Open Agenda

Healthy Communities Scrutiny Sub-Committee

Tuesday 21 February 2017
7.00 pm
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Supplemental Agenda

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Date: 17 February 2017

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Healthy Communities Scrutiny Sub-Committee

MINUTES of the OPEN section of the Healthy Communities Scrutiny Sub-Committee held on Wednesday 18 January 2017 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT:	Councillor Rebecca Lury (Chair) Councillor David Noakes Councillor Anne Kirby Councillor Sunny Lambe Councillor Martin Seaton
OTHER MEMBERS PRESENT:	Councillor Maisie Anderson, Cabinet lead for Public health, Parks and Leisure
OFFICER SUPPORT:	Fiona Dean, Director of Leisure, Paul Stokes, Public Health programme manager Tara Quinn, sports and leisure centre manager Danial Blackmore, Everyone Active Health Manager Dick Frak, Interim Director of Commissioning, Children's and Adults' Services Caroline Gilmartin Director of Integrated Commissioning Catherine Negus , Research and Intelligence Officer, Healthwatch

1. APOLOGIES

1.1 There were no apologies for absence.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Councillor David Noakes declared that he now sits on the Health and Wellbeing Board. He explained that the legal advice he has received advised that if any decisions by the board are being scrutinised by the committee then he would need to not participate in the deliberations and leave the room, however items that have just been discussed at the board would be fine to scrutinise at the committee.

4. MINUTES

RESOLVED:

The minutes of the meeting held on 22 November 2016 were agreed as a correct record, with the following changes:

- Cllr Sunny Lambe's declaration of interest will be corrected to make clear it is his wife who is employed by the NHS, not him.
- The statement read out from Tom White by Elizabeth Rylance - Watson will be included in full, and the comments Elizabeth made amended.

The amended minutes will be included in the papers for the following meeting.

VIDEO OF OPENING OF THE MEETING

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5. FREE SWIM AND GYM

Councillor Maisie Anderson, Cabinet member for Public Health, Parks and Leisure gave a presentation, with the support of officers Fiona Dean, Director of Leisure, Paul Stokes, Public Health programme manager, Tara Quinn, sports and leisure centre manager, Danial Blackmore, Everyone Active Health Manager presented and took questions from the committee.

VIDEO OF SWIM AND GYM

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6. INTERVIEW WITH THE CABINET MEMBER FOR PUBLIC HEALTH, PARKS AND LEISURE

The committee questioned Cllr Maisie Anderson on her portfolio.

RESOLVED

Notre Dame School near Elephant & Castle are undertaking work on air quality and would like to attend a meeting to present he results. The possibility of this happening at a following meeting , with the appropriate cabinet member was discussed . The responsibility for this is moving to Cllr Wingfield . If an available slot with the cabinet member can be found this will be added to the work programme.

An update from the CCG will be requested on King's A & E.

VIDEO OF INTERVIEW WITH THE CABINET MEMBER FOR PUBLIC HEALTH, PARKS AND LEISURE

https://bambuser.com/v/6602320

7. JOINT MENTAL HEALTH STRATEGY

Dick Frak, Interim Director of Commissioning, Children's and Adults' Services and Caroline Gilmartin, Director of Integrated Commissioning presented on the developing Mental Health Strategy. They said that the council and the CCG had considered the recommendations by the joint scrutiny review into the emerging Joint Mental Health Strategy and used that as a basis to then appoint consultants to undertake further work. An open space event was held with over hundred stakeholders.

Catherine Negus, Research and Intelligence Officer, Healthwatch also briefly presented on Healthwatch findings and contributed to the discussion. She said the consultation event had some good features- it was a very open space, but it was easier for more confidant people, and only 7 purely service users attended. She reinforced the themes identified in

the report but identified some gaps to fill. These included :

- the social determinants of Heath - housing, debts etc.
- Complex cases can be impacted by early discharge and there is a problem with revolving door in and out of services.
- Service users would like to see more ambition and creativity for talking therapies and other approaches to serious mental heath
- Crisis care been a big issue with services users.

Dick and Caroline responded. He spoke about GPs services and the possibility of having a consultant in mental health to deal better with pinch points. A better flow at A & E is needed. Feedback from services users is that A & E was not a good experience; waiting times were long with unsuitable spaces to be seen. There is a lack of an adequate dedicated response to mental health users needs in emergency care.

The following points were raised by members:

- Would it be possible to include targets that highlight areas in the strategy implementation plan where services are either struggling or doing well? Dick said the strategy would lead to an implementation plan with ratings. Caroline said there are quite a few KPIs, but these are often things like waiting lists for talking therapists. Currently the council and CCG do not have a shared framework, nor have organisational ones yet been brought together to look at gaps and milestones.
- Who is the Joint Strategy owned by? Jointly by council and health, but also hopefully more widely by community.
- Are the council looking at preventative work to prevent poor mental health and stresses, for example regeneration? Dick said that the council we are looking and linking in the wider services of the council to bring about better mental health and wellbeing. The Joint Strategy was joined at the beginning by a deputy councillor who brought that broader approach in. At the moment much of our resource goes towards treating a narrower range, however in events people do want to address the wider issues: loneliness, housing.
- People in mental health crisis do not do well in busy A & E services. Do we really need to have people in mental health crisis in A & E? Caroline clarified that people do sometimes need to come to A & E, however the pathway is not good enough. She spoke about long waits times, and concerns particularly for young people. King’s have said that a refurbishment is underway, and the chair said that KCH are due to come to the next meeting. The CCG said that they are looking more at increasing the consultant psychiatrists on site, and better facilities.
- What about the impact of drugs & alcohol on mental health? During the consultation the drug and alcohol issue didn't emerge. A member said that current drug users might not come to events or even admit problems to themselves. Carline spoke about the evidence in A & E that drugs and alcohol are linked to mental health.

VIDEO OF JOINT MENTAL HEALTH STRATEGY

https://bambuser.com/v/6602320

8. CCG FORWARD VIEW

Mark Kewley Director of Transformation , CCG , presented the report and took questions .

VIDEO OF CCG FORWARD VIEW

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https://bambuser.com/v/6602359

9. LONDON AMBULANCE SERVICE (LAS) INSPECTION BY THE CQC

The forthcoming inspection was noted.

10. TRIGGER TEMPLATE - ST JAMES CHURCH GP SURGERY

There was a discussion about the closure of St James Church GP Surgery with Caroline Gilmartin . Patients will be asked to register with other local practices from 1 April 2017, following the decision made by the Primary Care Joint Committee not to commission a new contract for the current registered list. Quay Health Solutions have been providing services to the registered patients of St James Church Surgery from 12 July 2016 under a temporary contract which expires on 31 March 2017. The list size of the practice as of 1 October 2016 was 1357 patients.

All practices in Southwark have open lists to registers new patients within their practice boundaries. Patients will be written to and asked to register with another local practice of their choice. Patients will be directed to NHS Choices to identify their local practices. Contact details for Healthwatch and NHS England will also be included in the letter sent to patients. NHS England and the CCG will also be holding a patient engagement event to discuss the process with patients who chose to attend. Quay Health Solutions, the current provider, will identify vulnerable patients and support them to register with a new GP.

5 GP providers that provide services over 7 practices within a mile of St James Church have been asked if they have capacity to register patients of St James Church Surgery. Collectively the practice's reported they had capacity to register 3500 patients.

VIDEO OF TRIGGER TEMPLATE - ST JAMES CHURCH GP SURGERY

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11. WORKPLAN

The work plan was noted.

VIDEO OF WORKPLAN

https://bambuser.com/v/6602358

Response to Healthy Communities Committee Report 'Making Sexual Health Sexy'.

Recommendation 1: The Committee would recommend that the final consultation documents are circulated to the Committee to note and the results are presented back in the Autumn ahead of implementation.

This recommendation has been completed and final consultation documents were circulated.

Recommendation 2: The Committee recommends that GP surgeries consider the translations services that they use and that they are appropriate for discussing personal sexual health issues.

NHS England, who are the responsible for commissioning primary care services and interpreting and translations services have recently undertaken a consultation and review for people who are deaf or do not have English as a first language. As a result of this a draft Principles Framework for Interpreting and Translations services has been published. This identifies what safe, high quality interpreting and translation service in primary health care should be and offers advice to primary care providers, commissioners, service providers and agencies, patients and carers on how to identify good practice. This guidance includes new standards for providers of interpreting and translation services which will ensure they are able to sensitively and appropriately support their patients in discussing sensitive health issues including sexual health issues. The Framework explicitly states that patients should always be offered a registered interpreter and that the use of family, friends or unqualified interpreters is strongly discouraged in national and international guidance and is poor practice.

Recommendation 3: The Committee recommends that the Council consider the provision of free English classes to help grow understanding and confidence amongst residents.

Southwark adult learning service provides courses in the basic skills of English language, literacy and English for Speakers of Other Languages. These courses are subsidised by the Skills Funding Agency (SFA) and are provided free to of charge to residents who meet the SFA eligibility criteria. 500 residents accessed this in 2015-16.

Provision is available between pre-entry (introductory level, assumes no related prior knowledge or skills) and a notional level 2. Learners benefit from courses taught at the main site in Peckham and at various community venues across the borough. English language and literacy support is also provided through Family Learning courses. Parents and children attend and learn together. These are delivered from the main site and from Children's Centres and Southwark schools. Families benefit from opportunities for parents to improve their own literacy, numeracy and language skills and contribute to their children's education.

Learners develop good listening, speaking and reading and writing skills and they become more confident communicators in the English language. Learners also benefit from developing the knowledge and skills to manage every day life activities including consultations with their GP*, bank staff and job centre advisors. Learners develop good intonation and pronunciation of everyday English. Learners report increases in personal confidence and a sense of belonging to their local community. The overall standards of learners' work are good.

Southwark adult learning service has increased the amount of evening provision in recent years. More learners now benefit from twilight and evening provision and courses delivered in the community.

The provision includes a good mix of accredited courses (these bear nationally recognised qualifications) and in-house courses. The provision continues to be consistently judged good by Ofsted (Office for Standards in Education, the regulator for public funded provision) and City and Guilds (our chosen awarding body).

Response to Healthy Communities Committee Report 'Making Sexual Health Sexy'.

Arrangements for advice and guidance on progression and learning opportunities are good. Learners progress well from these basic skills programmes to vocational courses. This includes moving on to teaching assistants and childcare courses.

*Ref: NICE Guidelines: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services -Clinical guideline (CG138); 1.5 Enabling patients to actively participate in their care

Recommendation 4: The Committee believes that integrating public health into the Voluntary Sector Strategy is an interesting and innovative approach to tackling the issue of those who do not currently access health services in the Borough. We would recommend that this approach is taken in the development of the Voluntary Sector Strategy.

The new Southwark VCS Strategy, Common Purpose Common Cause, was launched in November 2016 and was co-produced by Southwark voluntary sector groups, Southwark Council and Southwark Clinical Commissioning Group. The new strategy has a focus on health improvement for example, the development of 'preventive places' as 'community assets' and the co-location of services and opportunities, including health promotion, to improve access to services and outcomes for residents. The strategy also aims to support local communities to be 'more resilient, connected and more resourceful' and intends to support the development of community connectors or navigators to help do this and to also help sign post to services.

Recommendation 5: The Committee recommends that the Clinical Commissioning Group, hospitals and the Council should work together to ensure a variety of multi-lingual information sources are available throughout the Borough.

A variety of multi-lingual information sources are provided throughout the borough. Health Watch and local patient groups feedback on accessibility of information.

Recommendation 6: The Committee recommends that council and GP services should look to signpost young people to NHS websites and SH24 where information will be authoritative and easy to access.

Southwark is currently re-commissioning the young people's sexual health services and as part of this will include consultations with young people about accessing sexual health information, building on the work undertaken by Southwark Health Watch during the summer of 2016.

Recommendation 7: The Committee recommends that the Cabinet Member work with local schools to encourage the promotion of SH24 as a quick, convenient and safe way for young people to access sexual health services.

SH24 is primarily commissioned for adults and young people over 16 and is service designed to release clinic capacity for people who need to be seen by a clinician, including young people. It is important that young people are seen by a clinician because their age may make them more vulnerable to poor sexual health and for any safeguarding needs to be identified. Young people under the age of 16 must be assessed to be competent to consent to treatment and in relation to sexual and reproductive health services must satisfy several guidelines (Fraser guidelines), before clinician can proceed with treatment. This has yet to be tested through online services and would not currently meet safeguarding and legal criteria.

