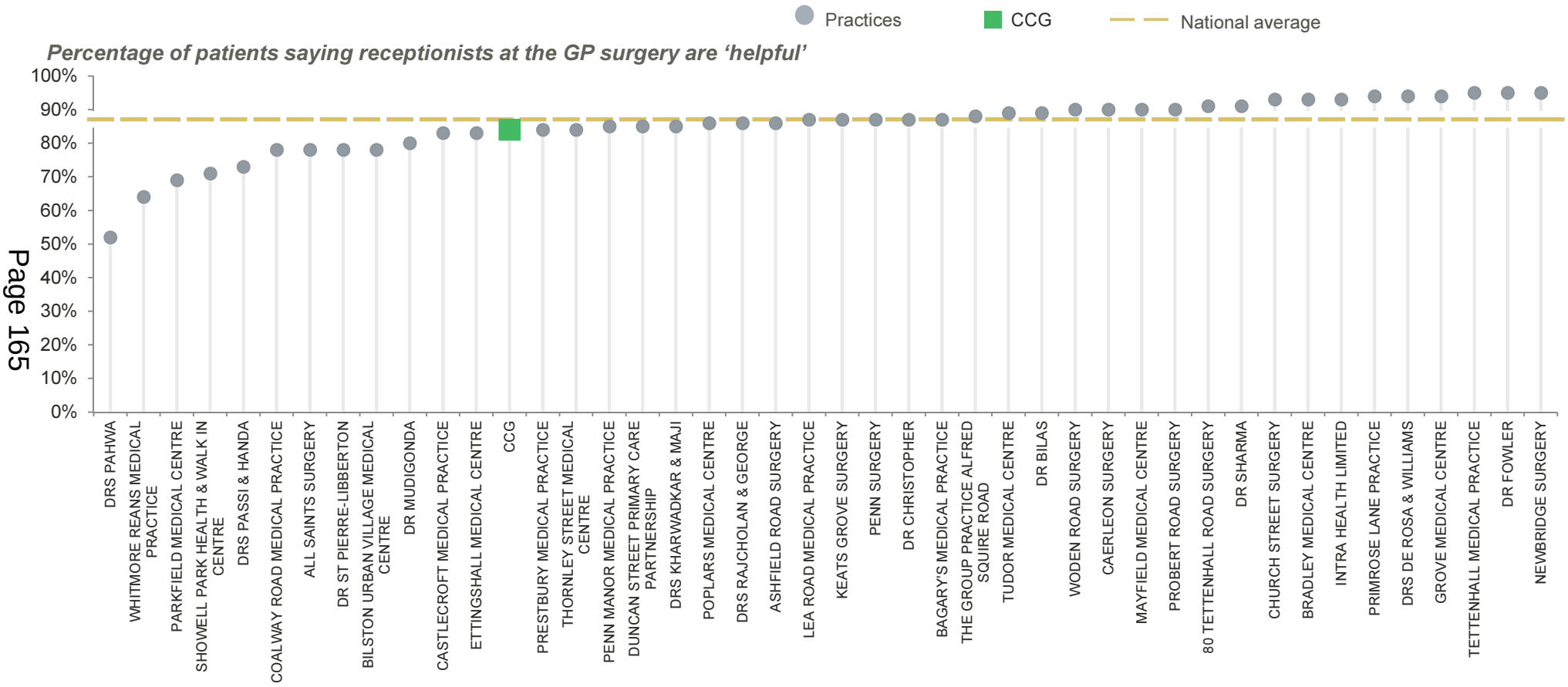


Base: All those completing a questionnaire: National (803,718); CCG 2017 (4,757); CCG 2016 (4,815); CCG 2015 (4,862); CCG 2014 (5,376); CCG 2013 (5,723); Practice bases range from 53 to 125; CCG bases range from 1,282 to 9,059

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

Helpfulness of receptionists at GP surgery: how the CCG's practices compare

Q4. How helpful do you find the receptionists at your GP surgery?



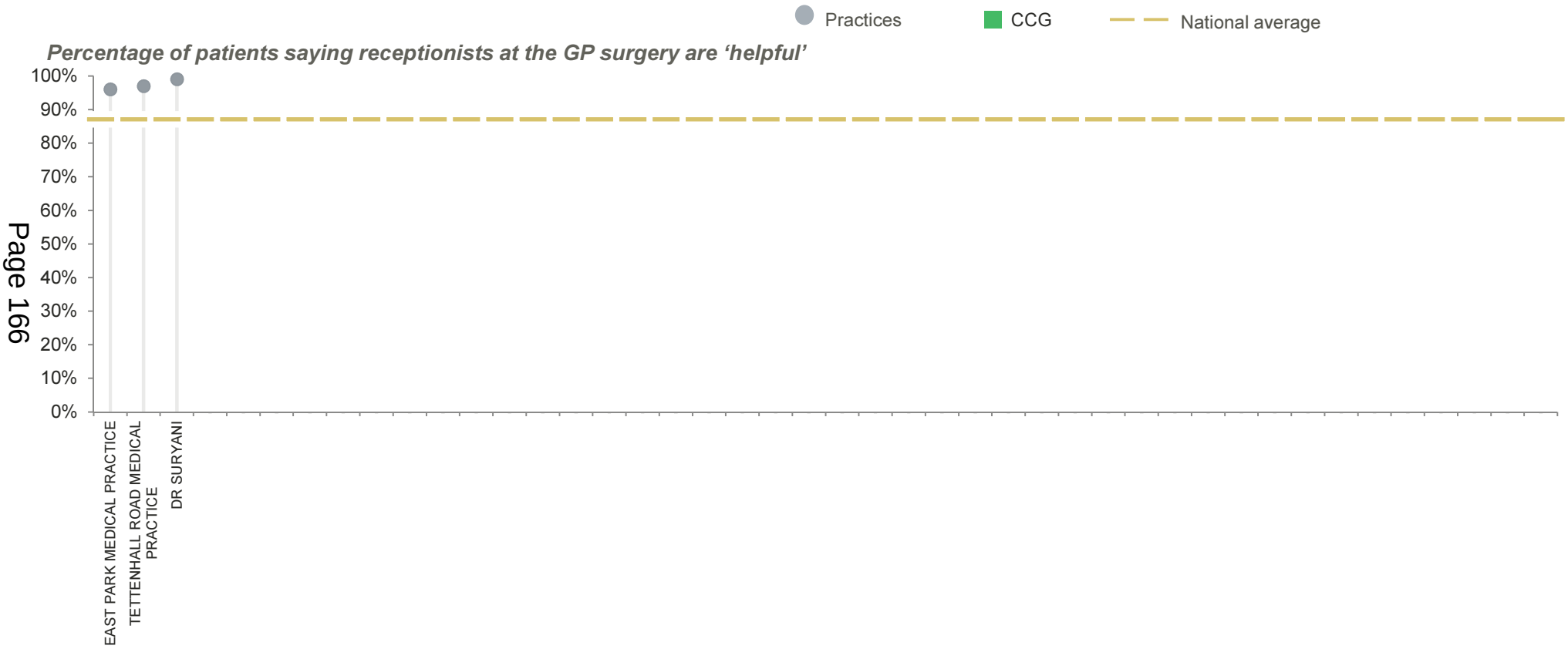
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (803,718); CCG (4,757); Practice bases range from 53 to 125

%Helpful = %Very helpful + %Fairly helpful

Helpfulness of receptionists at GP surgery: how the CCG's practices compare

Q4. How helpful do you find the receptionists at your GP surgery?



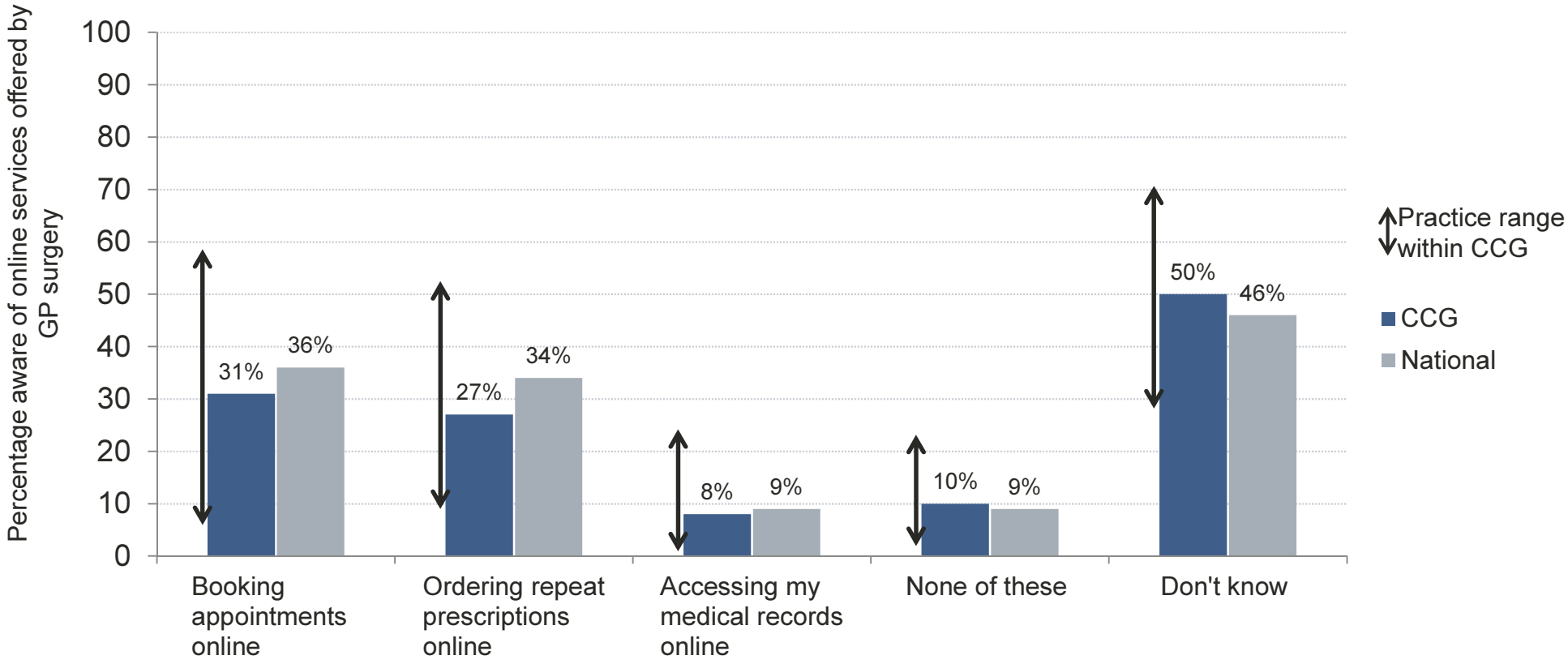
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (803,718); CCG (4,757); Practice bases range from 53 to 125

%Helpful = %Very helpful + %Fairly helpful

Awareness of online services

Q6. As far as you know, which of the following online services does your GP surgery offer?

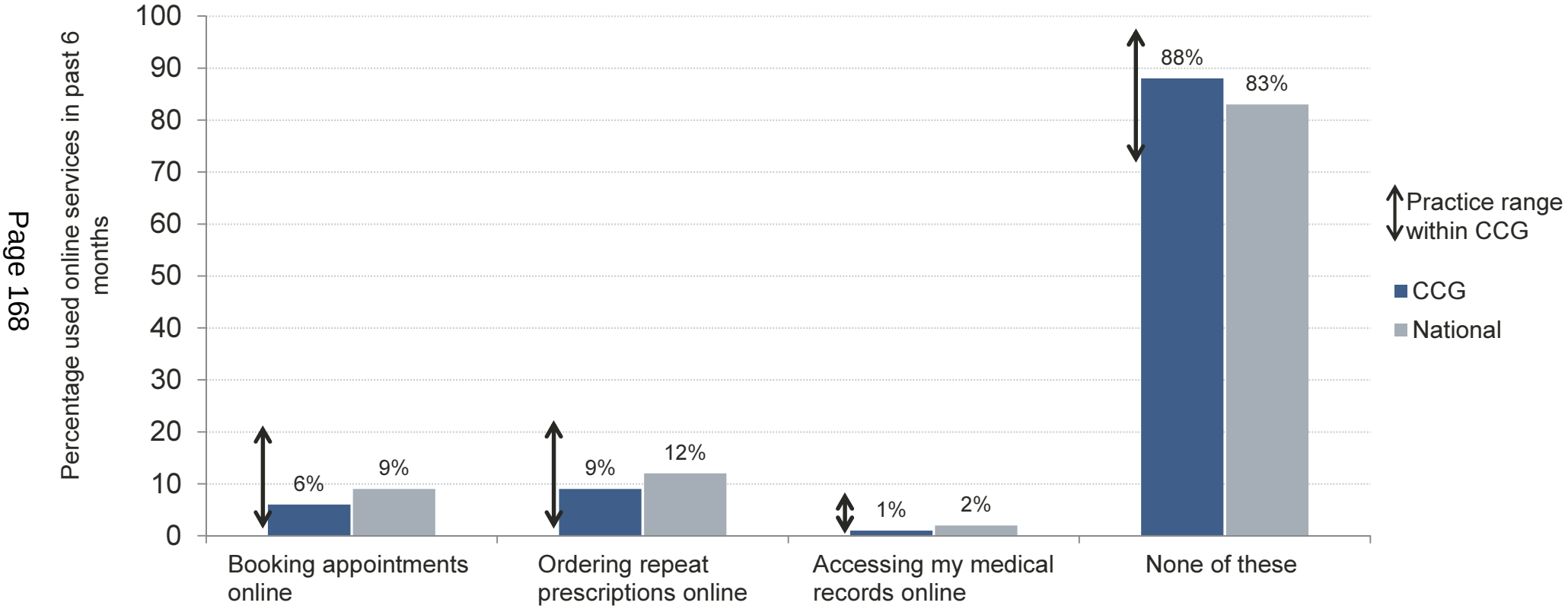


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (782,347); CCG (4,602); Practice bases range from 53 to 121

Online service use

Q7. And in the past 6 months, which of the following online services have you used at your GP surgery?



