

Key Lines of Enquiry –NHS England Area Team Response

1. What is the minimum level of access that must be provided by GP Practices, and what methods of access are available? (including type of appointments and communication with patients)

a) what are the legal minimum requirements for access?

Reg 20 - *A contract must contain a term which requires the Contractor in core hours to provide essential services ...at such times, within core hours, as are appropriate to meet the reasonable needs of its patients; and to have in place arrangements for its patients to access such services throughout the **core hours** in case of emergency.*

“core hours” means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or *bank holidays*;

Sch 6 para 2 - *A Contractor shall take steps to ensure that any patient who - has not previously made an appointment and attends at the practice premises during normal hours for essential services, is provided with such services by an appropriate healthcare professional during that surgery period except...[when] it is more appropriate for the patient to be referred elsewhere under the Act or he is then offered an appointment to attend again within a time which is appropriate and reasonable having regard to all the circumstances and his health would not thereby be jeopardised.*

b) what type of appointments are offered (eg. same day, ‘walk-up’, in advance) ?

The contract does not specify how practices are to operate appointment systems, however Nationally there are a number of recognised systems which practice may operate but not limited to, including:

- GP First
- Advanced Access
- Triage
- Walk in / Drop in
- Pre-booked
- Telephone

c) who decides what type of appointments are offered (practice or commissioners)

Practices decide what type of appointments they offer.

d) are patients informed when making appointments what type of member of staff they will see (nurse/care assistant/GP)?

Yes

e) what methods of communication are used when making and following up on appointments (telephone, text, internet)?

There is nothing in the contract which specifies how practices will communicate this, however it will vary practice to practice including: telephone, text, letter, online access.

f) what is the effect of initiatives such as 'Doctor 1st' (when patients speak to a doctor by phone before attending)?

Almost all practices across Stockton-on-Tees will use telephone consultations as an alternative to the traditional face-to-face appointment. Telephone consultations give patients quicker access to a GP and a more convenient/ faster response to their health needs. They are not designed to replace face-to face appointments but are usually used to deal with routine queries, follow-up checks, prescription requests/ medication queries etc. The Doctor First System takes this a step further, under the system all patients who ring the practice are put directly through to a GP or are called back, nationally average call back times are quoted as being within 25 minutes. Practices have found that more than half of patients who ring can be directly helped through a telephone consultation. Of those who do need an appointment almost all (over 95%) get one on the day of their choice, which is usually the same day. Appointments can be organised to be more flexible and are scheduled for the appropriate length of time to meet the patients' need.

Reported outcomes include a:

- Significant reduction in Did not attends (DNAs)
- Increase in patient satisfaction
- Increase in Doctors/ staff satisfaction
- Increase in capacity i.e. more appointments available
- Reduction in emergency admissions/ A&E attendances
- Reduction in walk-in-centre/ out-of-hours attendances

Locally there are 10 practices across Tees who are/ plan to pilot the Doctor First system. Currently Norton Medical Centre is the only practice in Stockton operating a Doctor First system, the practice went live on the 15th April 2013 and so far the feedback has been positive. A more in depth evaluation of Doctor First is taking place and should be available over the next couple of months.

2. What is the impact of 'Did Not Attends' on GP appointments?

a) who monitors Did Not Attends?

This is not a contractual requirement and therefore the Area Team does not monitor this, however some individual practices may do this and report back to patients.

b) what efforts are made by Practices to reduce them?

In some cases, practices may:

- report the weekly number of DNAs to patients using posters in the waiting area
- write to individual patients who fail to attend an appointment

3. How are local GP Practices performing in terms of access (including timeframe for appointments, no. of missed appointments)?

a) how are they monitored?

The GP Patient Survey results give an indication of patient satisfaction in relation to access. The table at Appendix 1 shows the results for Stockton and Hartlepool practices from July 2012 – March 2013. Where a practice's performance appears in red this indicates they are performing below the Stockton/Hartlepool average.

[nb. This provides more up to date results for certain questions compared to Appendix 2 in main agenda pack]

4. What type of services are provided by each Practice in the Borough (eg. types of nurse led care), and what services are provided by pharmacies?

a) what variation is there in services provided across Stockton, and where?

All practices must provide essential services and additional services as described in the contracts (a copy of the GMS regulations can be seen at Appendix 2 and the PMS regulation at Appendix 3). Practices can offer a range of Directed Enhanced Services (DES) over and above the contracted services, these include:

- Alcohol
- Learning Disabilities
- Extended Hours
- Patient Participation
- Minor Surgery
- Improving patient online access
- Support for patients with dementia
- Remote care monitoring
- Risk profiling and care management
- GP Choice
- Violent patients
- Childhood immunisations

- Influenza extension to children
- Influenza
- Pneumococcal
- Pertussis
- MMR
- Rotavirus
- Shingles

[Appendix 4 shows a breakdown of DES offered by local practices. nb. This is in addition to the Enhanced Services Summary included at Appendix 3 in the main agenda pack]

b) what assistance is given with repeat prescriptions?