Southwark currently has two dedicated young people's services, Brook and Wise Up to Sexual Health provided through Guy's and St Thomas' Trust. In addition to these, both sexual health services provided at Kings College Hospital and Guy's and St Thomas' Trust are experienced in seeing young people and will triage young people to been seen quickly.

Response to Healthy Communities Committee Report 'Making Sexual Health Sexy'.

Southwark Health Watch recently undertook a consultation with local young people on sexual health and we are using the outcomes of this to feed into the future direction of young people's sexual health service provision.

Recommendation 8: The Committee also recommends that the Cabinet Member work with local schools to encourage them to focus the sexual health concerns of a variety of sexualities, in particular men who sleep with men (MSM) and chem-sex which are areas of growing concern.

Chem-sex is a specific form of drug use to facilitate and enhance sex between men and it is associated with increased risk of HIV and other STIs and poor mental and physical health. The Chem-Sex Study commissioned by Lambeth, Southwark and Lewisham showed that it was associated with an older age group (average age 36, range 21-53 years).

Thus while 'chem-sex' is a specific form of drug use amongst men who have sex with men, there are strong associations between substance misuse (including alcohol) and risky sexual behaviour amongst young people of all sexualities. In response to this, we are currently re-commissioning the young people's sexual health services to provide an integrated substance misuse and sexual health services for young people engaging in risky behaviours.

The Southwark Healthy Schools Programme supports schools to develop a comprehensive programme of personal, social and health education including sex and relationship education. This year, through the joint Council and CCG Commissioning Group we will review the health offer provided to schools and with a particular focus on reducing risky behaviours amongst adolescents.

Recommendation 9: The Committee recommends that officers leading the sexual health strategy take forward the idea of a national government-funded sexual health advice service as part of the London-wide strategy development around sexual health.

Public Health England provides a National Sexual Health Helpline which is open 9a.m. to 8p.m. every weekday and 11 a.m. to 4p.m. at weekends. Sexual health advice is also available on the NHS Choices website, which also includes information and advice on sexual and reproductive health.

Recommendation 10: The Committee would also recommend that the Cabinet member raises this issue with Public Health England to see where national funding may be able to be accessed.

See response to recommendation 9.

Recommendation 11: The Committee looks forward to further outcomes from the RISE partnership and would welcome an update as the programme continues.

Public Health and the sexual health commissioners will produce a report on the RISE Partnership in spring 2017 and circulate to the committee.

Recommendation 12: The Committee would recommend that medical services and professionals should begin to talk about 'late diagnosis' as any non-diagnosis, and encourage efforts to introduce opt-out testing at A&Es.

Reducing the number of people presenting to care at a late stage of HIV infection is a key public health priority and a key priority within the Lambeth, Southwark and Lewisham Sexual Health Strategy and action focuses on:

- Increasing access to testing – via local and national online sexual health services, through A&Es, primary care and in community settings.

Response to Healthy Communities Committee Report 'Making Sexual Health Sexy'.

- Reducing stigma – via the RISE partnership and through the London HIV prevention programme.
- Training health professionals – Southwark CCG have launched a new campaign for GPs, which included a half day protected learning time session, to increase awareness of HIV and improving knowledge and competency around testing.

As of July 2015 Guy's and St Thomas' Hospital included HIV in routine blood tests for people presenting to Accident and Emergency and in May 2016 Kings College London also included HIV in routine blood requests from Accident and Emergency.

A common clinical definition of late HIV diagnosis enables national and international surveillance and comparison of HIV identification. There are currently two internationally agreed definitions:

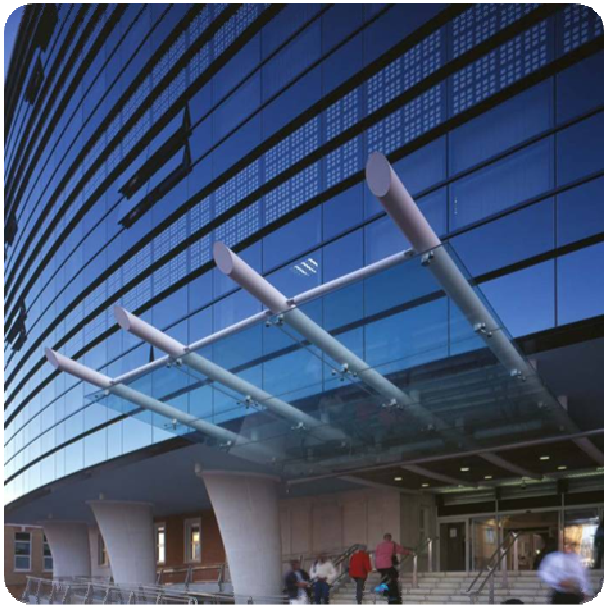
- Late diagnosis as persons presenting for care with a CD4 count below 350 cells/mL
- Very late diagnosis as persons presenting for care with a CD4 count below 200 cells/mL

These two definitions are used by Public Health England to monitor borough's late HIV diagnosis.

Trust Update
Healthy Communities Scrutiny Sub-Committee
21st February 2017

Colin Gentile
Chief Financial Officer

Dr. Shelley Dolan
Chief Nurse and Executive Director of Midwifery



Contents

Trust wide update

1. Trust strategy
2. Finance and performance
3. Quality

Progress on our strategy – BEST Care Globally

Our Trust strategy is based around BEST principles

Best quality of care
Excellent teaching and research
Skilled 'can do' teams
Top productivity

Progress on our strategy – BEST Care Globally

Organisational restructure

- Launch of new organisational structure in January 2017
- Implementation of our new organisational arrangements is ongoing
- Focusing on talent and succession

Progress on our strategy – BEST Care Globally: Transformation programme

Clean sheet redesign

•To improve patient experience and ensure our services run as efficiently as possible we are going back to the drawing board and redesigning our services from scratch.

•We are working closely with all departments and service to take this project forward

THE KING'S WAY
our strategy for the future

King's way for wards

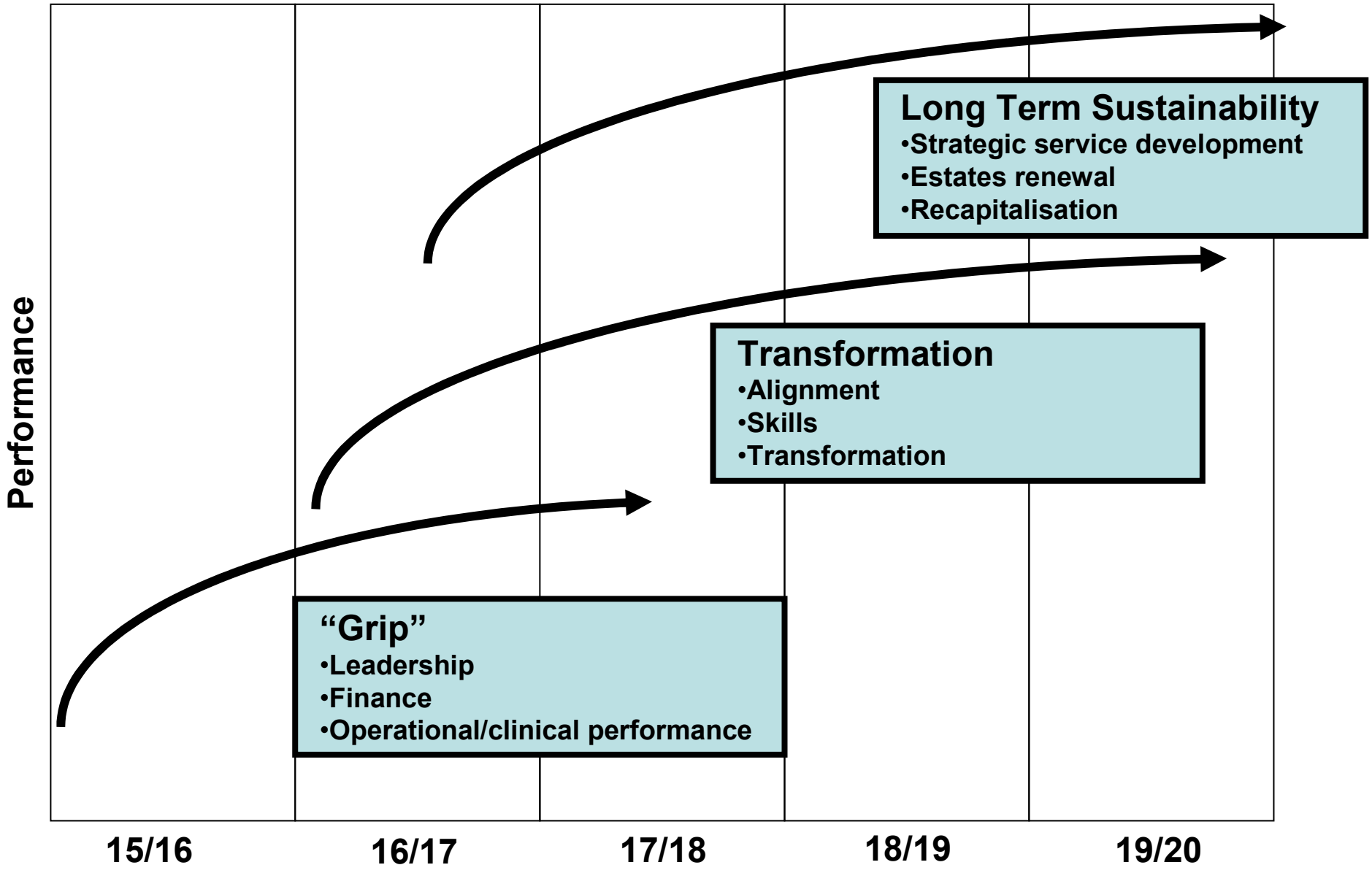
•King's Way for Wards is looking specifically at our wards across all sites.

•In planned phases we are working with each team on the wards to make sure they all follow the same processes, they are a pleasant place for patients to be treated and for staff to work, and that they have the skills to be able to solve problems or issues that arise.

King's Academy

•The King's Academy will train staff in how to improve our services and processes from the inside, and give our leaders the right skills.

Moving towards Transformation



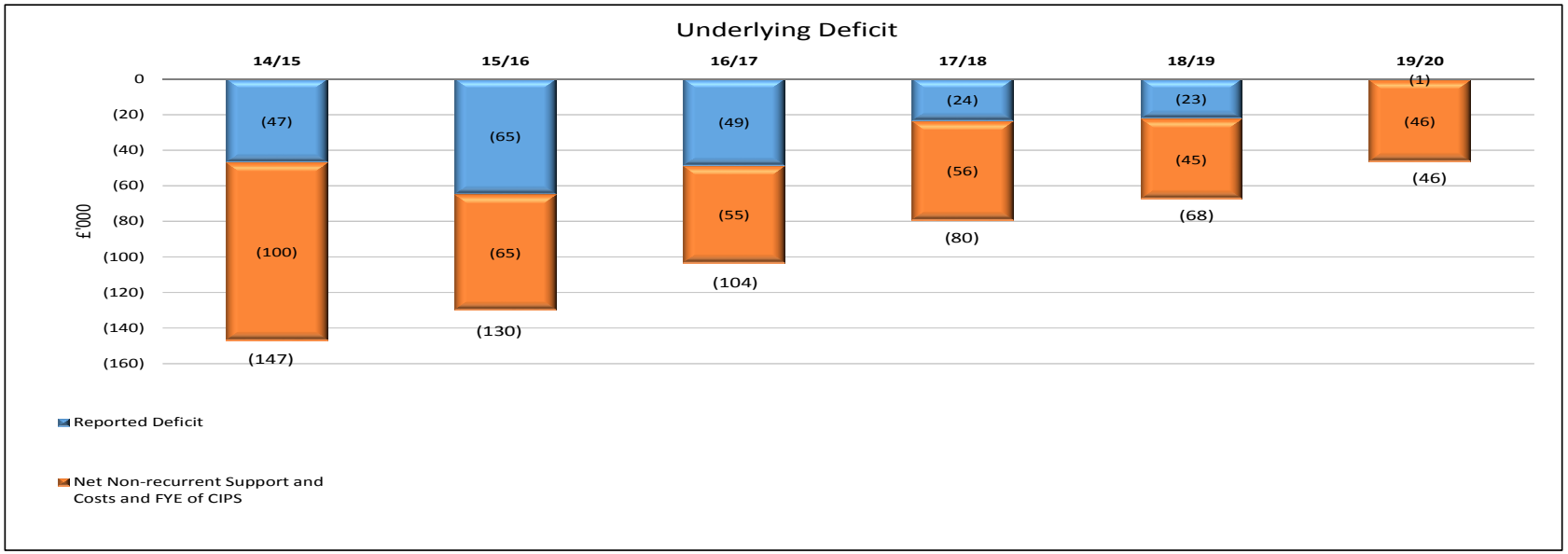
General Context

- The NHS faces significant financial challenge.
- The Acute Sector in particular is struggling to reach 2016/17 financial targets.
- Demand is increasing.