Comparisons are indicative only: differences may not be statistically significant

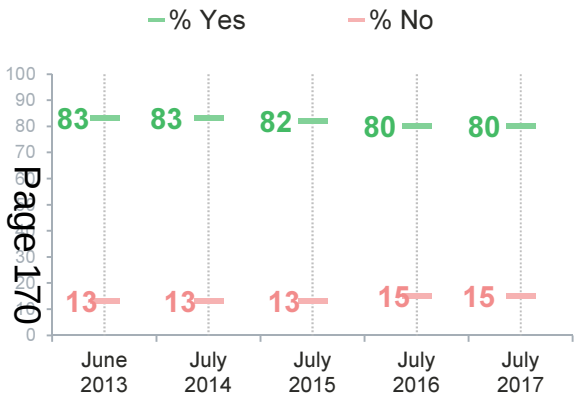
Base: All those completing a questionnaire: National (786,183); CCG (4,624); Practice bases range from 53 to 122

Making an appointment

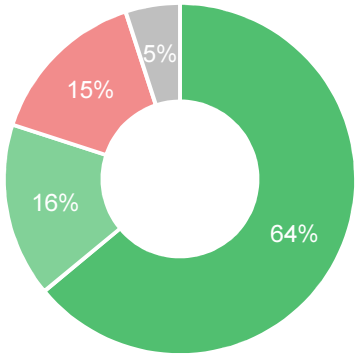
Success in getting an appointment

Q12. Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?

CCG's results over time



CCG's results

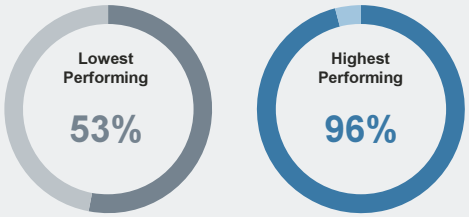


- Yes
- Yes, but I had to call back closer to or on the day
- No
- Can't remember

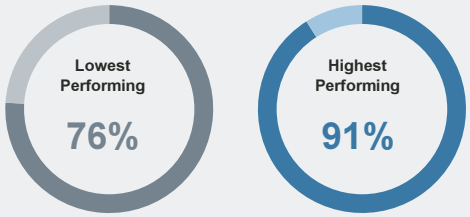
Comparison of results

CCG	National
80%	84%
Yes	Yes
15%	11%
No	No

Practice range in CCG - % **Yes**



Local CCG range - % **Yes**

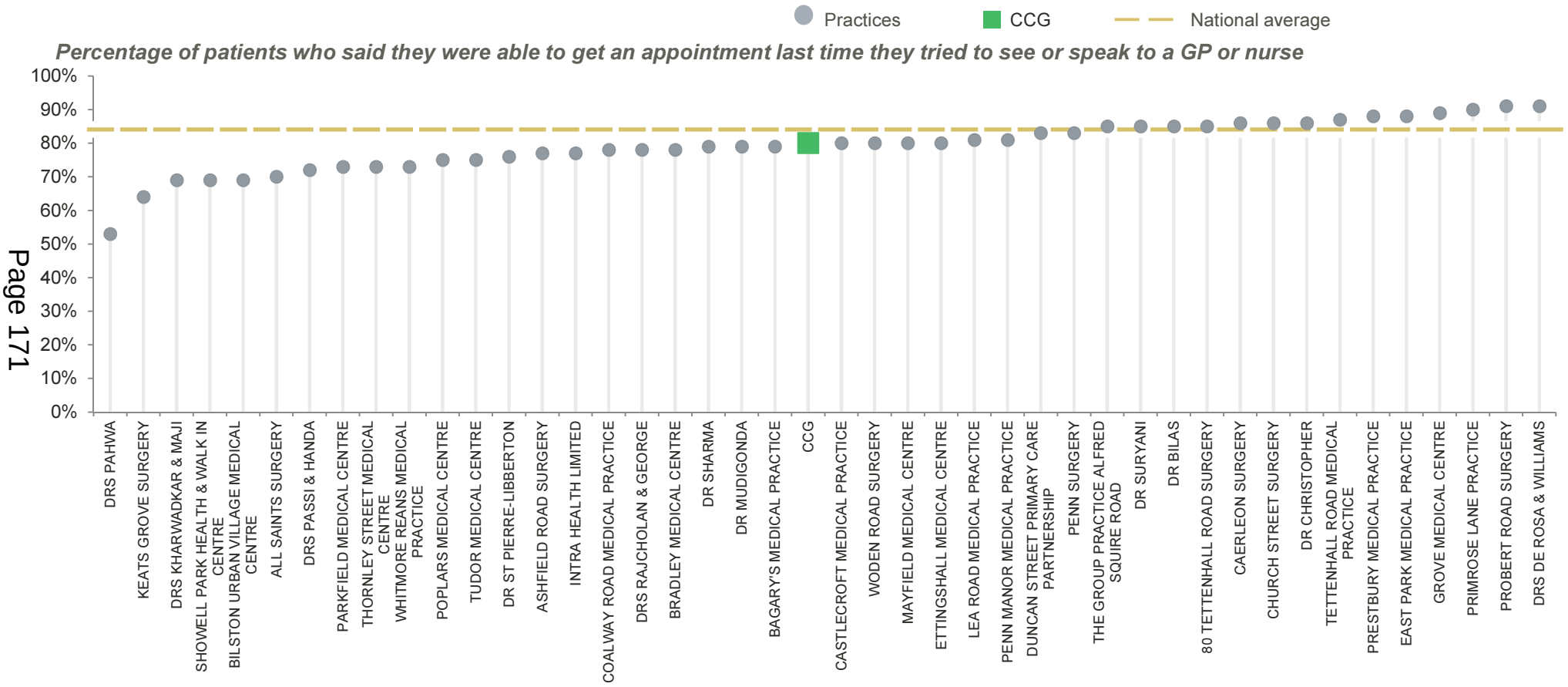


Base: All those completing a questionnaire: National (772,293); CCG 2017 (4,565); CCG 2016 (4,616); CCG 2015 (4,694); CCG 2014 (5,138); CCG 2013 (5,520); Practice bases range from 50 to 121; CCG bases range from 1,230 to 8,609

%Yes = %Yes + %Yes, but I had to call back closer to or on the day

Success in getting an appointment: how the CCG's practices compare

Q12. Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?



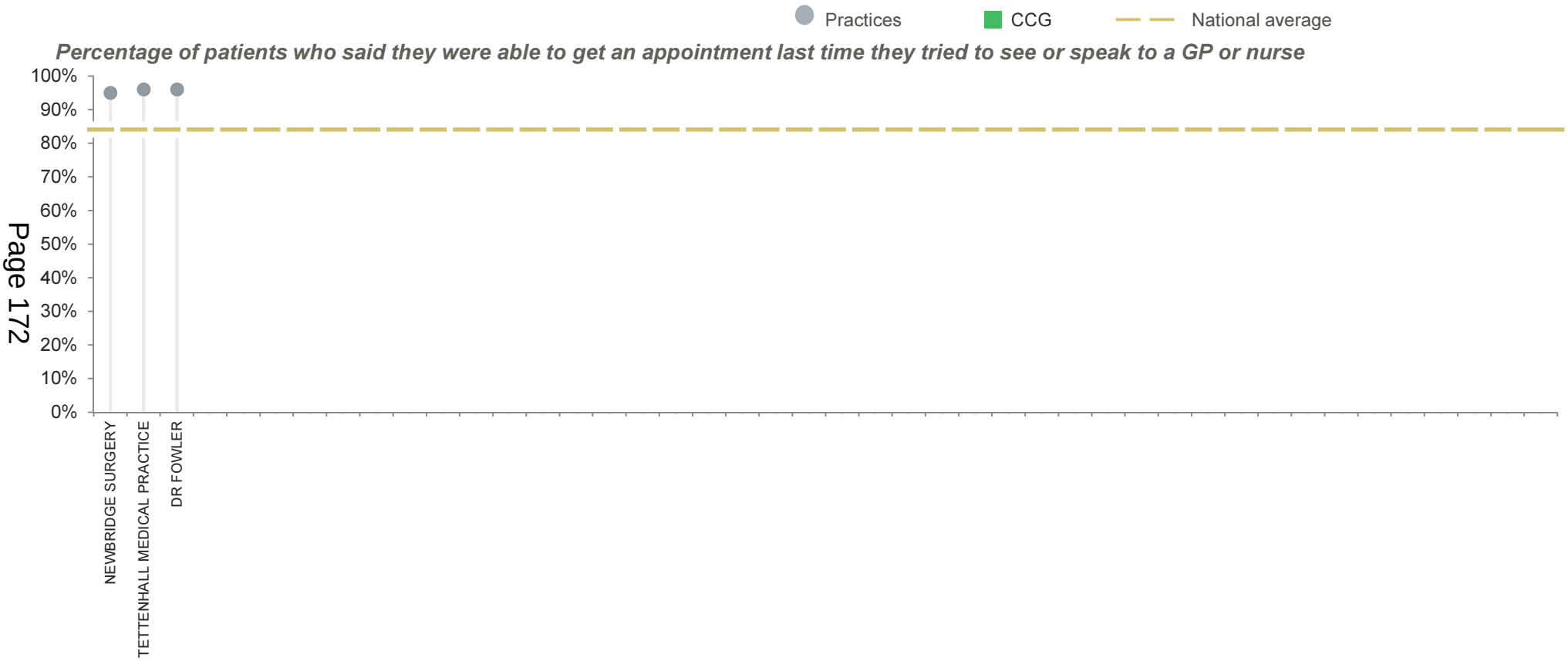
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (772,293); CCG (4,565); Practice bases range from 50 to 121

%Yes = %Yes + %Yes, but I had to call back closer to or on the day

Success in getting an appointment: how the CCG's practices compare

Q12. Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

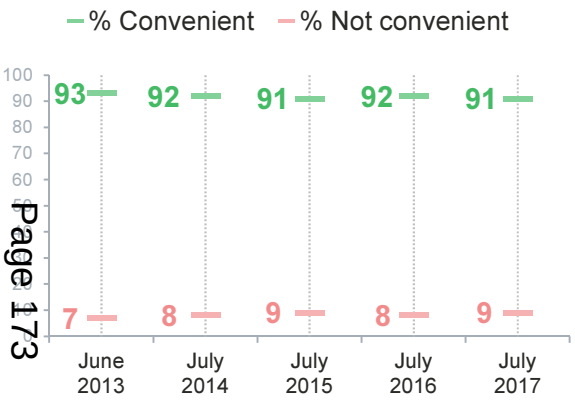
Base: All those completing a questionnaire: National (772,293); CCG (4,565); Practice bases range from 50 to 121

%Yes = %Yes + %Yes, but I had to call back closer to or on the day

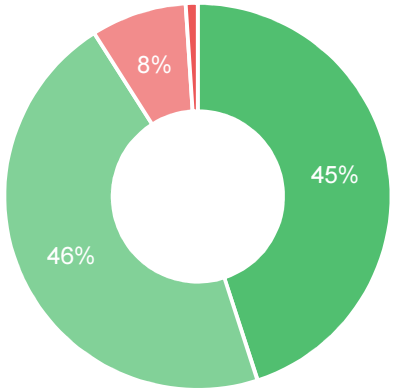
Convenience of appointment

Q15. How convenient was the appointment you were able to get?

