

## South Sefton Southport & Formby Primary Care Commissioning Committees in Common– Part 1 Agenda

Date: Thursday 20<sup>th</sup> June 2019 10:00-11:00am

Venue: **Family Life Centre, Almond Room, Ash Street Southport PR8 6JH**

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GB
Vacancy	SS CCG Lay Member	
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	BP
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
<b>Non Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
<b>Minutes</b>		
Jane Elliott	Commissioning Manager – Localities	JE

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC19/46.	Apologies for absence	Chair	V		
PCCiC19/47.	Declarations of interest regarding agenda items	All	V		
PCCiC19/48.	Minutes of the previous meeting : 16 <sup>th</sup> May 2019	Chair	R	A	
PCCiC19/49.	Action points from the previous meeting	Chair	R	R	
PCCiC19/50.	Report from Operational Group and Decisions made	JL	V	R	
PCCiC19/51.	Primary Care Quality	JL	V	R	
PCCiC19/52.	Update on GPFV Operational Plan/ Primary Care Programme Report	AP	R	R	
PCCiC19/53.	PCN update <ul style="list-style-type: none"> <li>Clinical leads</li> <li>Registration outcome</li> </ul>	CG/KS	V	R	
PCCiC19/54.	7 Day access utilisation	AP	R	R	

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC19/55.	Health Watch Issues Enter and view reports	MK	V	R	
PCCiC19/56.	Key Issues log	Chair	R	R	
PCCiC19/57.	Any Other Business <ul style="list-style-type: none"> <li>Draft Agenda for Support Session</li> </ul> <p><i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i></p>	Chair		A	
PCCiC19/58.	Date of Next Meeting: 18 <sup>th</sup> July 2019 <b>Room 5A Merton House, Bootle, L20 3DL</b>	-	-	-	

## NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

### Approved Minutes – Part I

Date: Thursday 16<sup>th</sup> May 2019. 10.00am – 11.00am

Venue: **Room 3A, Merton House, Stanley Road, Bootle L20 3DL**

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Graham Morris	SS CCG Lay Member	GM
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
<b>Non Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
<b>Minutes</b>		
Jane Elliott	Commissioning Manager - Localities	JE

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance      C = Cancelled

Name	Membership	April 19	May 19	June 19	July 19	August 19
<b>Members:</b>						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A			
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A			
Graham Morris	SS CCG Lay Member	A	✓			
Helen Nichols	S&F CCG Lay Member	✓	✓			
Fiona Taylor	S&F SS CCG Chief Officer	A	A			
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓			
Jan Leonard	S&F CCG Director of Place (North)	✓	✓			
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	A	✓			
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓			
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓			
<b>Non Voting Attendees:</b>						
LMC Representative		✓	N			
Health Watch Representative		A	A			
Health & Well Being Representative		A	N			
Dr Craig Gillespie	GP Clinical Representative	✓	✓			
Dr Kati Scholtz	GP Clinical Representative	✓	✓			

No	Item	Action
PCCiC19/26	<p><b>Apologies for absence</b> Apologies were received from Healthwatch, Gill Brown, Graham Bayliss and Fiona Taylor. It was noted that the meeting is not quorate.</p> <p><b>Welcome and Introductions</b> GM advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published. No members of the public were in attendance at the meeting.</p>	
PCCiC19/27	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/28	<p><b>Minutes of the previous meeting</b> The minutes of the meeting held on Thursday 16<sup>th</sup> April 2019 were approved as an accurate record of proceedings.</p> <p>It was noted that initials for Gill Brown and Graham Bayliss needed to be distinguishable by adding a further letter from their surname. Debbie Fairclough's initials need to be consistent throughout the document. Alan Cummings title has changed to Senior Commissioning Manager NHSE &amp; I.</p> <p><b>ACTION:</b> Above changes to be made throughout the document.</p>	JE
PCCiC19/29	<p><b>Action points from the previous meeting</b> Members reviewed the action log and the following was agreed:</p> <p><b>Item 18/42</b> – Action closed. David Scannell attended Joint Operational Group to give an update. <b>Item 19/29</b> – Action Closed. HN name has been removed from previous minutes <b>Item 19/10</b> – Action closed. PCN has been placed as a standard agenda item</p> <p>All other items are to remain open, progress ongoing.</p>	

<p>PCCiC19/30</p>	<p><b>Report from Operational Group and Decisions made</b></p> <p>The Joint Operational Group had agreed a temporary list closure for Bridge Road Medical Centre. This was to enable internal workflow efficiencies to embed. The Group also agreed to an extension to Blundellsands Surgery list closure for a further 3 months. This was due to the continued demand for patients registering within the practice. The original pilot scheme highlighted movement between practices. Within the LQC practices are required to submit regular figures around the number of patients registering and leaving their practice. This will help monitor figures across Sefton. The group asked that the closure was discussed at the PCN meeting.</p> <p>Following an update around ETTF bids it is unlikely that Formby's PID will progress this will be clarified with practices in the next month. Maghull PID will continue.</p> <p>LQC - it was noted that very few practices have signed up to the LQC by the deadline of 31.4.19. It was agreed that a further deadline would be sent to practice in May. An updated list would be brought to the next meeting. Practices will be informed that without sign up of contract no further payments will be made.</p>	<p>JL</p> <p>JE</p>
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<p>PCCiC19/31</p>	<p><b>Update on GPFV Operational Plan/ Primary Care Programme Report</b> The GPFV Primary Care Programme was presented to the group. The report lists all those projects that are live within the team. The projects are categorised as business as usual, transformational or nationally mandated.</p> <p>There have been no significant changes since last update.</p> <p>The following items were discussed as are RAG rated amber or red:</p> <p>5000 GP's – This is a national shortage. There was an expectation of 194 GP's to come to the Cheshire and Merseyside area. Numbers are in single figures. No direct action to be taken by CCG.</p> <p>ETTF bids – Crosby has formally withdrawn their PID and will progress this privately. Formby PID unlikely to continue as there is a lack of engagement by practices. Maghull PID is progressing. Confirmation re status of Formby to be obtained.</p> <p>Workforce steering group has not met recently. The next meeting is due on 22 May in Chester.</p> <p>Resilience funding has been announced for 19/20. Communications have been sent out to practices. CCG team will support any practices wishing to make application.</p> <p>Local Quality Contract (LQC) – AP gave an overview of the history of the LQC. Part 1a is a block contract, Part 1b has finance linked to activity. KPI's will need to be returned on a quarterly basis. As part of the LQC this year practices have been asked to review data of patients who have attended other services such as A&amp;E, Walk in Centres etc. The data will be presented to individual practices that will be expected to review internally and then have a peer discuss within their PCN or locality and devise an action plan. The expectations will be that high intensity users are identified and the demand on other services is reduced.</p> <p>Learning Disabilities – Historically there has been poor uptake of health checks. The CCG redesigned the offer in 18/19 the practices were given the option of delivering the scheme themselves or opting for South Sefton Federation to provide the health checks. Only 2 practices in Sefton chose neither of these options. The scheme has shown a significant increase in the amount of health checks provided in Sefton. This year the primary care team have worked with the local authority to ensure the registers of LD is robust. Work continues to establish accurate figures across Sefton.</p>	
<p>PCCiC19/32</p>	<p><b>Primary Care Network update</b></p> <p>Application deadline was 15<sup>th</sup> May 2019. All PCN's have submitted their applications on time. There are 4 practices in Sefton who are not part of a PCN, these are largely based in Maghull. The applications will be presented to the Leadership team on Tuesday 21<sup>st</sup> May 2019. The application will need to be submitted to NHSE by 31<sup>st</sup> May 2019. The CCG will be supporting those PCN who current list sizes are lower than 30,000. This decision is based on the unusual geographical area and the support for how they have been working historically, making changes would potentially destabilise current network structures.</p> <p>Hightown Practice is currently part of the Formby Network as their host practice is located here. Options as to how this can be accommodated to stream line service delivery will be considered over the coming months and presented to the committee.</p>	

PCCiC19/33	<b>Primary Care Budget Workshop</b> Deferred to July Meeting due to annual leave.	
PCCiC19/34	<b>Healthwatch Feedback</b> Apologies were received from Healthwatch therefore no issues were raised.  JE confirmed that the CCG have been working with Healthwatch on a programme to reinvigorate patient participation groups. A workshop had been attended by practice and patients. Some of the difficulties that that had been encountered were recruiting of patient members that represented the practice demographic. Further workshops will be hosted by Healthwatch and CCG.	
PCCiC19/35	<b>Key Issues Log</b> JL and GM summarised the key issues of the meeting that are to be reported to the governing body.	
PCCiC19/36	<b>Any Other Business</b> AC sent his apologies for the next meeting.	
PCCiC19/37	<b>Date of Next Meeting:</b> Date of Next Meeting: 20 <sup>h</sup> June 2019 <b>Family Life Centre, Almond Room, Ash Street Southport PR8 6JH</b>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b> Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

## SS SF NHSE Joint Commissioning Committee in Common – Action Tracker May 2019

Item		CCG	Lead	Time
SSNHSE18/42	<p>ETTF- JL to obtain update from MMcD as to the estates bids for Crosby and Maghull</p> <p>Update 19<sup>th</sup> April 18 – Bids still live</p> <p>Update 21<sup>st</sup> June 2018 – Bids still live</p> <p>Update 30<sup>th</sup> August 2018 – Bids still live</p> <p>Update 18<sup>th</sup> October 2018 – Bids still live. There has been an expression of interest from Maghull locality.</p> <p>Update 20<sup>th</sup> December 2018 – David Scannell to be invited to JOG</p> <p>Update 7<sup>th</sup> Feb 19 – David Scannell to attend Joint operational group meeting in March</p> <p>21.3.19 Update: David Scannell has confirmed for April meeting via JH</p> <p>16.4.19 Update: Louise Hallaron to be invited to PCCC to provide an update on ETTF</p> <p>16.5.19 Update: David Scannell attended the Joint Operation Group to give an update.</p> <p>Item Closed</p>	SS	JL	Ongoing
JCCiC 19/29	<p>JL to escalate and monitor telephone call charges when patients are held in queuing systems when contacting their GP</p> <p>16.05.19 Update: Healthwatch will be producing a report. It was felt that a fuller picture would be preferred in order to make a final decision on action.</p>	SF	JL	May 19
PCCiC19/03	<p>Helen Nichols name to be removed from the attendance register of the meeting held on 21<sup>st</sup> March 2910 – action complete 8.5.19</p>	SF	JE	May 19
PCCiC 19/05	<p>Dfair to prepare terms of reference for a PCCC operational sub group for approval at the next PCCC.</p> <p>16.5.19 Update: TOR under review</p>	Both	Dfair	May 19
PCCiC 19/05	<p>Dfair to circulate NHSE guidance relating to the membership of primary care commissioning committees</p> <p>16.5.19 Update: under review</p>	Both	Dfair	May 19
PCCiC 19/05	<p>Dfair to circulate a briefing note setting out the roles and responsibilities of PCCCs.</p> <p>16.5.19 Update: to be finalised for July meeting.</p>	Both	Dfair	May 19
PCCiC 19/07	<p>AP to provide a summary verbal report on the first 30 days</p>	Both		May19



	16.5.19 Update: item on the agenda. Item closed		AP	
PCCiC 19/10	Primary Care Network update to be a standing item agenda for PCCC. – agenda updated.	Both	CG/KS	Ongoing
PCCiC 19/28	Initials for Graham Bayliss and Gill Brown to be distinguished by an additional letter. Debbie Fairclough's initials to be consistent throughout minutes – Action completed 28.5.19	Both	JE	June
PCCiC 19/31	The deadline for sign up to the LQC will be extended to 31 <sup>st</sup> May 2019. Update of which practices have responded will be fed back to the group	Both	JE	June

## Primary Care Commissioning Committee June 2019

<b>Agenda Item: 19.52</b>	<b>Author of the Paper:</b>
<b>Report date:</b> 14 <sup>th</sup> June 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379

**Title:** GPFV / Primary Care Programme Report

**Summary/Key Issues:**

This report highlights the work programmes currently undertaken and the progress to date. The report now focuses on areas of transformation, delegation, and CCG projects.

<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the areas of work and progress to date.	Note	<input checked="" type="checkbox"/>
	Approve	<input type="checkbox"/>
	Ratify	<input type="checkbox"/>

### Links to Corporate Objectives 2019/20

x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees		x		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Primary Care Commissioning Committee June 2019

<b>Agenda Item: 19.52</b>	<b>Author of the Paper:</b>
<b>Report date:</b> 14 <sup>th</sup> June 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379
<b>Title:</b> GPFV / Primary Care Programme Report	
<b>Summary/Key Issues:</b> This report highlights the work programmes currently undertaken and the progress to date. The report now focuses on areas of transformation, delegation, and CCG projects.	
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the areas of work and progress to date.	Note <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

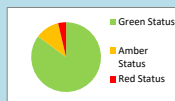
Links to Corporate Objectives 2019/20	
x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees		x		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

# SF/SSCCG Primary Care Programme Report

Last Updated	14/06/2019 10:04
Total Projects	27
Green Status	23
Amber Status	3
Red Status	1
Closed	5



Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Resilience Funding	Transformation	GP Five Year Forward View	GP Resilience Programme	01.04.2017	31.03.2021	G	Gemma Murray	Angela Price/Jane Elliott/ Clare Touhey	All practices and federations have received information from NHSE on the 19/20 process to apply for resilience funding. The deadline to submit bids to NHSE is 12pm 1st July 2019. A panel where all CCGs & LMCs will be able to send a representative to agree those schemes that meet the national criteria is planned for 15th July 2019. The C&M funding available is approx £350K
Clerical and Admin Training (Active Signposting)	Transformation	GP Five Year Forward View	Releasing Time for Care	01.04.2017	31.03.2021	G	Gemma Murray	Jane Elliott/ Claire Touhey	A training post is now operational via iMerseyside to support signposting. There was a presentation at both wider groups re document management, EOLs are being sort from general practice.
International Recruitment	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.2017	31.03.2021	G	Sharon Howard	Craig Gillespie/Kati Scholtz	Meeting held on Tuesday 26th June - 5 interested practices attended. Further weekend event being held for potential recruits currently being planned for early 2019. Potentially there are two recruits identified within C&M. Practice readiness forms will need to be completed by GP practices
GPFV - Additional 5000 Doctors	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.17	31.03.2021	R	Sharon Howard	Angela Price	5000 is the number of doctors required nationally, this drilled down to C&M is 194 additional doctors.
ETTF- Estates Bids	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jan Leonard/Sam McCumiskey	3 bids for co-location originally submitted, this has reduced to two bids, one for Maghull and one for Formby. The bids are at PID stage, further discussion required with practices, to establish next steps.
E-Consultations/Online Consulting	Transformation	GP Five Year Forward View	Online Consulting	01.04.2017	31.03.2020	G	Gemma Cullen	Jane Elliot/Paul Shillcock	A roll out plan has been agreed across both CCGs. Discussions are in place regarding how this could work in the 7 day access service and at PCN level. There is an opportunity to establish an e- hub pilot with one PCN in both CCGs. In order to do this all practices within a PCN would need to be utilising e-consult. Currently there are 26 out of 49 practices across Sefton who are either using e-consult or are in a planned stage of roll out. We will be in a position to trial an e-hub in approximately 6 months time should a PCN be identified to trial. Primary care team and iMerseyside to meet to develop an e-consult strategy.
7 Day Access	Transformation	GP Five Year Forward View	Primary Care HUB	01.08.2017	ongoing	G	Jan Hughes	Angela Price /Clinical Leads	Both services went live on Monday 1st October 2018, positive feedback is being received. Monthly reporting data is being received. iMerseyside are working with NHS Digital regarding ERS and ICE, testing took place in March 2019. First contact physiotherapy has started in S&F, and is due to begin in South Sefton. Contract meetings with both providers taking place quarterly. Both services were commissioned via an APMS contract for a 2 year period (September 2020) with the option to extend for a year if needed.
Clinical Pharmacy Pilot	Transformation	GP Five Year Forward View	Workforce	01.04.2017	ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Susanne Lynch/Clinical Leads	Pilots ongoing in Crosby and North Southport localities based on hub models, initially dealing with medication queries, discharge review/reconciliations. 4WTE pharmacists under NHSE scheme recruited. NHSE have confirmed CCG can be employer of PCN clinical pharmacists if all parties in agreement. SL liaising with networks which will inform proposal to be considered by CCG. inform
Apex/Insight	Transformation	GP Five Year Forward View	Workload		ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Angela Price	Apex/Insight has been demonstrated at both wider group meetings. Practices have been asked to express an interest in using the tool as part of an NHSE pilot. Awaiting an implementation date, roll out of the tool has been delayed.

Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
ETTF- IT	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jane Elliot/Paul Shillcock	The amount of money for ETTF IT bids has reduced this year in order to increase ETTF for premises. There is an IM&* T group looking at IT requirements. This includes representation from the primary care team, finance team, GP practice and Merseyside
Practice Nurse 10 Point Plan	Transformation	GP Five Year Forward View	Practice Nurse 10 point plan	23.07.2017	Ongoing	G	Pippa Rose	Colette Page	ETP has employed a p/t mentor to increase numbers of practices accepting student nurses and number of mentors within practices. 8 PNs to become clinical supervisors allowing them to offer clinical supervision to PNs across both CCGs. Progress being made with a preceptorship programme for new PNs. Promoting 'All our Health' learning platform - to embed prevention, health protection and promotion of wellbeing - MECC training delivered previously and training in Anti-Microbial Resistance ongoing. 4 more PNs and 3 pharmacists on the NMP course. 7 PNs on the GPN Leadership for Quality programme. Promoting the 2 year Advanced Care Practitioner course across CCGs. In discussion with NHSE lead to promote Nursing Associate trainees within practices. Recruitment and retention continues to be challenging for many practices nationally. Promoting GPN as a viable career pathway is ongoing.
Workforce Steering Group	Transformation	GP Five Year Forward View	Workforce	01/05/2018	ongoing	A	Alan Cummings/Sharon Howard	Angela Price	A C&M workforce steering group has been developed. This is an extension of the Task and Finish Group for International Recruitment. This group will feed into the LWAB (Local Workforce Action Board).
2019/2020 GP Contract	GP Contract	Delegation		01.04.2019	31.03.2020	G	Alan Cummings/ Jan Hughes	Angela Price	Practice guide and timetable circulated to practices.
Primary Care Networks	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Sharon Howard / Gemma Murray	Angela Price	PCN registration documents for 7 PCNs submitted and approved in May 2019. South Sefton PCN exploring using the federation to deliver extended access. There needs to be a local agreement between the CCG and PCNs who are willing to cover populations where GP practices have not agreed to become part of a PCN. All practices in S&F are part of a PCN, 4 practices in South Sefton have declined to be part of the PCN. Awaiting further information from NHSE on national data sharing agreement, and funding per weighted patient for the PCN additional staff from April 2020.
Minor Surgery		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	CCG awaiting participation feedback 30.04.2019. Conversations have taken place in Southport and Formby for GPSI to undertake joint injections for those practices who have not previously signed up to deliver the DES before, practices would need to agree to participate in this DES. Further information to follow.
Out of Area Registrations		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	CCG awaiting participation feedback 30.04.2019
Special Allocation Scheme		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	CCG awaiting participation feedback 30.04.2019. Currently one practice operates this scheme in Sefton.
Learning Disabilities	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angie Price	CCG awaiting participation feedback 30.04.2019 (South Sefton Federation will deliver on behalf of GP practices in 2019/2020)
GP Contract	Business As Usual	Delegation	NHS Digital Finance Data	01.04.2019	31.03.2020	G	N/A	Angela Price	Practice finance visits are being planned using NHS digital data on NHS funding earned in 2017/18. A meeting has taken place with PC24 management where all 7 PC24 practices were reviewed.
Local Quality Contract Phase 4	Business As Usual	Primary Care Operational	Business As Usual	01.04.2018	01.09.2019	G	N/A	Angela Price/ Craig Gillespie/ Kati Scholtz	Phase 4 LQC has been operational 01.04.18 - 31.03.19. Validation panel is being convened July 2019 to assess practice end of year reports.
Local Quality Contract Phase 5	Business As Usual	Primary Care Operational	Business As Usual	01.04.2019	01.09.2020	G	N/A	Angela Price/Craig Gillespie/Kati Scholtz	Phase 5 LQC agreed and circulated to GP practices - sign up to schemes by 31st April 2019. Poor response to sign up, practices have been sent an email reminder.

Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Localities	Business As Usual	CCG	CCG	01.04.2019	ongoing	G	N/A	Jane Elliott/ Claire Touhey	Business as usual, PCNs have formed some discussions at localities. Locality mangers - Clare Touhey for Southport and Formby, and Jane Elliot for South Sefton
Influenza Coordination 2019/2020	National Mandate	CCG	CCG	01.04.2019	ongoing	G	Jennie Piet	Colette Page	Member of Flu task & Finish group with NHSE and sub group at Sefton Local authority. Begin developing coordination plans for 2019/20 season
Local Authority Health Protection Forum	National Mandate	CCG	CCG	01.04.19	ongoing	G	Charlotte Smith	Colette Page	Attend bi monthly Health Protection Forum (HPF) chaired by the LA. Flu subgroup reports into the HPF, which then feeds into NHSE.
NHSE/ PHE S&I Programme Boards	National Mandate	CCG	CCG	01.04.2019	Ongoing	G	Hayley Mercer	Colette Page	Attend quarterly Screening & Immunisation Programme Boards. Review targets achieved by CCGs and address concerns. Contact practices not attaining national targets to gain assurance or assist/ provide support where necessary. Liaise with PHE S&I coordinator/ managers.
Practice Nurse/ HCA meetings					ongoing	G	N/A	Colette Page	Arrange and coordinate PN/ HCA meetings and training events. Source speakers/ training providers. Utilise flexible cash funding available from Health Education England to support Non-medical prescribing courses for PNs and clinical pharmacists. Fully fund a clinical supervision course for 8 PNs to offer supervision across the CCG in line with GPV PN 10 PP. Review priorities across CCG in LTCs/ disease areas and focus training for PNs/ HCAs around these.
Protected Learning Time (PLT)	Business As Usual	CCG	CCG		ongoing	G	N/A	Colette Page	Arrange 4-6 PLT events per year. Source consultants and expert speakers from acute/ community/ voluntary providers. Arrange for pharmaceutical sponsors to support the events. Facilitate the afternoon with 150-200 delegates in attendance. The CCG with the LMC have reviewed the historic PLT scheme which was inequitable across practices, with agreement that the funds will be utilised to support admin and PM training - a training plan to be devised with input from PMs regarding topics to prioritise.
<b>Project Activity Key</b>				<b>Project RAG Key</b>					
↗		Ahead of Schedule				G			
↘		Behind Schedule				A			
→		On target				R			
X		No Activity							



## Primary Care Commissioning Committee June 2019

<b>Agenda Item: 19.54</b>	<b>Author of the Paper:</b>
<b>Report date:</b> 11 <sup>th</sup> June 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379
<b>Title:</b> 7 Day Access	
<p><b>Summary/Key Issues:</b></p> <p>The General Practice Forward View published in 2016 set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.</p> <p>CCGs were required to procure services following appropriate procurement processes in 2018/19. This paper describes the progress made between October 18 and March 19.</p>	
<p><b>Recommendation</b></p> <p>The Primary Care Commissioning Committee are asked to note the content of the report.</p>	<p>Note <input checked="" type="checkbox"/></p> <p>Approve <input type="checkbox"/></p> <p>Ratify <input type="checkbox"/></p>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement		x		
Clinical Engagement	x			
Equality Impact Assessment	x			
Legal Advice Sought		x		
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees		x		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## **Report to the Primary Care Commissioning Committee June 2019**

### **1. Introduction and Background**

In September 2016, NHS England published the NHS Operational Planning Guidance 2017-19, which set out the funding, trajectory and core requirements for delivering improved access to general practice across England by March 2019. In February 2018, this was revised in Refreshing NHS Plans for 2018-19 to full coverage by 1 October 2018.

The Planning Guidance required CCGs to secure 7 day access services following appropriate procurement processes. South Sefton CCG worked with Midlands and Lancashire Commissioning Support Unit (MLCSU) on the procurement process.

South Sefton Primary Care Health Limited was the successful bidder who was awarded a 2 year APMS contract (with the option to extend for a further year if needed). The contract start date was 1<sup>st</sup> October 2018, which aligned with the national acceleration of the access programme.

### **2. Engagement**

The Service provides a GP led multi -disciplinary team operational from one location. The hours of operation are:

Monday to Friday 5.00pm – 8.00pm

Saturday and Sunday 10.00am to 1.00pm

The Service covers all patients registered with a GP practice in South Sefton, patients can book an appointment through their own GP practice or through NHS111.

The type of appointments available are GP, nurse practitioner, and practice nurse. The Service are organising provision of physiotherapy to offer in the near future to patients. Clinicians are able to access patient's medical records (following patient consent) and the patient's own GP will be able to see the consultation.

An advertising campaign including newspaper, radio, posters in community settings (including GP practices), envisage screens in GP practices, and text message alerts to patients (where available in GP practices) supported the launch of 7 day access. Further communications are planned.