King's Context

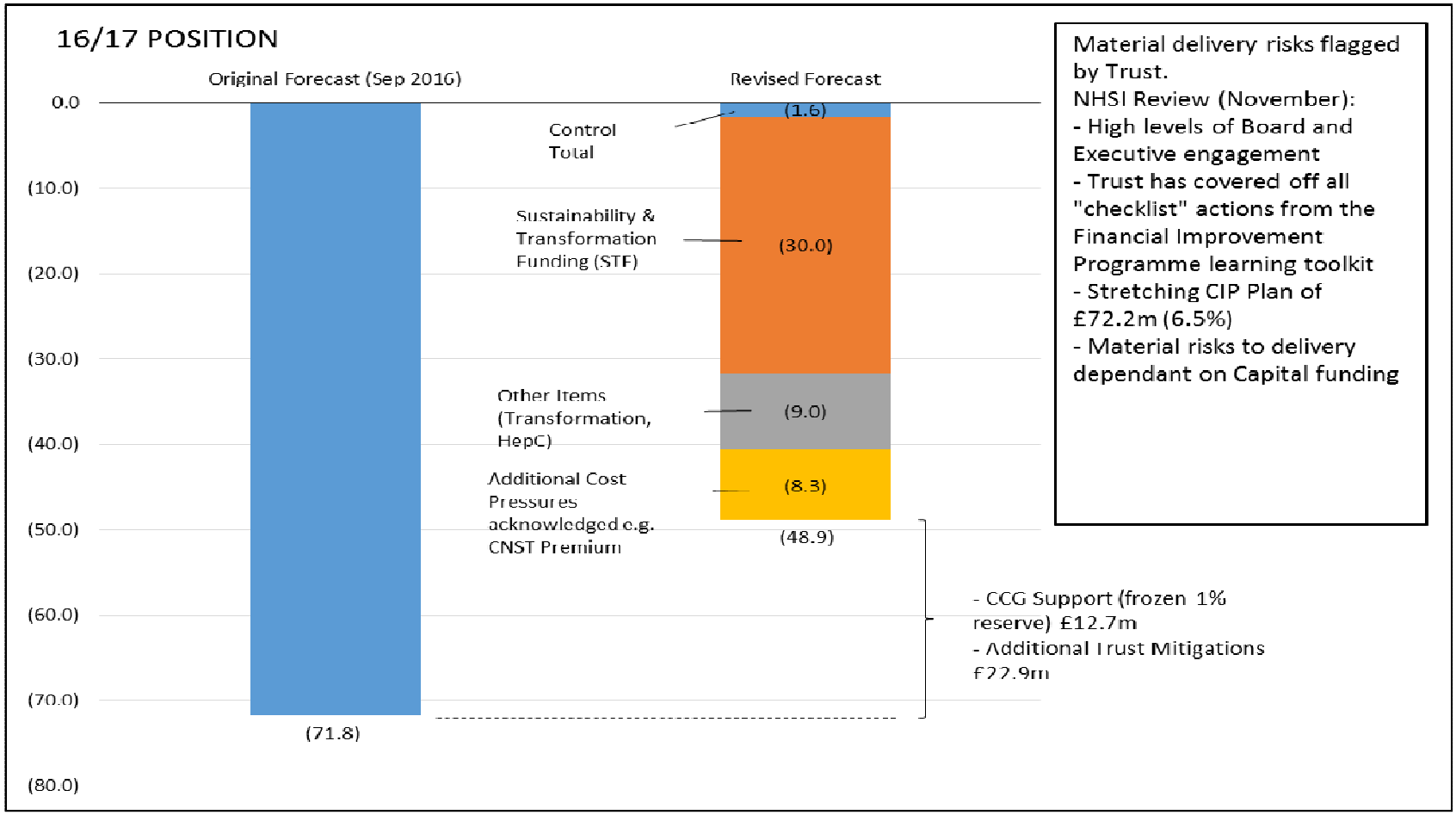
- Seen an increase in demand at King's College Hospital (KCH) at Denmark Hill and the Princess Royal University Hospital Significant underlying deficit to tackle
- Local CCGs work constructively with the Trust to support recovery
- Intense regulator focus

Underlying Deficit

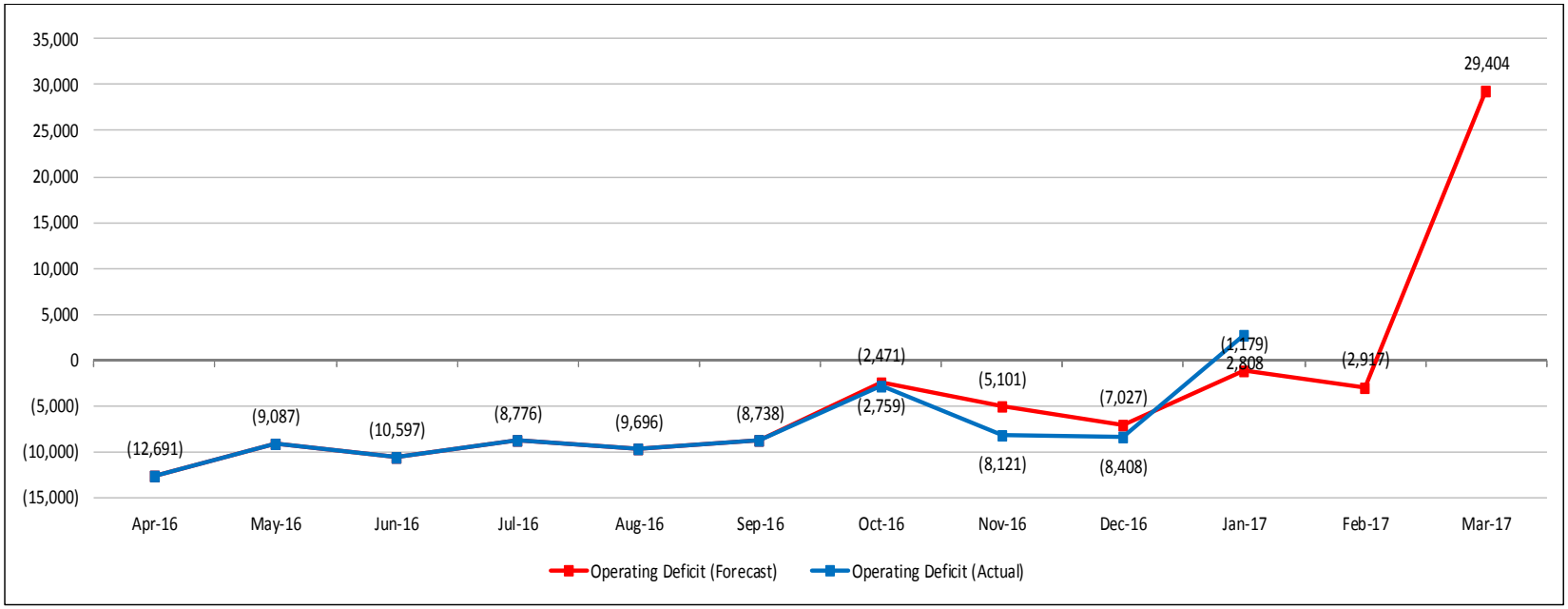


	14/15	15/16	16/17	17/18	18/19	19/20
Actual/Planned deficit	**(47.0)**	**(65.0)**	**(49.0)**	**(23.8)**	**(22.5)**	**(0.7)**
Efficiency total	8.2	56.5	50.0	50.0	50.0	50.0
Recurrent	8.0	48.4	35.0	50.0	50.0	50.0
Non-recurrent	0.2	8.1	15.0	0.0	0.0	0.0
Other Non recurrents	99.8	56.9	39.6	55.7	45.0	45.8
Underlying Deficit	**(147.0)**	**(130.0)**	**(103.6)**	**(79.5)**	**(67.5)**	**(46.5)**

Summary of the Financial Challenge In-year



Position at Month 10 April 16 to Jan 17



Year to Date		
Forecast £'000	Actual £'000	Diff £'000
763,846	759,814	(4,032)
124,189	131,626	7,437
888,035	**891,440**	**3,404**
(545,425)	**(546,739)**	**(1,314)**
(472,607)	**(479,348)**	**(6,741)**
11,992	12,376	384
32,996	25,611	(7,385)
33	0	(33)
1,035	12,016	10,981
46,056	**50,003**	**3,947**
(83,942)	**(84,645)**	**(703)**
8,583	8,583	0
(75,359)	**(76,061)**	**(703)**

Dec-16 Forecast £'000	Jan-17 Forecast £'000	Feb-17 Forecast £'000	Mar-17 Forecast £'000	Cumulative £'000
74,609	77,542	76,501	80,101	**920,447**
12,461	12,561	12,561	13,248	**149,998**
87,070	**90,103**	**89,061**	**93,348**	**1,070,445**
(54,327)	**(54,327)**	**(54,327)**	**(54,327)**	**(654,080)**
(46,204)	**(46,204)**	**(46,204)**	**(46,204)**	**(565,016)**
526	437	387	1,589	**13,968**
5,050	6,886	6,240	9,277	**48,513**
0	33	33	5,117	**5,182**
0	1,035	1,035	19,747	**21,818**
(7,885)	**(2,037)**	**(3,775)**	**28,546**	**(59,170)**
858	858	858	858	**10,296**
(7,027)	**(1,179)**	**(2,917)**	**29,404**	**(48,874)**

Next Steps - Outlook

1. Focus on delivery of the 2016/17 position
2. Negotiate a reasonable 2017/18 control total
3. Deliver a credible plan for 2017/18
4. Very challenging

Trust Performance

Performance

•ED performance against 95% target across the Trust remains challenged due to multiple capacity and demand related factors. Trust four hour target in ED – around 79% in November, 75% in December.

•RTT continues to be a priority improvement area for the Trust. There were 129 patients waiting 52+ weeks at the end of December 2016, just below the 156 patients waiting at the end of November. RTT incomplete pathways performance was at 77.1% in December down from 78.3% in November.

•We continue to do well for cancer waiting time targets. E.g. 93% in Q3 against 85% target for 62-day GP referrals.

•Diagnostic waiting time performance has greatly improved. We are exceeding the national target of 1% as we achieved 0.98% in December.

Overview: Quality

King's College Hospital NHS Foundation Trust

Quality

- Overall performance in patient outcomes remains good
- Last Care Quality Commission (CQC) visit in 2016, awaiting feedback
- We have set ambitious patient safety objectives through our Quality Strategy

We have a focus on staff engagement around patient safety issues for example:

•Launching a positive reporting system – in December 2016
•Safety improvement project in investigations for Senior Registrars has been developed
•Junior staff represented at Trust-wide safety meetings
•Cross site events for staff
•Patient stories at Board meetings

BEST Quality of Care: Patient outcomes

Patient outcomes are defined as: '**the results people care about most when seeking treatment, including longer life, symptom relief, quicker recovery and the ability to live normal, productive lives.'**

Ensuring outcomes as good as the best in the NHS and globally is identified as one of the Trust's 'BEST' goals and is a key measure of Trust performance.

Indicators rated green: 88%
Third quarter of 2016/17

This means that for 88% of the indicators, outcomes were better than expected, better than our peers and/or within the expected range.