CCG's results over time



CCG's results

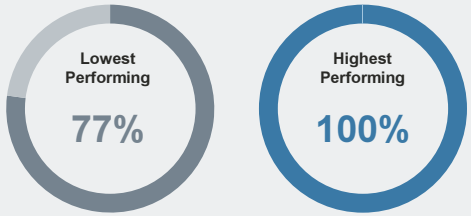


- Very convenient
- Fairly convenient
- Not very convenient
- Not at all convenient

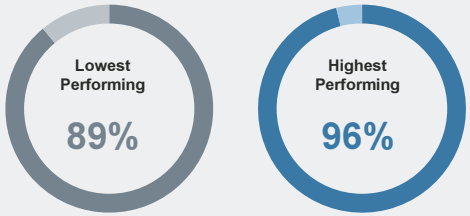
Comparison of results

	CCG	National
	91%	92%
	Convenient	Convenient
	9%	8%
	Not convenient	Not convenient

Practice range in CCG - % **Convenient**



Local CCG range - % **Convenient**

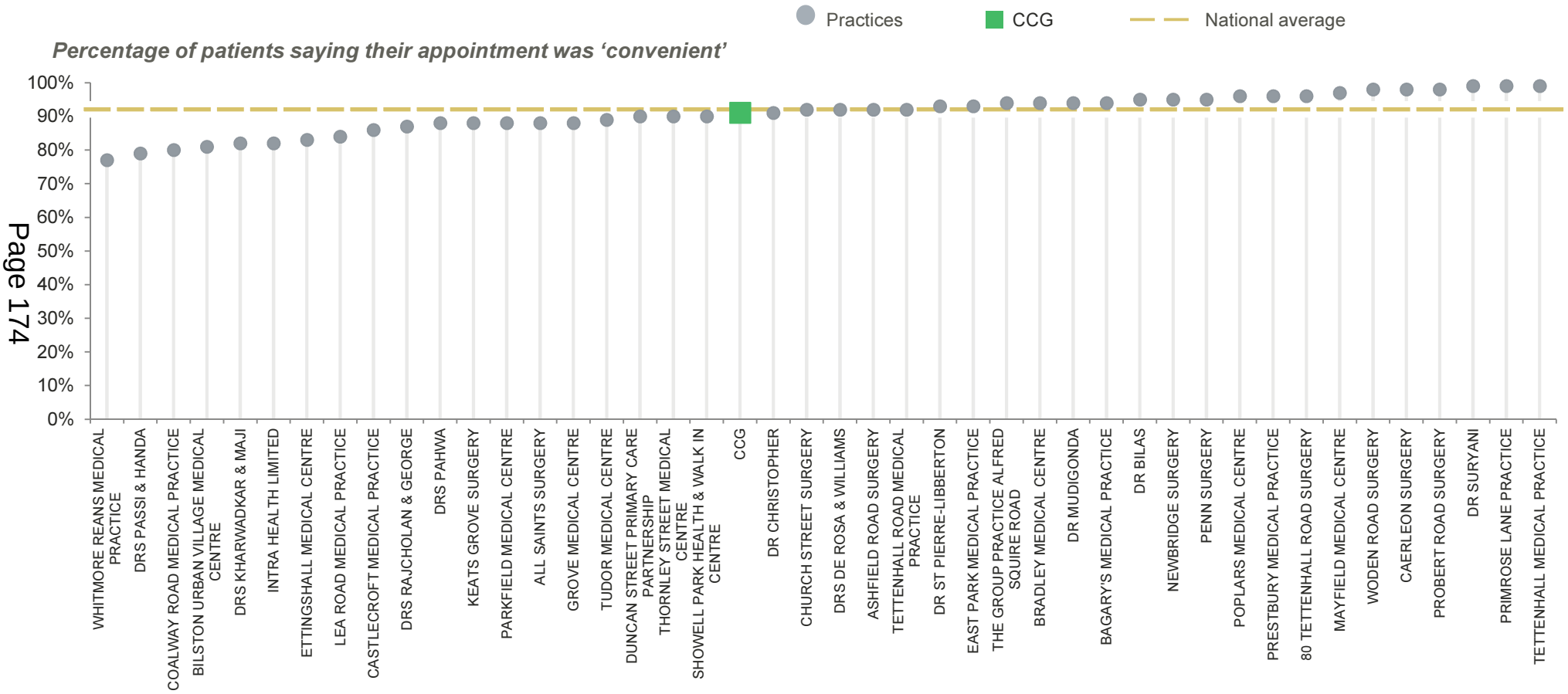


Base: All those able to get an appointment: National (658,980); CCG 2017 (3,720); CCG 2016 (3,770); CCG 2015 (3,932); CCG 2014 (4,320); CCG 2013 (4,653); Practice bases range from 38 to 106; CCG bases range from 1,119 to 6,924

%Convenient = %Very convenient + %Fairly convenient
%Not convenient = %Not very convenient + %Not at all convenient

Convenience of appointment: how the CCG's practices compare

Q15. How convenient was the appointment you were able to get?



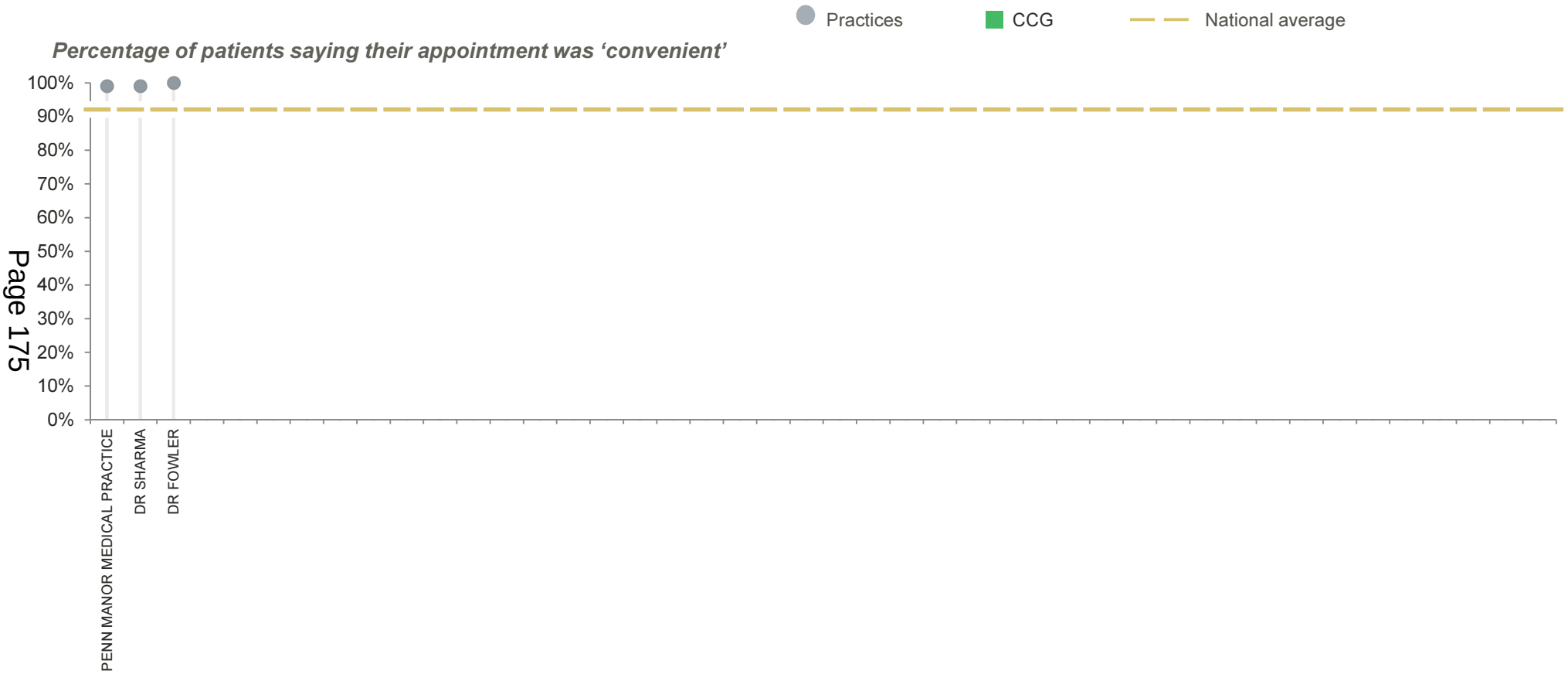
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those able to get an appointment: National (658,980); CCG (3,720); Practice bases range from 38 to 106

%Convenient = %Very convenient + %Fairly convenient

Convenience of appointment: how the CCG's practices compare

Q15. How convenient was the appointment you were able to get?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

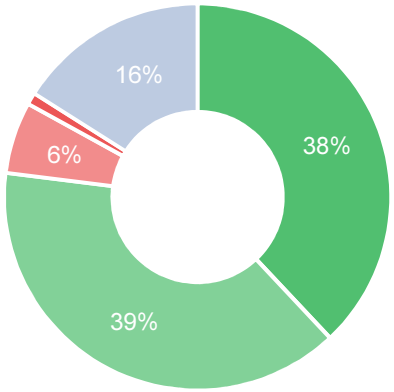
Base: All those able to get an appointment: National (658,980); CCG (3,720); Practice bases range from 38 to 106

%Convenient = %Very convenient + %Fairly convenient

Convenience of appointment (rebased to include those unable to get an appointment)

Q15. How convenient was the appointment you were able to get? (rebased)

CCG's results*

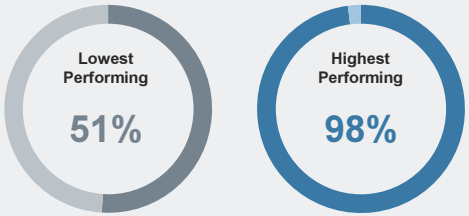


- Very convenient
- Fairly convenient
- Not very convenient
- Not at all convenient
- Unable to get an appointment

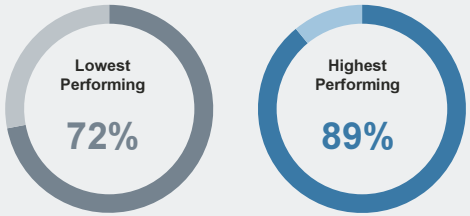
Comparison of results

	CCG	National
	77%	81%
	Convenient	Convenient
	23%	19%
	Not convenient/ unable to get an appointment	Not convenient/ unable to get an appointment

Practice range in CCG - % **Convenient**



Local CCG range - % **Convenient**



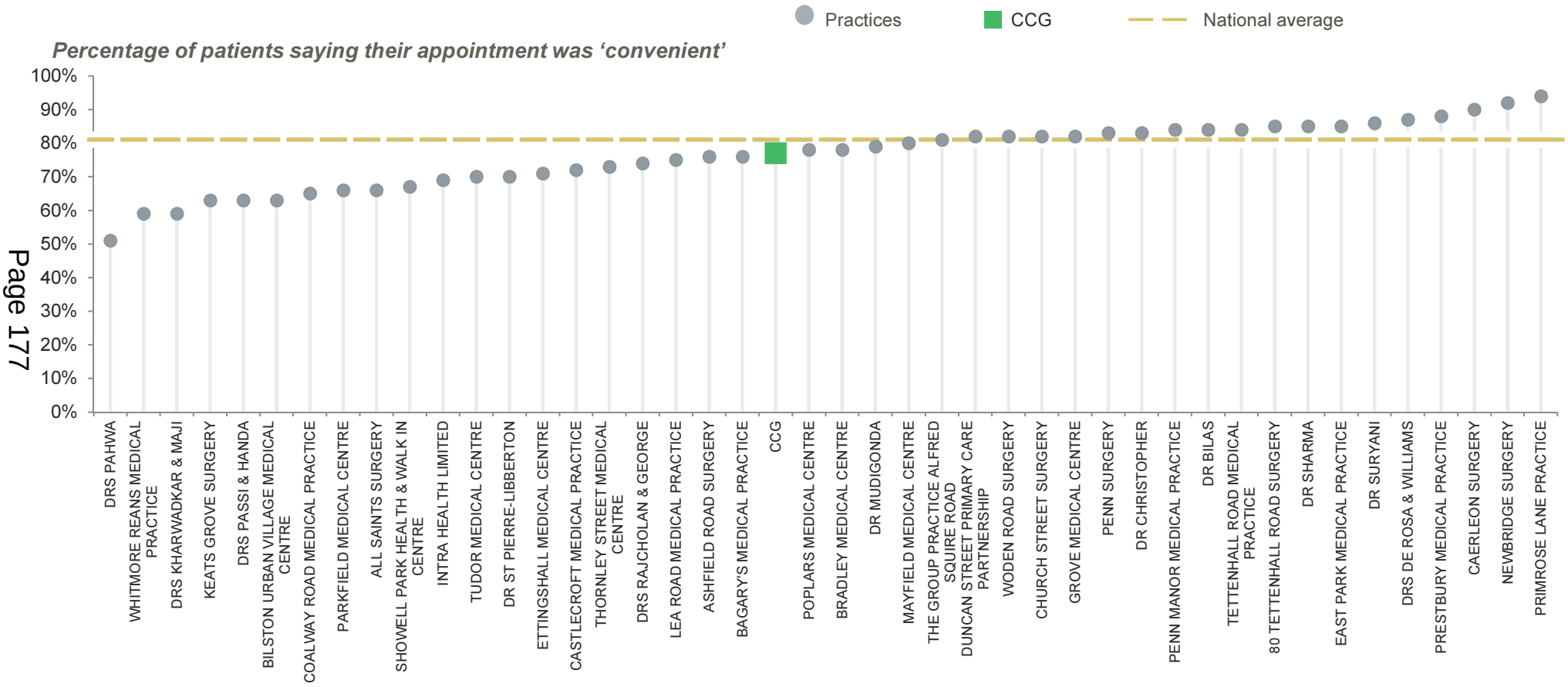
* Trend data is not available for this question as Q15 rebased is not included in datasets pre July 2017 publication.