A service manager has been in place since the mobilisation period.

The Service have recently started to use two way text messaging which confirms a patients appointment where this has been booked in advance, the patient can then use this facility to cancel an appointment if needed.

### 3. Utilisation

The information below is provided in a monthly GPFV return to NHSE:

	Available	Booked	DNA's	Utilisation
October 2018	1209	670	107	47%
November 2018	1403	1006	134	63%
December 2018	1442	955	123	58%
January 2019	1456	1135	107	71%
February 2019	1384	1214	169	76%
March 2019				

### 4. Issues/Mitigations

Issues	Mitigations
Patient awareness of 7 day access:	A communications plan has been devised which includes local advertising in newspaper (includes online), and a radio advertisement in gyms run by the local authority. There has been attendance at local community groups.
Variations in practice usage:	A Digital Champion Post has been developed to work with GP practices to identify any issues that require further training, e.g. booking/cancelling appointments. Practice feedback to SSPHL Anecdotal feedback has been that patients prefer to wait to see their own GP/practice staff
DNA's: Patients can cancel via their own GP practice or text message if they have received a text message of confirmation	Explore further options.
I.T – The Service are not classed as a GP practice and therefore the IT for a hub does not offer the same functionality e.g. ERS, EPS, ICE	iMerseyside are working with NHS Digital to work on a solution which has recently been tested for future implementation. Sefton will be the first in the country to pilot ERS from a hub.
NHS111 use a different clinical system to GP practices which results in a delay when a patient is booked – this could result in the same appointment being double booked, which has restricted NHS111 bookings to weekends only. NHS 111 can only book into one type of professional.	'GP Connect' is currently being piloted in London to enable Aadastra to be compatible with Emis.

## 5. Recommendations

The Primary Care Commissioning Committee are asked to note the content of this report, the progress made to date and the challenges to be addressed.

**Angela Price**  
**Primary Care Programme Lead**  
**June 2019**

## Primary Care Commissioning Committee June 2019

<b>Agenda Item: 19.54</b>	<b>Author of the Paper:</b>			
<b>Report date:</b> 11 <sup>th</sup> June 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379			
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x				

### Links to Corporate Objectives *(x those that apply)*

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement		x		
Clinical Engagement	x			
Equality Impact Assessment	x			
Legal Advice Sought		x		
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees		x		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
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The Planning Guidance required CCGs to secure 7 day access services following appropriate procurement processes. Southport and Formby CCG worked with Midlands and Lancashire Commissioning Support Unit (MLCSU) on the procurement process.

Southport and Formby Health Limited was the successful bidder who was awarded a 2 year APMS contract (with the option to extend for a further year if needed). The contract start date was 1<sup>st</sup> October 2018, which aligned with the national acceleration of the access programme.

### **2. The Service**

The Service provides a GP led multi -disciplinary team operational from one location. The hours of operation are:

Monday to Friday 5.00pm – 8.00pm

Saturday and Sunday 9.00am to 12 noon

The Service covers all patients registered with a GP practice in Southport and Formby, patients can book an appointment through their own GP practice or through NHS111.

The type of appointments available are GP, nurse practitioner, practice nurse and health care assistants, from November 2018 first contact physiotherapy has also been available. Clinicians are able to access patient's medical records (following patient consent) and the patient's own GP will be able to see the consultation.

An advertising campaign including newspaper, radio, posters in community settings (including GP practices), envisage screens in GP practices, and text message alerts to patients (where available in GP practices) supported the launch of 7 day access. Further communications are planned.

Two way text messaging is available which confirms a patients appointment where this has been booked in advance, the patient can then use this facility to cancel an appointment if needed.

Southport and Formby Health Limited has recently filled their vacancy for a Service Manager.



### 3. Utilisation

The information below is provided in a monthly GPFV return to NHSE:

	Available	Booked	DNA's	Utilisation
October 2018	702	404	34	57%
November 2018	861	528	48	56%
December 2018	989	590	52	54%
January 2019	1067	640	57	55%
February 2019	969	652	65	61%
March 2019	1019	691	51	67%

### 4. Issues/Mitigations

Issues	Mitigations
Patient awareness of 7 day access:	A communications plan has been devised which includes local advertising in newspaper (includes online), and a radio advertisement in gyms run by the local authority. There has been attendance at local community groups, and the new manager in post has got ideas to explore to raise patient awareness
Variations in practice usage:	A Digital Champion Post has been developed to work with GP practices to identify any issues that require further training, e.g. booking/cancelling appointments. Practice feedback to S&FHL Anecdotal feedback has been that patients prefer to wait to see their own GP/practice staff
DNA's: Patients can cancel via their own GP practice or text message if they have received a text message of confirmation	Explore further options.
I.T – The Service are not classed as a GP practice and therefore the IT for a hub does not offer the same functionality e.g. ERS, EPS, ICE	iMerseyside are working with NHS Digital to work on a solution which has recently been tested for future implementation. Sefton will be the first in the country to pilot ERS from a hub.
NHS111 use a different clinical system to GP practices which results in a delay when a patient is booked – this could result in the same appointment being double booked, which has restricted NHS111 bookings to weekends only. NHS 111 can only book into one type of professional.	'GP Connect' is currently being piloted in London to enable Adastra to be compatible with Emis.

## 5. Recommendations

The Primary Care Commissioning Committee are asked to note the content of this report, the progress made to date and the challenges to be addressed.

**Angela Price**  
**Primary Care Programme Lead**  
**June 2019**

## Enter and View Report.

### Announced visit to:

Christiana Hartley Medical Practice

**5 Curzon Road, Southport, Merseyside, PR8 6PL**

**Monday 19<sup>th</sup> November 2018, 08:30.**

<b>Heading</b>	<b>Page</b>
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Observations made by the team during the visit	27
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Conclusions, recommendations and considerations	29
Response from the provider	32
Appendix one: poster for the announced Enter and View visit	33

## Summary of key points.

A total of **28** surveys were completed for Christiana Hartley Medical practice. Key points from the responses are below:

**17 patients (62.96%)** had visited the surgery in the past 3 months.

**24 out of 27 patients (88.89%)** said they knew the name or their 'named GP' with **one** patient telling us that they didn't know.

**100%** of patients (**26 patients**) described their experience of making an appointment to see the doctor as '**Very Good**' or '**Fairly good**'.

Having a '**long term medical condition**' was the most common reason why patients needed a GP appointment – **61.54% (16)** patients. **10 out of 26 patients (38.46%)** told us that they did get to see the same GP to maintain continuity of care.

**21 out of 26 patients (80.77%)** were able to book a routine appointment in advance to see a GP.

**100%** of patients (**27 patients**) who answered the question 'Did you get a suitable appointment to meet your needs?' told us that they did. **19 out of 27 patients (70.37%)** told us that they were initially offered a face to face appointment.

**20 out of 27 patients (74.07%)** told us that they phoned the surgery to make an appointment with a GP, **four patients (14.81%)** going in person. **17 out of 27 patients (62.96%)** told us that they would prefer to book appointments with their GP by phone, with **six patients (22.22%)** telling us they would like to book in person. **Four** patients told us that they would prefer to book online.

**23 out of 26 patients (88.46%)** told us that it was **very easy/ fairly easy** to get through on the telephone.

**4 out of 26 patients (15.38%)** told us they had needed an urgent appointment. **19 out of 26 patients (73.08%)** had **not** used another service because they could not get an appointment.

## What is Enter and View?

Enter and View is about seeing and hearing for ourselves how services are being run and allows Healthwatch Sefton to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Enter and View visits are conducted by 'Authorised Representatives' for Healthwatch Sefton who are trained volunteers and staff members. The full list of authorised representatives can be found on our website:

<https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

All Enter and View visits have a clear purpose as identified by Healthwatch Sefton to ensure effective evidence gathering and reporting.

The Local Authorities (Public Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 allows local Healthwatch 'Authorised Representatives' to collect the views of service users, patients and residents, collect the views of carers and relatives, collect the views of staff, observe the nature and quality of services and provide feedback.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.



## Acknowledgements

We would like to thank patients for taking the time to speak to us and for filling in our survey. Healthwatch Sefton would also like to take this opportunity to thank staff on duty at the time of the visit and Debbie Elliott, Practice Manager for helping us to arrange the visit.

We would like to thank Anne Major and Brian Clark OBE, our authorised Enter and View members who visited the medical centre.

Healthwatch Sefton would also like to thank Nigel Booth (Healthwatch Sefton Formby locality representative) and Jan Leonard (Director of Commissioning & Redesign at NHS Southport & Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group) for supporting in the planning and design of the questionnaire

**Please note that this report relates to the findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.**



## General Information.

- **5407** patients are registered with the practice.
  - The surgery is currently accepting new patients.
  - There is **1** female and **2** male GPs at the centre.
  - Online appointment booking is available and patients can order or view repeat prescriptions online.
  - Reception is open from 8am in the morning until 6:30pm in the evening (Monday – Friday). Appointments are available Monday – Friday between the hours 08:00 – 18:30.
- Information accessed from <https://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=42568#> (18/01/19)



## Purpose of the Visit (background)

Community Champion network members across Southport & Formby were raising concerns on behalf of local residents concerning GP access. Although feedback had been received from across Sefton; reviewing feedback from Southport & Formby, the majority of feedback received was from the central locality. Similar issues were being raised at the south and central Community Champion meetings (particularly the Bootle locality) and at their meeting held in March 2018, it was agreed by members to take this issue forward to the Healthwatch Steering group meeting being held March 2018.



It was agreed at the Healthwatch Steering group to add this project to the work plan and for a questionnaire to be designed to capture specific feedback on GP access. The Steering Group discussed and agreed the following actions:

- A questionnaire to be designed to capture specific feedback on GP access
  - The questionnaire to be forwarded to both NHS south Sefton CCG and NHS Southport and Formby CCG along with NHS England for comments and input prior to commencement of the project
  - The questionnaire to be piloted in two localities across Sefton. Bootle locality and Central Southport were agreed.
1. South and central Sefton, Bootle locality. This included attendance at:
    - Community Champion groups / organisations
    - VCF (Voluntary, Community & Faith) groups
    - Asda shopping centre based central Bootle
    - Newspaper articles promoting the questionnaire within Bootle publications
    - On-line promotion
  2. North Sefton, Central Southport
    - Enter & View visits were authorised and planned for GP surgeries within central Southport which included:
      - Christiana Hartley Medical Centre
      - Cumberland House surgery
      - Kew surgery
      - St Marks Medical Centre
      - Trinity Practice



## Healthwatch Sefton

Healthwatch Sefton exists to make health and social care services work for the people who live in Sefton or use services based in Sefton. Everything we say and do is informed by our connections to local people. Our main aim is understanding the feedback and concerns of people of all ages who use services, and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care services put the experiences of local people at the heart of their work. We believe that asking people more about their experiences and encouraging them to feedback can identify issues that, if addressed, will make services better.

Healthwatch Sefton is set up as a company limited by guarantee, a subsidiary company of Sefton Council for Voluntary Service (Sefton CVS). There is a small staff team and a large team of volunteers who work together to ensure the organisation works towards its strategic and local priorities.

We are uniquely placed as we have a national body, Healthwatch England. Both organisations have significant statutory powers to ensure that the voice of people who want to have a say about health and social care services is strengthened and heard by those who commission, deliver and regulate health and social care services. Healthwatch Sefton works with Healthwatch England to ensure the voice of Sefton residents is represented at a national level.



## Type of Enter and View visit undertaken

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton: Anne Major and Brian Clark OBE.

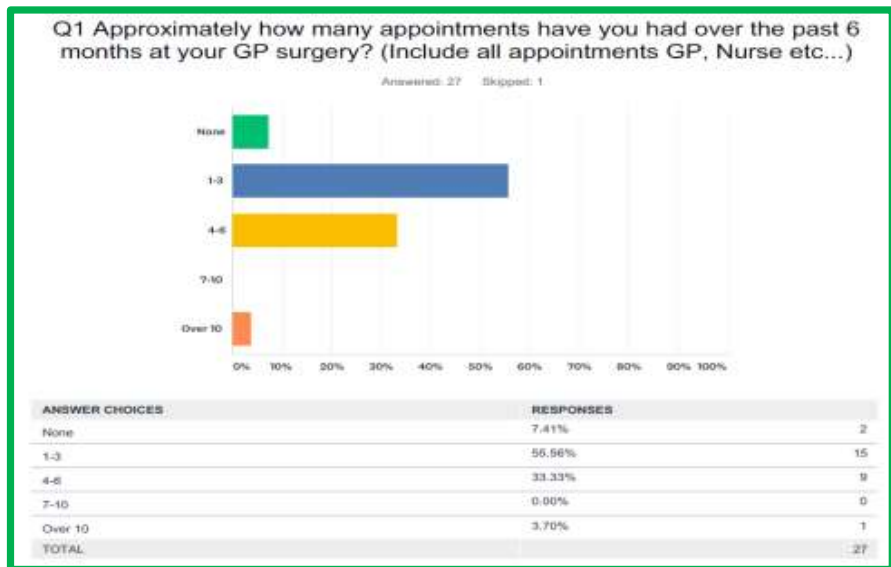
## How the visit was planned.

The visit is not an inspection, but offers a lay perspective rather than an in-depth formal inspection. This visit was pre arranged as part of Healthwatch Sefton's work plan. Posters were sent to the Christiana Hartley Medical Centre to make sure that patients and staff, were aware of the visit (Appendix One). The team of trained Enter and View authorised representatives spoke to patients in the reception area and filled out the survey with patients/ handed them a copy of the survey to fill out. Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: [www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view](http://www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view)



From visiting Christiana Hartley Medical Centre, a total of **28** responses were received. **25** patients completed the survey on the day, with **two** returning the survey back to Healthwatch using a Freepost envelope and **one** being completed online.

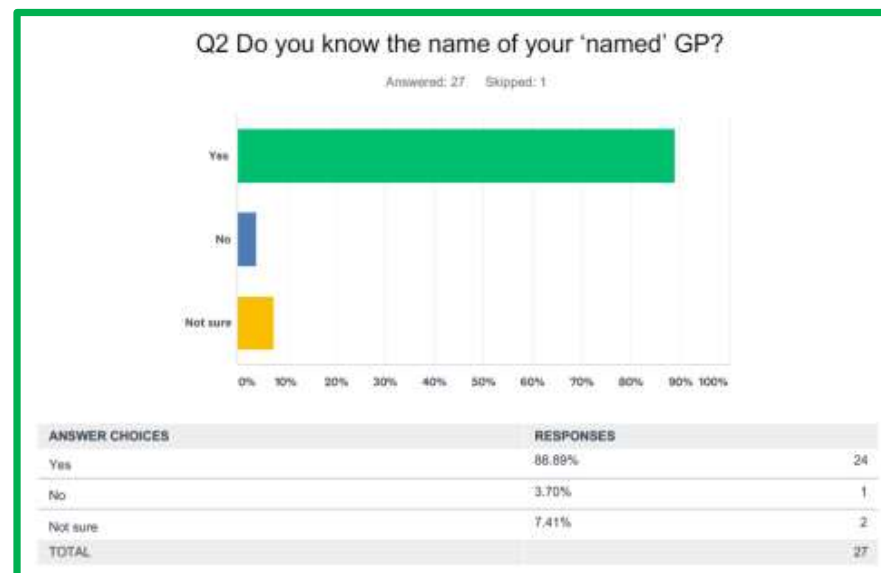


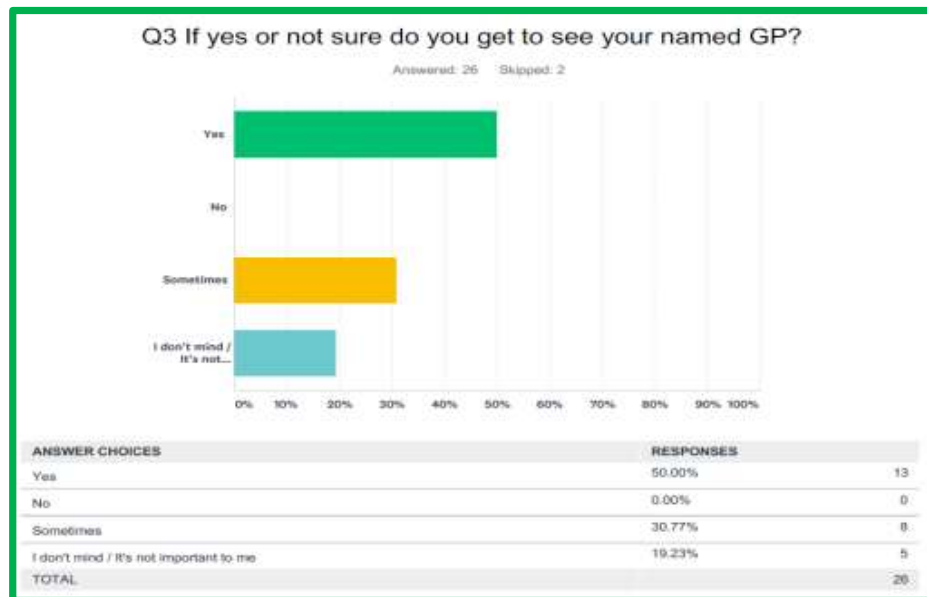
**Question 1:**

The graph shows the number of GP appointments patients stated they had made over the past six months. Having **between 1-3 appointments** was most common (**55.56%, 15 patients**), closely followed by **4-6 appointments** being made, **33.33% (9 patients)**. **One** patient had made **over 10** appointments with **two** patients who we spoke to not having made any appointments.

**Question 2:**

The graph to the right demonstrates if patients knew the name of their 'named' GP. **24 patients (88.89%)** shared that they **knew who their named GP was**, with **two patients (7.41%)** sharing that they were **not sure**. **One** patient told us they **didn't know**.





**Question 3:**

**13 out of 26 patients (50%)** told us they **get to see their named GP**, with **eight patients (30.77%)** telling us that they did **sometimes**. **Five patients (19.23%)** told us that that they **didn't mind/ it's not important to me**.

Patients shared the following:

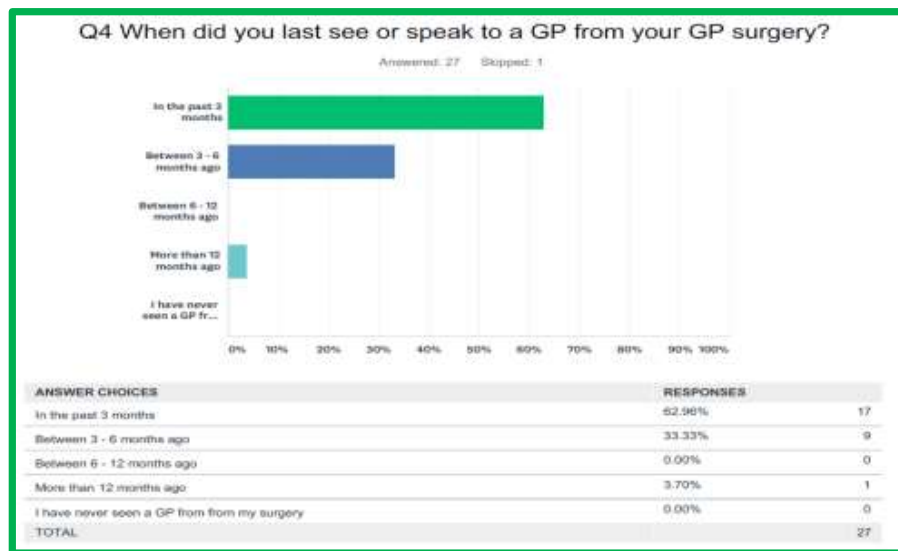
*“I normally get to see the person I ask for”*

*“I don't mind but appointments are available”*

*“Reception staff are very helpful in trying to ensure that I see my preferred GP”*

*“Great you can get an appointment here on the same day”*

*“Sometimes difficult to see named GP because she only works 3 days per week”*

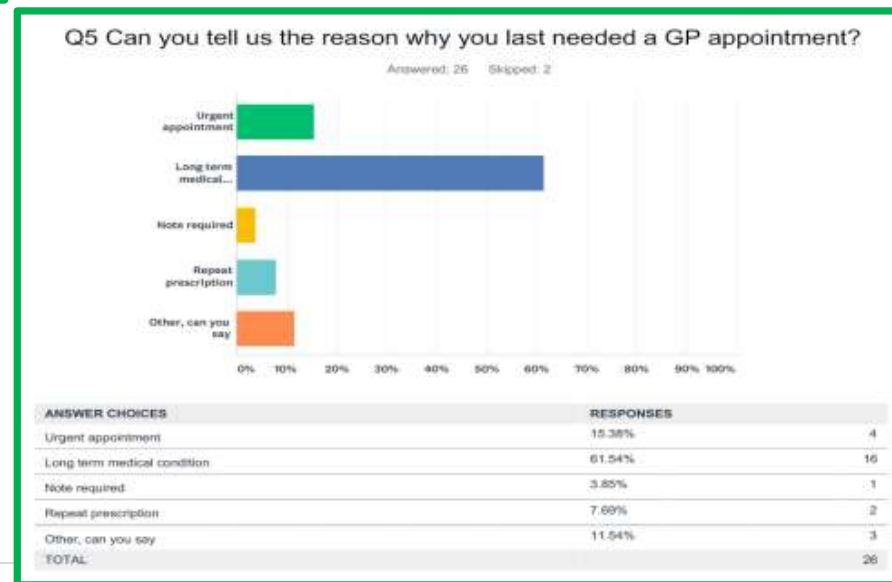


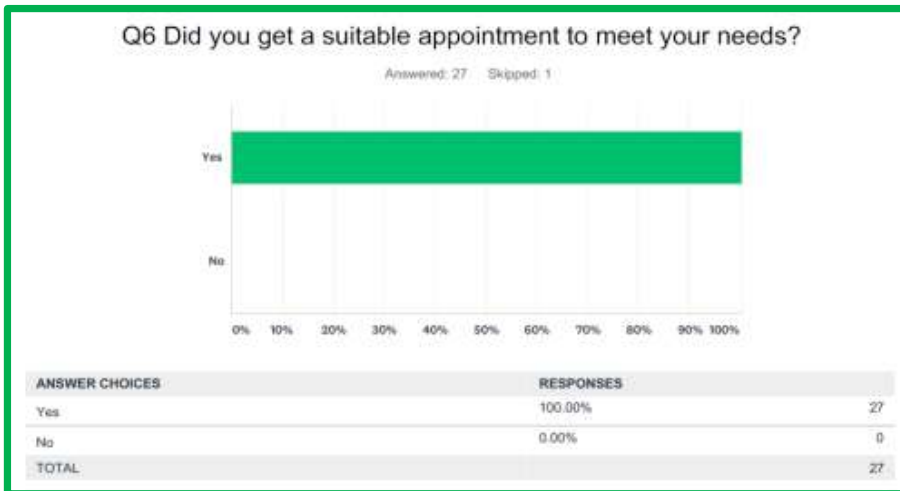
**Question 4:**

As you can see from the graph, the highest percentage of patients who completed the questionnaire had been seen or had spoken to a GP in the **past three months, 62.96% (17 patients)**. **9 patients (33.33%)** had been seen or had spoken to a GP somewhere **between 3 – 6 months ago**. **One patient had been seen more than 12 months ago**.