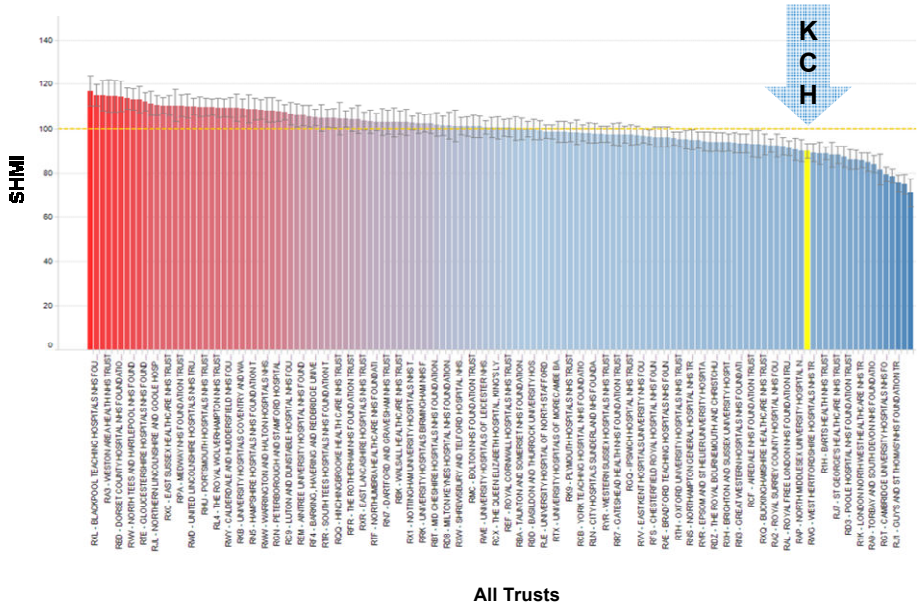
No indicators were red for this quarter.

BEST Quality of Care: Patient outcomes

Mortality rates at both our sites - King's College Hospital, Denmark Hill and the Princess Royal University Hospital remain in the best performing quartile nationally.

Mortality (Summary Hospital-level Mortality Indicator (SHMI)) **is below expected** for:

- Patients admitted on weekdays and weekends
- Elective and non-elective cases
- Most deprived and most affluent patient groups
- Patients aged over 75.



We are performing better in relation to peers or the national average for major trauma, stroke, hip fracture and adult liver transplants. Relative risk of readmission is better than expected.

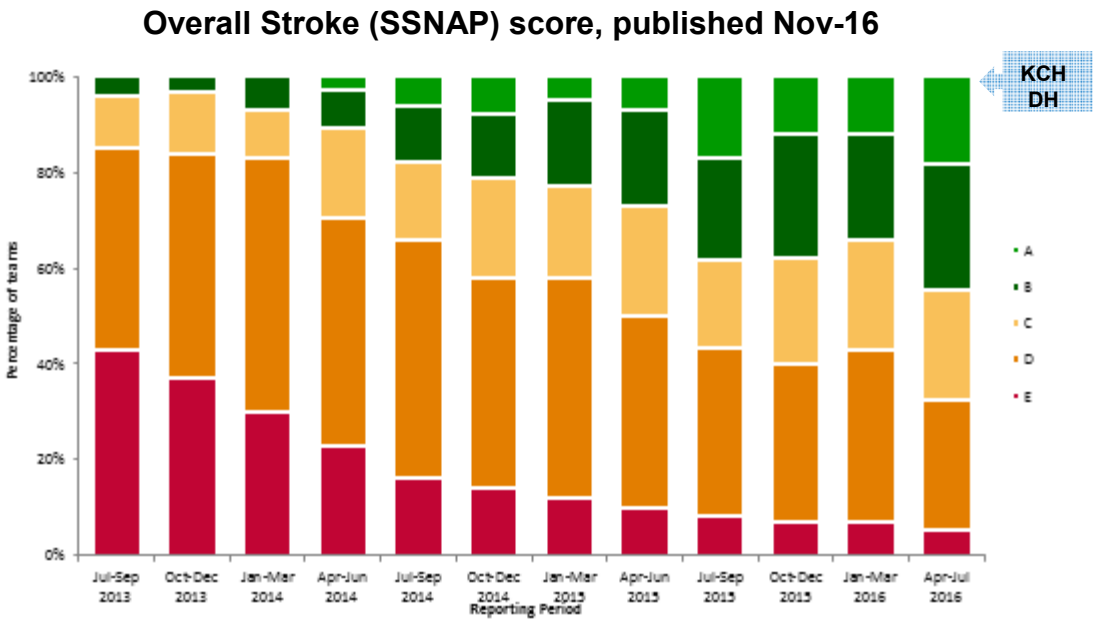
•**Major trauma** rates of survival are **better than all London peer Trusts**.

•**Mortality following stroke** is below national average on both sites.

BEST Quality care: Patient outcomes

Relative risk of readmission (overall) is below expected (see below age 75+) and below peer (Shelford Group).

Hyper Acute Stroke Unit and **Stroke Unit at KCH, Denmark Hill** both achieve overall audit scores (based on70+ indicators) above peers.



Women with diabetes are better prepared for pregnancy (folic acid and HbA1c) and have 50% fewer 'heavy' babies than national average.

Patients receive primary **percutaneous coronary interventions (PCI)within 90 minutes** (national target) of arrival.

BEST Quality of Care: Patient infection control

Reducing avoidable infections is one of our main objectives for 2016/17

2015/2016
There were 82 C-difficile cases across the Trust in 2015/16, against target of 72 N.B. only 1 lapse in care.

At KCH, Denmark Hill

- C-difficile – 60 against target of 53
- MRSA – 4 cases

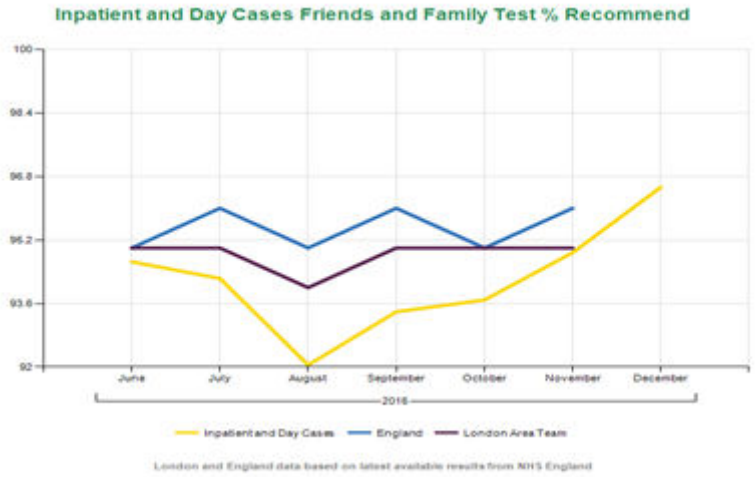
Where we are now
Infection control remains a challenging area for the Trust.

The Trust has needed to deal with new emerging multi-resistant organisms as well as the now resident pathogens seen in most large hospital environments.
King's led a national seminar in December 2016 on C.Auris and was praised for its openness and effective management of the outbreak.

The Chief Nurse / DIPC chairs a well attended MDT 2 weekly focused on C.Auris and other multi-resistant pathogens – Public Health England (PHE) also regularly attend.

BEST Quality of Care: Patient Experience

Recent feedback from our patients in December 2016 shows high levels of satisfaction for our Child Health and Liver inpatient wards with an overall satisfaction score of 95 and, in outpatients from Trauma, Emergency and Acute Medicine, Therapies and Renal.
Overall the majority of comments received from patients (86%) were positive. Areas where we could improve our performance included politeness, communication, comfort and feeling safe.



Inpatients: Satisfaction for inpatients measured by the Friends and Family Test has continued to improve with December seeing the highest satisfaction rate since June 2016. The recommendation rate for Denmark Hill was 96%.

Emergency Departments / Acute Dental: Satisfaction with the KCH Emergency Department and Acute Dental Service continues to struggle with capacity issues impacting adversely on patient experience with FFT scores remaining below the national average. 75% of comments received from patients visiting the Emergency Departments were positive but there were a number of negative comments about feeling safe and about lack of comfort were negative.

Outpatients: Performance in outpatients at KCH is variable with some areas providing excellent patient experience but overall, there needs to be improvement. Satisfaction is higher for questions about involving patients in their care and treating them with respect but, remain well below target on questions relating to appointments, delays in clinic and not being informed of delays. A new King's Way transformation project launched in January and this will include work to improve patient experience. Patients are being involved at an early point in the project and we've held discussion groups with patients about their experience of outpatients and what they expect from an outpatient service in the future.

NHS Southwark Clinical Commissioning Group

NHS Southwark Clinical Commissioning Group (CCG) – General Practice (GP) Services

Overview Scrutiny Committee – 21 February 2017

Contents

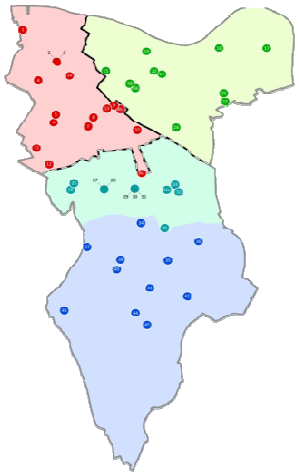
NHS Southwark Clinical Commissioning Group

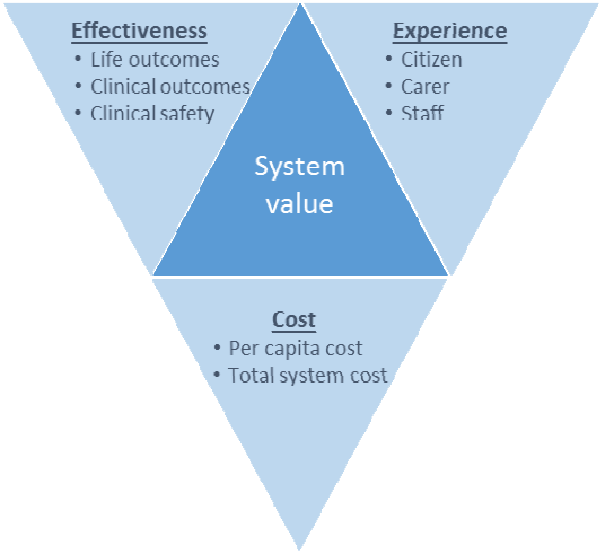
Our strategy is to maximize the value of health and care for Southwark people, ensuring our services exhibit positive attributes of care

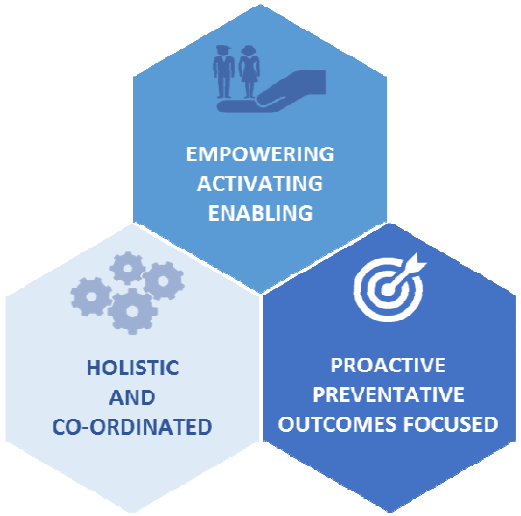
NHS Southwark Clinical Commissioning Group

We are changing the way we work and the ways that we commission services so that we:

Emphasize populations rather than providers	Focus on total system value rather than individual contract prices	Focus on the 'how' as well as the 'what'







Arranging networks of **services around geographically coherent local communities**	Moving away from lots of separate contracts and **towards population-based contracts that maximize quality outcomes** (effectiveness and experience) for the available resources	Focusing on commissioning services that are characterized by these attributes of care, **taking into account people's hierarchy of needs**

What are our ambitions for Southwark General Practice?