Base: All those who remember whether or not they were able to get an appointment: National (734,746); CCG 2017 (4,281); Practice bases range from 42 to 119; CCG bases range from 1,182 to 8,032

* %Convenient = %Very convenient + %Fairly convenient
%Not/ unable = %Not very convenient + %Not at all convenient + %Unable to get appointment

Convenience of appointment (rebased to include those unable to get an appointment): how the CCG's practices compare

Q15. How convenient was the appointment you were able to get? (rebased)



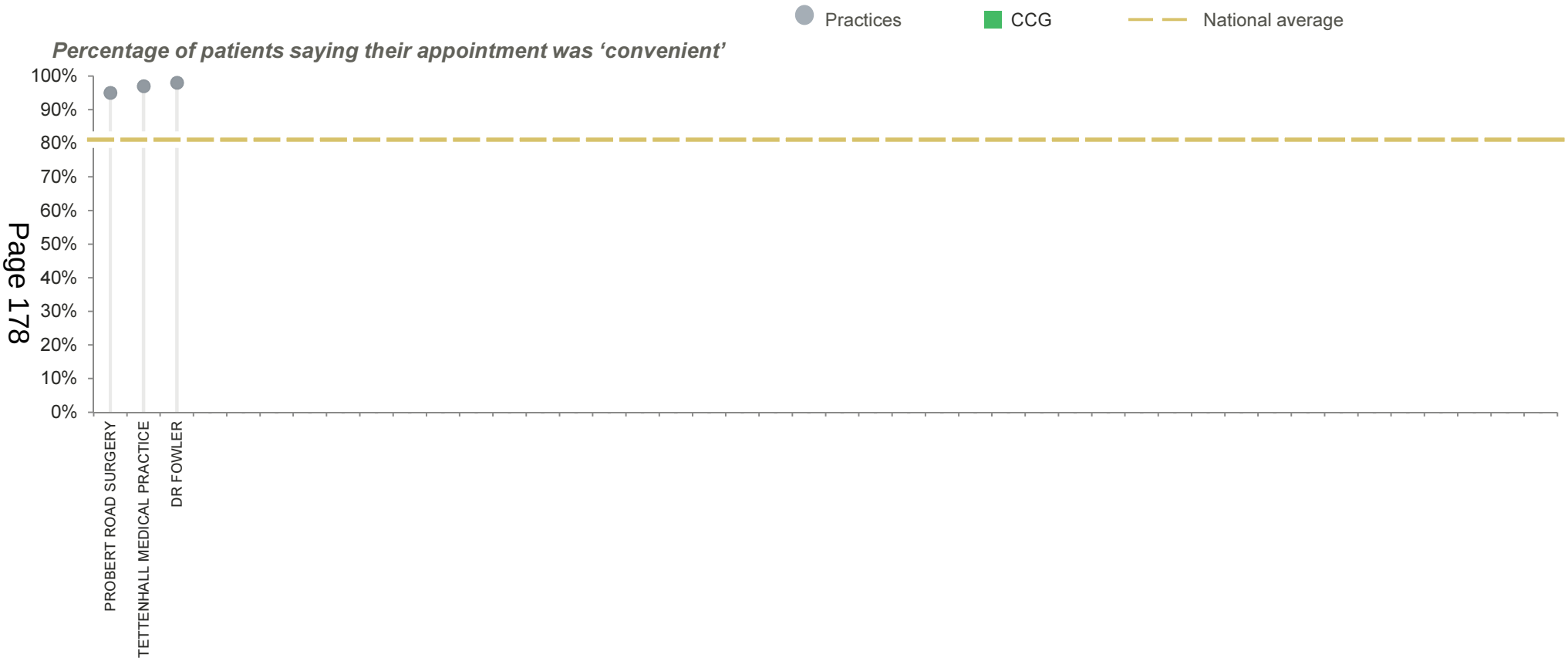
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those who remember whether or not they were able to get an appointment: National (734,746); CCG (4,281); Practice bases range from 42 to 119

%Convenient = %Very convenient + %Fairly convenient

Convenience of appointment (rebased to include those unable to get an appointment): how the CCG's practices compare

Q15. How convenient was the appointment you were able to get? (rebased)



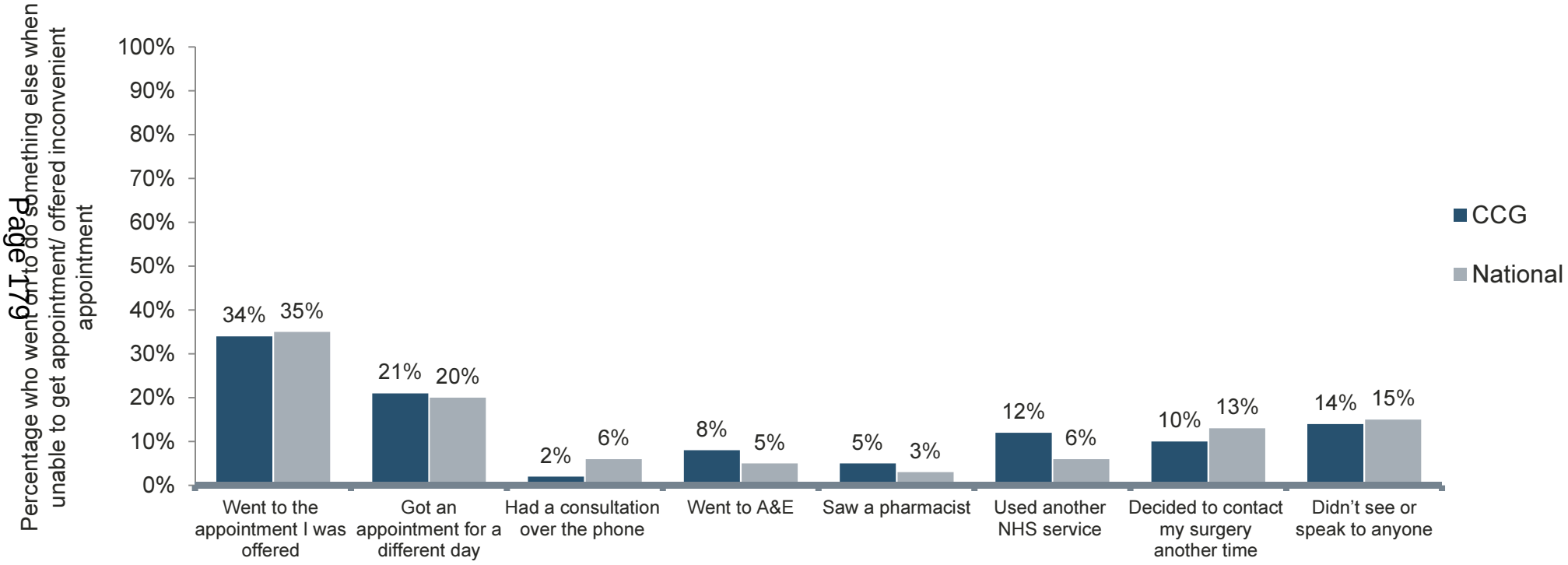
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those who remember whether or not they were able to get an appointment: National (734,746); CCG (4,281); Practice bases range from 42 to 119

%Convenient = %Very convenient + %Fairly convenient

What patients do when they are unable to get appointment / are offered an inconvenient appointment

Q17. What did you do on that occasion?



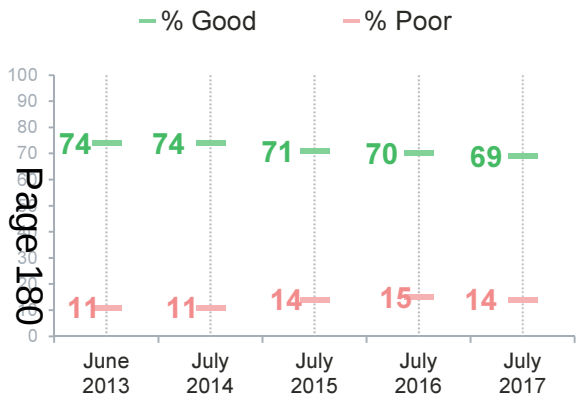
Comparisons are indicative only: differences may not be statistically significant

Base: All those who were not able to get an appointment or were offered an inconvenient appointment: National (110,834); CCG (770)

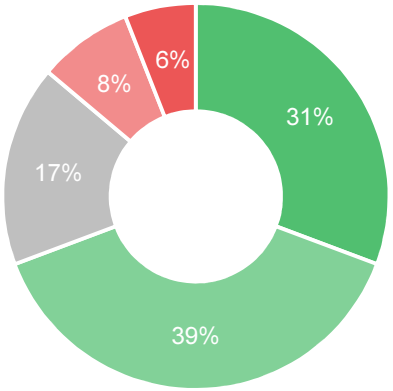
Overall experience of making an appointment

Q18. Overall, how would you describe your experience of making an appointment?

CCG's results over time



CCG's results

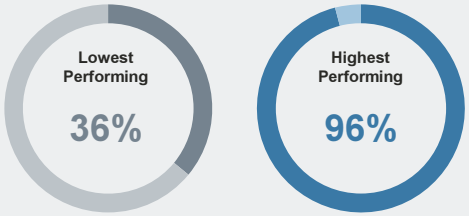


- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

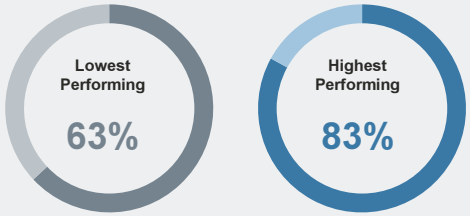
Comparison of results

	CCG	National
	69%	73%
	Good	Good
	14%	13%
	Poor	Poor

Practice range in CCG - % **Good**



Local CCG range - % **Good**

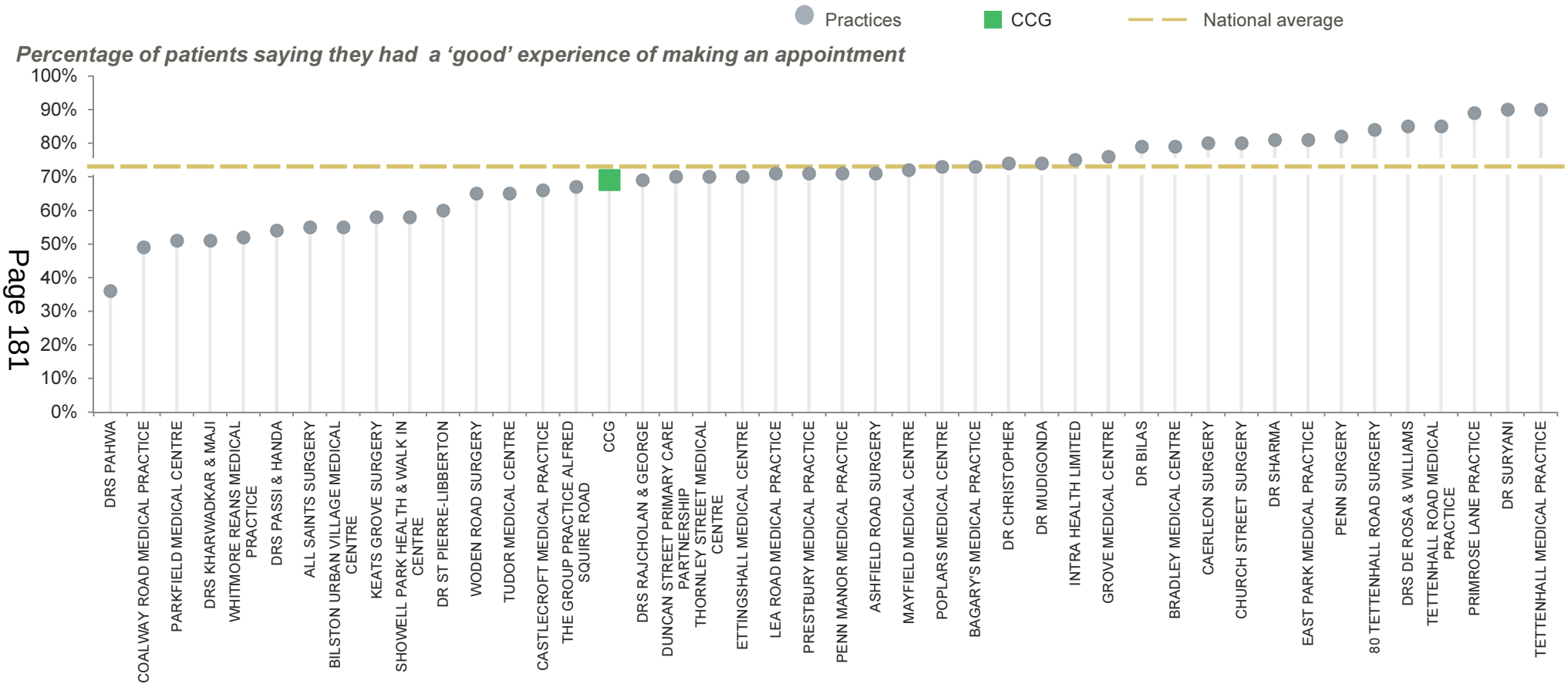


Base: All those completing a questionnaire: National (768,706); CCG 2017 (4,560); CCG 2016 (4,630); CCG 2015 (4,666); CCG 2014 (5,148); CCG 2013 (5,515); Practice bases range from 50 to 120; CCG bases range from 1,214 to 8,628

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Overall experience of making an appointment: how the CCG's practices compare

Q18. Overall, how would you describe your experience of making an appointment?