**Question 5:**

As can be seen from the graph, **‘Long term medical condition’** was the most common reason for needing a GP appointment, **61.54% (16)** patients. **Four patients (15.38%)** last saw their GP as they needed an **urgent appointment**. Other reasons for needing an appointment included: *a company nurse indicating that I should see someone, a blood test and a health check.*



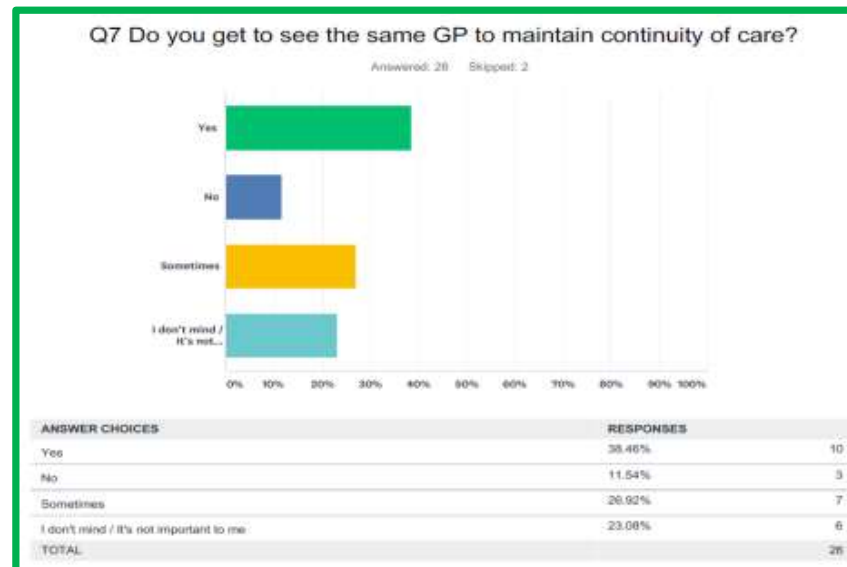


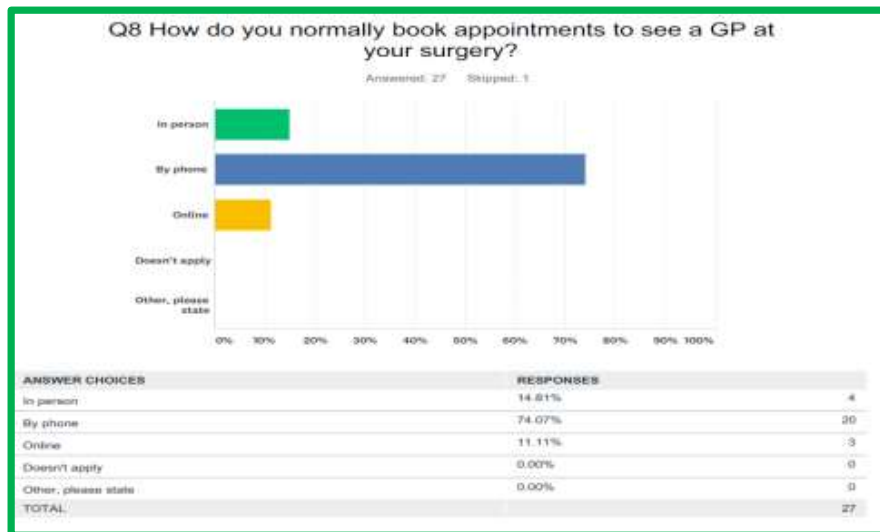
**Question 6:**

**27 patients (100% of patients answering this question)** told us that they got a suitable appointment to meet their needs.

**Question 7:**

**10 out of 26 patients (38.46%)** told us that they **did get to see the same GP** to maintain continuity of care. **Seven patients (26.92%)** told us that they **sometimes did** with **six patients (23.08%)** telling us that they **didn't mind**. **Three patients (11.54%)** told us that they didn't see the same GP. **One** patient commented; *“seeing the same GP helps build the patient/clinician relationship plus increasing confidence in the health care provided”*





**Question 8:**

**20 out of 27 patients (74.07%)** told us that they phoned the surgery to make an appointment with **four patients (14.81%)** going in person. **Three patients (11.11%)** told us that they booked their appointments **online**.

Further comments were shared as follows:

*“Online or call in the morning and normally get an appointment on the same day”.*

*“Online is easy” “No problem”*

*“Telephoning depending on the time of the day – early mornings you are queuing, later on no problem”*

*“Easy to make an appointment” “Really good experience” “No problems”*

*“The process took seconds to complete, very satisfactory” “Easy”*

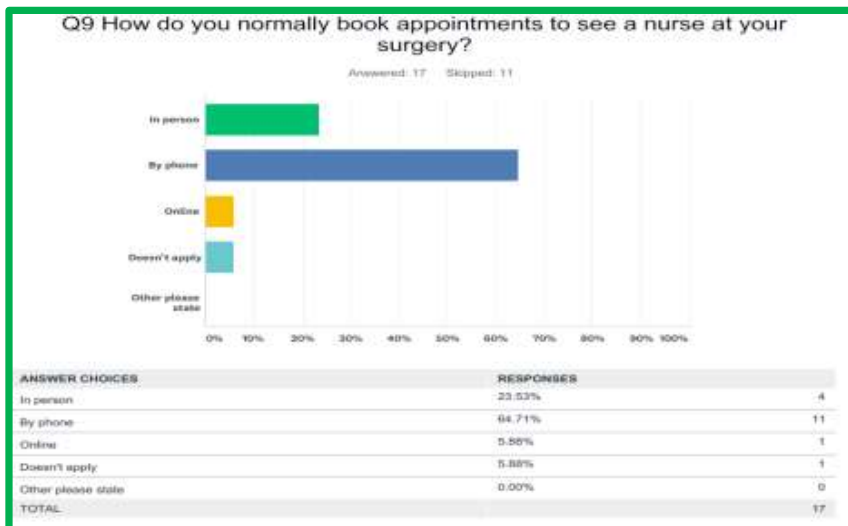
*“Generally good experience. However I am uncomfortable about the open reception area when I can often hear patient details being repeated if I am sitting in the waiting area”*

*“Relatively easy if you don’t mind what you see” “It usually a long wait before you speak to the receptionist”*

*“I phone at 8am and always get an appointment same day”*

*“Telephone – there is a queue system – makes things simple”*





**Question 9:**

**11 out of 17 patients (64.71%)** booked their appointment to see the nurse by **phone**, with **four patients (23.53%)** booking in person. **One patient (5.88%)** told us that they would book **online**.

Further comments were shared; *“Easier”*

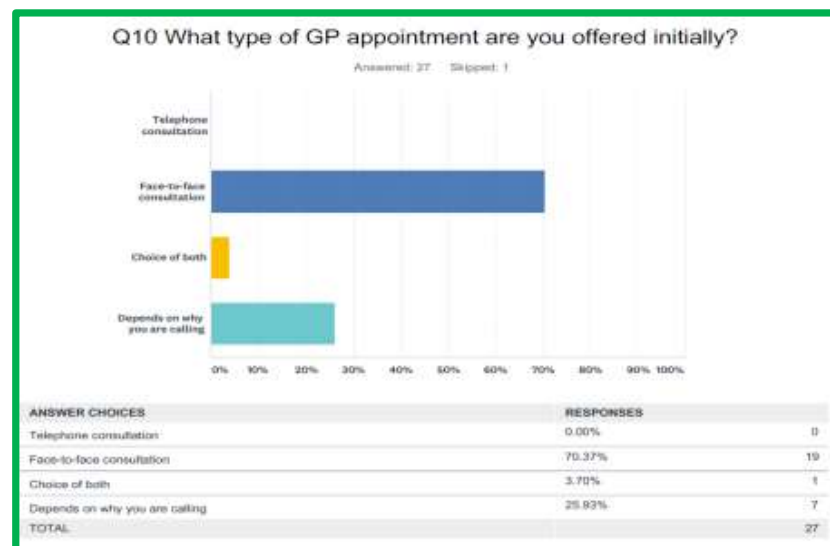
*“Really good experience” “No problems” “Easy”*

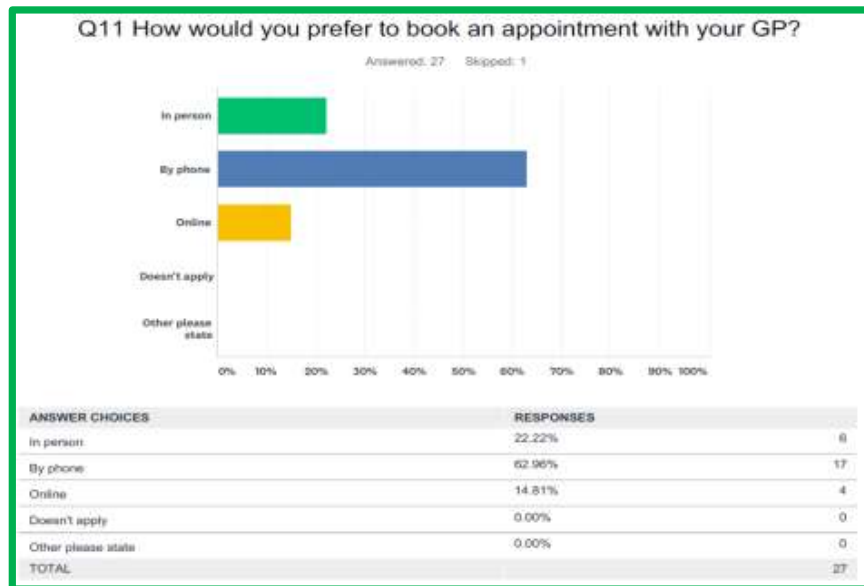
*“Can only be via booking at the surgery or by phone”*

**Question 10:**

**19 out of 27 patients (70.37%)** were offered a **face to face** consultation with **seven patients (25.93%)** telling us that it would **depend on why they were calling**. **One patient** shared that they were offered a **choice of both telephone and face to face** consultations. Patients shared the following: *“Have to have blood tests every year. Don’t always need to see the GP”*.

*“Always very helpful to have this option. Tele consultations good for both patient and clinician, saving time when face to face not needed. Reception staff very accomodating in this respect”*





**Question 11:**

17 out of 27 patients (62.96%) would prefer to book their appointment by **phone**, with **six** patients (22.22%) sharing they would prefer to do this **in person**. **Four** patients (14.81%) shared that they would prefer to book their appointments **online**. Patients shared the following comments: "All ok"

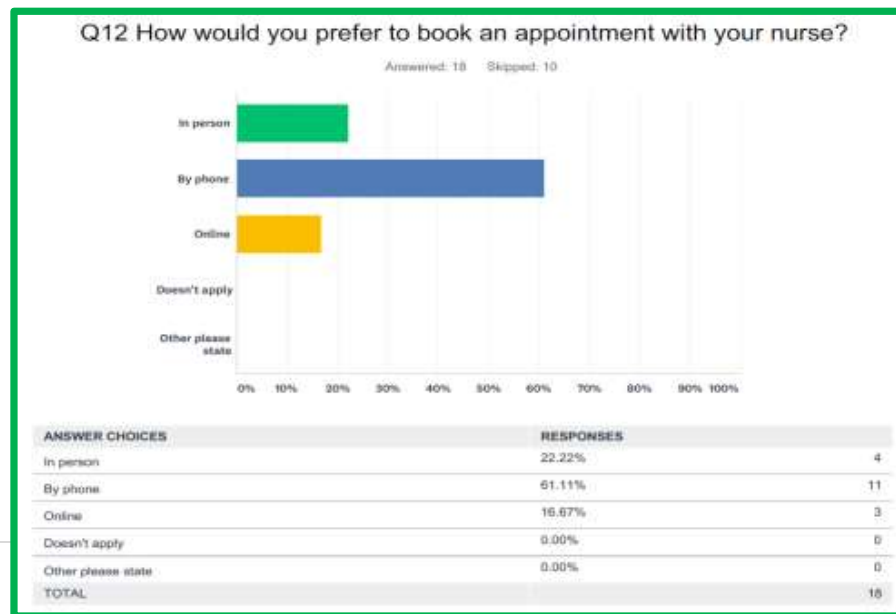
*"I only live around the corner so goin in person is better for me"*

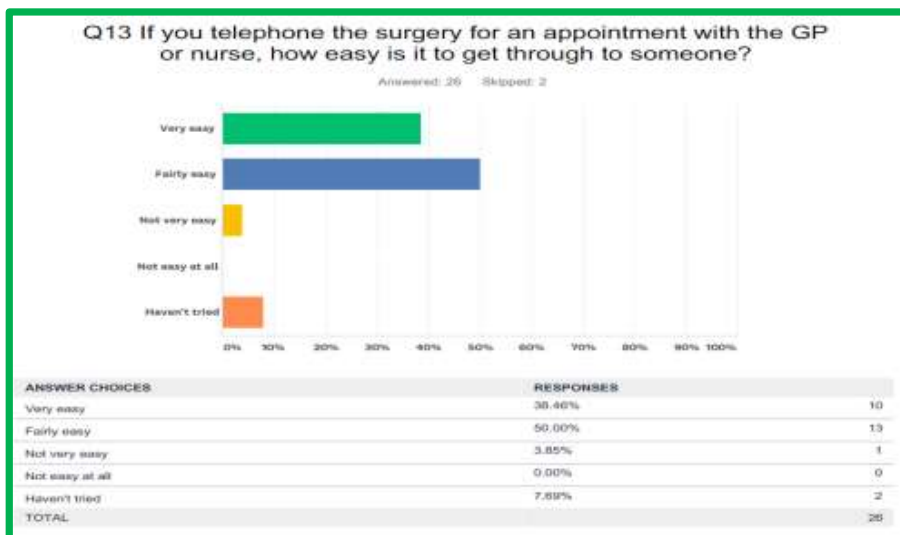
*"More convenient" "Easier" "Service is good"*

*"Good service already provided, thank you" "Flexibility"*

**Question 12:**

11 out of 18 patients (61.11%) would prefer to book their appointment with their nurse by **phone**. **Four** patients (22.22%) told us they would prefer to **book in person** and **three** patients (16.67%) shared they would like to book **online**.





**Question 13:**

**23 out of 26 patients (88.46%)** told us it was **very easy/fairly easy** to get through to someone if they telephoned the surgery. **One** patient told us that it was **not very easy**. Patients shared the following comments:

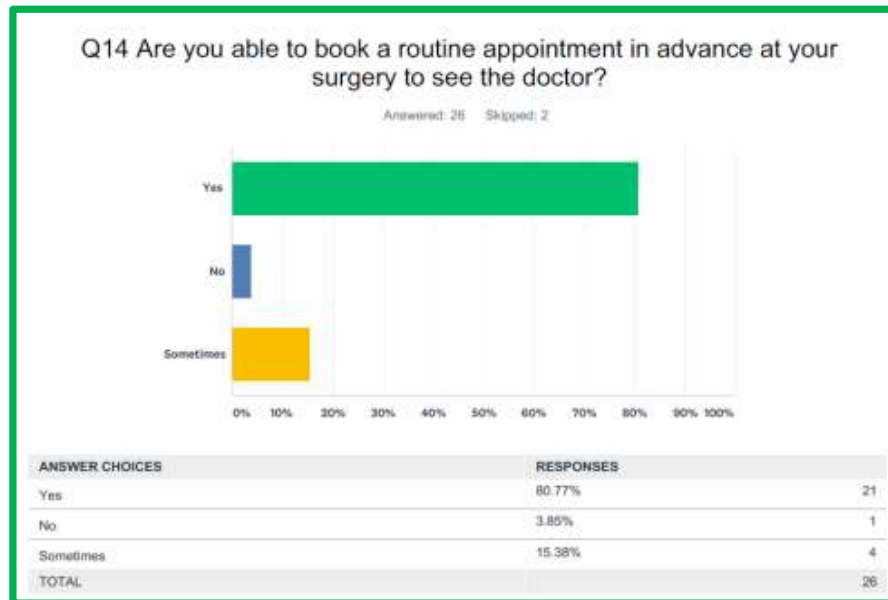
*“Much easier than previous surgery”*

*“Queuing system has improved the telephone service”*

*“Receptionists are always helpful”.*

*“Depending on volume of call”*

*“I find it far easier than other surgeries where patients have to wait days/weeks for appointments. Curzen Road is excellent”*



**Question 14:**

**21 out of 26 patients (80.77%)** told us that they were **able to book a routine appointment in advance**. **One** patient told us that **they couldn't**, with **four patients (15.38%)** sharing they could **sometimes**. Patients shared the following comments;

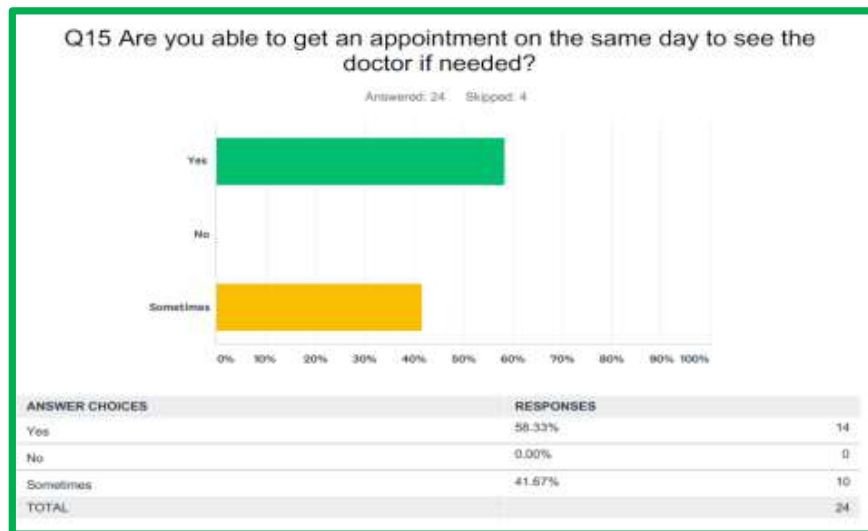
*“Earlier, i.e. 7am and later (up to 9pm) appointments or weekends would be useful as I work full time in Manchester”*

*“Never, ever have a problem getting to see my GP”*

*“Although sometimes frustrating when told non available, so call on the day and none maybe available that day of calling (all gone). But generally OK experience”*

*“Never available”*

*“Never tried”*



**Question 15:**

**14 out of 24 patients (58.33%)** told us that they could get an appointment on the **same day** to see the doctor if needed with the same number telling us that **they couldn't**. **10 patients (41.67%)** told us that they **could sometimes** get an appointment on the same day. Patients shared the following comments;

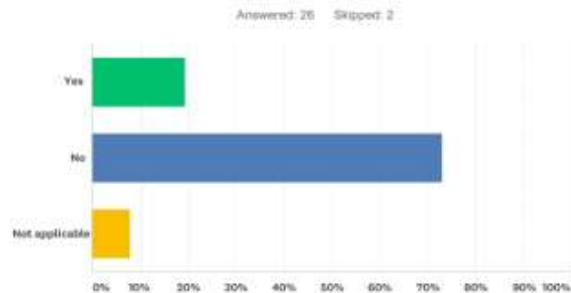
*“I havent tried in years”*      *“I have never had need to”*

*“I have never required such a speedy appointment...  
thankfully”*

*“Normally you can but if you cant, the recpetionists are very helpful and give alternative advice”*

*“If you phone earlier enough”*      *“Very Good”*

Q16 In the last 12 months have you used another service because you could not get a GP appointment?



ANSWER CHOICES	RESPONSES	
Yes	19.23%	5
No	73.08%	19
Not applicable	7.69%	2
TOTAL		26

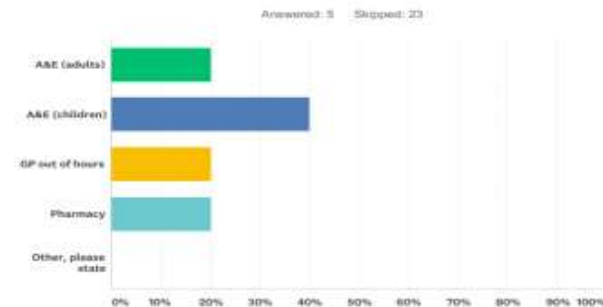
**Question 16:**

19 out of 26 patients (73.08%) had **not used another service** because they could not get a GP appointment, with **five patients** saying that they **had**.

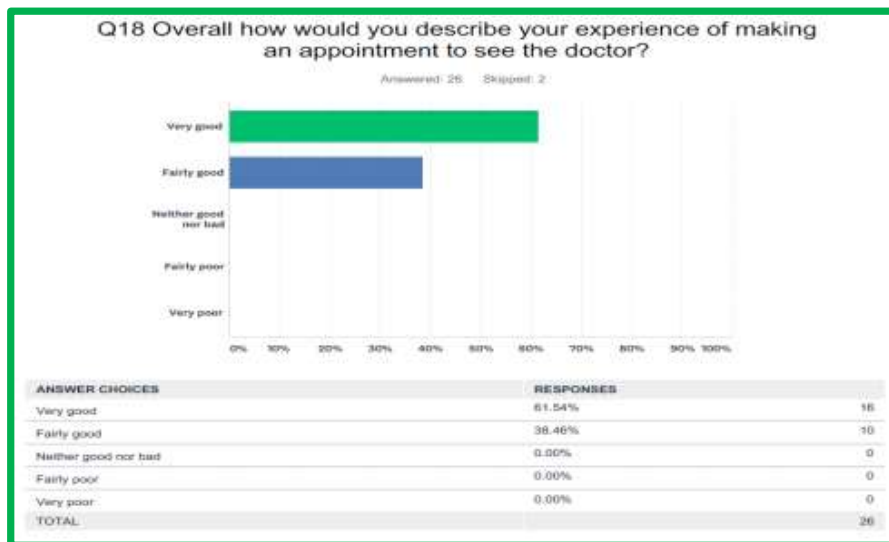
**Question 17:**

As you can see from the graph, **five** patients had accessed another service. **Two** patients had accessed A & E (Children’s), **one** patient had accessed A & E (Adults), **one** accessing the GP out of hours service and **one** accessing the services of a pharmacy.

Q17 If answering yes to Q16, can you say what service(s)



ANSWER CHOICES	RESPONSES	
A&E (adults)	20.00%	1
A&E (children)	40.00%	2
GP out of hours	20.00%	1
Pharmacy	20.00%	1
Other, please state	0.00%	0
Total Respondents: 5		

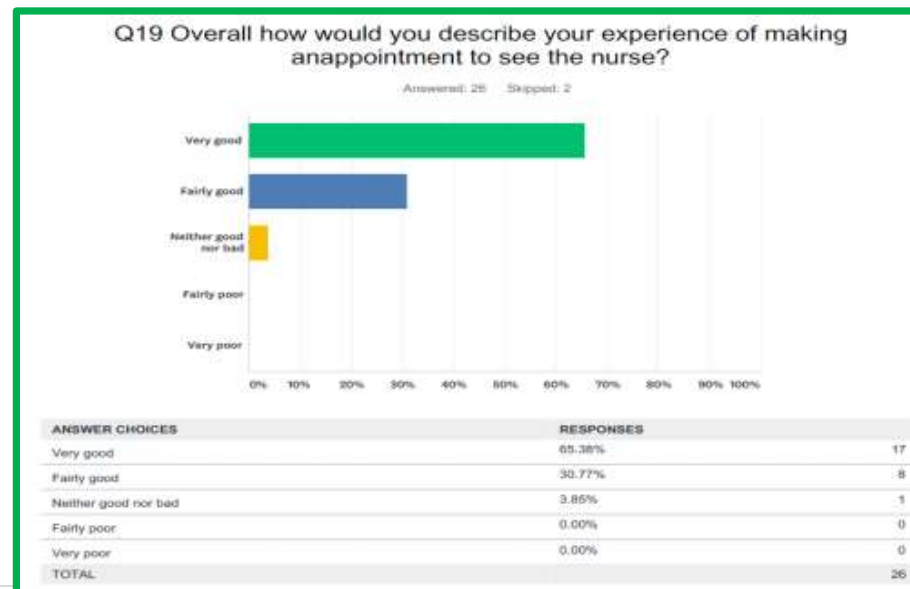


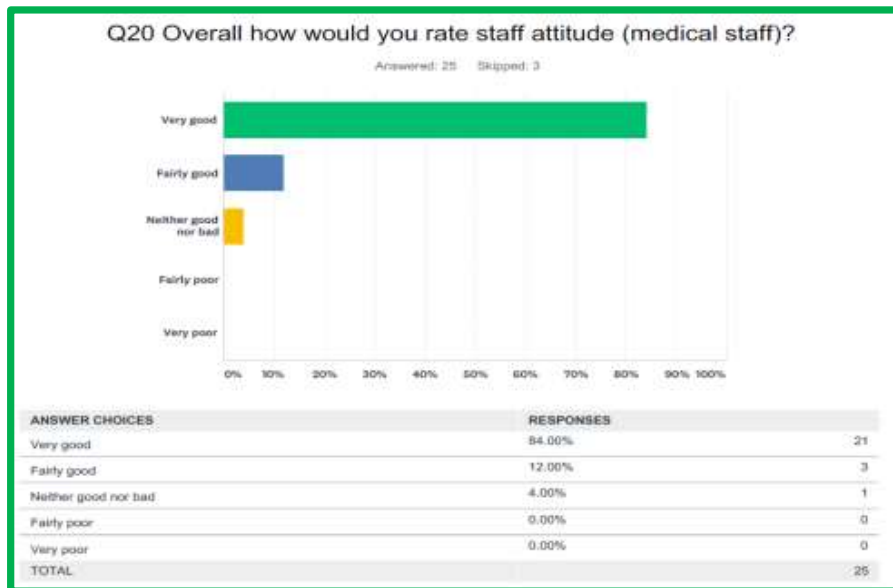
**Question 18:**

**100% of patients (26 patients)** described their experience of making an appointment to see the doctor as **‘very good’/fairly good**.

**Question 19:**

**25 out of 26 patients (96.15%)** described their experience of making an appointment to see the nurse as **‘Very good, fairly good’**. **One** patient shared that their experience was **neither good nor bad**.





**Question 20:**

**24 out of 25 patients (96%)** rated the attitude of medical staff as being **‘very good’/ fairly good**, with **one** patient rating attitude as **neither good nor bad**.