NHS Southwark Clinical Commissioning Group

- Our CCG is focused on delivering the best possible outcomes for Southwark people. To achieve this we recognises that general practice, and the registered list, is the best foundation for effective population-based primary and community care, now and in the future.
- Sustaining this approach requires us to value and utilise the strengths of general practice - the personal response to a dedicated patient list. And it also requires us to address some of the pressures and weaknesses in the existing model. As the GP Forward View states clearly, our system needs a “triple reinvention” of the business model, the clinical model and the career model in general practice.
- It is therefore vital that we invest to nurture general practice (and the people who work in it), whilst also broadening the workforce, encouraging collaborative working, and establishing the consistent systems and processes that free up time and resources to devote to improving care for patients. Increasingly this will see local general practices operating together and with other partners (like social worker, the VCS and community care teams) as members of place-based Local Care Networks.
- Our commissioning intentions for general practice seek to create the clarity, investment and practical support so that all Southwark residents benefit from high quality, equitable and sustainable health and care services. Currently there is too much variation in practice, and too little collaboration between practices to serve our local residents in the way that we should.
  - In part this is about simplifying existing contracts and incentives so that practices can focus more time and resources on delivering fewer but more important priorities, such as: improved access; improved prevention; and improved care coordination. This approach will enable our residents to experience less variation and higher quality care.
  - This is also about investing in and ‘pump-priming’ new ways for GP practices to collaborate and share good practice, for example by continuing to invest in the federations that GP practices have setup to help them deliver at-scale and collaborative working, and by supporting the emergence of place-based Local Care Networks.

What is the local situation for General Practice?

Southwark's Population

Information Source: Annual Report of the Director of Public Health 2016 statistical bulletin. Southwark Council: London, 2017

NHS Southwark Clinical Commissioning Group

319,270 registered patients

Young population, median age in Southwark is 32.7 years

Resident population expected to increase by 12% over 10 years*

High population turnover

High ethnic diversity.

Over 300 languages spoken

Densely populated

Almost 40% of Southwark residents live in areas considered most deprived nationally

Southwark population turnover rate is 8th highest among London boroughs

Continued improvements in overall health, but health inequalities still remain

Despite an overall increase in life expectancy a significant deprivation and gender gap remains

* Does not include recent planning proposals

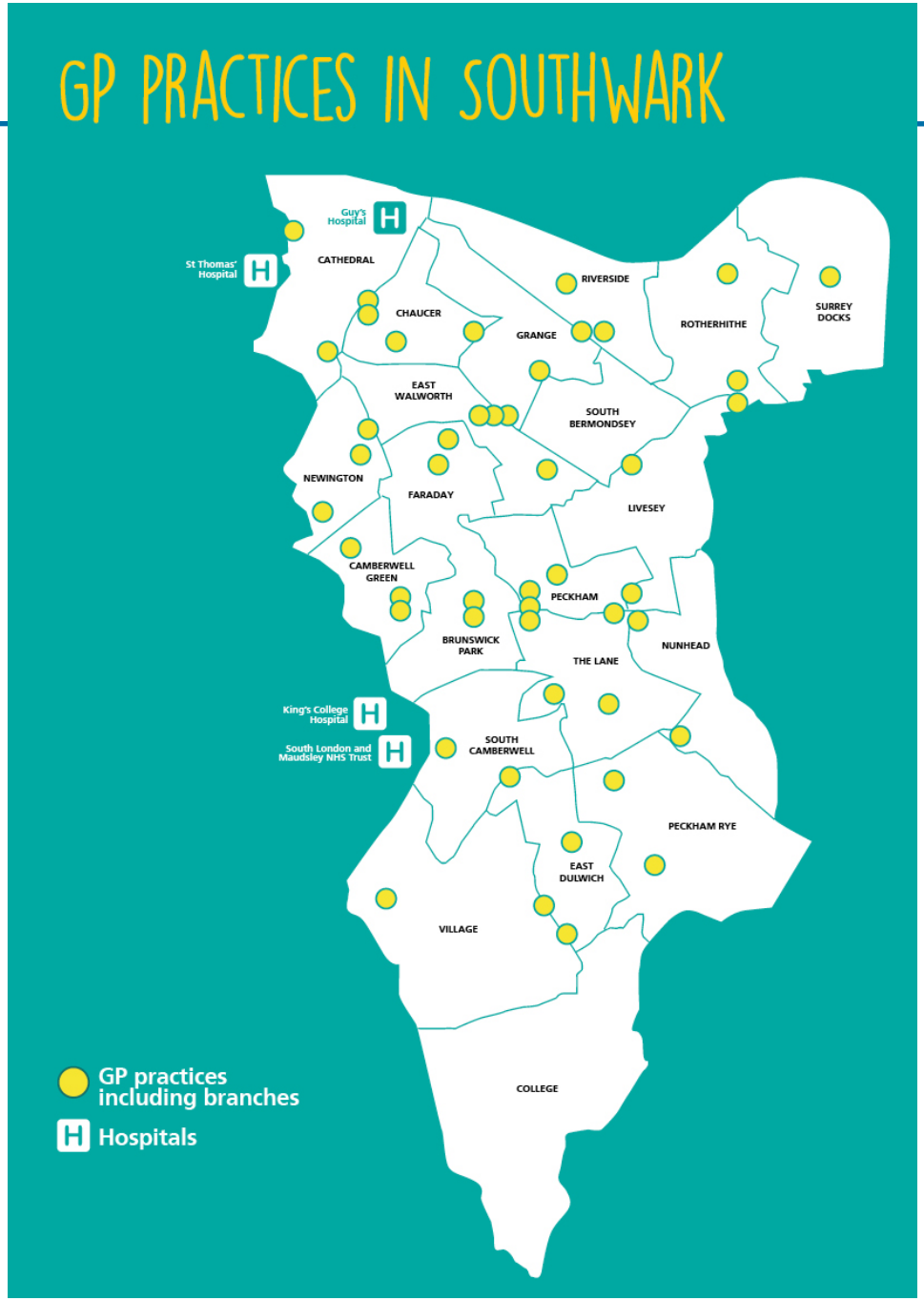
Challenges for our local population

Information Source: Annual Report of the Director of Public Health 2016 statistical bulletin. Southwark Council: London, 2017

NHS Southwark Clinical Commissioning Group

Rates of preventable mortality are higher in Southwark than the national average	Around 66% of all deaths in Southwark are due to cancer, cardiovascular and respiratory diseases	Prevalence of diagnosed long-term conditions in Southwark is similar or lower than in England
Self-harm admission rates among 10-24 year olds, although lower than London and England rates, are also increasing	1206 alcohol related ambulance call-outs in 1 year costing £480k	Cancer was the most common cause of death, around a third of all deaths in Southwark, significantly worse than London and England averages
There is a 7 year gap in life expectancy between more affluent and deprived areas in Southwark	There are over 2000 adults with dementia in Southwark (4.5% of those over the age of 65)	On average males and females in Southwark are predicted to spend around a quarter of their life with a long-term condition or a disability
Mortality rates for liver disease were significantly worse than the London average	42.1% of 10/11 year-olds in Southwark suffer from unhealthy weight	Prevalence of mental health conditions was 30% and 12% higher compared to England and London prevalence respectively

Southwark GP Services Profile



-41 GP practice contracts over 42 sites

-3 sites with multiple practices:

- Borough Medical Centre
- Lister Primary Care Centre, Peckham
- St Giles Surgery, Camberwell

-The largest GP practices, Nexus, covers the north of the borough (mainly Borough and Walworth locality with 7 branch sites) and has 58,000 registered patients. The average Southwark practice size is 8,000 registered patients, the smallest is 2,300

-In Southwark there is 1 GP per 1000 registered patients which is comparable to Lambeth (0.95) and South East London average (0.96)

-2 GP federations

- North Southwark Quay Health Solutions (QHS) 21 Member Practices
- South Southwark Improving Health Limited (IHL) 20 Member Practices

What is a GP practice contract and what is the CCG's role?

NHS Southwark Clinical Commissioning Group

- We have a mixture of **38 Personal Medical Service (PMS)** - locally agreed contracts - and **3 General Medical Service (GMS)** - nationally agreed contracts (see Appendix 1 for further information)
- NHS England is the responsible GP practice contract holder
- NHS Southwark CCG role regarding GP practices is:
  - co-commissioner of GP service which means we make joint decision with NHS England
  - responsible for improving GP service quality
  - will have full delegated responsibility for commissioning GP services from 1 April 2017
- Primary Care Joint Committee is the current responsible governance structure for GP practice contracts, this includes membership from a local Councillor as well as NHS England, Southwark CCG, Healthwatch and Local Medical Committee (LMC)
- We value and want to utilise the strengths of general practice - the personal response to a dedicated patient list - and address some of the weaknesses and pressures in the existing model
- We have variable quality of service delivering and experience for our patients
- We have an estates strategy that recognises significant investment in premises is needed to deliver both the current and future population requirements
- We have a Digital Roadmap that sets out how we will enable technology and systems to support improved access and use of services for health outcomes
- Our practices report problems recruiting and retaining medical and clinical staff, this is a national issue, the CCG has a workforce plan
- Each GP practice has a Patient Participation Group (PPG) and we have a north and south locality PPG which the CCG supports and meets monthly, enabling direct patient feedback

We monitor local GP practice service issues such as unwarranted variation and quality outcomes via:

- Care Quality Commission Inspections
- Read coded care received by Southwark registered patient lists, monitored by the CCG and NHS England

-Clinically led practice visits including patient experience

Care Quality Commission (CQC) Inspection

NHS Southwark Clinical Commissioning Group

- CQC is an independent regulation of health and social care in England and this is the first time all Southwark practices have received an inspection, this is a national programme
- CQC began inspecting GP practices in Southwark from April 2015 and will complete all inspections by spring 2017 (see Appendix 2 for further information)
- To date **40 GP practices** have been inspected
- The CCG meets with the CQC and NHS England regularly to discuss the progress of the inspection visits
- The CCG held a Learning Event for practices before the visits commenced which gave information about the CQC inspection process and how the CCG could support practices. The LMC also support this event and support their member practices
- The CCG and NHS England offer continued support to GP practices and follow up with all those in special measures and requires improvements to ensure they develop and deliver their action plan to improve care for their patients
- The CCG has reviewed every report to date and inspection key 'themes' are:
  - Out of date staff training
  - Staff inductions / training not in place
  - HR recruitment processes
  - Medicines management processes
  - Business continuity plans not in place
  - Lack of clinical audit
  - Lack of incident reporting or system in place for learning from incidents
  - Infection control – audit actions not addressed

Care Quality Commission (CQC) Inspections

NHS Southwark Clinical Commissioning Group

Outcomes

•37 practices site reports have had their reports published

•21 practices have been rated as '**Good**' following inspections.

•7 practices have been placed in '**special measures**' following their inspections, one of which had services suspended for 3 months and has now reopened with CQC approval

- 5 practices in the north
- 2 practices in the south

•1 practice has closed in the north

•3 practices are currently being managed by a caretaker practice, all in the north of the borough

- Caretaking arrangements means that the CQC report outcome and improvement actions will still be addressed, some issues relating directly to the previous partners e.g. leadership will have been removed

•NHS England performance manage the outcome of these reports and pending action plans alongside the CCG

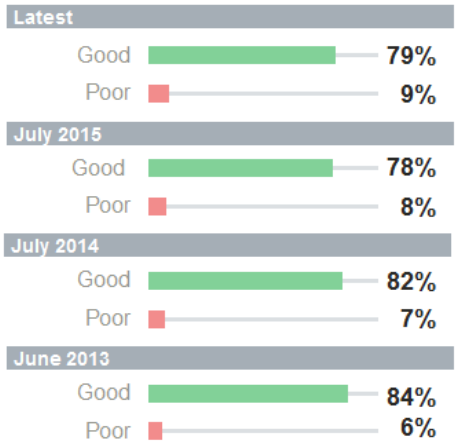
•Contractual action i.e. breach and remedial notices will be issued for all practices in special measures and for those practices in '**requires improvement**' as applicable

GP Practice Patient Survey Southwark Overall (July 2016)

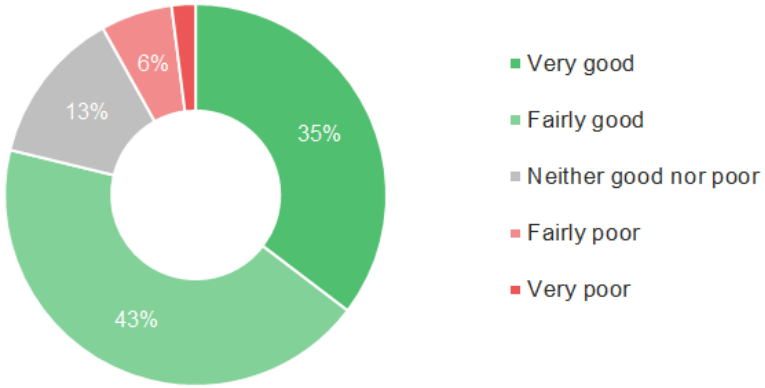
NHS Southwark Clinical Commissioning Group