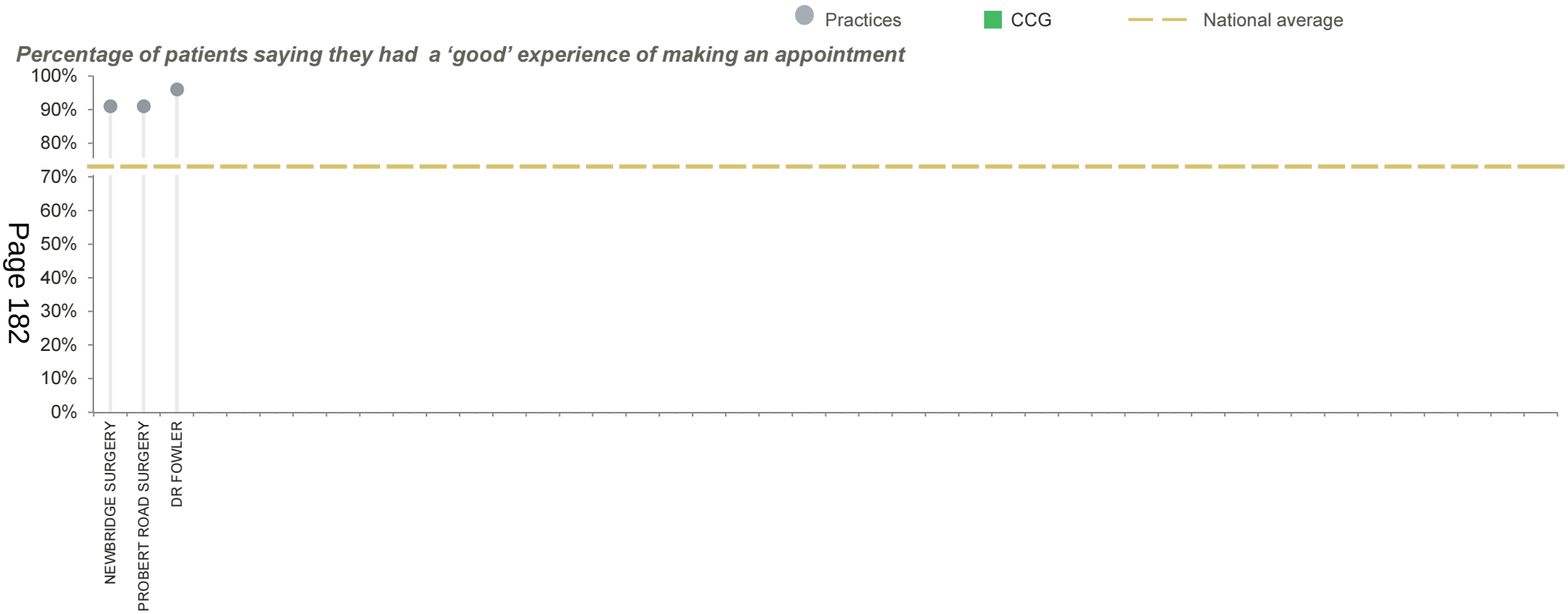
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (768,706); CCG (4,560); Practice bases range from 50 to 120

%Good = %Very good + %Fairly good

Overall experience of making an appointment: how the CCG's practices compare

Q18. Overall, how would you describe your experience of making an appointment?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (768,706); CCG (4,560); Practice bases range from 50 to 120

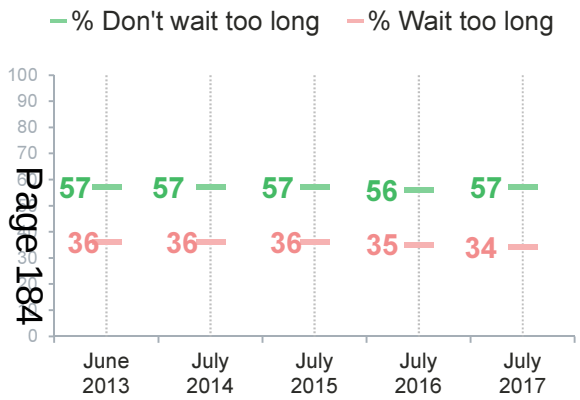
%Good = %Very good + %Fairly good

Waiting times at the GP surgery

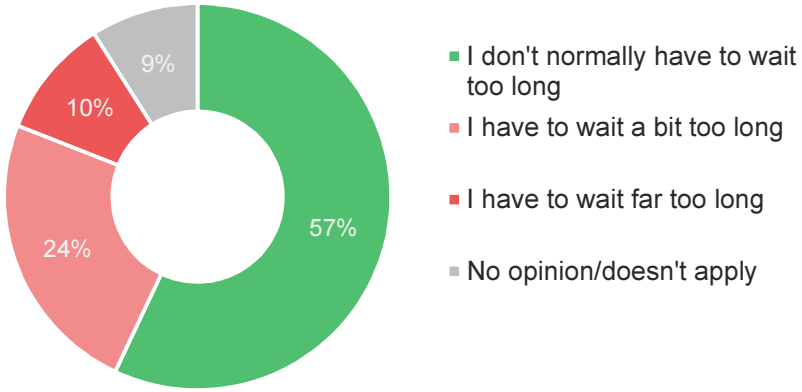
Waiting times at the GP surgery

Q20. How do you feel about how long you normally have to wait to be seen?

CCG's results over time



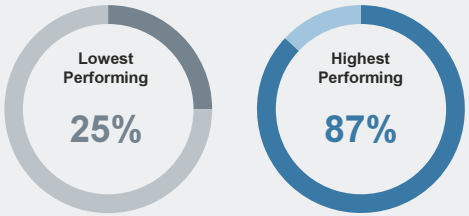
CCG's results



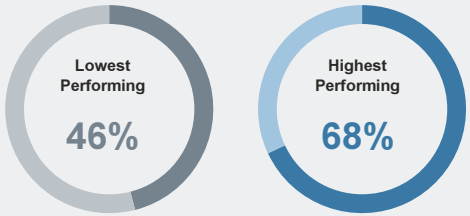
Comparison of results

	CCG	National
	57%	58%
	Don't wait too long	Don't wait too long
	34%	33%
	Wait too long	Wait too long

Practice range in CCG – % **Don't wait too long**



Local CCG range – % **Don't wait too long**

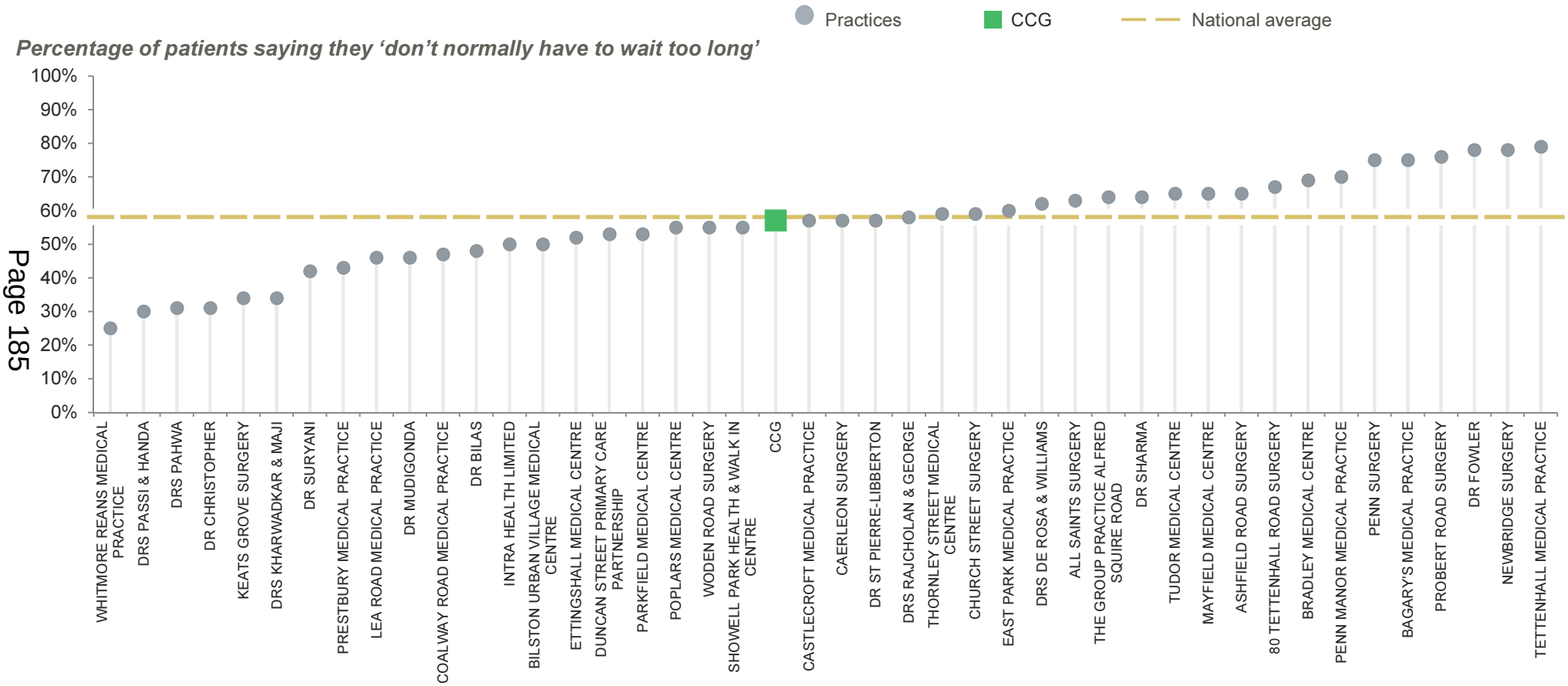


Base: All those completing a questionnaire: National (772,842); CCG 2017 (4,576); CCG 2016 (4,624); CCG 2015 (4,712); CCG 2014 (5,156); CCG 2013 (5,523); Practice bases range from 49 to 122; CCG bases range from 1,223 to 8,645

%Wait too long= %Wait a bit too long + %Wait far too long

Waiting times at the GP surgery: how the CCG's practices compare

Q20. How do you feel about how long you normally have to wait to be seen?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (772,842); CCG (4,576); Practice bases range from 49 to 122

Waiting times at the GP surgery: how the CCG's practices compare

Q20. How do you feel about how long you normally have to wait to be seen?

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (772,842); CCG (4,576); Practice bases range from 49 to 122

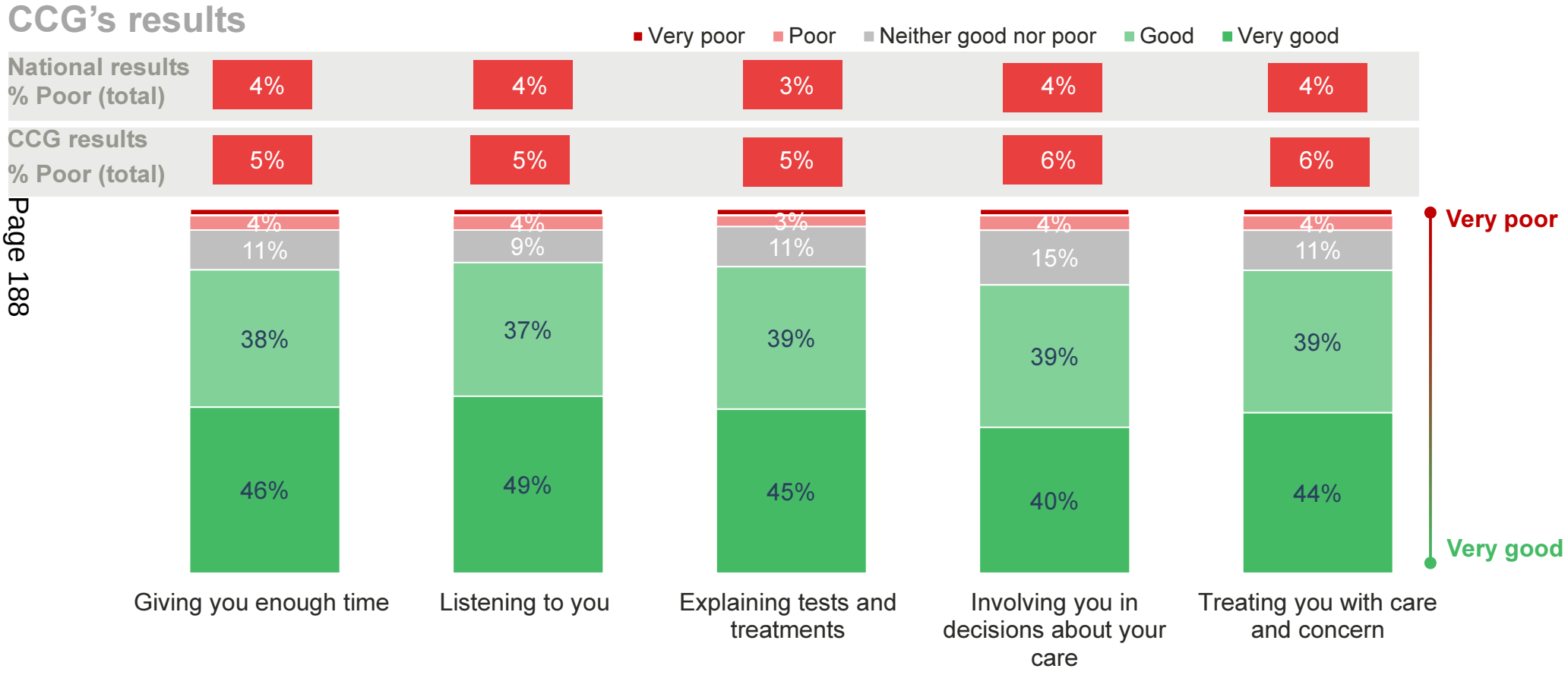
Perceptions of care at patients' last GP appointment

Ipsos MORI
Social Research Institute

Perceptions of care at last GP appointment

Q21. Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following?*

*Those who say 'Doesn't apply' have been excluded from these results.