*“All of the staff are lovely, very helpful and have time to listen”*

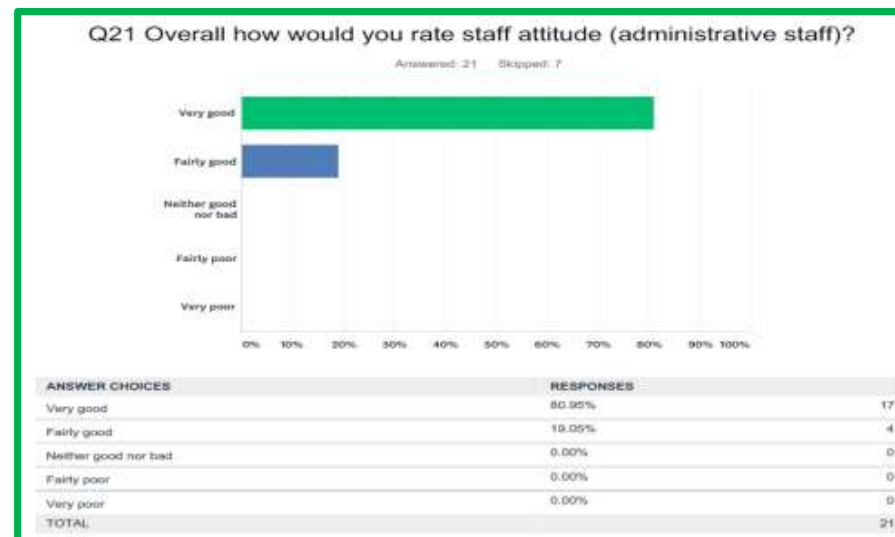
*“Doctors brilliant and friendly”*

**Question 21:**

**21 patients (100%)** rated the attitude of administrative staff as being **‘very good/fairly good’**.

*“Maybe sometimes a bit rushed on the phone”*

*“Excellent”*





**Question 22: In the past 12 months have you changed to another GP surgery? If so can you tell us why**

**One** patient informed us that they had changed GP surgery in the past 12 months and the reason for this was they had moved house. Another patient informed us that it was more than 12 months ago but they had changed from St Marks because it got too big. Staff were rude and unhelpful and patronizing. Couldn't get appointments; "This is why we changed to this practice as they were recommended by a friend that said they were lovely".

**Question 23: Do you have more to say? What is good? What could be improved**

In response to this question, patients shared further comments:

*"Very pleased with this surgery so far (in all respects)"*

*"Really good surgery. The staff and doctors are helpful and considerate"*

*"I hear other people complaining about their GPs. I always recommend Christiana Hartley because their complaints don't exist. Its fantastic"*

*"Just the open area where receptionists sit – not very private re confidential information sharing"*

*"More services for dressings with the nurse. Stitches need to be taken out and told not available at the surgery (why not). Told to go to the drop in centre in Ormskirk. Not happy"*

*"GP services seem well provisioned in Southport"*



## Equality and Diversity Data : Some questions about you

Age (27 patients responded)



Under 16 = 0



16 – 24 years = 0



25 – 49 years = 7



50 – 64 years = 10



65 – 79 years = 8



80+ = 2



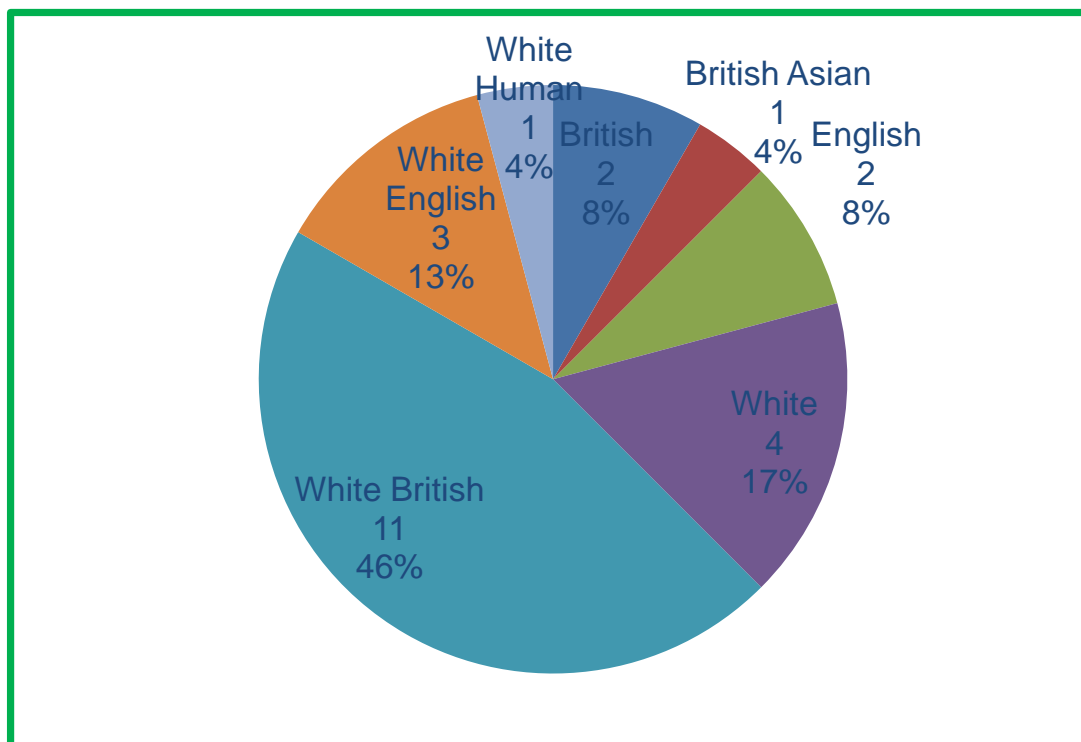
Did not say = 0

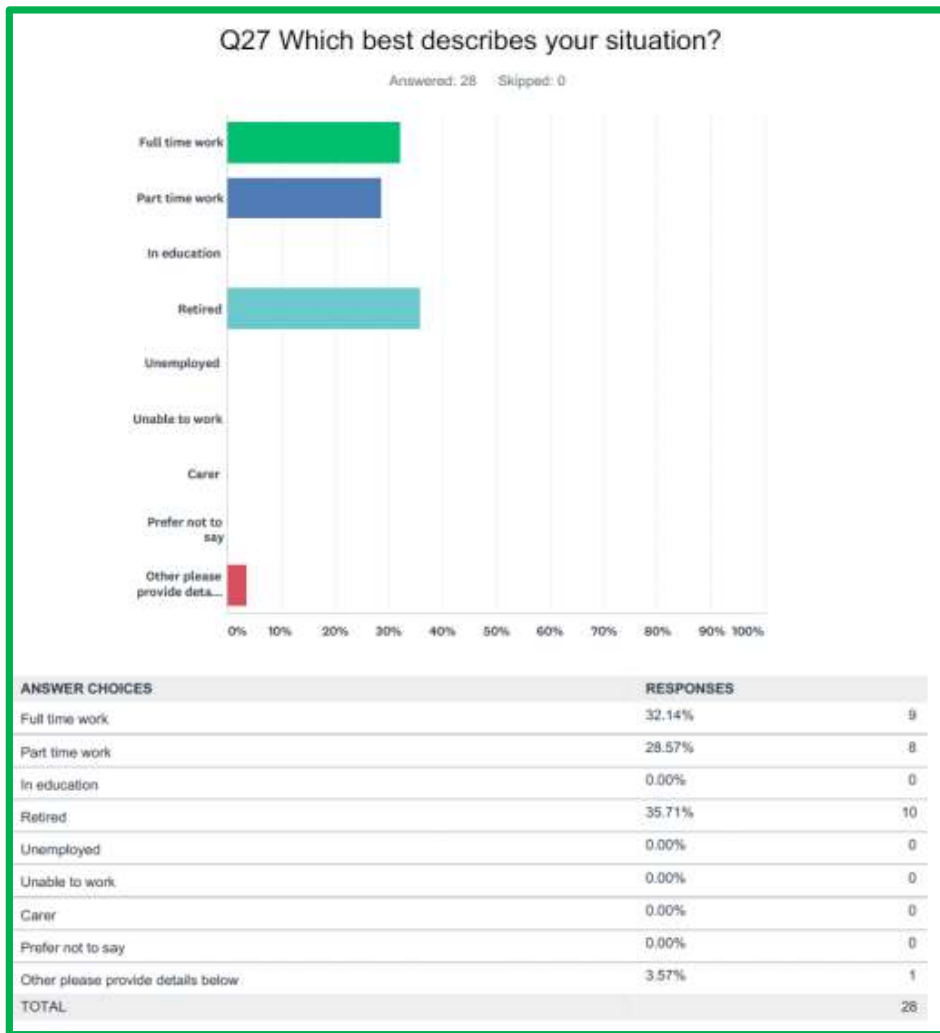
**Gender: (28 patients responded)**

Patients completing the survey identified their gender as;

- 👤 Male 14
- 👤 Female 14

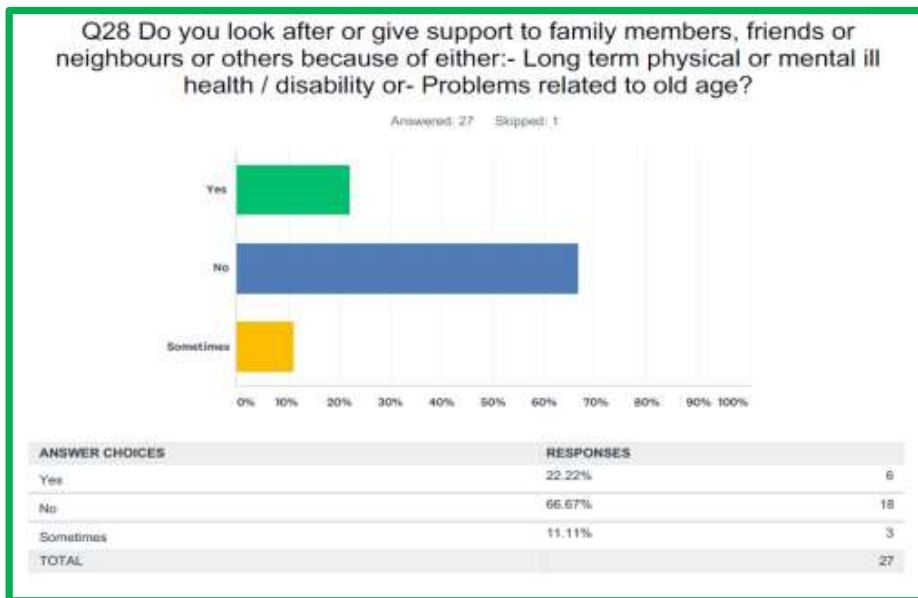
**How would you describe your race or ethnicity? (24 patients responded)**





**Which best describes your situation?**

**10 out of 28 patients (35.71%)** described themselves as **retired**. **Nine patients (32.14%)** said they were in **full time work** with **eight patients (28.57%)** describing themselves as being in **part time work**. **One** patient shared that they were an adult with a Learning Disability.






**Do you look after or give support to family members, friends or neighbours or others because of either: - long term physical or mental health/ disability or problems related to old age?**

**6 out of 27 patients (22.22%)** told us that they did look after or give support to family members, friends or neighbours. **Three** patients told us that they **sometimes** did.



## Observations made by the team during the visit

-  We observed that the medical practice had an ‘Outstanding’ rating from the Care Quality Commision (CQC) in December 2017.
-  We were informed that there is a pilot service in place, a Dementia clinic.
-  We observed that the name of a patient is called over a tannoy system but no directions are given to the patient on how to get to the treatment room. We however did observe a number of practitioners coming out of their rooms to support patients.

- During the visit, there was a issue with the main entrance door but there were notices up explaining what to do (i.e. that the automatic doors were not working)
- There was some confusion from patients as to what the medical centre was called. Some patients said that it was named Curzen Road and some patients were calling it 'Christiana Hartley.
- During the visit, we picked up a copy of a leaflet which gave information about the practice, including surgery times, practice boundary area, home visits, 111, facilities for the Disabled and what clinics are held at the Medical Centre.



## Safeguarding Observations

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were no safeguarding concerns identified at the time of the visit.



## Conclusions, recommendations and considerations.

### Conclusions

The Enter and View visit was carried out on the 19th November at the surgery. In total **28** GP access questionnaires were completed with patients.

**100%** of patients were able to get an appointment to meet their needs with **62.96%** of patients telling us that they would prefer to book appointments at the medical centre by phone. **88.46%** told us that it was '**very easy/ fairly easy**' to get through to the surgery on the phone. Only **three** patients shared that they used the online service to book appointments.

From the feedback gathered, **100%** of patients told us that their experience of making an appointment to see a doctor was very good/fairly good with **80.77%** of patients being able to book a routine appointment in advance.






A high percentage of patients (**88.89%**) said that they knew the name of their 'named GP'. Having a **long term medical condition** was the most common reason why patients needed an appointment, **38.46%** of patients telling us that they did to see the same GP to maintain continuity of care.

**Four** of the patients we spoke with had needed an urgent appointment. **73.08%** of patients had **not** used another service because they could not get an appointment.

**96%** of patients we spoke with rated the attitude of medical staff as very good/fairly good. The attitude of admin staff was also rated highly, with **100%** of patients sharing that they would rate attitude as very good.

During the visit we observed that the name of a patient is called over a tannoy system but no directions are given to the patient on how to get to the treatment room. We however did observe a number of practitioners coming out of their rooms to support patients.

### Recommendations.

-  To evidence that patient's who want to book an appointment for a long term condition can book a routine appointment in advance.
-  To review why patients registered at the medical centre, access emergency services when they can not book an appointment at the centre. We would recommend that all staff are provided with standard information about patient options when no appointment can be provided so that patients can be signposted to the right NHS service.
-  To consider how the surgery could increase the number of patients who are both aware and access the online booking system.
-  Consideration to be given for patients with a diagnosed long term condition to be able to book appointments with their named GP/ GP of their choice.
-  To review the system in place at the medical centre which alerts patients to make their way to their appointment. Some GPs use a TV screen for example which shows the patients name, the name of the practitioner they are seeing and the room number.



### Considerations.

Healthwatch Sefton would like to make the following recommendations to encompass the GP surgeries across the Central Southport locality:

The Enter and View reports following the visits to GP practices within the Central Southport locality to be tabled at a future Central Southport Locality meeting to compare and share good practice. Areas for discussion and consideration to include:

Good Practice – to share good practice of ‘GP Access’ across the locality.

Patient Communication – How are patient informed of the appointment system? Information to be clear and understandable and available in different formats e.g. patient leaflet, social media.

On-line booking appointments – All GP practices within the Central Southport locality state this service is offered but from the feedback received there is a very low uptake by patients. To look at ways to promote this service to patients.

Patient Participation Group (PPG) – To ensure a PPG is in place and to engage with the PPG members when reviewing GP access. To attend the Healthwatch Sefton & CCG event re: PPG’s during May 2019 for Practice Managers and PPG members to attend. (Previous correspondence has been sent to each Practice Manager).

Continuity of Care – Overall within the feedback received for all the GP practices ‘long term medical condition’ was the main reason for a patient’s last appointment. To compare and contrast best practice to enable patients to receive continuity of care.



## Response from the Provider.

Deborah Elliott, practice manager shared a response via email on behalf of the practice. “We are happy with the report, thank you.” The following responses were shared following consideration of the following recommendations:

**Recommendation:** to evidence that patient’s who want to book an appointment for a long term condition can book a routine appointment in advance.

**Response:** Patients can book in advance with the GP they want to see.

**Recommendation:** to review why patients registered at the medical centre, access emergency services when they can not book an appointment at the centre. We would recommend that all staff are provided with standard information about patient options when no appointment can be provided so that patients can be signposted to the right NHS service.

**Response:** we never turn away an emergency, they will always be telephoned by a clinician

**Recommendation:** to consider how the surgery could increase the number of patients who are both aware and access the online booking system.

**Response:** we do promote online services but will review this to see if we can improve.

**Recommendation:** consideration to be given for patients with a diagnosed long term condition to be able to book appointments with their named GP/ GP of their choice.

**Response:** no response received.

**Recommendation:** to review the system in place at the medical centre which alerts patients to make their way to their appointment? Some GPs use a TV screen for example which shows the patients name, the name of the practitioner they are seeing and the room number.

**Response:** we have a self check in screen being installed which will tell patients which room etc....



# Talk to us about your Medical Centre

**Monday 19th November 2018**

**From 8:30am**

Healthwatch Sefton is your local, independent health and social care champion. We are visiting your surgery to find out what you think about the services it offers and would like to hear from patients, carers, and relatives about your experiences.

[www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk) / [Info@healthwatchsefton.co.uk](mailto:Info@healthwatchsefton.co.uk)

**Freephone: 0800 206 1304 Text: 07434 810438**

**Sefton CVS, 3rd Floor, Suite 3B**

**North Wing, Burlington House**

**Crosby Road North**

**Waterloo, L22 0LG**



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(CVS)

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Twitter: @HWatchSefton

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## Enter and View Report.

### Announced visit to:

Cumberland House Surgery.

**58 Scarisbrick New Road, Southport, Merseyside, PR8 6PG**

**Monday 26<sup>th</sup> November 2018, 8:30am.**

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## Summary of key points.

A total of 31 surveys were completed for Cumberland House Surgery. Key points from the responses are below:

**21 patients (70%)** had visited the surgery in the past 3 months.

**25 out of 31 patients (80.65%)** said they knew the name or their 'named GP' with **3 out of 31 (9.68%)** patients telling us that they didn't know.

**24 out of 29 patients (82.76%)** described their experience of making an appointment to see the doctor as '**Very Good**' or '**Fairly good**'.

Having a '**long term medical condition**' was the most common reason why patients needed a GP appointment - **48.15% (13)** patients. **11 out of 29 patients (37.93%)** told us that they did get to see the same GP to maintain continuity of care.

**21 out of 29 patients (72.41%)** were able to book a routine appointment in advance to see a GP.

**100% of patients (28 patients)** who answered the question 'Did you get a suitable appointment to meet your needs?' told us that they did. **15 out of 31 patients (48.39%)** told us that they were initially offered a face to face appointment.

**21 out of 31 patients (67.74%)** told us that they phoned the surgery to make an appointment with a GP, **8 patients (25.81%)** going in person. **18 out of 30 patients (60%)** told us that they would prefer to book appointments with their GP by phone, with **seven patients (23.33%)** telling us they would like to book in person. **Five** patients told us that they would prefer to book online.

**19 patients (63.33%)** told us that it was **very easy/ fairly easy** to get through on the telephone.

**9 out of 27 patients (33.33%)** told us they had needed an urgent appointment. **24 out of 29 patients (82.76%)** had not used another service because they could not get an appointment.



## What is Enter and View?

Enter and View is about seeing and hearing for ourselves how services are being run and allows Healthwatch Sefton to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Enter and View visits are conducted by 'authorised representatives' for Healthwatch Sefton who are trained volunteers and staff members. The full list of authorised representatives can be found on our website:

<https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

All Enter and View visits have a clear purpose as identified by Healthwatch Sefton to ensure effective evidence gathering and reporting.

The Local Authorities (Public Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 allows local Healthwatch 'Authorised Representatives' to collect the views of service users, patients and residents, collect the views of carers and relatives, collect the views of staff, observe the nature and quality of services and provide feedback.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.



## Acknowledgements

We would like to thank patients for taking the time to speak to us and for filling in our survey. Healthwatch Sefton would also like to take this opportunity to thank staff on duty at the time of the visit and Rachel Cummings, Practice Manager for helping us to arrange the visit.

We would like to thank Anne Major and Brian Clark OBE, our authorised Enter and View members who visited the surgery.

Healthwatch Sefton would also like to thank Nigel Booth (Healthwatch Sefton Formby locality representative) and Jan Leonard (Director of Commissioning & Redesign at NHS Southport & Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group) for supporting in the planning and design of the questionnaire

**Please note that this report relates to the findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.**



## General Information.

- **10,351** patients are registered with the practice.
  - The medical centre is currently accepting new patients.
  - There are **3** male and **4** female GPs at the centre.
  - Online appointment booking is available and patients can order or view repeat prescriptions online.
  - Reception is open from 8am in the morning until 6:30pm in the evening (Tuesday, Thursday and Friday) and 8am – 19:45 on a Monday and Wednesday. Appointments are available Tuesday– Friday between the hours 08:30 – 11:00 and 14:00 – 18:30. There is extended opening hours on a Monday and Wednesday and appointments are available on these two days from 8am with the last face to face appointment being held at 7:30pm.
- Information accessed from <https://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=35373#> (16/01/19) and updated from the formal response received from the practice.



## Purpose of the Visit (background)

Community Champion network members across Southport & Formby were raising concerns on behalf of local residents concerning GP access. Although feedback had been received from across Sefton, reviewing feedback from Southport & Formby, the majority of feedback received was from the central locality. Similar issues were being raised

at the south and central Community Champion meetings (particularly the Bootle locality) and at their meeting held in March 2018, it was agreed by members to take this issue forward to the Healthwatch Steering group meeting being held March 2018.

It was agreed at the Healthwatch Steering group to add this project to the work plan and for a questionnaire to be designed to capture specific feedback on GP access. The Steering Group discussed and agreed the following actions:

- A questionnaire to be designed to capture specific feedback on GP access
  - The questionnaire to be forwarded to both NHS south Sefton CCG and NHS Southport and Formby CCG along with NHS England for comments and input prior to commencement of the project
  - The questionnaire to be piloted in two localities across Sefton. Bootle locality and Central Southport were agreed.
1. South and central Sefton, Bootle locality. This included attendance at:
    - Community Champion groups / organisations
    - VCF (Voluntary, Community & Faith) groups
    - Asda shopping centre based central Bootle
    - Newspaper articles promoting the questionnaire within Bootle publications
    - On-line promotion
  2. North Sefton, Central Southport
    - Enter & View visits were authorised and planned for GP surgeries within central Southport which included:
      - Christiana Hartley Medical Centre
      - Cumberland House surgery
      - Kew surgery
      - St Marks Medical Centre
      - Trinity Practice



## Healthwatch Sefton

Healthwatch Sefton exists to make health and social care services work for the people who live in Sefton or use services based in Sefton. Everything we say and do is informed by our connections to local people. Our main aim is understanding the feedback and concerns of people of all ages who use services, and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care services put the experiences of local people at the heart of their work. We believe that asking people more about their experiences and encouraging them to feedback can identify issues that, if addressed, will make services better.

Healthwatch Sefton is set up as a company limited by guarantee, a subsidiary company of Sefton Council for Voluntary Service (Sefton CVS). There is a small staff team and a large team of volunteers who work together to ensure the organisation works towards its strategic and local priorities.

We are uniquely placed as we have a national body, Healthwatch England. Both organisations have significant statutory powers to ensure that the voice of people who want to have a say about health and social care services is strengthened and heard by those who commission, deliver and regulate health and social care services. Healthwatch Sefton works with Healthwatch England to ensure the voice of Sefton residents is represented at a national level.



## Type of Enter and View visit undertaken

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton: Anne Major and Brian Clark OBE.

## How the visit was planned.

The visit is not an inspection, but offers a lay perspective rather than an in-depth formal inspection. This visit was pre arranged as part of Healthwatch Sefton's work plan. Posters were sent to Cumberland House Surgery to make sure that patients and staff, were aware of the visit (Appendix One). The team of trained Enter and View authorised representatives spoke to patients in the reception area and filled out the survey with patients/ handed them a copy of the survey to fill out. Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

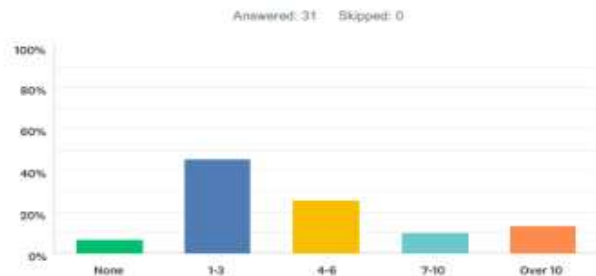
The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: [www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view](http://www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view)



## Findings

From visiting Cumberland House Surgery, a total of **31** responses were received. **28** patients completed the survey on the day, with **two** returning the survey back to Healthwatch using a Freepost envelope and **one** patient completing the survey online.

Q1 Approximately how many appointments have you had over the past 6 months at your GP surgery? (Include all appointments GP, Nurse etc...)



ANSWER CHOICES	RESPONSES	
None	6.45%	2
1-3	45.16%	14
4-6	25.81%	8
7-10	9.68%	3
Over 10	12.90%	4
TOTAL		31

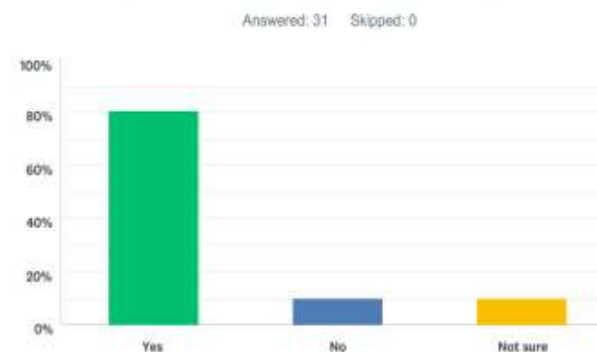
### Question 1:

All patients answered this question. The graph shows the number of GP appointments patients stated they had made over the past six months. Between **1-3** appointments was most common with **45.16% (14 patients)**, closely followed by **4-6** appointments being made, **25.81% (8 patients)**. **Two** patients who we spoke to had not made an appointment in the past six months.