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

CCG's results over time



CCG's results

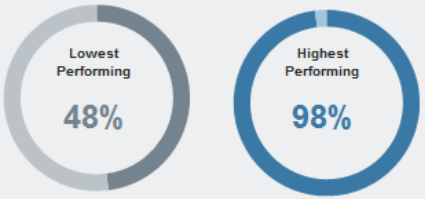


National results

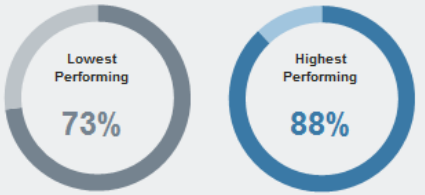
85%
Good

5%
Poor

Practice range in CCG – % **Good**



Local CCG range – % **Good**

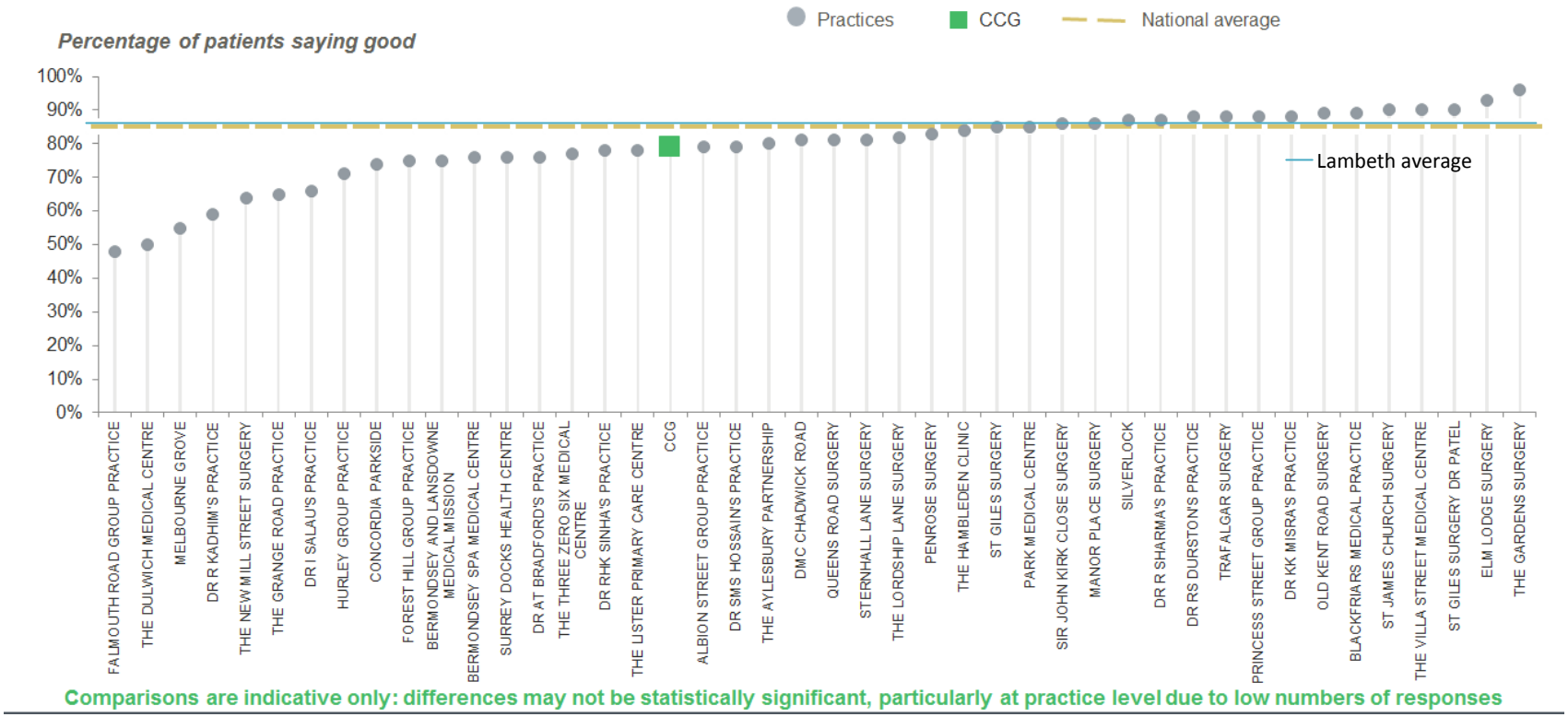


GP Practice Patient Survey By Practice (July 2016)

NHS Southwark Clinical Commissioning Group

By GP Practice

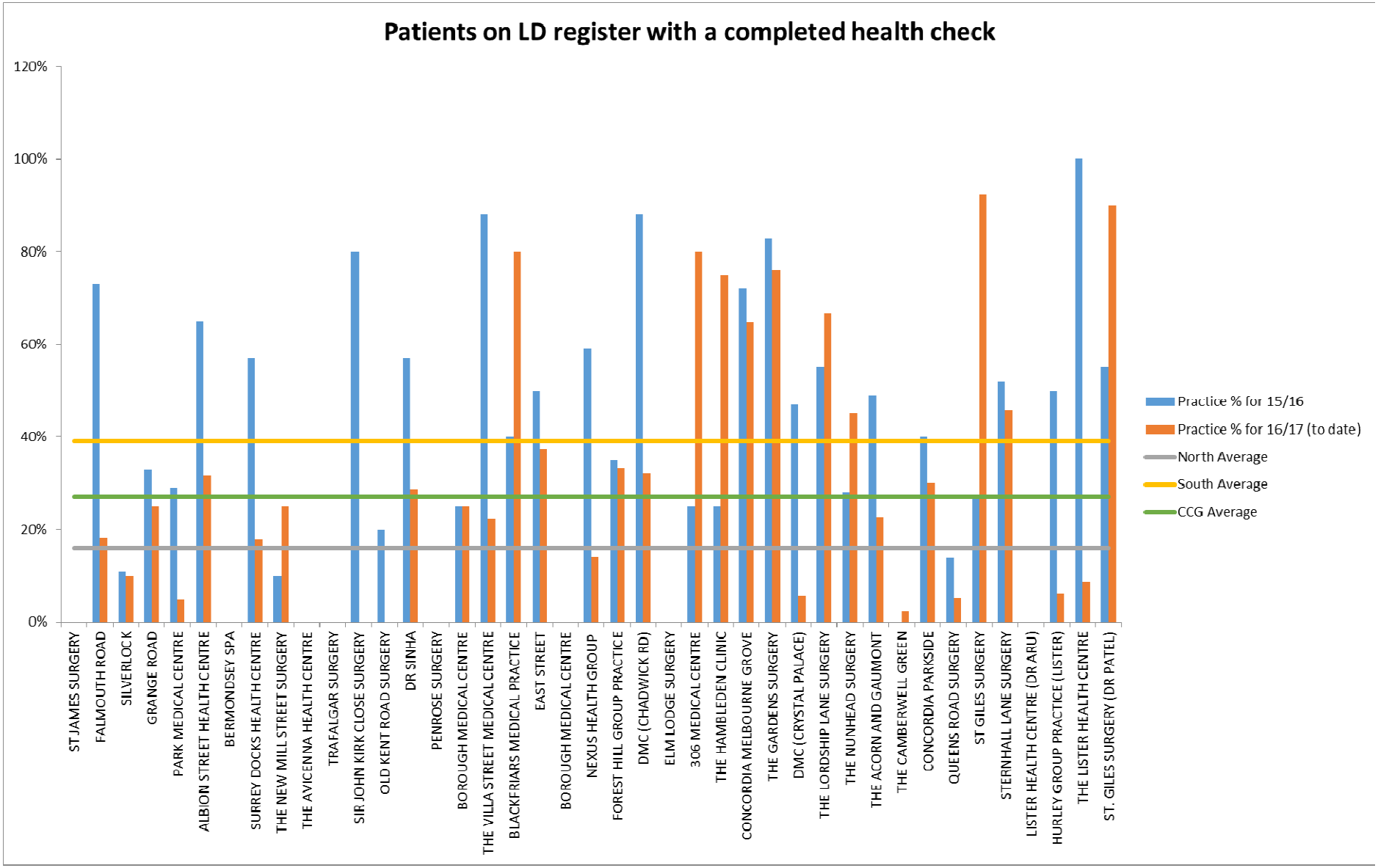
Q28. Overall, how would you describe your experience of your GP surgery?



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

Patients who have a Learning Disability who have received and have record of a health check

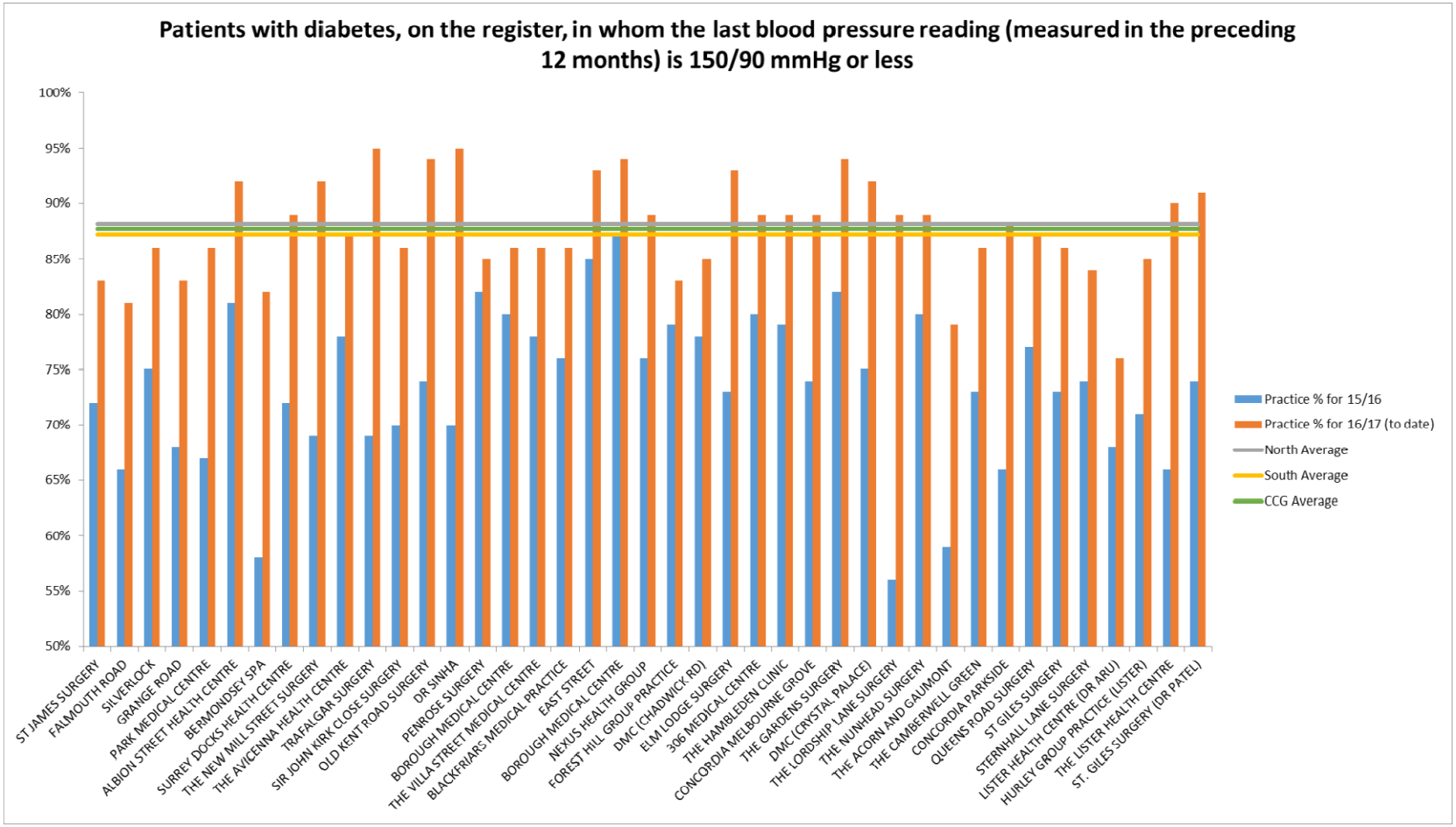
NHS Southwark Clinical Commissioning Group