Base: All those completing a questionnaire excluding 'doesn't apply': CCG (4,552; 4,550; 4,413; 4,226; 4,475); National (767,129; 765,505; 735,550; 707,368; 754,335)

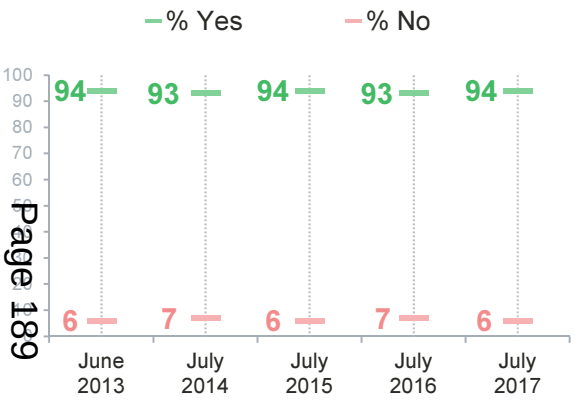
%Poor = %Very poor + %Poor

Confidence and trust in the GP

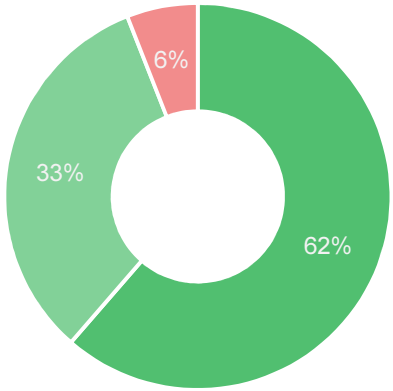
Q22. Did you have confidence and trust in the GP you saw or spoke to?*

*Those who say 'Don't know/can't say' have been excluded from these results.

CCG's results over time



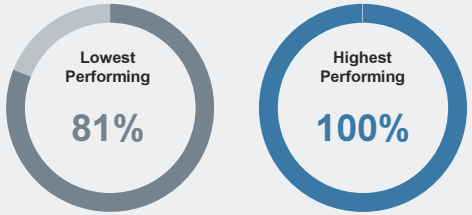
CCG's results



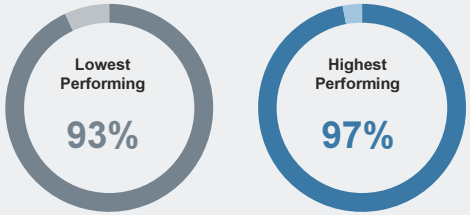
Comparison of results

	CCG	National
	94%	95%
	Yes	Yes
	6%	5%
	No	No

Practice range in CCG - % **Yes**



Local CCG range - % **Yes**



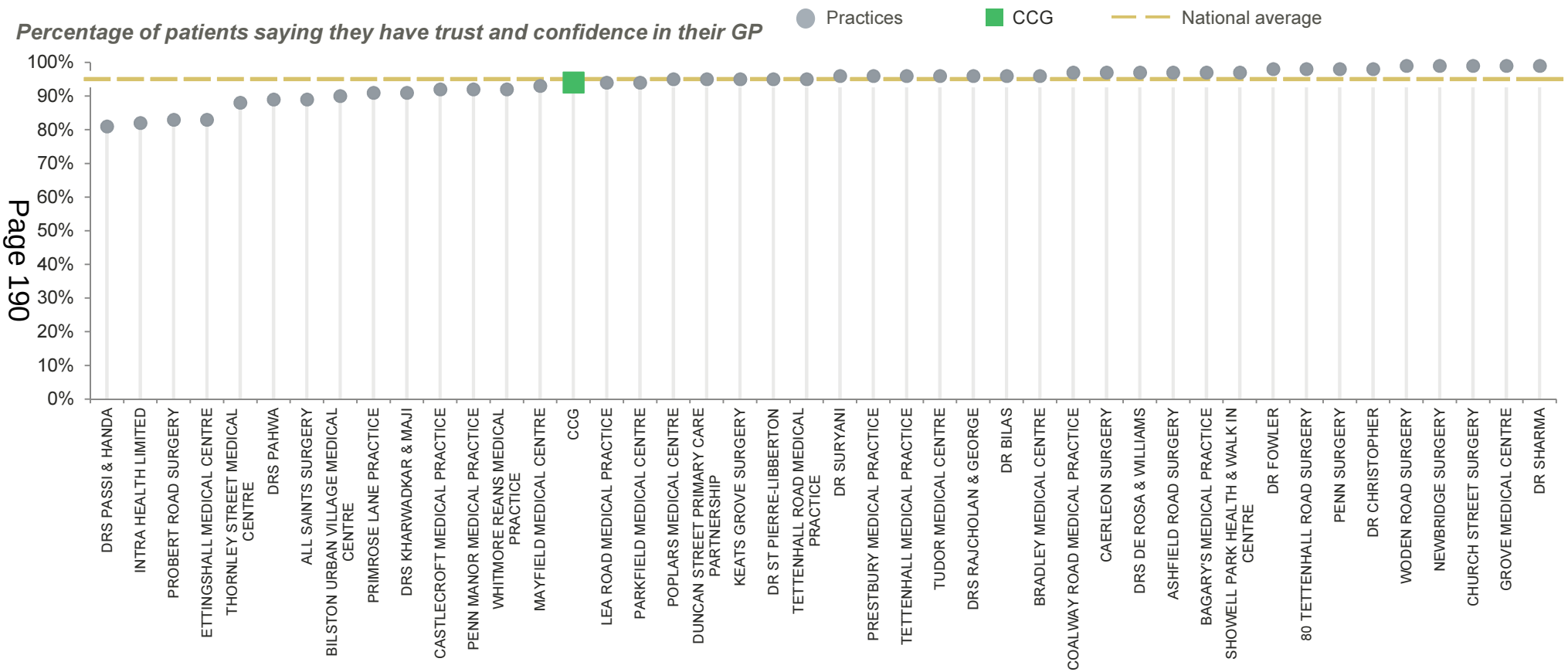
Base: All those completing a questionnaire: National (754,466); CCG 2017 (4,475); CCG 2016 (4,503); CCG 2015 (4,619); CCG 2014 (5,029); CCG 2013 (5,396); Practice bases range from 49 to 119; CCG bases range from 1,194 to 8,382

%Yes = %Yes, definitely + %Yes, to some extent

Confidence and trust in the GP: how the CCG's practices compare

Q22. Did you have confidence and trust in the GP you saw or spoke to?*

*Those who say 'Don't know/ can't say' have been excluded from these results.



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding 'don't know/ can't say': National (754,466); CCG (4,475); Practice bases range from 49 to 119

%Yes = %Yes, definitely + %Yes, to some extent

Confidence and trust in the GP: how the CCG's practices compare

Q22. Did you have confidence and trust in the GP you saw or spoke to?*

*Those who say 'Don't know/ can't say' have been excluded from these results.

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding 'don't know/ can't say': National (754,466); CCG (4,475); Practice bases range from 49 to 119

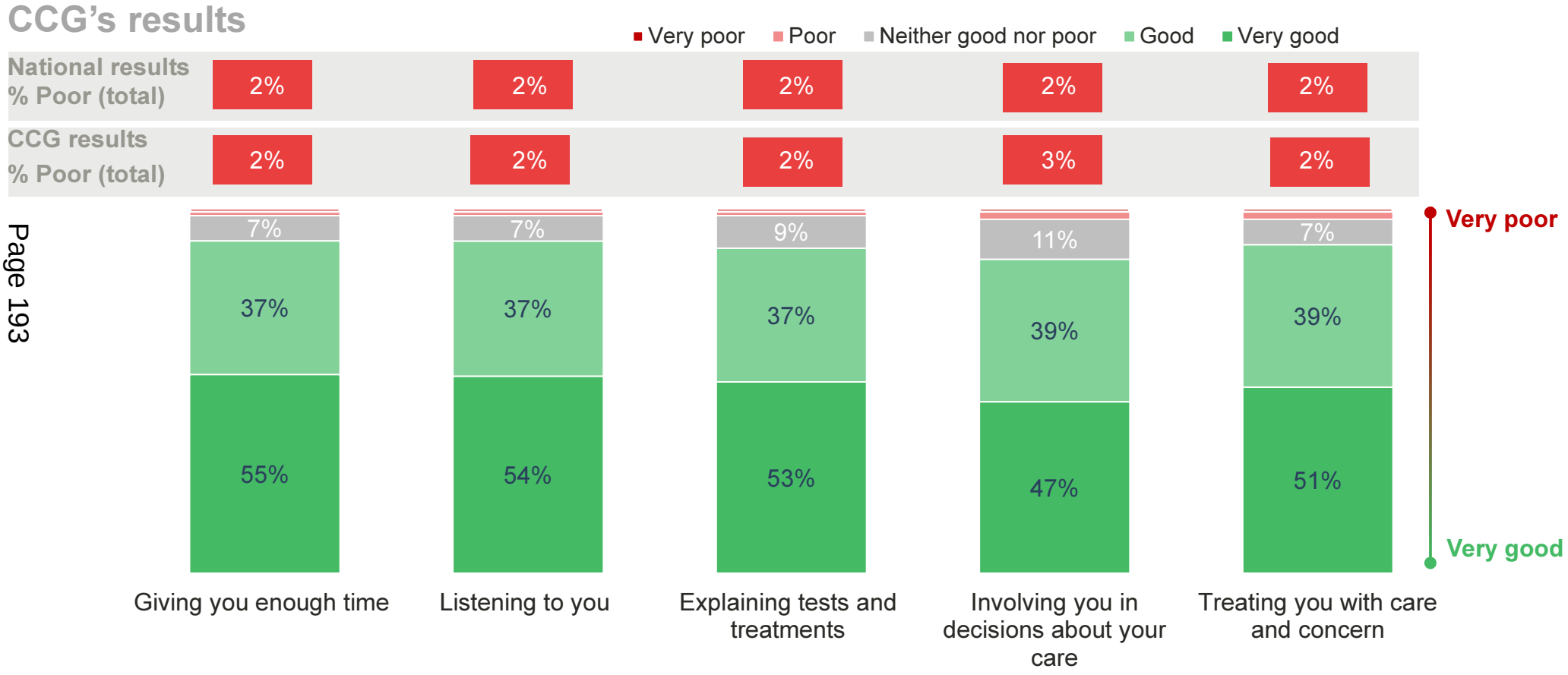
%Yes = %Yes, definitely + %Yes, to some extent

Perceptions of care at patients' last nurse appointment

Perceptions of care at last nurse appointment

Q23. Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following?*

*Those who say 'Doesn't apply' have been excluded from these results.



Base: All those completing a questionnaire excluding 'doesn't apply': CCG (4,087; 4,045; 3,961; 3,653; 3,988); National (690,213; 684,099; 665,816; 607,788; 675,604)

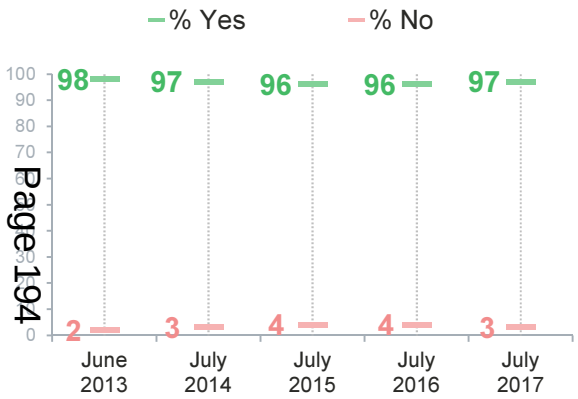
%Poor = %Very poor + %Poor

Confidence and trust in the nurse

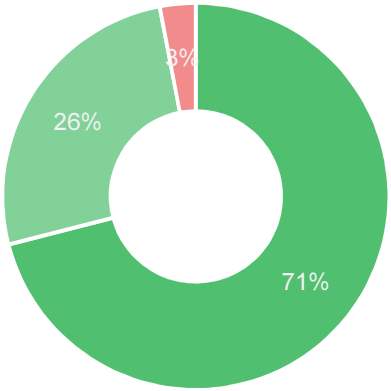
Q24. Did you have confidence and trust in the nurse you saw or spoke to?*

*Those who say 'Don't know/can't say' have been excluded from these results.