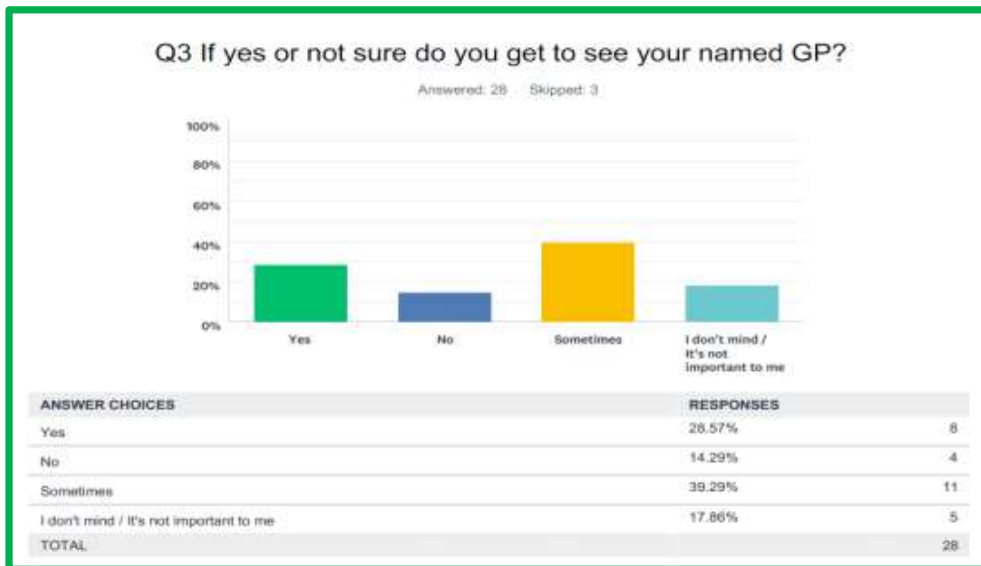
### Question 2:

All patients we spoke with answered this question. The graph demonstrates if patients knew the name of their 'named' GP. **25 patients (80.65%)** shared that they **knew who their named GP was**, with **three patients (9.68%)** sharing that they **did not know**. **Three** patients were not sure.

Q2 Do you know the name of your 'named' GP?



ANSWER CHOICES	RESPONSES	
Yes	80.65%	25
No	9.68%	3
Not sure	9.68%	3
TOTAL		31



### Question 3:

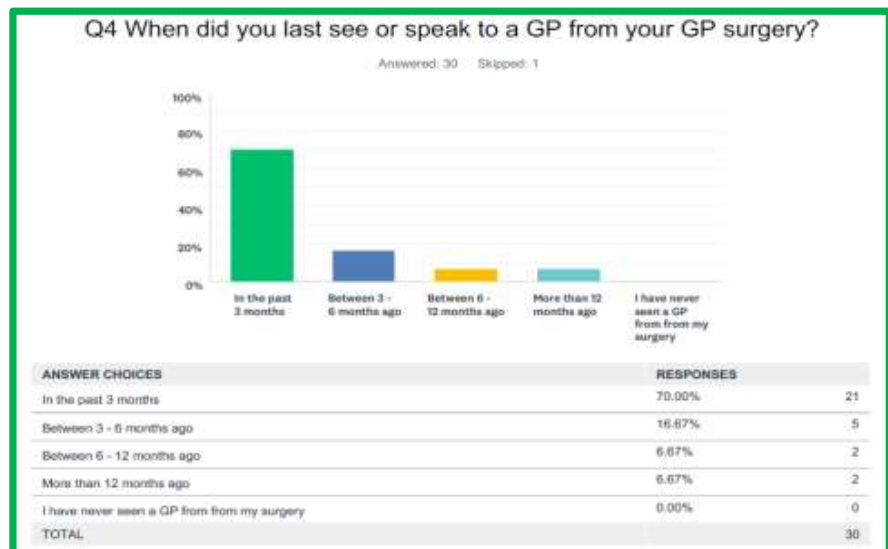
Not all patients answered this question. **8 out of 28** patients (**28.57%**) told us they **get to see their named GP**, with **eleven** patients (**39.29%**) telling us that they did sometimes.

**4 out of 28** patients (**14.29%**) told us that that they **don't get to see their named GP**. **Five** patients told us that they didn't mind/ it's not important to me.

Patients shared the following:

- 🗨️ *"Never seems to have any appointments available."*
- 🗨️ *"Content"*
- 🗨️ *"Its difficult to see him as he only works part time"*
- 🗨️ *"I prefer seeing another doctor than my own"*
- 🗨️ *"Most of the time"*



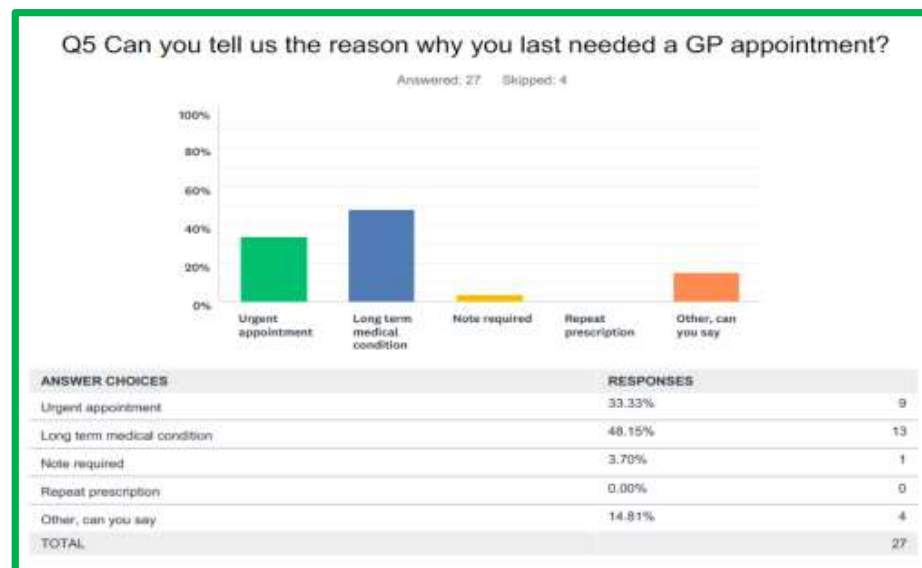


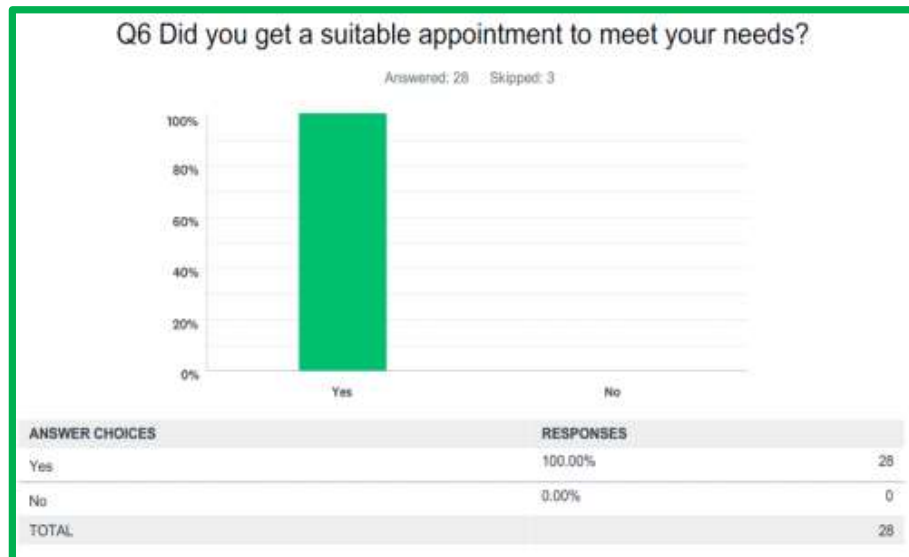
**Question 4:**

As you can see from the graph, the highest percentage of patients who completed the questionnaire **had been seen or had spoken to a GP in the past three months, 70% (21 patients).**

**Question 5:**

As can be seen from the graph, **'Long term medical condition'** was the most common reason for needing a GP appointment, **48.15% (13 patients).** **9 patients (33.33%)** last saw their GP as they needed an urgent appointment. Other reasons shared included: needing a check up **(two patients)** and having a repeated unexplained illness **(one patient).**



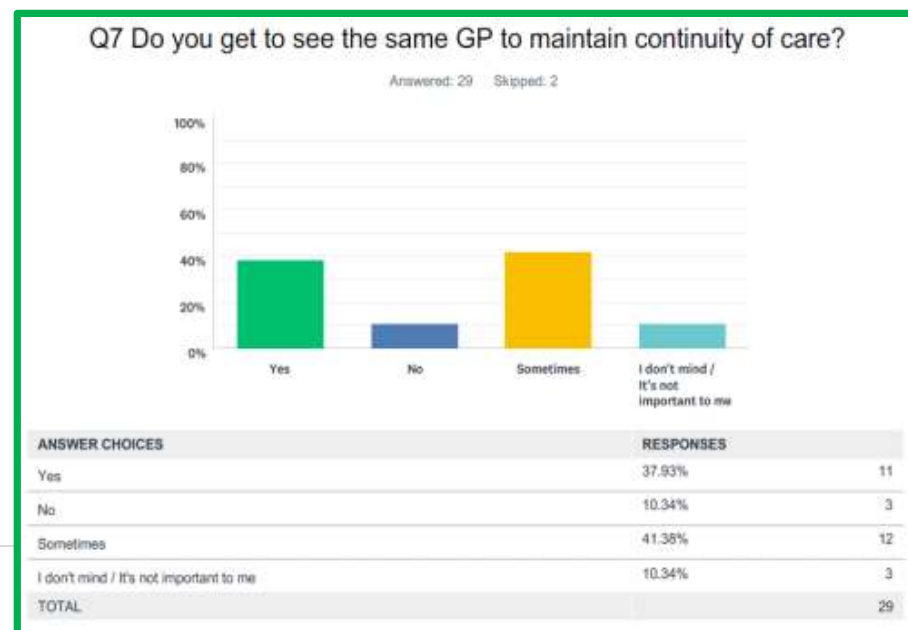


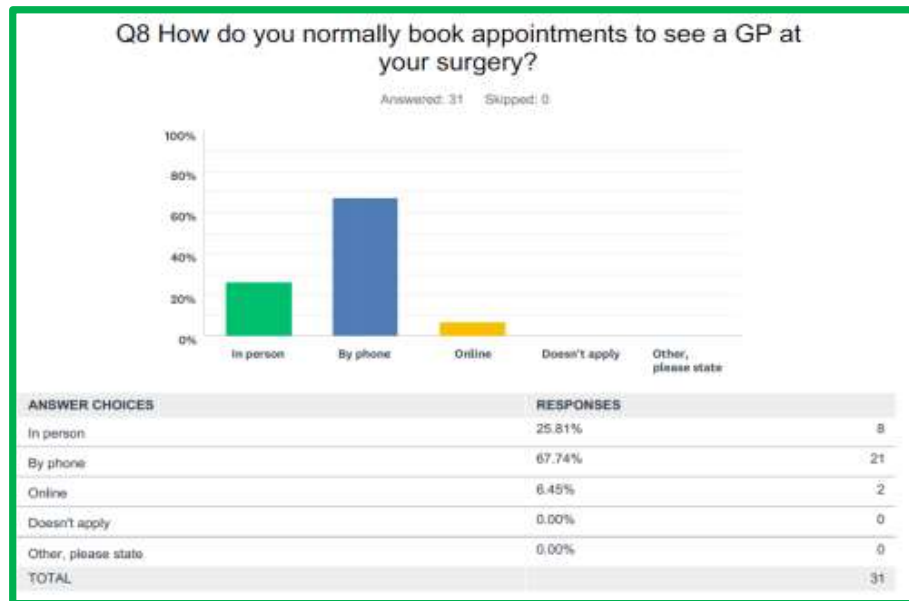
**Question 6:**

**All patients** answering this question (**28**) told us that they **got a suitable appointment to meet their needs**.

**Question 7:**

**11 out of 29 patients (37.93%) did get to see the same GP, with 12 patients (41.38%) telling us ‘sometimes’.** **3 out of 29 patients (10.34%) told us that they did not get to see the same GP to maintain continuity of care.** Further comments included: *“I have nurse appointments”, “most of the time”, “When I have requested I am able to see the same GP”* and *“I don’t really mind waiting for appointments”*.





**Question 8:**

**21 out of 31 patients (67.74%)** told us that they **phoned** the medical centre to make an appointment with **8 out of 31 patients (25.81%) going in person.**

Only **two** patients told us that they **booked their appointments online.** The following comments were shared by patients:

*“Took an hour to get through today on the telephone”*

*“Just turn up at reception”*

*“Excellent service”*    *“Telephoning is very easy”*

*“Very easy to phone in – good system, very nice staff”*

*“Online is the easiest and the best way I find”*

*“Been on phone for 45 minutes and got cut off”*

*“Patient access app is fantastic”*

*“Not too bad”*

*“The telephone system takes ages and booking online is a joke”*

*“Not always appointments available and it does take a while to get through to someone”*

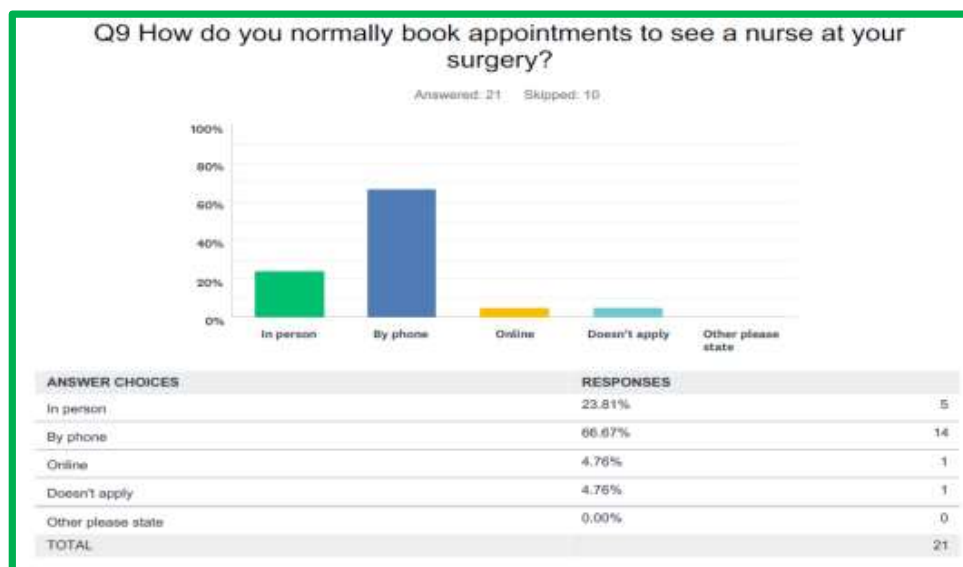
*“Very good, can always get through and an appointment on that day”*

*“Telephoning is easy enough. Staff on the reception are friendly and helpful”*

*You always get through to the answer message explaining the options, its only a short wait and the staff are really helpful.”*

*“Not easy to get appointments, always ask you to ring at 8am for appointments. When you finally get through they have none left and usually wont give a appointment for the next day”.*

*“and also book by phone. Sometimes when I phone it is engaged for some time, then when I get to speak to a receptionist all appointments have gone. Then I am told to ring the next day. Its easier sometimes to go to the surgery and wait in a queue.”*



**Question 9:**

**14 out of 21 patients (66.67%)** told us that they book their appointment to see a nurse **by phone**, with **5 patients (23.81%)** telling us that they book their appointment **in person**. **One** patient told us that they booked their appointment **online**. Patients shared the following comments:

*“Took an hour to get through today on the telephone”*

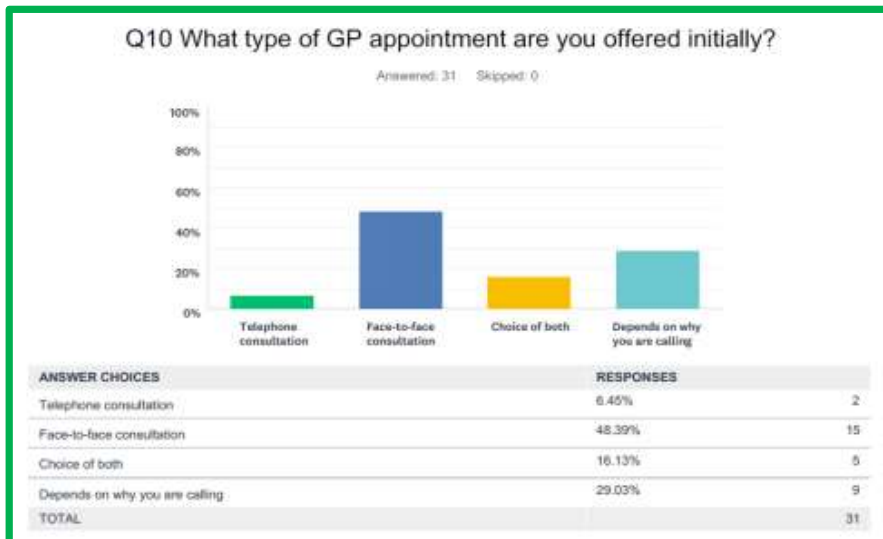
*“Just turn up at reception” “Excellent service”*

*“Not too bad” “Telephoning is easy enough”*

*“Phone can be difficult to get through during mornings if urgent appointment is needed”*

*“Very good, can always get through and an appointment on that day”*

*“The telephone system takes ages and booking online is a joke”*



**Question 10:**

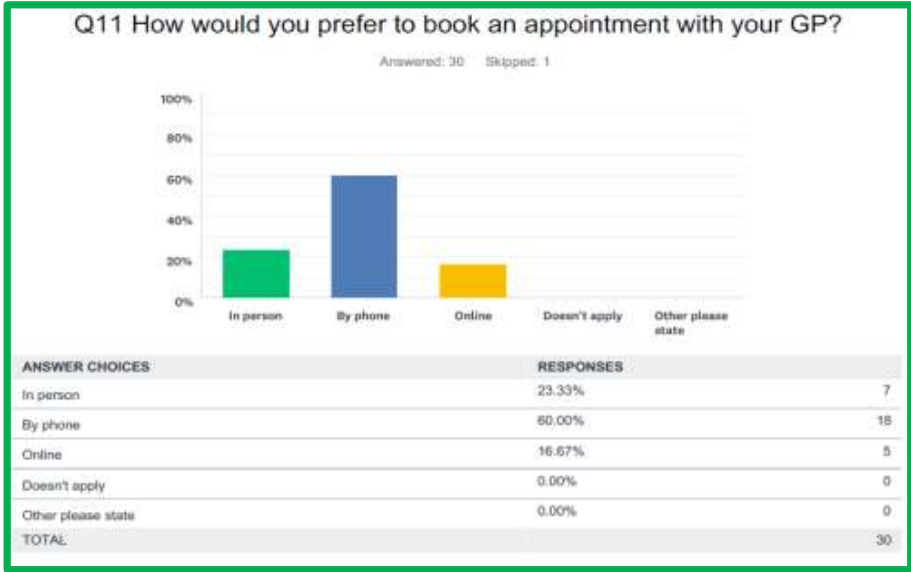
**15 out of 31** patients (**48.39%**) told us that they were initially offered a **face to face consultation**, with **nine patients (29.03%)** telling us that it **depended on why they were calling** the practice. **Two** patients told us that they were offered a **telephone consultation** with **five** patients telling us that they get a **choice of both telephone and face to face consultations**. Patients shared additional comments:

*“I have had both”*

*“If no appointments available, I always ask to speak with the doctor”*

*“Depending on what the appointment is all about”*

*“If a doctor is not available, the practitioner nurse is available, the staff always try to get you in to see the doctor in the first instance”*



**Question 11:**

**18 out of 30 (60%)** patients told us that they would prefer to book their appointments by **phone**, with **seven** patients (**23.33%**) telling us that they would like to book appointments **in person**. **Five** patients (**16.67%**) said they would prefer to book online.

When asked what would improve booking appointments with your GP, the following comments were shared:

*“By having more staff”*

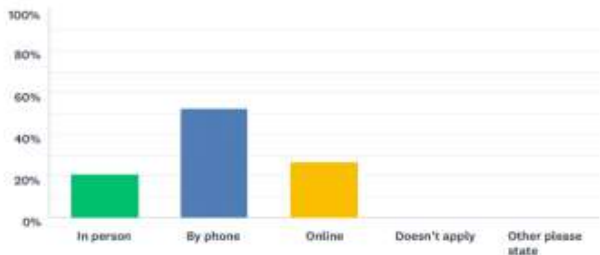
*“It would improve if you could get through right away. When it’s a morning call its difficult to get through as line is busy”*

*“It’s a great service, I am happy with the surgery”*

*“I don’t like having to explain to a receptionist my reason for the appointment”*

Q12 How would you prefer to book an appointment with your nurse?

Answered: 19 Skipped: 12



ANSWER CHOICES	RESPONSES	
In person	21.05%	4
By phone	52.63%	10
Online	26.32%	5
Doesn't apply	0.00%	0
Other please state	0.00%	0
TOTAL		19

Question 12:

**10 out of 19 patients (52.63%)** would prefer to book their appointment with their nurse by **phone**. **Five patients (26.32%)** would like to be able to book their appointments **online**.

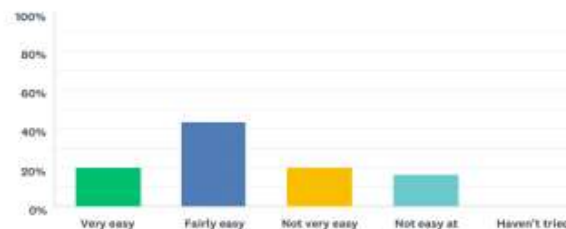
Question 13:

**13 out of 30 patients (43.33%)** told us it was **fairly easy** to get through to someone if they **telephoned the surgery**, with **six patients (20%)** saying that it was **not very easy**, the same number also telling us that it was **very easy**. **Five patients (16.67%)** told us that it was not easy at all.

The following comments were shared relating to getting through via the phone:

Q13 If you telephone the surgery for an appointment with the GP or nurse, how easy is it to get through to someone?