Patients with Diabetes in whom the last blood pressure reading is 150/90 mmHg or less)

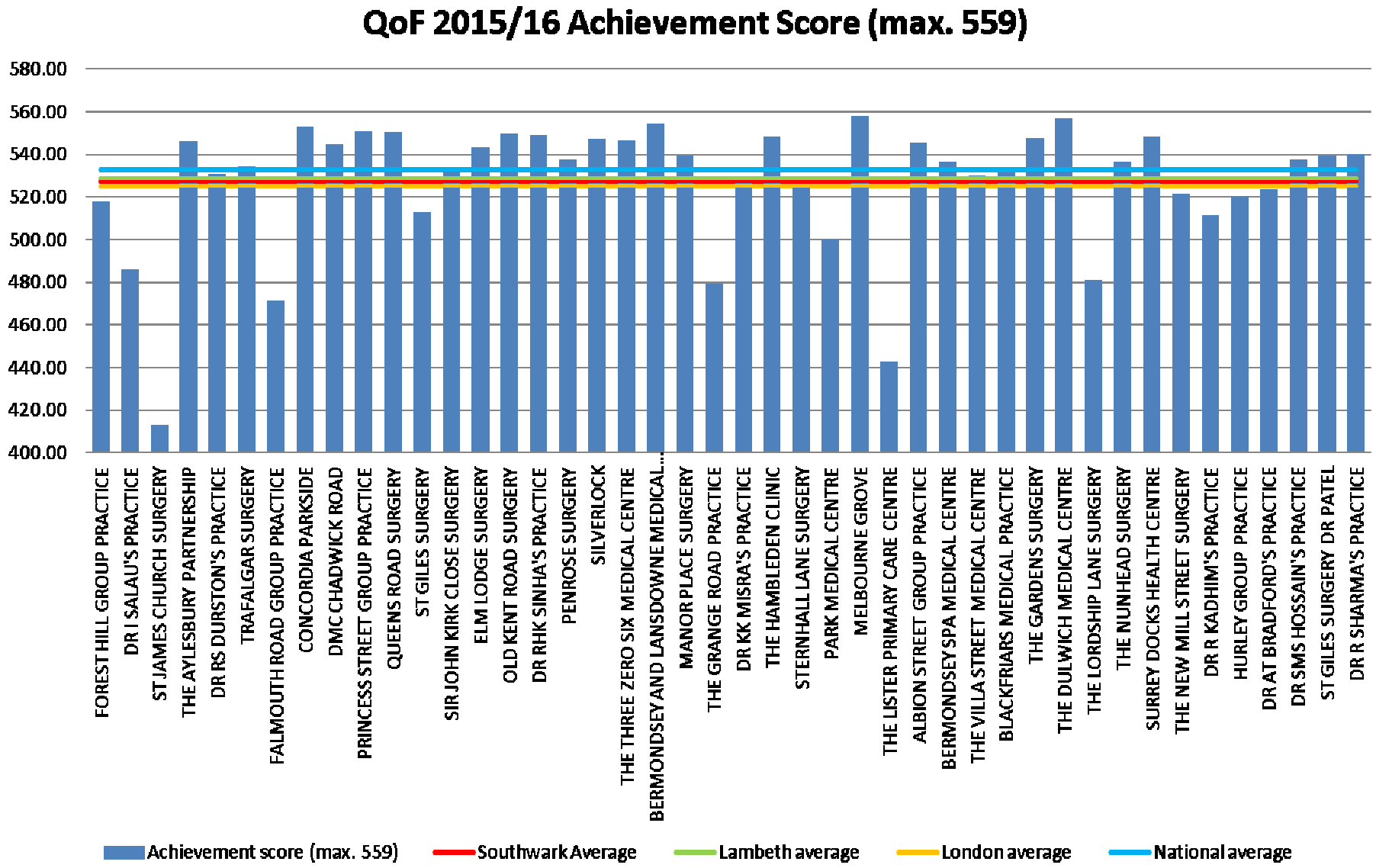
NHS Southwark Clinical Commissioning Group

This is a biological measure which is a good indicator that patients have controlled diabetes and are less likely to suffer complications from diabetes



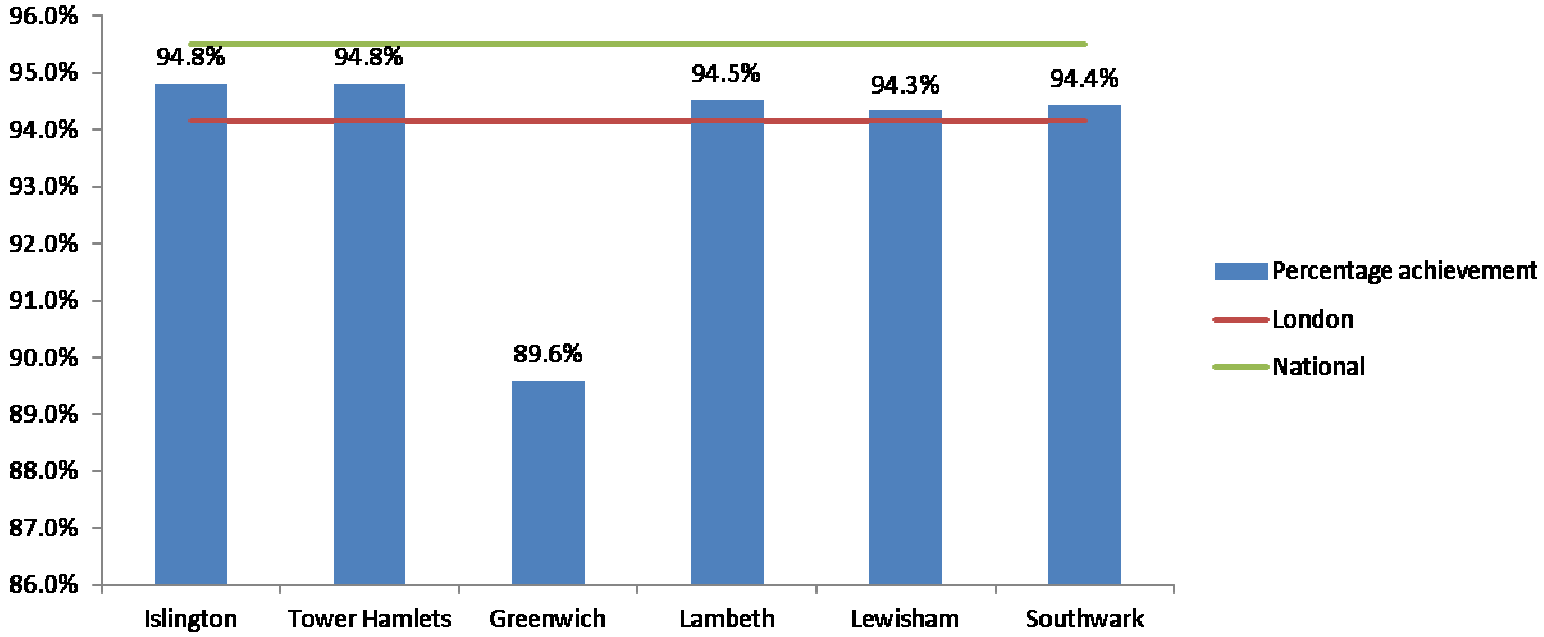
2015/2016 Quality Outcome Framework (QOF) Achievement (National Indicators) practice comparison

NHS Southwark Clinical Commissioning Group



2015/2016 Quality Outcome Framework (QOF) Achievement (National Indicators) - Southwark against comparable boroughs

NHS Southwark Clinical Commissioning Group



QOF are national clinical indicators delivered by GP practices. The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results(see Appendix 3 for further information). It is not about performance management but resourcing and then rewarding good practice. These include the management of:

- some of the most common chronic diseases, e.g. asthma, diabetes
- major public health concerns, e.g. smoking, obesity
- implementing preventative measures e.g. regular blood pressure checks
- Southwark 2015/2016 average achievement was 94.4%
- London average achievement was 94.2%

What are we doing?

-Quality Improvement

-Local improvement/development support

-General Practice Forward View

-Primary Care Commissioning Intentions

-Estates strategy and digital roadmap

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Clinical Commissioning Group

NHS Southwark Quality Assurance Framework

-Supporting federations to improve quality of their member practices through:

- Neighbourhood development plan
- Federation business development plan investment

-Commissioning for populations through federations - population health and additional access through Extended Primary Care Service

-Creating a transparent and open learning culture

- Protected learning time (PLT) events
- Quality alert process
- Patient experience
- Locality and Practice Patient Participation Groups (PPGs)
- Practice visits with Governing Body clinical leadership

-Clinical Effectiveness Group (CEG)

-Access to data and systems

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Clinical Commissioning Group

Extended Access

- Southwark has commissioned GP services **7 days a week from 8am to 8pm** since April 2015
- Two stand-alone extended primary care service (EPCS) hubs providing additional pre-bookable and on the day urgent access to GP practice appointments 8am-8pm, 7 days a week for Southwark's registered population
- Based at
  - Lister Primary Care Centre in Peckham
  - Spa Medical Centre in Bermondsey
- CCG is working with the GP federation and GP practices to further improve access to online services including patient online medical records

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Clinical Commissioning Group

Provider Development

-Invested in GP federations since 2014 through GP federation business plans

-Supports the resilience of general practice including:

- development and testing of a centralised call and recall system for general practices in Southwark
- a practice nurse training and development programme to support recruitment and retention
- scoping and implementation of consistent processes across a federation e.g. HR processes
- development of a clinical staff bank
- supporting the roll out of 'making time in general practice' and 'productive general practice' through the national quality improvement programmes and the sharing of this learning
- resources will be utilised to support general practice in 3 areas:
  - sustainable practice programme
  - merger support for practices who wish to consider this
  - quality improvement initiative

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Clinical Commissioning Group

Workforce

- Guidance for workforce
- Training practices
- Development of pre-registration nurse placements and mentoring
- Supporting different ways of working i.e. primary care pharmacist, medical assistants
- Training care navigators – the GP federations have partnered with Age UK to employ 3 Safe and Independent Living (SAIL) navigators that are embedded within general practice and provide support to practices for those patients with more socially oriented needs
- Exploring a development programme for community leaders to enhance awareness and understanding of NHS services, and equip community leaders with signposting and navigation skills so that they can activate their local communities and ensure patients are aware of the services they can access and when it's appropriate to access them

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Clinical Commissioning Group

General Practice Forward View (GPFV)

- NHS England published the General Practice Forward View (GPFV) in April 2016 which commits an extra £2.4 billion to support and improve general practice to 2020/21
- The aim of this funding it to improve patient care and access, and invest in new ways of providing primary care - £500 million of which is allocated to sustainability and transformation funding to support GP practices.
- CCG committing £3 per patient in total over 2017/18 and 2018/19 to support the delivery of primary care services at scale
- Local areas of implementation of areas not already addressed through the CCG's local provider development

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Clinical Commissioning Group

Southwark GPFV Implementation in addition to local development plans

Practice Infrastructure

- Estates and Technology Transformation Fund (ETTF) applications
- Estates development and premises improvement
- Online consultation development
- Virtual Community of Interest Network (CoIN) for practice mergers (locally funded)
- Implementation of Wi-Fi in Southwark practices (locally funded)

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Clinical Commissioning Group

Primary care commissioning intentions

•Developing our providers to deliver **high quality sustainable general practice services and the registered list** is at the heart of:

- Southwark Five Year Forward View
- Transforming Primary Care in London: Strategic Commissioning Framework
- STP Community Based Care plan (SEL approach)
- General Practice Forward View – access and provider resilience plans

•**Value and utilise the strengths of general practice** - the personal response to a dedicated patient list - and address some of the weaknesses and pressures in the existing model.