CCG's results over time



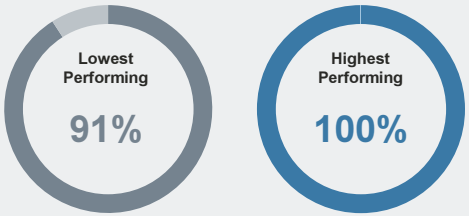
CCG's results



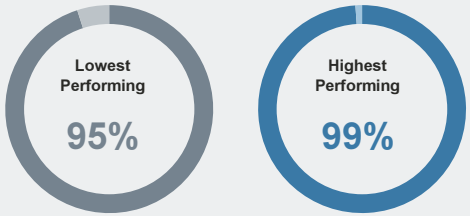
Comparison of results

	CCG	National
	97%	97%
	Yes	Yes
	3%	3%
	No	No

Practice range in CCG - % **Yes**



Local CCG range - % **Yes**



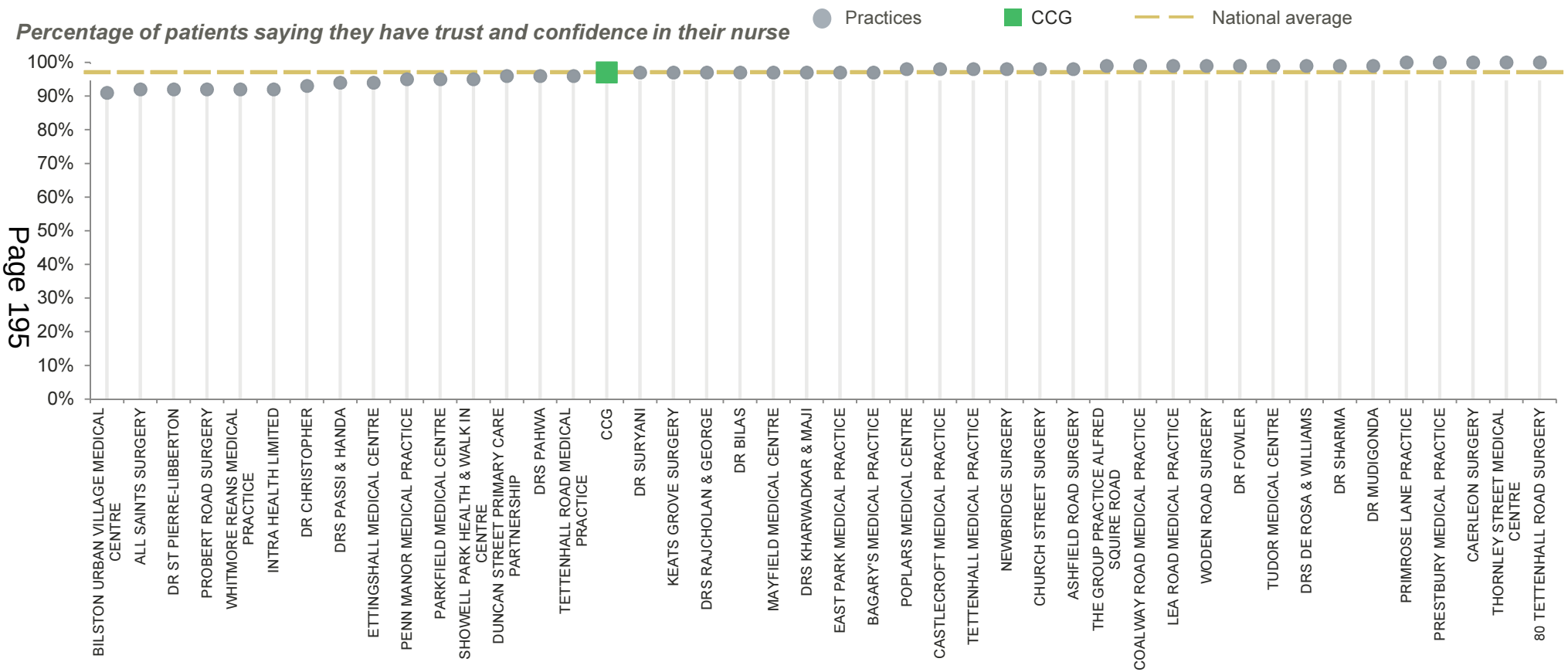
Base: All those completing a questionnaire: National (683,080); CCG 2017 (4,016); CCG 2016 (4,017); CCG 2015 (4,062); CCG 2014 (4,468); CCG 2013 (4,747); Practice bases range from 26 to 115; CCG bases range from 1,122 to 7,651

%Yes = %Yes, definitely + %Yes, to some extent

Confidence and trust in the nurse: how the CCG's practices compare

Q24. Did you have confidence and trust in the nurse you saw or spoke to?*

*Those who say 'Don't know/ can't say' have been excluded from these results.



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding 'don't know/ can't say': National (683,080); CCG (4,016); Practice bases range from 26 to 115

%Yes = %Yes, definitely + %Yes, to some extent

Confidence and trust in the nurse: how the CCG's practices compare

Q24. Did you have confidence and trust in the nurse you saw or spoke to?*

*Those who say 'Don't know/ can't say' have been excluded from these results.

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Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding 'don't know/ can't say': National (683,080); CCG (4,016); Practice bases range from 26 to 115

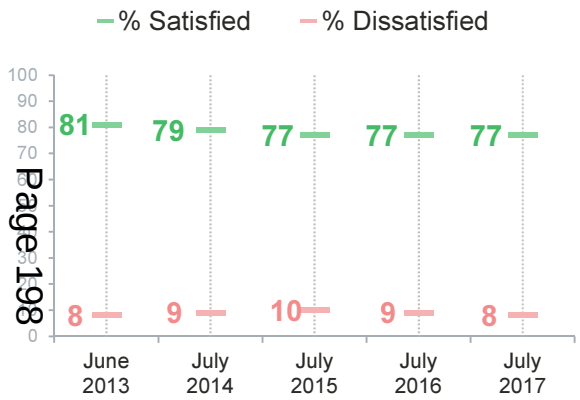
%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with the practice's opening hours

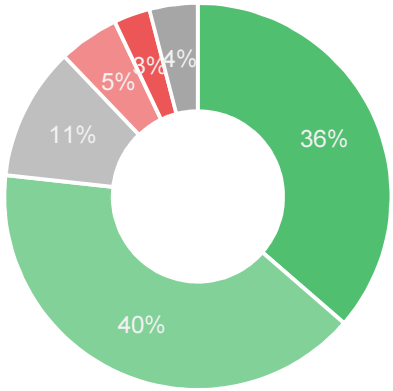
Satisfaction with opening hours

Q25. How satisfied are you with the hours that your GP surgery is open?

CCG's results over time



CCG's results

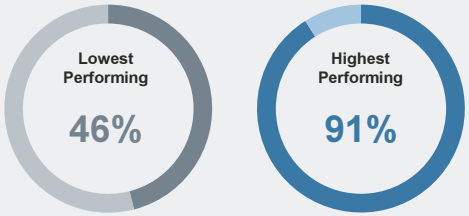


- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- I'm not sure when my GP surgery is open

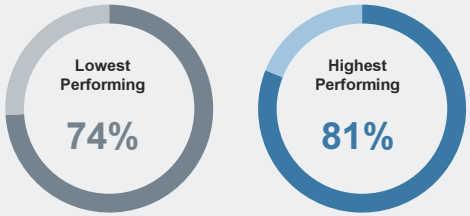
Comparison of results

	CCG	National
	77%	76%
	Satisfied	Satisfied
	8%	9%
	Dissatisfied	Dissatisfied

Practice range in CCG - % **Satisfied**



Local CCG range - % **Satisfied**

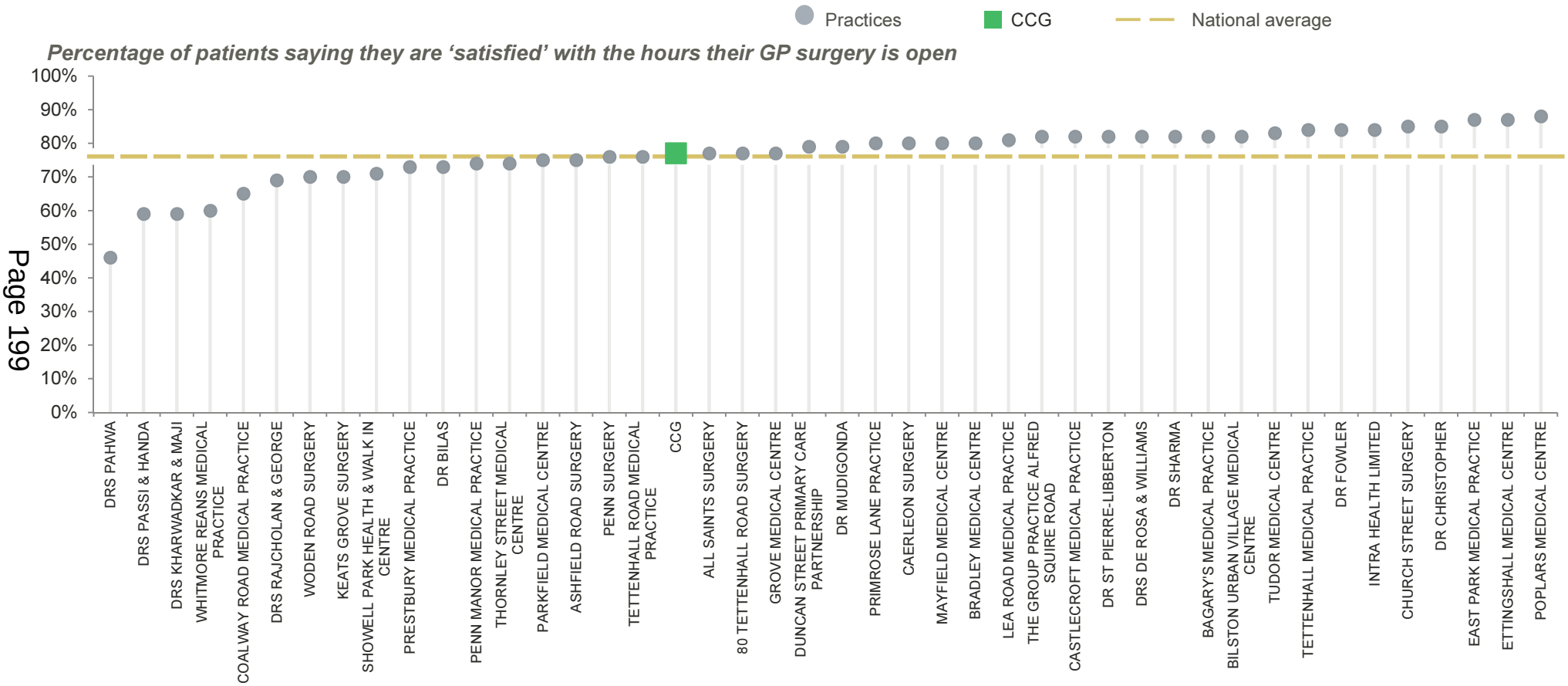


Base: All those completing a questionnaire: National (795,461); CCG 2017 (4,705); CCG 2016 (4,736); CCG 2015 (4,770); CCG 2014 (5,304); CCG 2013 (5,589); Practice bases range from 53 to 124; CCG bases range from 1,274 to 8,938

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with opening hours: how the CCG's practices compare

Q25. How satisfied are you with the hours that your GP surgery is open?



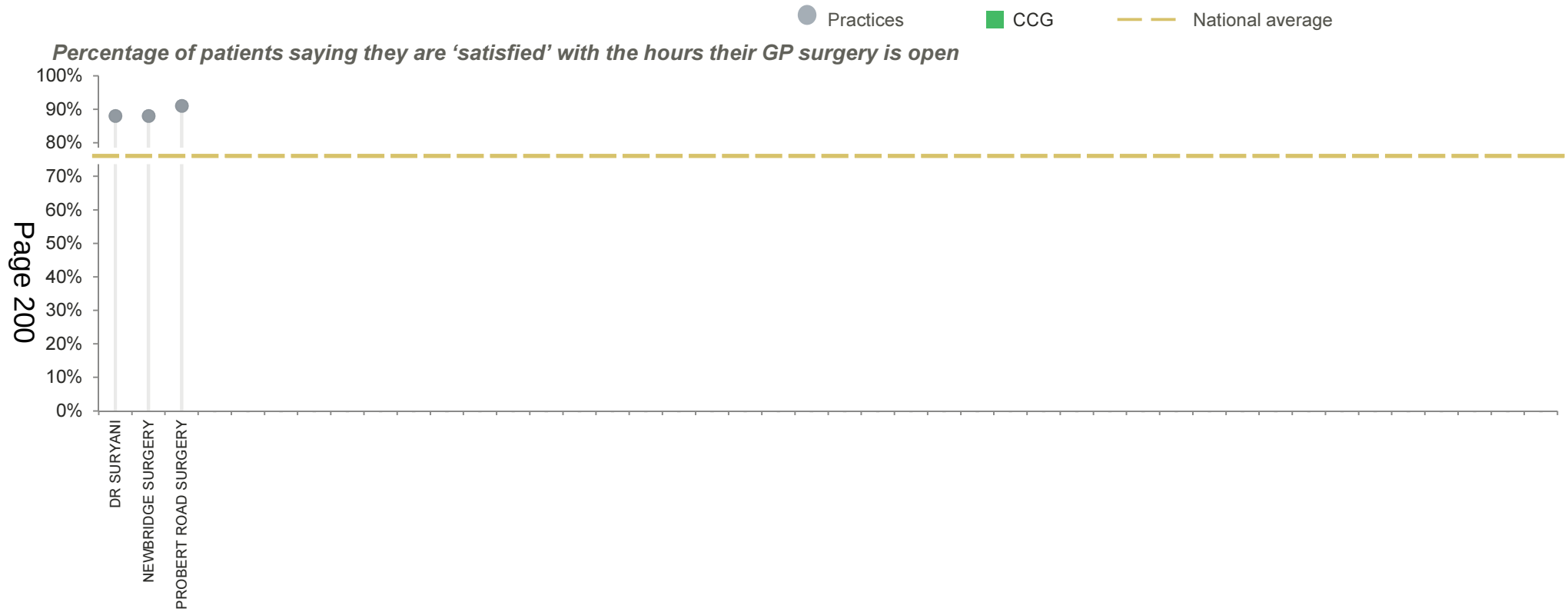
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (795,461); CCG (4,705); Practice bases range from 53 to 124