Answered: 30 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very easy	20.00%	6
Fairly easy	43.33%	13
Not very easy	20.00%	6
Not easy at all	16.67%	5
Haven't tried	0.00%	0
TOTAL		30

*“Takes ages to get through”*

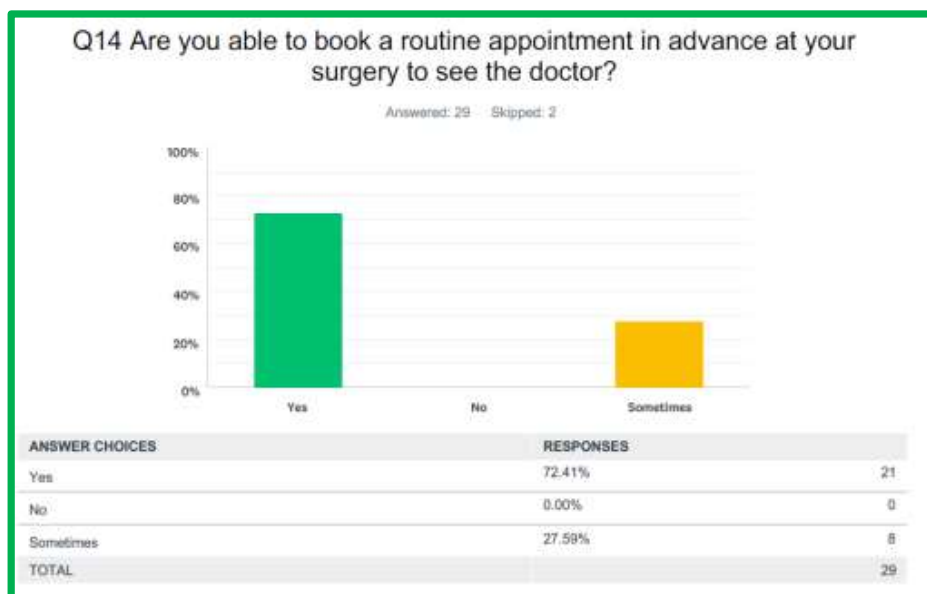
*“Very difficult in early mornings/ later evenings. Easier during the day”*

*“The system breaks a lot”*

*“There is often a short queue but this is no real issue”*

*“You only have a short wait around 8am and this is the busiest calling time”*

*“Takes several tries of a morning for an urgent appointment”*



**Question 14:**

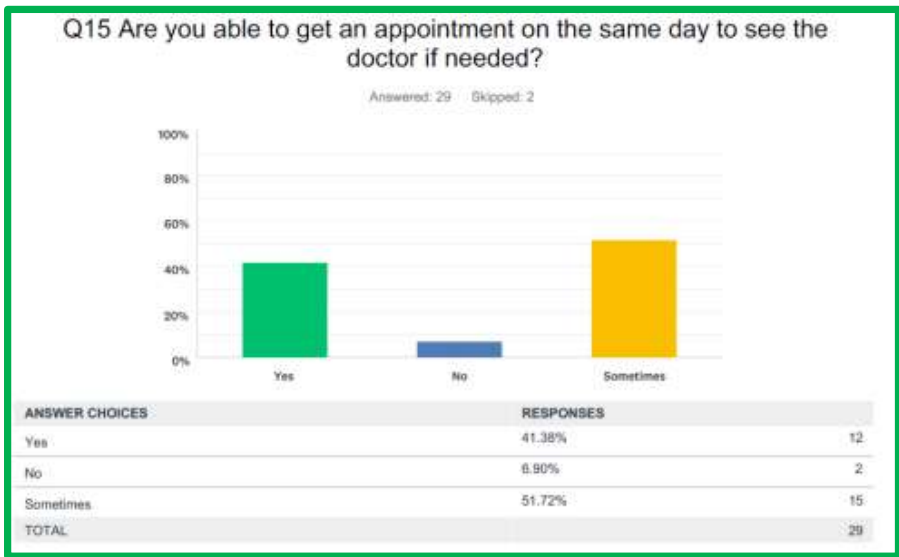
**21 out of 29 patients (72.41%)** told us that they **were able to book a routine appointment in advance** to see their GP. **Eight** patients told us that there were **‘sometimes’** able to book a routine appointment in advance. Nobody told us that they couldn’t book a routine appointment in advance. Patients shared the following comments:

*“Sometimes it’s the only way to get an appointment”*

*“I hope they never take this option away”*

*“Yes, I work in Manchester and the receptionist always tries to fit me in. My partner works away and needs the late evening appointments and is always accomodated.”*





**Question 15:**

**12 out of 29 patients (41.38%)** told us that they **could get an appointment on the same day** to see the doctor if needed. **15 patients (51.72%)** told us that they could **sometimes** get an appointment on the same day. **Two** patients told us that they couldn't. Patients shared the following comments:

*“My experience is from several years ago. I don't know what its like now”*

*“If urgent, but difficult to get through on phones in mornings”*

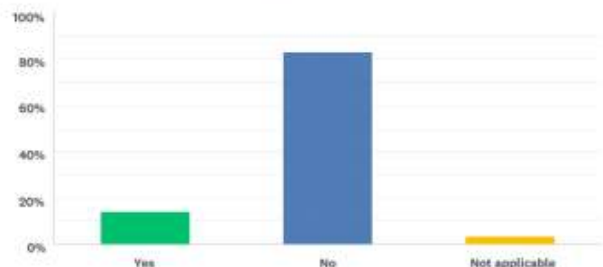
*“Not always”*

*“If I ring, I can normally get a same day appointment with a nurse”*

*“You cannot always get to see the doctor you would like to see”*

Q16 In the last 12 months have you used another service because you could not get a GP appointment?

Answered: 29 Skipped: 2



ANSWER CHOICES	RESPONSES
Yes	13.79% 4
No	82.76% 24
Not applicable	3.45% 1
TOTAL	29

### Question 16:

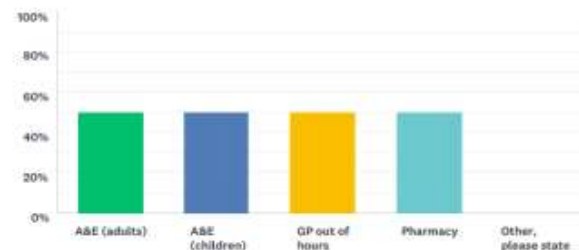
24 out of 29 patients (82.76%) had not used another service because they could not get a GP appointment, with only four patients saying that they had.

### Question 17:

As you can see from the graph, the four patients who had accessed another service shared that various services had been accessed. One of the reasons for attending A&E (childrens) was because of a reflux problem for a new born baby.

Q17 If answering yes to Q16, can you say what service(s)

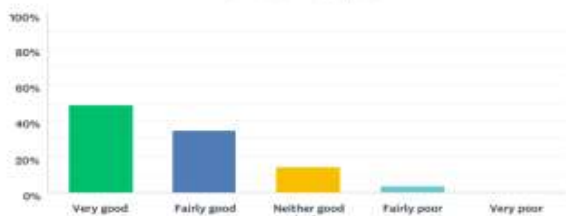
Answered: 4 Skipped: 27



ANSWER CHOICES	RESPONSES
A&E (adults)	50.00% 2
A&E (children)	50.00% 2
GP out of hours	50.00% 2
Pharmacy	50.00% 2
Other, please state	0.00% 0
Total Respondents: 4	

Q18 Overall how would you describe your experience of making an appointment to see the doctor?

Answered: 29 Skipped: 2



ANSWER CHOICES	RESPONSES	
Very good	48.28%	14
Fairly good	34.48%	10
Neither good nor bad	13.79%	4
Fairly poor	3.45%	1
Very poor	0.00%	0
TOTAL		29

Question 18:

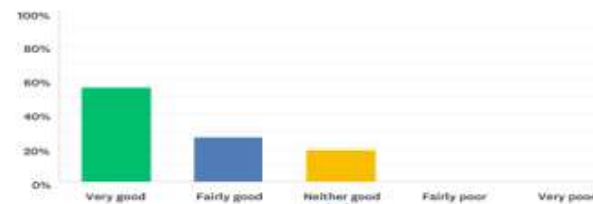
**14 out of 29 patients (48.28%)** described their experience of making an appointment to see the doctor as **'very good'**, with a further **10 patients (34.48%)** telling us that their experience was **'fairly good'**. **No** patients told us that their experience was **'very poor'**.

Question 19:

When asked how would you describe your experience of making an appointment to see your nurse, **15 out of 27 patients (55.56%)** shared that it was **'very good'**. **Seven** patients said that it was **'fairly good'**. **No** patients told us that their experience was **'fairly poor'** or **'very poor'**.

Q19 Overall how would you describe your experience of making an appointment to see the nurse?

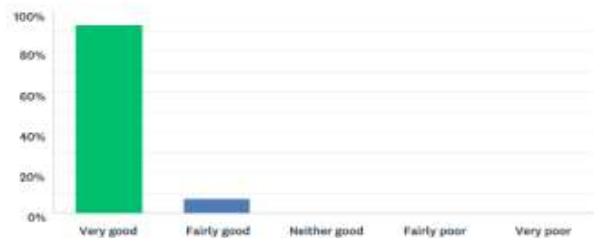
Answered: 27 Skipped: 4



ANSWER CHOICES	RESPONSES	
Very good	55.56%	15
Fairly good	25.93%	7
Neither good nor bad	18.52%	5
Fairly poor	0.00%	0
Very poor	0.00%	0
TOTAL		27

Q20 Overall how would you rate staff attitude (medical staff)?

Answered: 29 Skipped: 2



ANSWER CHOICES	RESPONSES	
Very good	93.10%	27
Fairly good	6.90%	2
Neither good nor bad	0.00%	0
Fairly poor	0.00%	0
Very poor	0.00%	0
TOTAL		29

Question 20:

100% of patients rated the attitude of medical staff as being 'very good'/ 'fairly good'. Further comments shared were;

*"I would say excellent"*

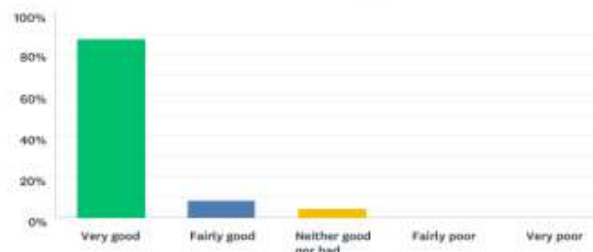
*"Always happy to help"*

Question 21:

20 out of 23 patients (86.96%) rated the attitude of admin staff as being 'very good'. Two patients rated attitude as 'fairly good' with one sharing attitude was neither good nor bad.

Q21 Overall how would you rate staff attitude (administrative staff)?

Answered: 23 Skipped: 8



ANSWER CHOICES	RESPONSES	
Very good	86.96%	20
Fairly good	8.70%	2
Neither good nor bad	4.35%	1
Fairly poor	0.00%	0
Very poor	0.00%	0
TOTAL		23

**Question 22: In the past 12 months have you changed to another GP surgery? If so can you tell us why**

**One** person informed us that they had changed GP surgery in the past 12 months.

**Question 23: Do you have more to say? What is good? What could be improved**

In response to this question, only **eight** patients shared further comments:

*“Seems to be a very relaxed but efficient surgery. Waiting room system is very good. Appointments are kept in a timely manner”*

*“Excellent surgery, caring for myself and my family for over 30 years. One of the best practices in our area. May it continue. Thank you”*

*“I have nothing but praise for everyone at this surgery”*

*“Faster appointments”*

*“Given the amount of people serviced, I have always received excellent attention”*

*“Dr Irvine is amazing, he arranged an ultrasound”* **\*full comment not included as identifiable**

*“Overall the service and care is excellent”*

*“Don’t appreciate having to tell a receptionist my problems whilst I appreciate it could be attended to by a nurse. I know when I need to see a GP.”*



## Equality and Diversity Data : Some questions about you

Age (28 patients responded)



Under 16 = 0



16 – 24 years = 2



25 – 49 years = 11



50 – 64 years = 6



65 – 79 years = 6



80+ = 3



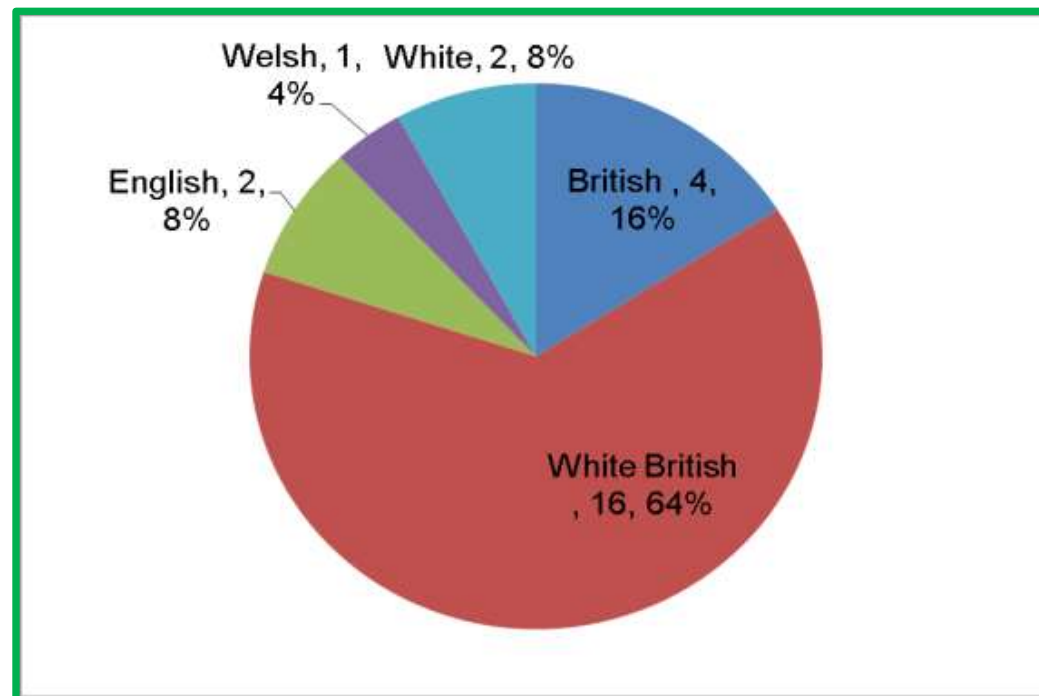
Did not say = 0

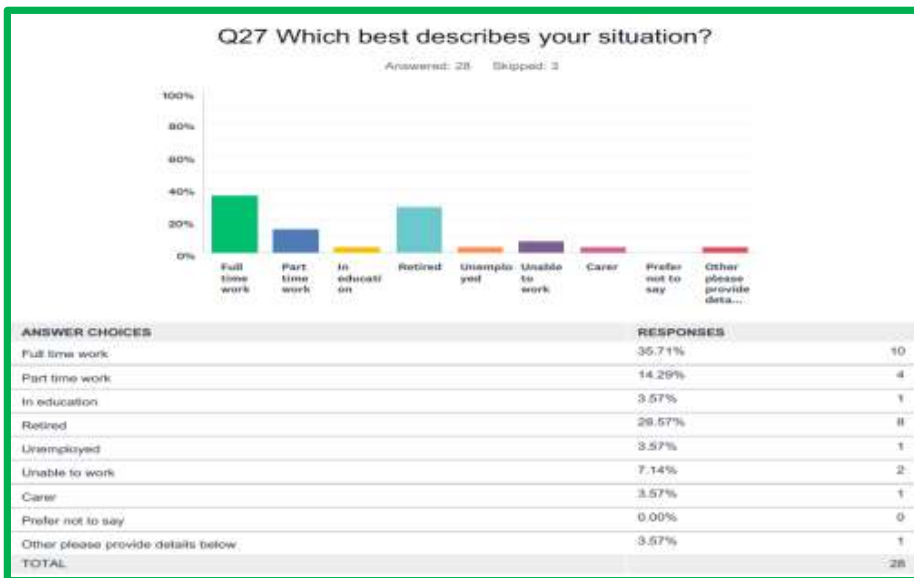
**Gender:** (34 patients responded)

Patients completing the survey identified their gender as;

Male	7
Female	21

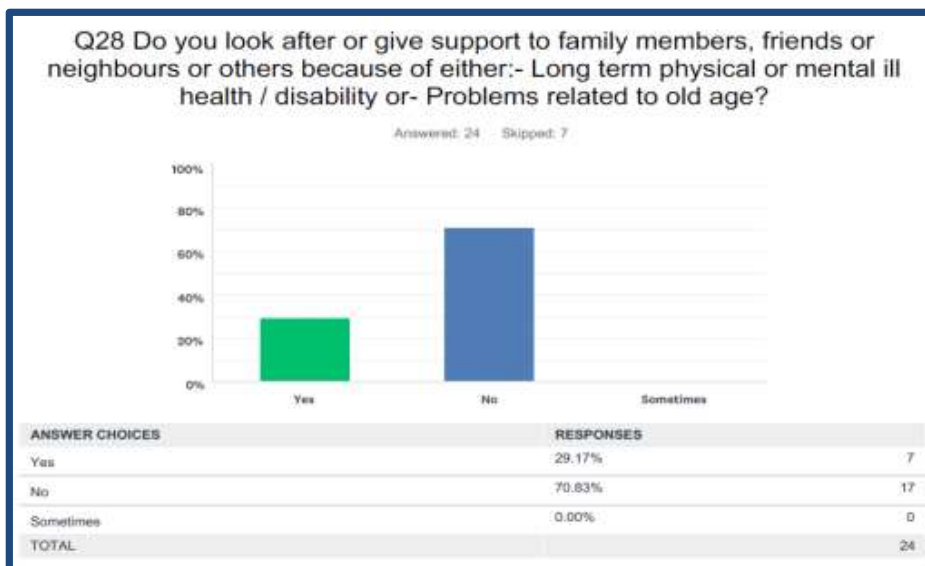
**How would you describe your race or ethnicity?** (25 patients responded)





### Which best describes your situation?

**10 out of 28** patients (**35.71%**) described themselves as in **full time work**. **Eight** patients (**28.57%**) described themselves as **retired** with **four** patients sharing that they worked **part time**. **One** patient described themselves as a **full time mum**. Only **one** patient shared that they were a **carer**.



### Do you look after or give support to family members, friends or neighbours or others because of either: - long term physical or mental health/ disability or problems related to old age?

**7 out of 24** patients (**29.17%**) said that they did look after or give support as above.





## Observations made by the team during the visit

- On entering the surgery, we became aware that the main door opens the wrong way. We felt that the door should open outwards, the reason being escape in case of fire. All fire escape doors should open outwards.
- During the visit, a patient fainted in the main waiting area and a member of the Healthwatch Sefton team assisted the patient until a member of the medical staff could intervene. An incident form was completed. One of our observations was that when an emergency happens in the waiting area, the receptionist presses a panic button. This shows on all computer screens but if you are not looking at the computer screen you would not be aware.
- TV screens are used in the surgery to call patients into their appointments. The patients name, room number and name of the medical staff they are seeing are visible on the screen and a bell sounds to alert patients to view the TV screen.
- During the visit, we picked up a copy of the surgeries summer newsletter which included information on the Southport foodbank, online access and data protection laws.



## Safeguarding Observations

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were no safeguarding concerns identified at the time of the visit.



## Conclusions, recommendations and considerations.

### Conclusions

The Enter and View visit was carried out on the 26th November at the surgery. In total **31** GP access questionnaires were completed with patients.

**100%** of patients were able to get an appointment to meet their needs with **60%** of patients telling us that they would prefer to book appointments at the medical centre by phone. **63.33%** told us that it was 'very easy/ fairly easy' to get through to the surgery on the phone. Only one patient shared that they used the online service to book appointments.

From the feedback gathered, **82.76%** of patients told us that their experience of making an appointment to see a doctor was very good/fairly good with **72.41%** of patients being able to book a routine appointment in advance.

A high percentage of patients (**80.65%**) said that they knew the name of their 'named GP'. Having a long term medical condition was the most common reason why patients needed an appointment, **37.93%** of patients telling us that they did to see the same GP to maintain continuity of care.




Nine of the patients we spoke with had needed an urgent appointment. **82.76%** had not used another service because they could not get an appointment.

**100%** of patients we spoke with rated the attitude of medical staff as very good/fairly good. The attitude of admin staff was also rated highly, with **86.96%** of patients sharing that they would rate attitude as very good.

During the visit we assisted when a patient fainted in the main waiting area until medical staff could come to their aid.

In terms of reviewing the building the team did observe the main entrance door opened inwards which may need to be reviewed in line with health and safety regulations.

### Recommendations.

-  To consider how the surgery could increase the number of patients who are both aware and access the online booking system.
-  To review the procedure in place which, alerts medical staff to emergency situations, particularly if the emergency takes place in the waiting room.
-  To consider the suitability of the main entrance door to the surgery in line with health and safety requirements.

### Considerations.

Healthwatch Sefton would like to make the following recommendations to encompass the GP surgeries across the Central Southport locality:

The Enter and View reports following the visits to GP practices within the Central Southport locality to be tabled at a future Central Southport Locality meeting to compare and share good practice. Areas for discussion and consideration to include:

Good Practice – to share good practice of ‘GP Access’ across the locality.

Patient Communication – How are patient informed of the appointment system? Information to be clear and understandable and available in different formats e.g. patient leaflet, social media.

On-line booking appointments – All GP practices within the Central Southport locality state this service is offered but from the feedback received there is a very low uptake by patients. To look at ways to promote this service to patients.

Patient Participation Group (PPG) – To ensure a PPG is in place and to engage with the PPG members when reviewing GP access. To attend the Healthwatch Sefton & CCG event re: PPG’s during May 2019 for Practice Managers and PPG members to attend. (Previous correspondence has been sent to each Practice Manager).

Continuity of Care – Overall within the feedback received for all the GP practices ‘long term medical condition’ was the main reason for a patient’s last appointment. To compare and contrast best practice to enable patients to receive continuity of care.



## Response from the provider.

A response was received from the practice manager Rachel Cummings via email as below.

### Accuracy of the report

- A couple of things I note on first peruse, we are open Mon AND Wednesday 8.00am to 19.45pm, AND appts are available until this time, ie. Last face to face appt is 7.30pm, I feel the wording alludes to us being open but not seeing patients **(this has been amended – page 6)**
- There is also a patient comment of ‘Dr Divine is amazing’ I assume they mean Dr Irvine, we don’t have a Dr Divine
- **(this has been amended – page 24)**

### Response to recommendations

**Recommendation:** to consider how the surgery could increase the number of patients who are both aware and access the online booking system.

**Response:** no comment received.

**Recommendation:** to review the procedure in place which, alerts medical staff to emergency situations, particularly if the emergency takes place in the waiting room.

**Response:** no response received.

**Recommendation:** to consider the suitability of the main entrance door to the surgery in line with health and safety requirements.

**Response:** The note about Health & Safety and the door opening incorrect way, that isn't the fire door, the fire door is along the corridor, that is the front electric door, and couldn't open the opposite way as it would risk knocking patients over as they entered and someone left, and would block the Pharmacy entrance, which would cause fire hazard to the pharmacy in that case – I am not clear around the legislation alluded to here.



# Talk to us about your GP Surgery

**Monday 26th November 2018**  
**From 8:30am**

Healthwatch Sefton is your local, independent health and social care champion. We are visiting your surgery to find out what you think about the services it offers and would like to hear from patients, carers, and relatives about your experiences.

[www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk) / [Info@healthwatchsefton.co.uk](mailto:Info@healthwatchsefton.co.uk)

**Freephone: 0800 206 1304 Text: 07434 810438**

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(CVS)

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## Enter and View Report.

**Announced visit to:**

Kew Surgery.

**85 Town Lane. Southport PR8 6RG**

**Wednesday 14<sup>th</sup> November 2018, 10:00.**

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## Summary of key points.

A total of **19** surveys were completed for Kew Surgery. Key points from the responses are below:

**9 patients (50%)** had visited the surgery in the past 3 months.

**15 out of 18 patients (88.33%)** said they knew the name or their 'named GP'.

**12 out of 18 patients (66.67%)** were able to book a routine appointment in advance to see a GP.

Having a '**long term medical condition**' was the most common reason why patients needed a GP appointment- **10 out of 18 patients (55.56%)**. **7 patients (36.84%)** told us that they did not get to see the same GP to maintain continuity of care.

**18 out of 19 patients (94.74%)** who answered the question 'Did you get a suitable appointment to meet your needs?' told us that they did. **12 out of 18 patients (66.67%)** told us that they were initially offered a face to face appointment.

**12 out of 18 patients (66.67%)** told us that it was **very easy/ fairly easy** to get through on the telephone.

**14 out of 19 patients (73.68%)** told us that they phoned the surgery to make an appointment with a GP, **4 patients (21.05%)** going in person. **12 out of 18 patients (66.67%)** told us that they would prefer to book their appointments by phone, with **4 patients (22.22%)** telling us they would like to book online. **Two patients** told us that they would prefer to book in person.

**14 out of 18 patients (77.77%)** described their experience of making an appointment to see the doctor as '**very good**' or '**fairly good**'.

**2 out of 18 patients (11.11%)** told us they had needed an urgent appointment. **15 out of 18 patients (88.33%)** had not used another service because they could not get an appointment.

## What is Enter and View?

Enter and View is about seeing and hearing for ourselves how services are being run and allows Healthwatch Sefton to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Enter and View visits are conducted by 'Authorised Representatives' for Healthwatch Sefton who are trained volunteers and staff members. The full list of authorised representatives can be found on our website:

<https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

All Enter and View visits have a clear purpose as identified by Healthwatch Sefton to ensure effective evidence gathering and reporting.

The Local Authorities (Public Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 allows local Healthwatch 'Authorised Representatives' to collect the views of service users, patients and residents, collect the views of carers and relatives, collect the views of staff, observe the nature and quality of services and provide feedback.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.



## Acknowledgements

We would like to thank patients for taking the time to speak to us and for filling in our survey. Healthwatch Sefton would also like to take this opportunity to thank staff on duty at the time of the visit and Pauline Kenny, Practice Manager for helping us to arrange the visit.

We would like to thank Anne Major and Brian Clark OBE, our authorised Enter and View members who visited the medical centre.

Healthwatch Sefton would also like to thank Nigel Booth (Healthwatch Sefton Formby locality representative) and Jan Leonard (Director of Commissioning & Redesign at NHS Southport & Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group) for supporting in the planning and design of the questionnaire

**Please note that this report relates to the findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.**



## General Information.

- **3896** patients are registered with the practice.
- The surgery is currently accepting new patients.
- There is **1** female and **2** male GPs at the centre.
- Online appointment booking is available and patients can order or view repeat prescriptions online.
- Reception is open from 8am in the morning until 6:30pm in the evening (Monday – Friday). Appointments are available Monday – Friday between the hours 08:00 – 18:30. The exception to this is Tuesday when the practice has extended access between 6:30pm until 8:00pm and therefore Tuesdays surgery runs between 8:00am and 8:00pm.

Information accessed from <https://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=41960#> (18/01/19) with information from the practice added from the formal response.



## Purpose of the Visit (background)

Community Champion network members across Southport & Formby were raising concerns on behalf of local residents concerning GP access. Although feedback had been received from across Sefton, reviewing feedback from Southport & Formby, the majority of feedback received was from the central locality. Similar issues were being raised at the south and central Community Champion meetings (particularly the Bootle locality) and at their meeting held in

March 2018, it was agreed by members to take this issue forward to the Healthwatch Steering group meeting being held March 2018.