Where practices have signed up to the improving patients online access DES, component 2 refers to the “enabling and utilisation of online repeat prescribing”

Pharmacies keep records of all the patients they dispense to. Those on repeats are offered help with re-ordering their prescriptions from their GPs and given cards / reminders as to when their next prescription should be ordered. Many pharmacists also offer to deliver the medicines to the patients’ homes / nursing homes. Pharmacists also keep a log on what is dispensed in case the full prescription is not dispensed in one visit. They also carry Medicines Use Reviews for target groups of patients during which time they find out how patients use their medicines: e.g. do they use them all, do they stick to dosage, do they store them properly... etc., and do they need referring back to GPs.

c) how are pharmacies involved in the planning and provision of services?

Pharmacies are members of the Local Pharmaceutical Committees – LPC through which they find out about what is planned locally. Pharmacies within a locality or community are always consulted about new pharmacy applications and they get to express their views about the services in the area. Pharmacies carry out surveys of 1) feedback from their patients and 2) on service the delivery (e.g. how is repeat prescription system working). They share both with NHS England and the results can feed into providing new services and planning new campaigns. Results from services provided by pharmacies are also useful in knowing which services are used more where (e.g. which pharmacy is best placed to deliver an enhanced service in a given area.)

The new Pharmacy Local Professional Networks (LPN's) bring together pharmacy service providers, commissioners and key stakeholders to assess the needs of patients (Pharmacy Needs Assessments), map provision, identify gaps/duplication in services. The LPN's explore, as a partnership, innovative, new ways of improving patient pathways to improve the quality of service provision. With a range of stakeholders, cutting across primary and secondary care, key themes for the LPN include: Patient Safety/Medicines Optimisation; prevention and management of long term conditions; and winter planning. The LPN work programme for 2013-15 is aligned to the NHS Outcomes Framework. A key cross cutting feature of LPN business is the Quality, Innovation, Productivity and Prevention Programme. A central driver of LPN business is to reduce health inequalities across the region, with a focus on those patients that are vulnerable.

5. Are all the community's access needs being met?

a) what are the gaps/good practice by diversity strand (gender, age, ethnicity, disability, sexuality, faith/belief)?

This information is not available within the Area Team.

b) is the future of the Arrivals Practice for asylum seekers secure?

The Arrivals Practice is currently not under review. This is a PMS contract, which is not time limited.

6. What is the situation with regard to GP recruitment and retention?

[To be provided]

7. What is the current performance and overall impact of the Tithebarn Walk-In Centre?

a) what is the hourly demand on services?

On average 117 patients per day access the service during 2012/13

b) what are the originating GP Practices of patients / who attends from outside Stockton and vice versa (nb. there are walk-in clinics across Tees area)

This information is not available.

The following GP practices are situated within a two mile radius of Tithebarn Walk-in Centre.

- Alma Street Medical Practice;
- Riverside Medical Practice;

- Dr Syed, Endurance House;
- Dr Tunio, Elm Tree Medical Practice, Endurance House;
- A&B Medical Practice, Endurance House;
- The Arrival Medical Practice, Endurance House;
- Queens Park Medical Centre;
- Tennant Street Medical Centre;
- Woodlands Family Medical Centre;
- The Densham Surgery;
- The Dovecot Surgery.

c) what contract management arrangements are in place?

Performance monitored on a quarterly basis via Key Performance Indicators

QOF performance monitored annually

The Walk-in/unregistered element of the contract is the responsibility of the CCG – CCG to respond.

The Primary Medical Services Assurance Framework has been designed to help Area Teams work with GP practices to assure the quality of GP services and to support CCGs and GP practices in promoting continuous improvement in quality. The web interface provides pre-analysed data to facilitate relationships between area teams and practices. Unique practice profiles are also available. This portal will also be used to collect the annual electronic practice declaration. Primary medical services assurance management policy and guidance is available in the resources section once registered.

d) what is the financial/performance effect of the walk in centre – is it ‘generating demand’?

The walk-in centre has 1619 registered patients and is performing well below its contract level of 4800 registered patients for 2012/13.

Table 2 below shows the contracted and actual activity for unregistered patients. The Walk-in Centre is over-performing, seeing over double the contracted level of unregistered patients.

Table 2

Contract Month	Contract Year 1 2009/10		Contract Year 2010/11		Contract Year 3 2011/12		Contract Year 4 2012/13	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
January	1083	1659	1333	2489	1666	4128	1666	3419
February	1083	1659	1333	2822	1666	3627	1666	3110
March	1083	1659	1333	3488	1666	3996	1666	3734
April	1083	2062	1333	3343	1666	3790	1666	3724
May	1083	2178	1333	3654	1666	3759	1666	3934
June	1083	1596	1333	3082	1666	3246	1666	3453
July	1083	2016	1333	3270	1666	3527	1666	3278
August	1083	1883	1333	3109	1666	3323	1666	3917
September	1083	2359	1333	3239	1666	3132	1666	3695
October	1083	2964	1333	3854	1666	3345	1666	3632
November	1083	2806	1333	3189	1666	3228	1666	2619
December	1087	3027	1337	3825	1674	3656	1674	4811
Totals	13,000	25,867	16,000	39,364	20,000	42,757	20000	43,326