%Satisfied = %Very satisfied + %Fairly satisfied

Satisfaction with opening hours: how the CCG's practices compare

Q25. How satisfied are you with the hours that your GP surgery is open?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (795,461); CCG (4,705); Practice bases range from 53 to 124

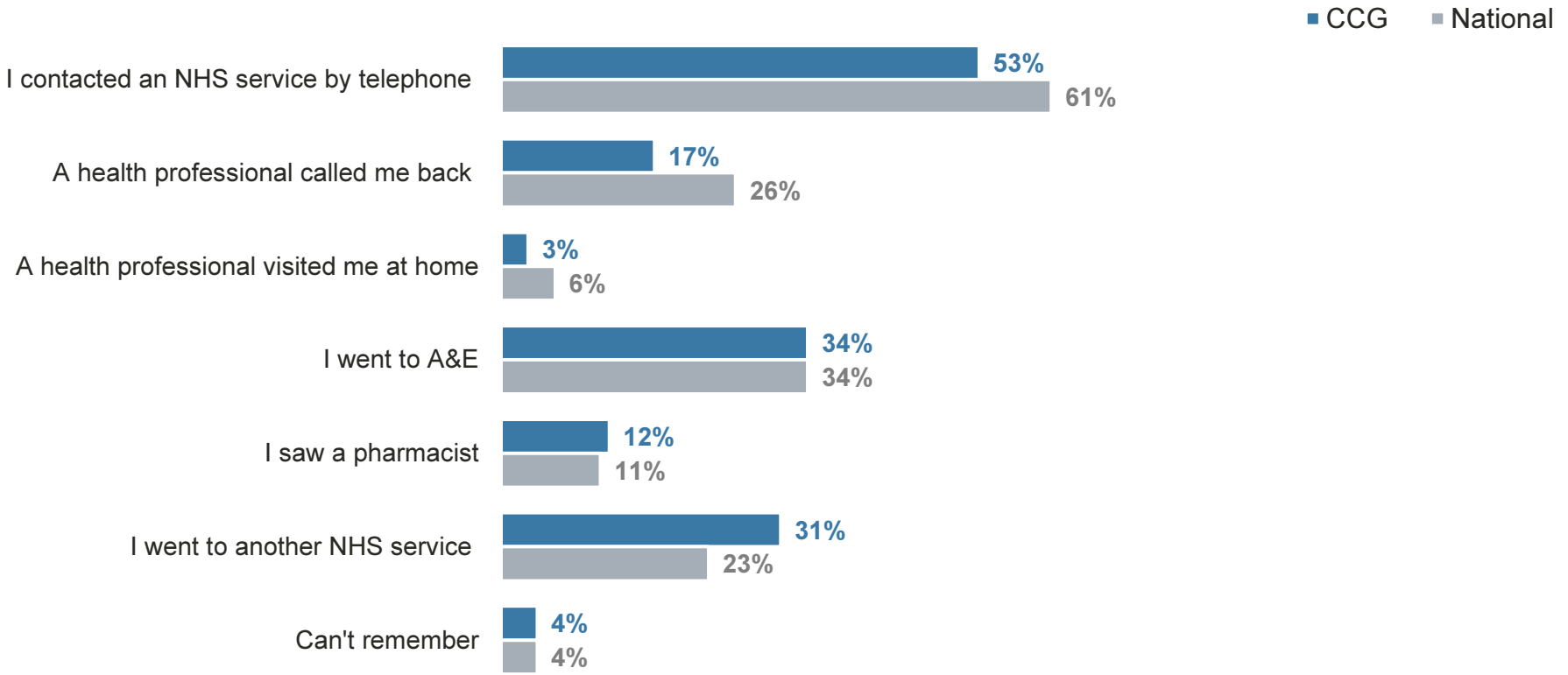
%Satisfied = %Very satisfied + %Fairly satisfied

Out-of-hours services*

** The out-of-hours service questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP surgery was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*

Use of out-of-hours services

Q41. Considering all of the services you contacted, which of the following happened on that occasion?

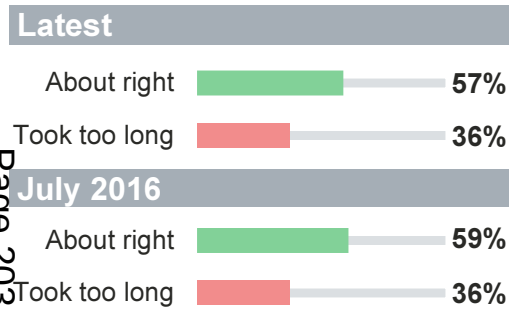


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months: National (124,736); CCG (808)

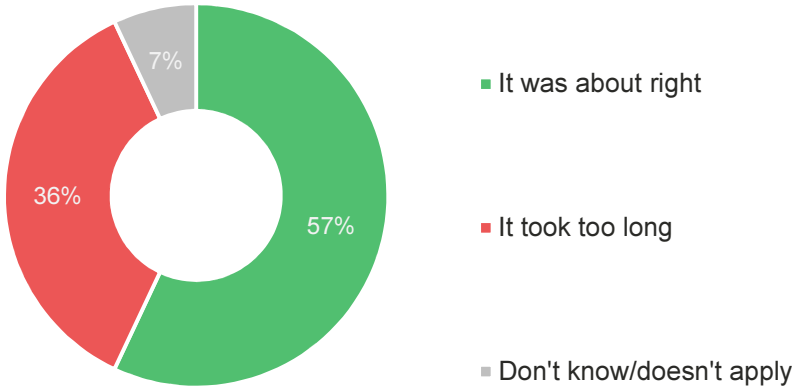
Speed of care provided by out-of-hours service*

Q42. How do you feel about how quickly you received care or advice on that occasion?

CCG's results over time



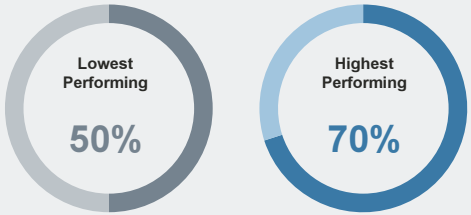
CCG's results



Comparison of results

CCG	National
57%	61%
About right	About right
36%	33%
Took too long	Took too long

Local CCG range– % **About right**



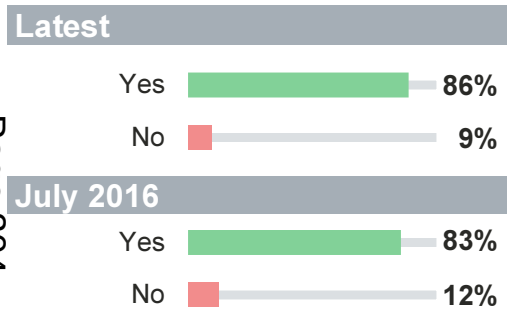
* The out-of-hours questions were redesigned for July-September 2015 fieldwork to reflect changes to service provision. As such, comparisons are only available from July 2016.

Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months: National (124,915); CCG 2017 (813); CCG 2016 (835);
CCG bases range from 168 to 1,595

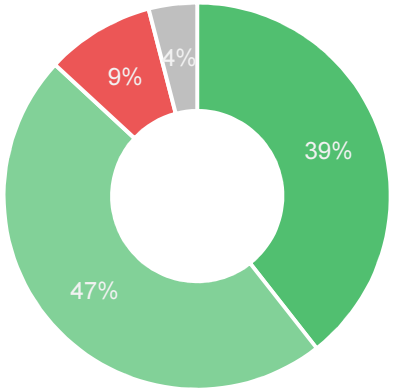
Confidence and trust in out-of-hours staff*

Q43. Considering all of the people you saw or spoke to on that occasion, did you have confidence and trust in them?

CCG's results over time



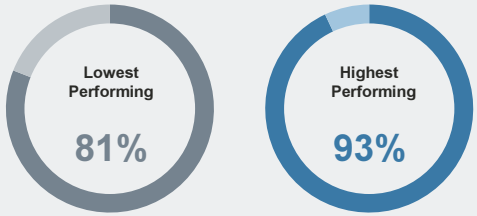
CCG's results



Comparison of results

CCG	National
86%	87%
Yes	Yes
9%	9%
No	No

Local CCG range– % **Yes**



* The out-of-hours questions were redesigned for July-September 2015 fieldwork to reflect changes to service provision. As such, comparisons are only available from July 2016.

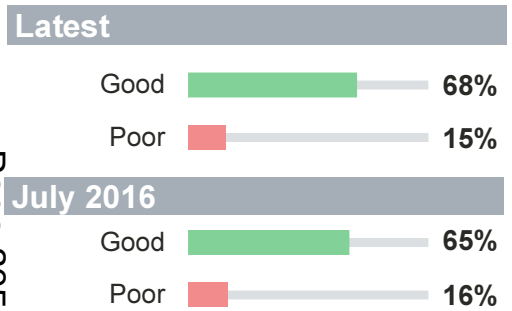
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months: National (124,851); CCG 2017 (808); CCG 2016 (837); CCG bases range from 167 to 1,594

%Yes = %Yes, definitely + % Yes, to some extent

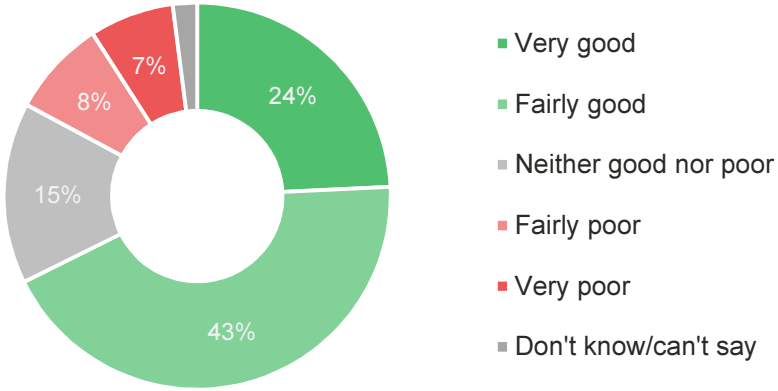
Overall experience of out-of-hours services*

Q44. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP surgery was closed?

CCGs' results over time

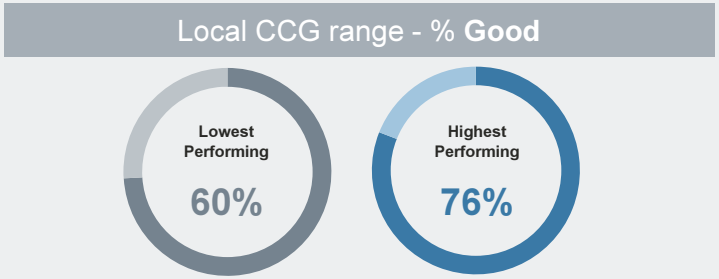


CCG's results



Comparison of results

CCG	National
68%	66%
Good	Good
15%	15%
Poor	Poor



* The out-of-hours questions were redesigned for July-September 2015 fieldwork to reflect changes to service provision. As such, comparisons are only made with 2016 data.

Base: All answering who have tried to call an out-of-hours GP service in the past 6 months: National (124,994); CCG 2017 (810); CCG 2016 (834); CCG bases range from 168 to 1,603

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part ("true values"). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the "95% confidence interval").

The table below gives examples of what the confidence intervals look like for an 'average' practice and CCG, as well as the confidence intervals at the national level.

An example of confidence intervals (at national, CCG and practice-level) based on the average number of responses to the question "Overall, how would you describe your experience of your GP surgery?"

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels		
		Level 1: 10% or 90%	*Level 2: 30% or 70%*	*Level 3: 50%*
		+/-	+/-	+/-
National	808,332	0.09	0.14	0.15
CCG	4,000	1.18	1.86	2.07
Practice	100	5.05	9.41	11.3

For example, taking a CCG where 4,000 people responded and where 30% answered 'Very good' in response to 'Overall, how would you describe your experience of making an appointment', there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.86 percentage points from that question's result (i.e. between 28.14% and 31.86%).

When results are compared between separate groups within a sample, the difference may be "real" or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when comparing groups, especially where there are small numbers e.g. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.15 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- Past results dating back to 2007 are available for every practice in the UK, allowing meaningful comparisons of patients' experiences; the survey is now annual, previously it took place twice a year (June 2011- July 2016), and on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit https://gp-patient.co.uk/.
- The overall response rate to the survey is **37.5%**, based on **808,332** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including: questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: https://gp-patient.co.uk/SurveysAndReports

c.2.15m
Surveys to adults registered with an English GP practice

808,332
Completed surveys in the July 2017 publication

37.5%
National response rate

Where to go to do further analysis …

- For reports which show the National results broken down by CCG and Practice, go to https://gp-patient.co.uk/SurveysAndReports - you can also see previous years' results here.

- To analyse the survey data for a specific participant group (e.g. by age), go to http://results.gp-patient.co.uk/report/1/rt1_profiles.aspx

- To break down the survey results by survey question as well as by participant demographics, go to http://results.gp-patient.co.uk/report/6/rt3_result.aspx

- To look at trends in responses and study the survey data by different participant groups, go to http://results.gp-patient.co.uk/report/12/rt1_profiles.aspx

- For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/FAQ

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@Ipsos-MORI.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

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