It was agreed at the Healthwatch Steering group to add this project to the work plan and for a questionnaire to be designed to capture specific feedback on GP access. The Steering Group discussed and agreed the following actions:

- A questionnaire to be designed to capture specific feedback on GP access
  - The questionnaire to be forwarded to both NHS south Sefton CCG and NHS Southport and Formby CCG along with NHS England for comments and input prior to commencement of the project
  - The questionnaire to be piloted in two localities across Sefton. Bootle locality and Central Southport were agreed.
1. South and central Sefton, Bootle locality. This included attendance at:
    - Community Champion groups / organisations
    - VCF (Voluntary, Community & Faith) groups
    - Asda shopping centre based central Bootle
    - Newspaper articles promoting the questionnaire within Bootle publications
    - On-line promotion
  2. North Sefton, Central Southport
    - Enter & View visits were authorised and planned for GP surgeries within central Southport which included:
      - Christiana Hartley Medical Centre
      - Cumberland House surgery
      - Kew surgery
      - St Marks Medical Centre
      - Trinity Practice



## Healthwatch Sefton

Healthwatch Sefton exists to make health and social care services work for the people who live in Sefton or use services based in Sefton. Everything we say and do is informed by our connections to local people. Our main aim is understanding the feedback and concerns of people of all ages who use services, and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care services put the experiences of local people at the heart of their work. We believe that asking people more about their experiences and encouraging them to feedback can identify issues that, if addressed, will make services better.

Healthwatch Sefton is set up as a company limited by guarantee, a subsidiary company of Sefton Council for Voluntary Service (Sefton CVS). There is a small staff team and a large team of volunteers who work together to ensure the organisation works towards its strategic and local priorities.

We are uniquely placed as we have a national body, Healthwatch England. Both organisations have significant statutory powers to ensure that the voice of people who want to have a say about health and social care services is strengthened and heard by those who commission, deliver and regulate health and social care services. Healthwatch Sefton works with Healthwatch England to ensure the voice of Sefton residents is represented at a national level.



## Type of Enter and View visit undertaken

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton: Anne Major and Brian Clark OBE.



## How the visit was planned.

The visit is not an inspection, but offers a lay perspective rather than an in-depth formal inspection. This visit was pre arranged as part of Healthwatch Sefton's work plan. Posters were sent to Kew Surgery to make sure that patients and staff, were aware of the visit (Appendix One). The team of trained Enter and View authorised representatives spoke to patients in the reception area and filled out the survey with patients/ handed them a copy of the survey to fill out. Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

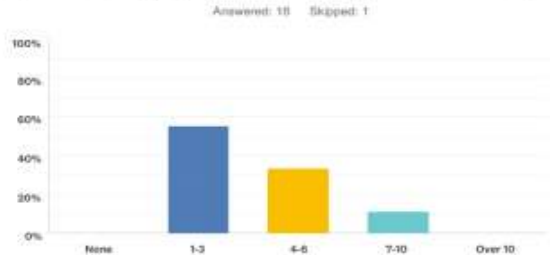
The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: [www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view](http://www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view)



## Findings

From visiting Kew Surgery, a total of **19** responses were received. **17** patients completed the survey on the day, with **two** returning the survey back to Healthwatch using a Freepost envelope.

Q1 Approximately how many appointments have you had over the past 6 months at your GP surgery? (Include all appointments GP, Nurse etc...)



ANSWER CHOICES	RESPONSES	
None	0.00%	0
1-3	55.56%	10
4-6	33.33%	6
7-10	11.11%	2
Over 10	0.00%	0
<b>TOTAL</b>		<b>18</b>

**Question 1:**

The graph shows the number of GP appointments patients stated they had made over the past six months. Between **1-3** appointments was most common (**55.56%, 10 patients**), closely followed by **4-6** appointments being made, (**33.33%, 6 patients**). **Two** patients who we spoke to had made **7 – 10** appointments in the past six months.

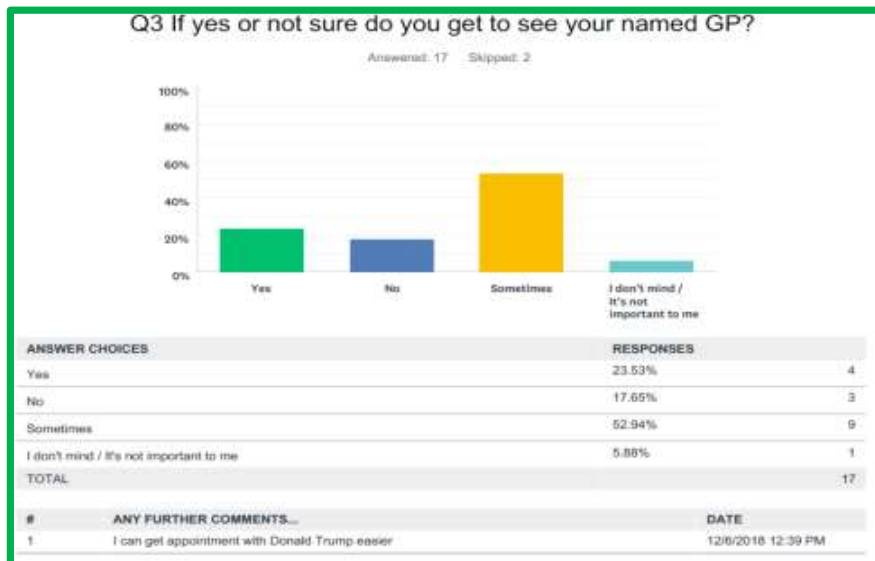
**Question 2:**

The graph to the right demonstrates if patients knew the name of their 'named' GP. **15 patients (88.33%)** shared that they **knew who their named GP was**, with **two patients (11.11%)** sharing that they **did not know**. **One patient was** not sure.

Q2 Do you know the name of your 'named' GP?



ANSWER CHOICES	RESPONSES	
Yes	88.33%	15
No	11.11%	2
Not sure	5.56%	1
<b>TOTAL</b>		<b>18</b>



**Question 3:**

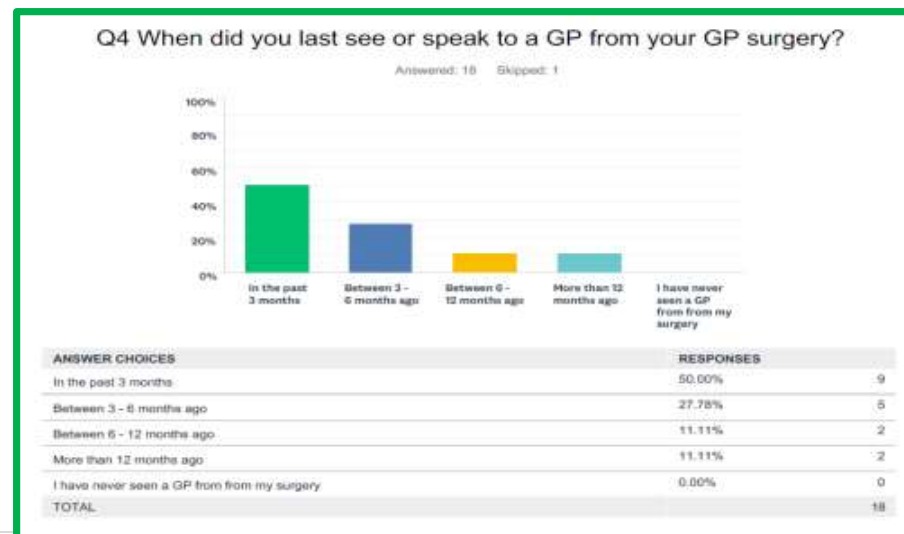
**4 out of 17 patients (23.53%)** told us they **get to see their named GP**, with **nine patients (52.94%)** telling us that they did **sometimes**. **3 out of 17 patients (17.65%)** told us that that they **don't get to see their named GP**. **One** patient told us that they **didn't mind/ it's not important to me**.

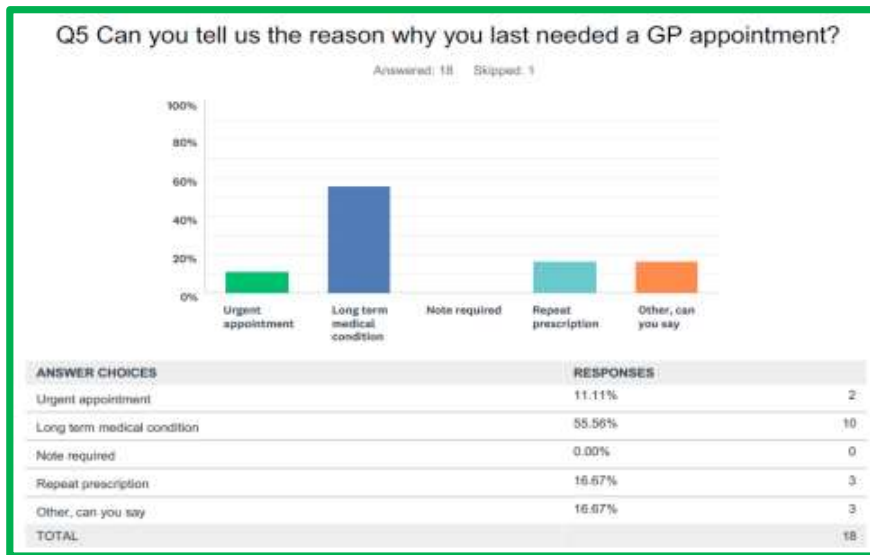
Patients shared the following:

*"I can get an appointment with Donald Trump easier"*

**Question 4:**

As you can see from the graph, the highest percentage of patients who completed the questionnaire had been **seen or had spoken to a GP in the past three months, 9 patients (50%)**. **Five patients (27.78%)** had been seen or had spoken to a GP somewhere between **3 – 6 months ago**.



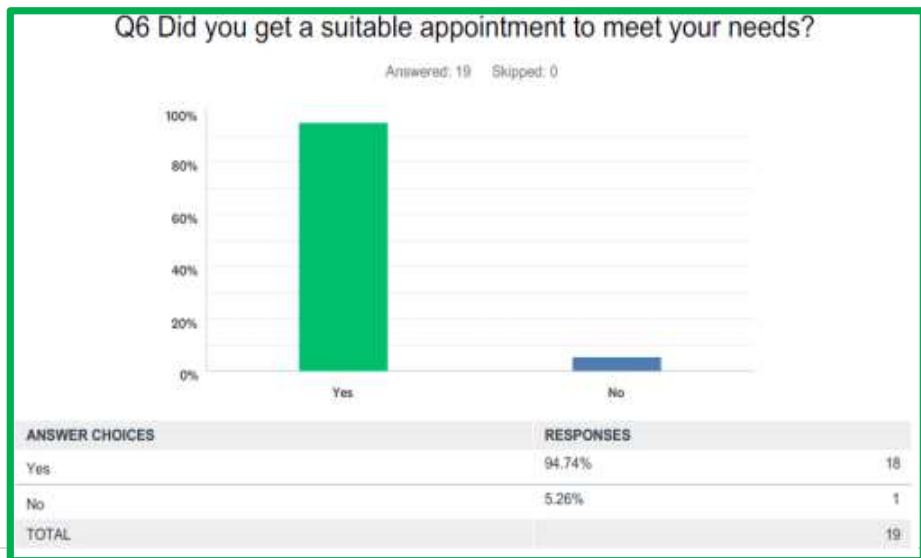


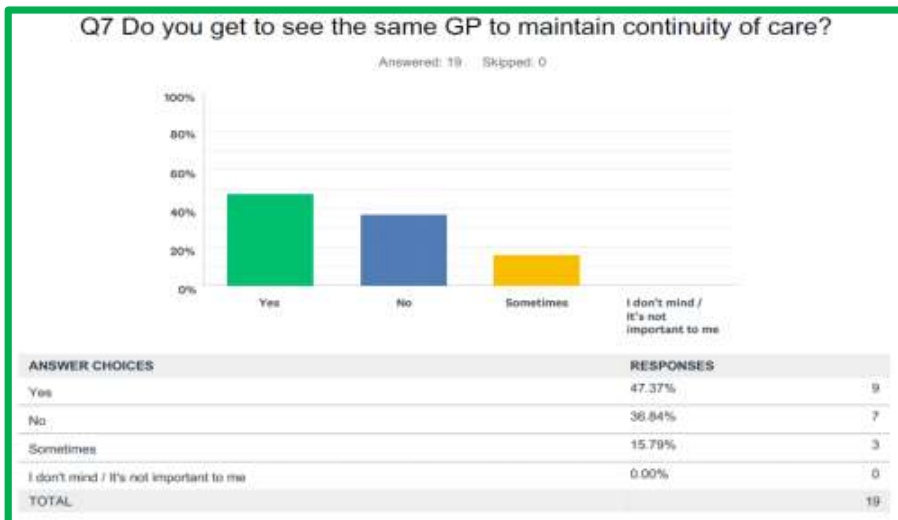
**Question 5:**

As can be seen from the graph, ‘**Long term medical condition**’ was the most common reason for needing a GP appointment, **55.56% (10 patients)**. **3 patients (16.67%)** last saw their GP as they needed a **repeat prescription**. Other reasons for needing an appointment included: symptoms of a possible condition, a nasal infection and results.

**Question 6:**

**18 out of 19 patients (94.74%)** told us that they got a **suitable appointment to meet their needs**.





**Question 7:**

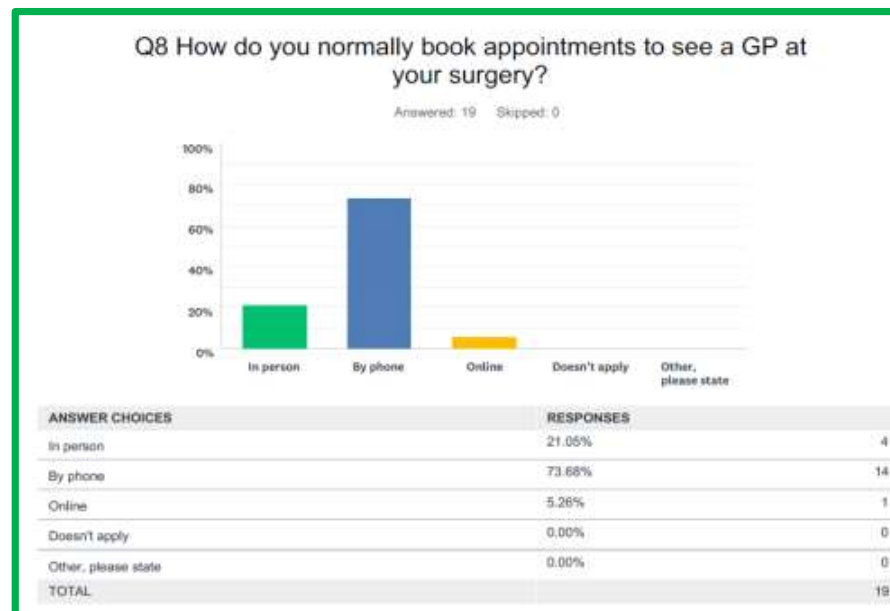
**9 out of 19 patients (47.37%)** told us that they **did get to see the same GP to maintain continuity of care.** **Seven patients (36.84%)** did not get to see the same GP, with **three patients** telling us **'sometimes'**. Further comments included: *"Sometimes have to book weeks ahead to see my own GP"*, *"No complaints, usually an excellent service"* and *"Only if I ask for a specific doctor"*

**Question 8:**

**14 out of 19 patients (73.68%)** told us that they **phoned** the surgery to make an appointment with **four patients (21.05%)** going in person.

Only **one** patient told us that they booked their appointments **online**. The following comments were shared by patients:

*"Sometimes have to wait awhile in the queue on telephone. When answered, the receptionists are usually friendly and helpful"*

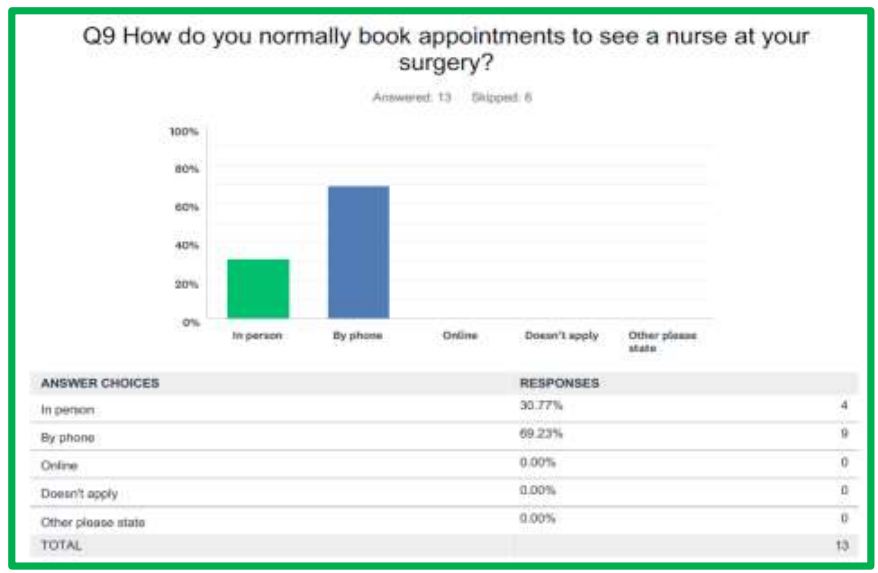


*“Telephone is easy and staff are helpful”*      *“Happy, quick reply”*

*“By phone, sometimes difficult. Have to ring a few times”*

*“By telephone, no problems”*      *“I usually book appointments in advance”*

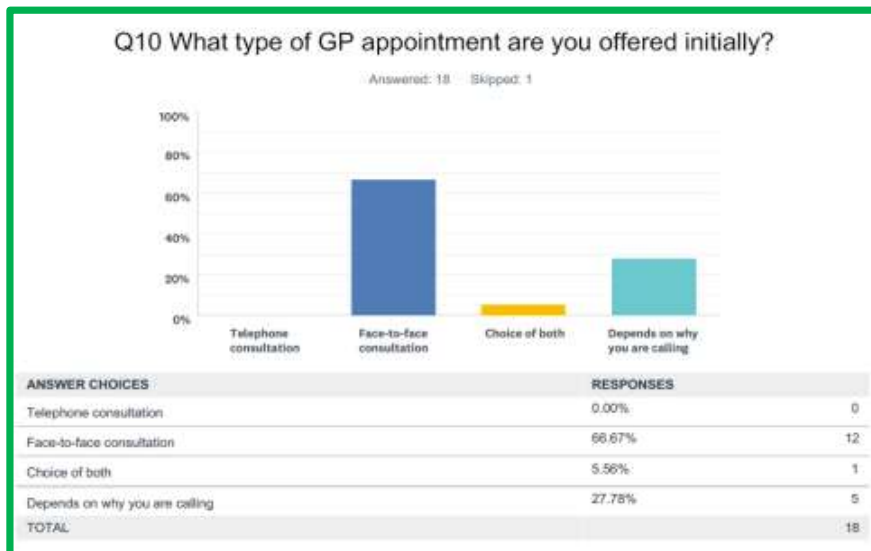
*“If its an emergency appointment you have to phone at 8am and its like winning the lotto if you get through never mind appointment!! Your looking at a 3 week wait for a non emergency appointment”.*



**Question 9:**

**9 out of 13** patients (**69.23%**) told us that they book their appointment to see a nurse by **phone**, with **four** patients (**30.77%**) telling us that they book their appointment **in person**. **One** patient shared the following;

*“Extremely hard to talk to anyone”*



**Question 10:**

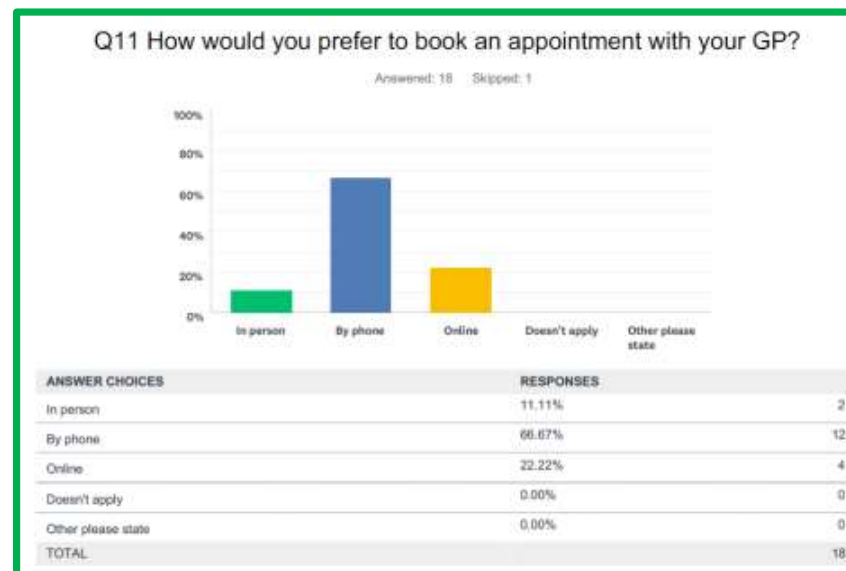
**12 out of 18 patients (66.67%)** told us that they were initially offered a **face to face consultation**, with **five patients (27.78%)** telling us that it **depended on why they were calling** the practice. **One** patient was offered a choice of **both face to face and a telephone consultation**. Patients shared additional comments:

*“No complaints”*

*“On my way out of an appointment”*

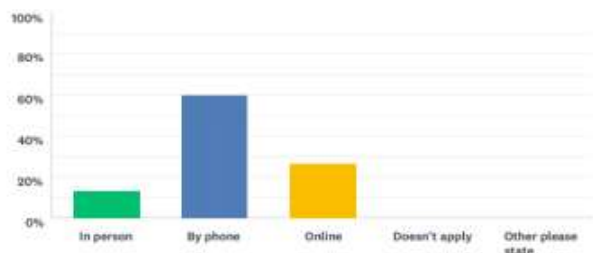
**Question 11:**

**12 out of 18 patients (66.67%)** told us that they would prefer to book their appointments by **phone**, with **four patients (22.22%)** telling us that they would like to book appointments **online**. **Two** patients (**11.11%**) said they would **prefer to book in person**.



Q12 How would you prefer to book an appointment with your nurse?

Answered: 15 Skipped: 4



ANSWER CHOICES	RESPONSES	
In person	13.33%	2
By phone	60.00%	9
Online	26.67%	4
Doesn't apply	0.00%	0
Other please state	0.00%	0
TOTAL		15

Question 12:

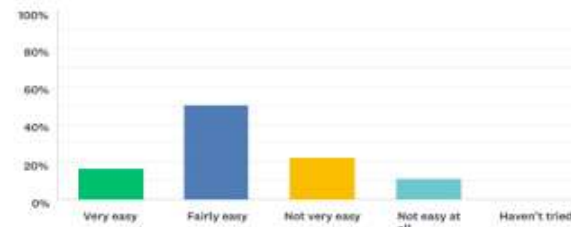
60% (9 out of 15) patients would prefer to book their appointment with their nurse by **phone**. 26.67% (four) patients would like to be able to book their appointments **online** with **two** patients preferring to book the appointment **in person**.

Question 13:

12 out of 18 patients (66.67%) told us it was 'fairly easy' or 'very easy' to get through to someone if they telephoned the surgery. Six patients (33.33%) felt that it was 'not easy'/'not easy' at all to get through.

Q13 If you telephone the surgery for an appointment with the GP or nurse, how easy is it to get through to someone?

Answered: 18 Skipped: 1

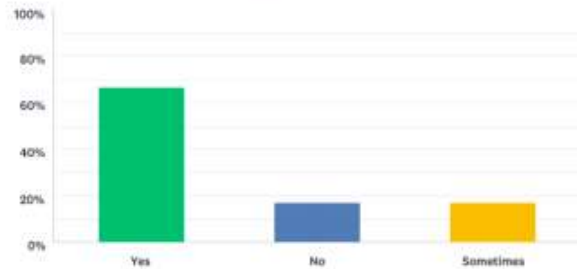


ANSWER CHOICES	RESPONSES	
Very easy	16.67%	3
Fairly easy	50.00%	9
Not very easy	22.22%	4
Not easy at all	11.11%	2
Haven't tried	0.00%	0
TOTAL		18



Q14 Are you able to book a routine appointment in advance at your surgery to see the doctor?

Answered: 18 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	66.67%	12
No	16.67%	3
Sometimes	16.67%	3
TOTAL		18

**Question 14:**

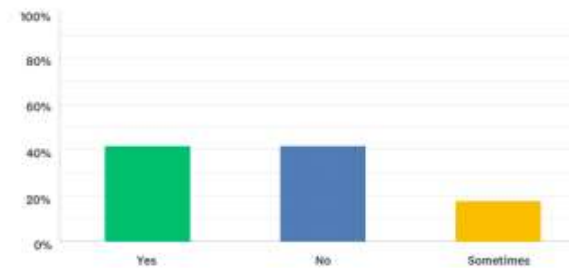
**12 out of 18 patients (66.67%)** told us that they were **able to book a routine appointment in advance to see their GP**. **Three** patients told us that there were **'sometimes'** able to book a routine appointment in advance with **three** sharing they were **unable to book in advance**.

**Question 15:**

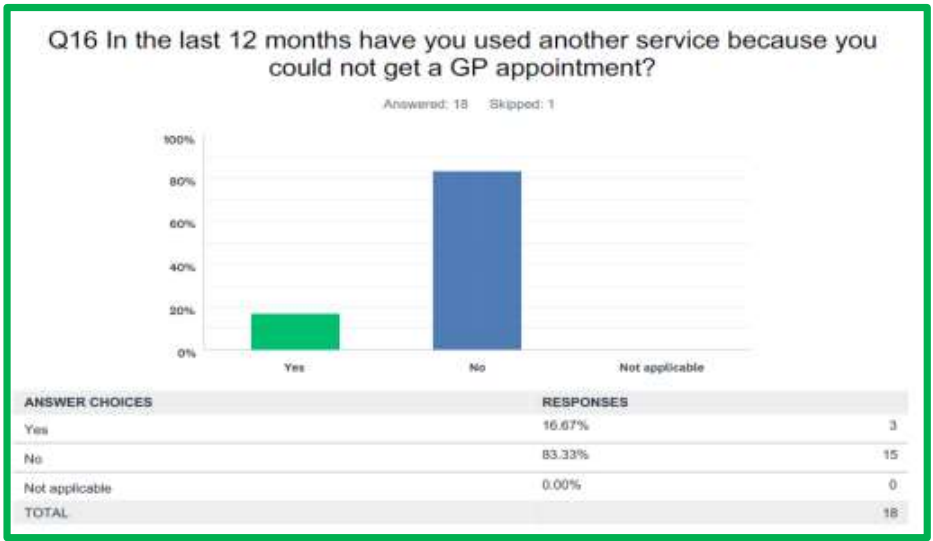
**7 out of 17 patients (41.18%)** told us that they **could get an appointment on the same day to see the doctor** if needed with the **same number** telling us that **they couldn't**. **Three** patients told us that they **could sometimes** get an appointment on the same day.

Q15 Are you able to get an appointment on the same day to see the doctor if needed?

Answered: 17 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	41.18%	7
No	41.18%	7
Sometimes	17.65%	3
TOTAL		17

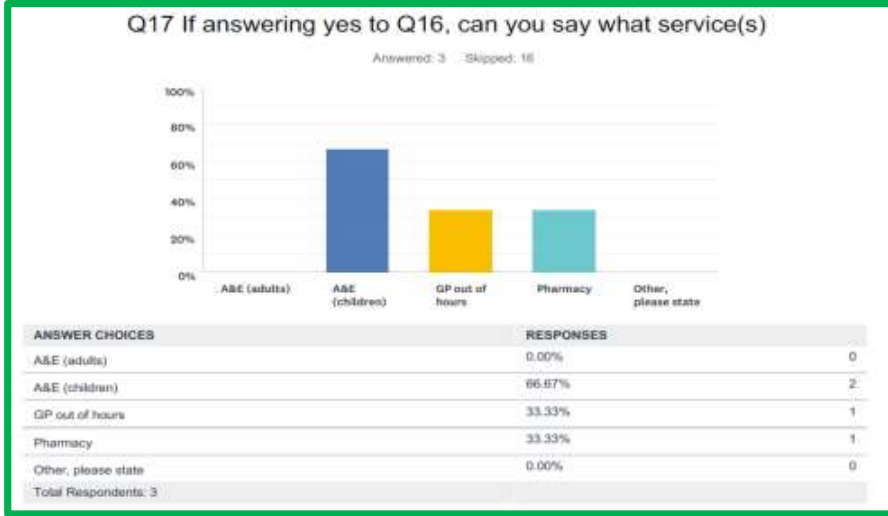


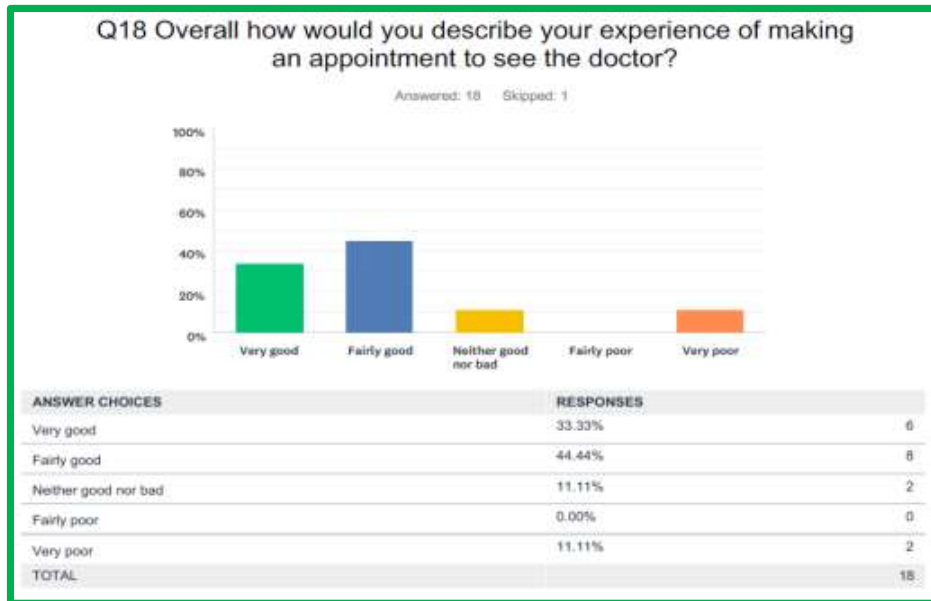
**Question 16:**

**15 out of 18 patients (88.33%) had not used another service because they could not get a GP appointment, with only three patients saying that they had.**

**Question 17:**

As you can see from the graph, **two** patients had accessed A& E (Children’s), **one** patient had accessed GP Out of Hours services and **one** patient had accessed a pharmacy.



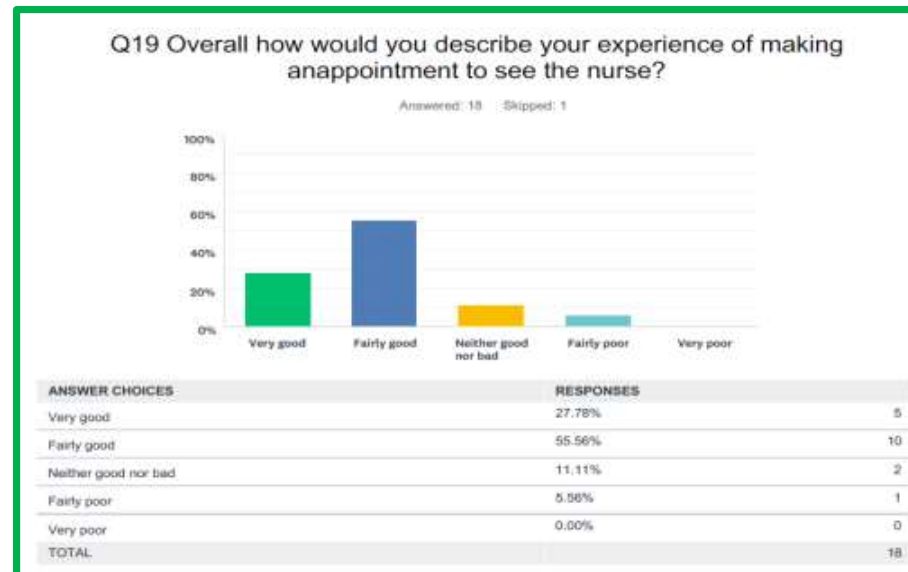


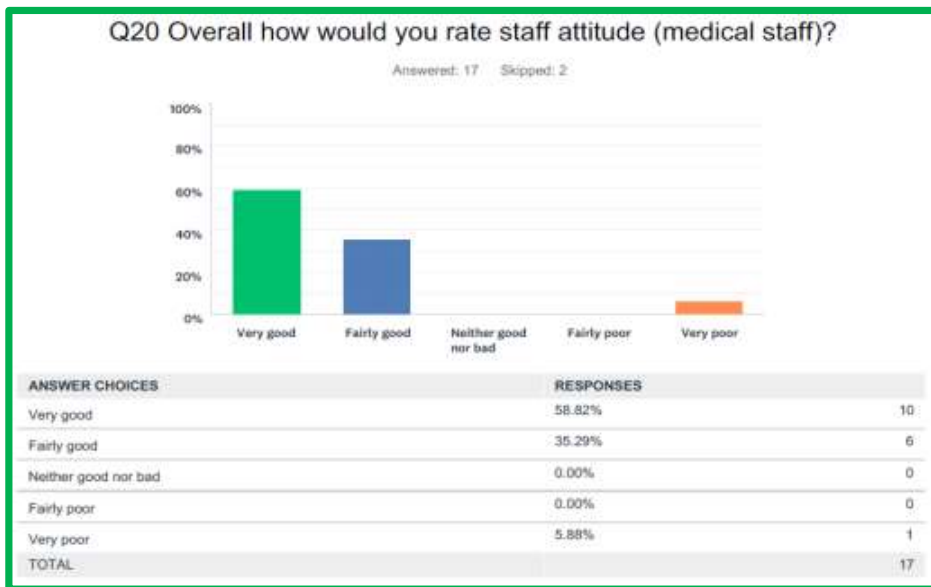
**Question 18:**

**14 out of 18 patients (77.77%)** described their experience of making an appointment to see the doctor as **‘very good/ fairly good’** with a further **two patients** (telling us that their experience was **‘neither good nor bad’**). **Two patients (11.11%)** shared that their experience was **‘very poor’**.

**Question 19:**

When asked how would you describe your experience of making an appointment to see your nurse, **15 out of 18 patients (83.34%)** shared that it was **very good/ fairly good**. **Two patients (25.93%)** said that it was neither good nor bad with **one patient** sharing that it was **fairly poor**.





**Question 20:**

**16 out of 17 patients (94.11%)** rated the attitude of medical staff as being **'very good/ fairly good'**, with **one** patient rating attitude as **'fairly poor'**. Further comments shared were;

*"Brilliant medical practitioners"*

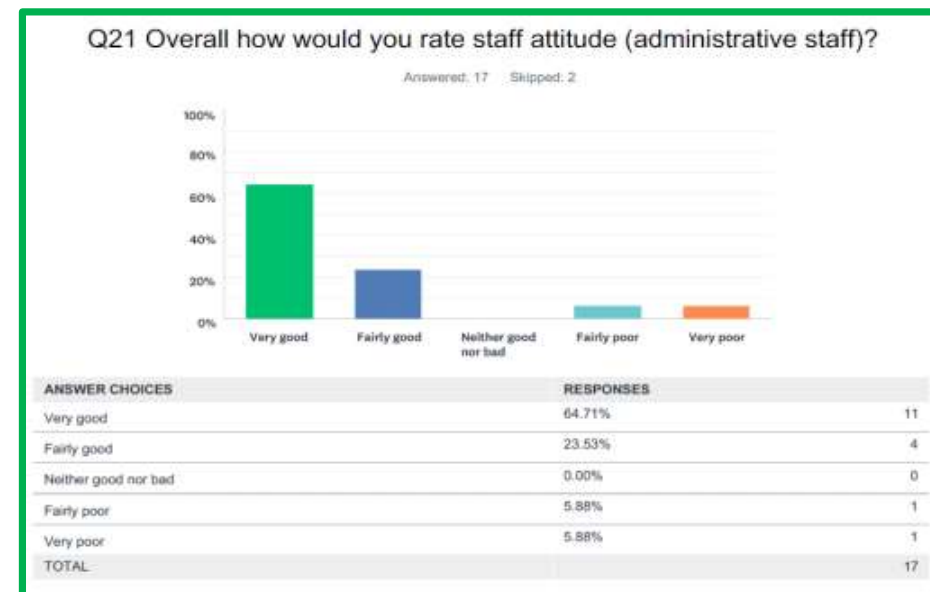
**Question 21:**

**15 out of 17 patients (88.24%)** rated the attitude of admin staff as being **'very good or fairly good'**. **Two** patients rated attitude as **'fairly poor and very poor'**. The following comments were shared:

*"Nurse Diane is always very good and helpful. A credit to this surgery"*

*"Lovely surgery, friendly front line staff"*

*"Always pleasant"*



**Question 22: In the past 12 months have you changed to another GP surgery? If so can you tell us why**

**No** patients informed us that they had changed GP surgery in the past 12 months.

**Question 23: Do you have more to say? What is good? What could be improved**

In response to this question, patients shared further comments:

*“The whole system needs an overhaul”*

*“Better doctor patient ratio”*

*“Better communication between hospital and doctor”*

*“I get very good service”*



## Equality and Diversity Data : Some questions about you

Age (19 patients responded)



Under 16 = 0



16 – 24 years = 1



25 – 49 years = 3



50 – 64 years = 2



65 – 79 years = 10



80+ = 2



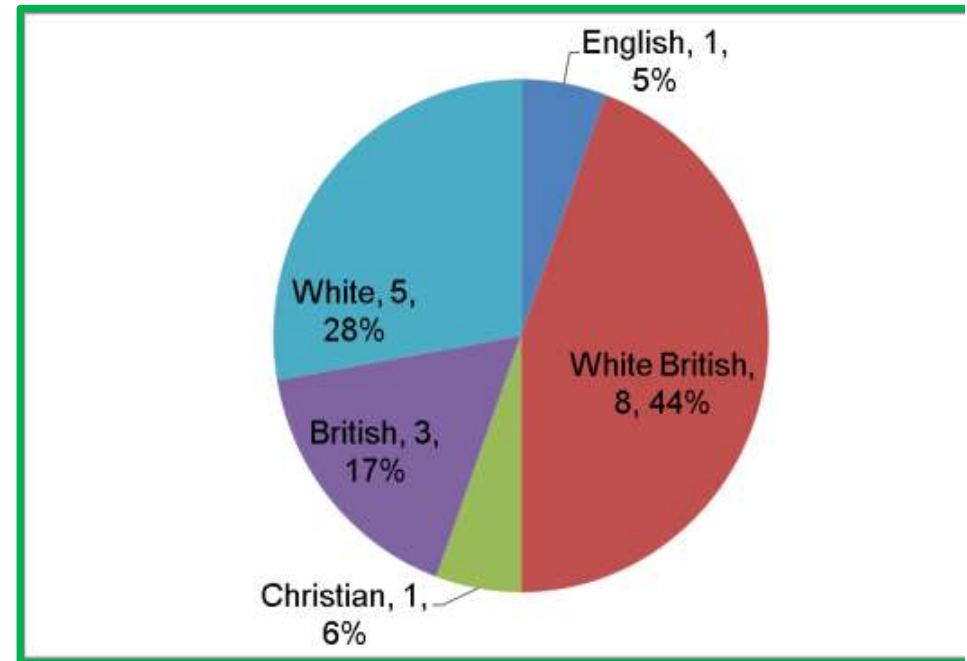
Did not say = 1

Gender: (19 patients responded)

Patients completing the survey identified their gender as;

- Male **10**
- Female **9**

How would you describe your race or ethnicity? (18 patients responded)

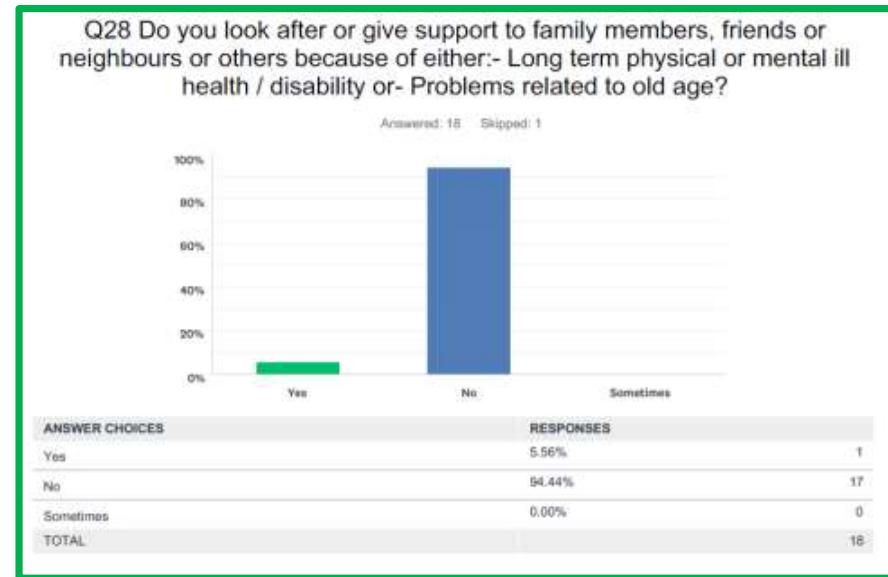


Which best describes your situation?

**14 out of 19 patients (73.68%)** described themselves as **retired**. **Three patients (15.79%)** described themselves as being in **full time work** with **two** sharing they were in **part time work**.

**Do you look after or give support to family members, friends or neighbours or others because of either: - long term physical or mental health/ disability or problems related to old age?**

Only **one** patient told us that looked after or give support.



**Observations made by the team during the visit**



- On entering the surgery, we observed the poster from Healthwatch Sefton being displayed notifying patients that we would be in the surgery to talk to them.
- We saw a number of notices which were displayed. Information from Sefton Women's & Children's Aid (SWACA) relating to domestic violence was on display on the back of female toilet doors. We observed a wide range of leaflets available to patients including; Healthwatch Sefton Independent Complaints service, Dementia leaflet and minutes from the surgeries Patient and Participation Group meetings. Information was shared around the reception area, on the reception desk and on window sills. Our observation was possibly that there may have been too many leaflets.
- Staff were helpful. The practice manager was not on site but staff made us feel welcome.
- When we arrived there were no queues outside but staff told us that Thursdays and Fridays are busier days.
- There was a screen on the dentists side of the room which referred to the surgery. The notices referring to this were quite small and the directions on the notices were confusing.
- During the visit, we asked if the surgery had been consulted on the housing development which was being built to the side of the surgery and if they had been asked about their capacity in providing services for new residents. We were told that the surgery would get back to us with the answer to this question.



## Safeguarding Observations

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were no safeguarding concerns identified at the time of the visit.

## Conclusions, recommendations and considerations.

## Conclusions

The Enter and View visit was carried out on the 14<sup>th</sup> November at the surgery. In total **19** GP access questionnaires were completed with patients.

A high percentage of patients were able to **get an appointment to meet their needs (94.74%)** with the majority of patients telling us that they would prefer to **book** appointments at the medical centre by **phone** and **online**. Only **one** patient we spoke with used the online system to book appointments. A high percentage of patients (**66.67%**) told us that it was **'very easy/ fairly easy'** to get through to the surgery on the phone.

From the feedback gathered, a high percentage of patients told us that their experience of making an appointment to see a doctor was **very good/fairly good** with **66.67%** of patients being able to **book a routine appointment in advance**.

A high percentage of patients (**88.33%**) said that they **knew the name of their 'named GP'**. Having a **long term medical condition** was the most common reason why patients needed an appointment, with over half of patients being able to book a routine appointment in advance to see a GP.






The majority of patients did not need an urgent appointment and when asked a high percentage of patients (**88.33%**) had not used another service because they could not get an appointment.

**Attitude** of both **medical staff** and **admin staff** was rated highly, with patients sharing that they would rate attitude as **very good/fairly good**.

We observed that the surgery had a lot of literature available to patients but there possibly could have been too many leaflets within the reception area, window sills and reception desks.

During the visit we asked staff if the surgery had been engaged in the local conversations about the new housing developments in the area and the impact this may have on the surgery with new registrations.

### **Recommendations.**

-  To look at how the surgery could increase the number of patients who are both aware and access the online booking system.
-  To review how patient literature/information is made available to patients in the surgery. To look at using the option of a TV screen in the area as another alternative to share patient information.
-  To review the information/ signage relating to the TV screen as this could be confusing for patients.
-  To explain to Healthwatch Sefton why the surgery is busier on a Thursday and Friday (see page 25)
-  To inform Healthwatch Sefton how the surgery has been engaged/consulted in the planning process for the new housing builds in the local area and if there is a plan in place to ensure any potential demands on the service can be accommodated.

### **Considerations.**

Healthwatch Sefton would like to make the following recommendations to encompass the GP surgeries across the Central Southport locality:

The Enter and View reports following the visits to GP practices within the Central Southport locality to be tabled at a future Central Southport Locality meeting to compare and share good practice. Areas for discussion and consideration to include:

- 🍷 Good Practice – to share good practice of ‘GP Access’ across the locality.
  
- 🍷 Patient Communication – How are patient informed of the appointment system? Information to be clear and understandable and available in different formats e.g. patient leaflet, social media.
  
- 🍷 On-line booking appointments – All GP practices within the Central Southport locality state this service is offered but from the feedback received there is a very low uptake by patients. To look at ways to promote this service to patients.
  
- 🍷 Patient Participation Group (PPG) – To ensure a PPG is in place and to engage with the PPG members when reviewing GP access. To attend the Healthwatch Sefton & CCG event re: PPG’s during May 2019 for Practice Managers and PPG members to attend. (Previous correspondence has been sent to each Practice Manager).
  
- 🍷 Continuity of Care – Overall within the feedback received for all the GP practices ‘long term medical condition’ was the main reason for a patient’s last appointment. To compare and contrast best practice to enable patients to receive continuity of care.



## Response from the provider.

Joanna Ashberry, practice manager shared the following response to the report.

We thank Healthwatch for conducting this report and for visiting our practice.

In the general information part of the report it states that the surgery is open between the hours 8.00am and 6.30pm Monday to Friday, however the practice has extended hours on a Tuesday between 6.30pm until 8.00pm. Therefore, Tuesdays surgery runs between 8.00am and 8.00pm.

We think the report reflects the practice in a good light, with most patients saying that they get an appointment when they request one. Generally, the opinion is that our staff are friendly and helpful, this includes both medical and administrative staff with a particularly nice comment about our practice nurse Diane.

In response to the recommendations:-

1. We will endeavour to train our reception staff to help patients access and use the online service for making appointments.
2. We have a lot of leaflets which are available to patients. Although there is a lot of literature we believe that all of the leaflets provided have valuable information on them which could be useful to patients. However, we will review them and make sure that we only have the most up to date ones.
3. The CCG provided the signage screen for the surgery, previously we had our own signage machine which patients preferred but we were told by the CCG to use the one they provided.
4. The surgery is busier on Thursdays and Fridays because we have a number of clinics that run on those days e.g. INR clinic, Baby clinic, Ante natal and Post natal clinic, Dementia clinic etc.
5. The surgery has not been involved in any planning process for the housing developments nearby. The only discussions with the builders have been concerning damage to the practice and ownership of land.

### Conclusions

We will take on board your considerations and will try and improve patient communication with regard to helping patients to engage in the online booking of appointments. We will continue with our PPG and engage in promoting best practice. We will discuss this report at the next PPG meeting and will put this report in a folder for patients to access this report in our reception an also on our website.



# Talk to us about your GP Surgery

**Wednesday 14th November 2018**  
**From 10:00am**

Healthwatch Sefton is your local, independent health and social care champion. We are visiting your surgery to find out what you think about the services it offers and would like to hear from patients, carers, and relatives about your experiences.

[www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk) / [Info@healthwatchsefton.co.uk](mailto:Info@healthwatchsefton.co.uk)

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# Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 16 <sup>th</sup> May 2019	Chair: Gill Brown
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Key Issue	Risk Identified	Mitigating Actions
<p>PCN applications.</p> <p>The CCG has received applications as per the Network Contract Directed Enhanced Service. The CCG has an obligation to ensure that all registered populations are covered by a PCN.</p>	<p>One application is below the 30 000 population limit set by NHSE.</p>	<p>Applications to be considered formally by Leadership Team.</p> <p>The CCG will consider the supporting case for this PCN to be authorised.</p>

## Information Points for Southport and Formby CCG Governing Body (for noting)

- The Joint Operational Group reviewed LQC sign up for 19/20 and have issued a revised deadline after which payments will cease until sign up is complete.



# Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 16<sup>th</sup> May 2019

Chair: Gill Brown

Key Issue	Risk Identified	Mitigating Actions
<p>PCN applications.</p> <p>The CCG has received applications as per the Network Contract Directed Enhanced Service. The CCG has an obligation to ensure that all registered populations are covered by a PCN.</p>	<p>One application is below the population threshold of 30 000 patients therefore is unlikely to progress.</p> <p>Four practices have not signed up to a network.</p> <p>The CCG will need to ensure these populations are able to access PCN network services as specified within the Network Contract Specification.</p>	<p>Applications to be considered formally by Leadership Team.</p> <p>Discussions to take place to ensure registered population is covered.</p>

## Information Points for South Sefton CCG Governing Body (for noting)

- The Joint Operational Group supported a list closure for 3 months for Bridge Road Practice to enable redesign of internal processes to embed.
- The Group also supported an extension to the closed list at Blundellsands Surgery due to the high number of patient registration requests. This was supported by evidence from the previous pilot. To be further discussed by PCN and supported by LQC work on access.
- The Joint Operational Group reviewed LQC sign up for 19/20 and have issued a revised deadline after which payments will cease until sign up is complete.