•Investment in general practice (and the people who work in it) **encouraging collaborative and collective working** with consistent systems and processes freeing up time and resources to devote to improving care for patients

•In line with the Transforming Primary Care Strategic Commissioning Framework, our commissioning intentions focus on the three specific areas of: **improved access; improved prevention; and improved care coordination.**

•Over time we will use these three priorities to **simplify and consolidate** the existing fragmented contracts and incentives. This will enable practices to more confidently focus on fewer, more relevant and more valuable indicators of quality and outcomes

•Combination and phasing of individual and collective incentives

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

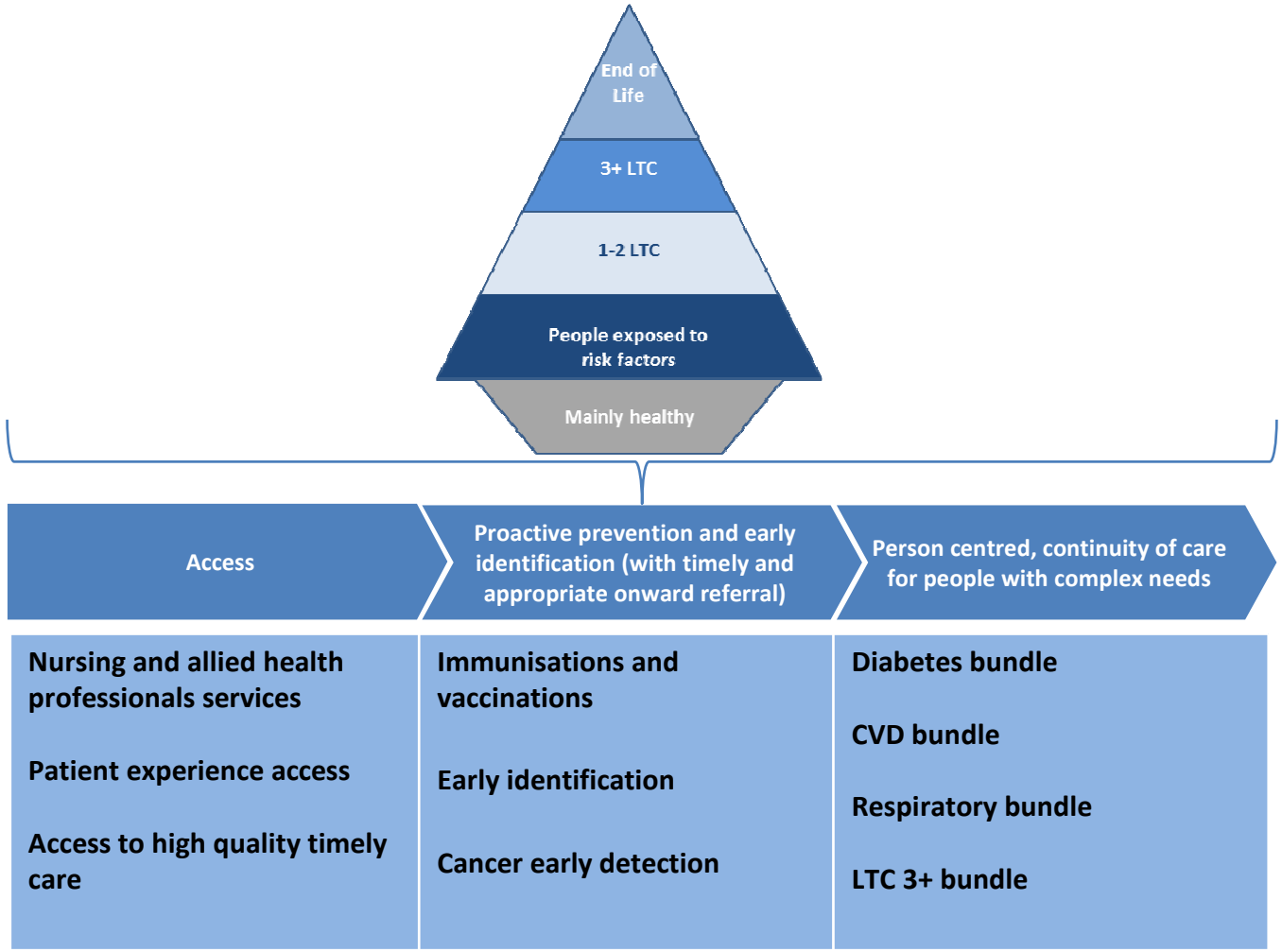
NHS Southwark Clinical Commissioning Group

Primary care commissioning intentions

- **Simplified, coherent, focused care** aligned with **Southwark patient's** needs
- **Collective incentives** so providers can come together and share workforce; training and retaining staff, clinical expertise, leadership, resources, and processes - 'let go' of providing the same services 41 times in different ways with increasing pressure thereby optimising resources going to primary care providers
- **Improve patient experience, their independence and enable providers** to be able to deliver clinical care
- Every pound of contract income that is lost to individual practices because of underperformance would be **reinvested to support performance improvement** across general practice in Southwark
- Support practices to **focus on the things that really count** for our population
- We will **co-develop a local outcomes framework** that retains all of the existing funding for incentive schemes but use that total amount to fund fewer but larger incentives
- Recognising that this is a change in the current way of working, we will invest significant non-recurrent funding support practices to **develop more effective collective models**

Which population groups are we commissioning for?

NHS Southwark Clinical Commissioning Group



Primary and Community Health Estates in Southwark

How the strategy was developed

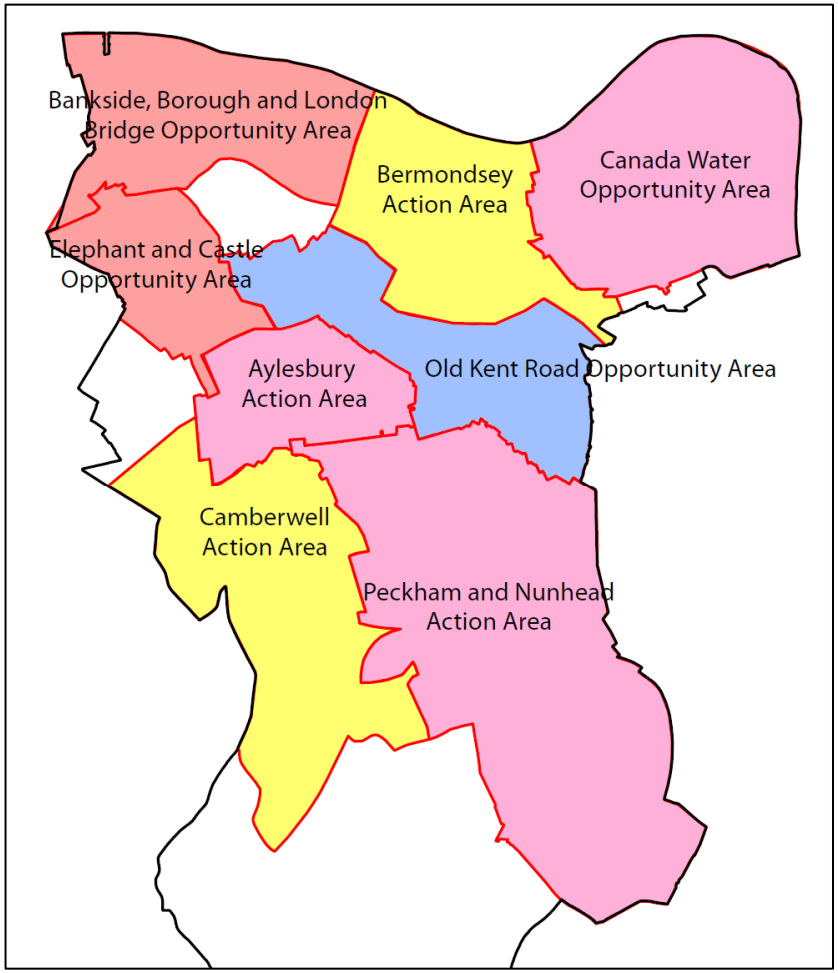
NHS
Southwark
Clinical Commissioning Group

- Series of multi-agency workshops from December 2015 – March 2016
- Included representatives from the CCG, all provider trusts, local general practice and local authority
- Developed a set of principles for the estate of the future and where we should be investing
- Looked at what the existing capacity was, and where
- Looked at future demand – generated by both the increasing population and the expectation that more services will be provided in a community/primary care setting
- Pooled local knowledge on a locality by locality basis
- Proposed a future configuration of community health hubs and community health support hubs

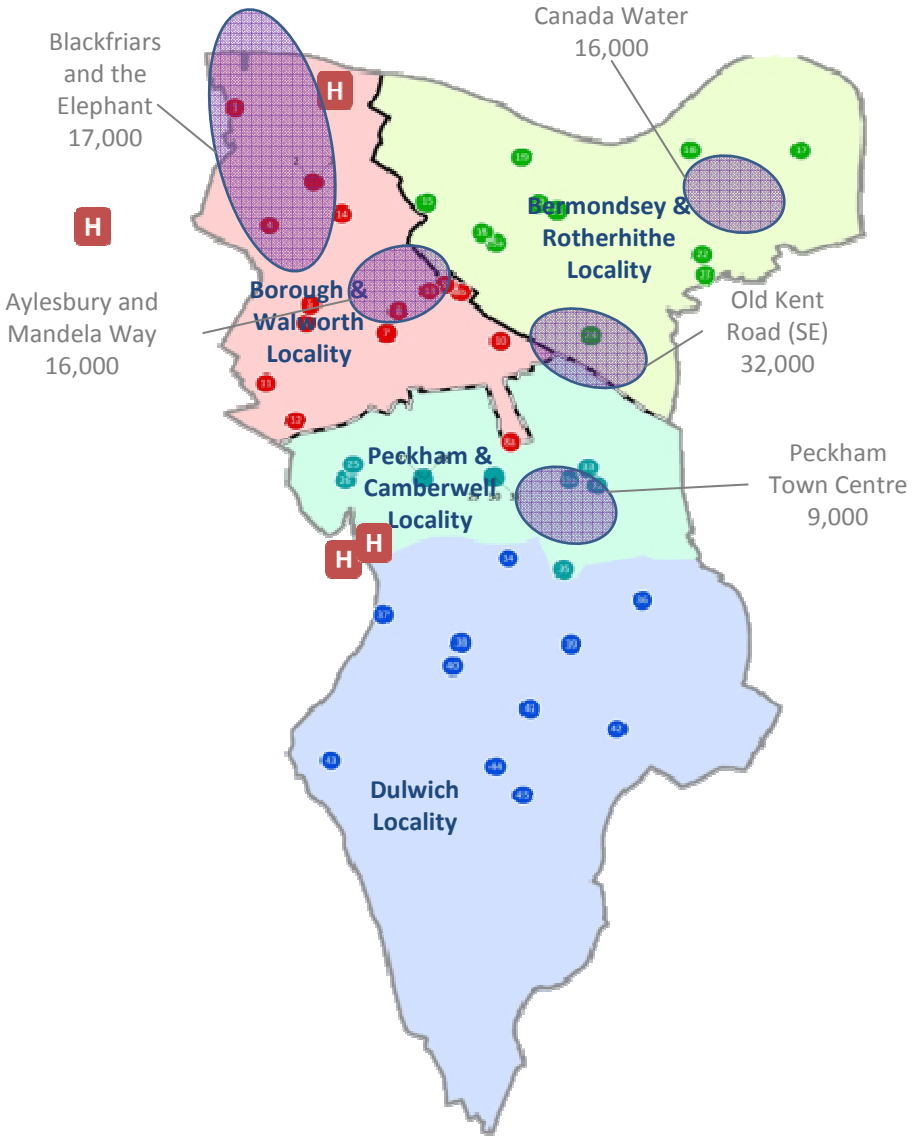
Principles of the Southwark estates strategy

NHS Southwark Clinical Commissioning Group

- Maximise the utilisation of existing clinical space through extending hours of operation where possible, and providing alternative spaces for non-face-to-face clinical activity
- Develop technological solutions that support a greater degree of service integration and offer alternatives to face-to-face consultations
- Support the development of up to three Community Hubs, which can accommodate increased primary care activity, services provided by Local Care Networks (LCNs) and the wider out-of-hospital services requires across a locality
- Identify other 'support hub' facilities which can also accommodate locality services provided by Local Care Networks
- Support the development of modern, fit for purpose primary care premises where they can contribute effectively to the provision of consistent high quality care to the local population
- Focus investment in areas where the population increase is greatest.


Bankside, Borough and London Bridge Opportunity Area
Bermondsey Action Area
Canada Water Opportunity Area
Elephant and Castle Opportunity Area
Aylesbury Action Area
Old Kent Road Opportunity Area
Camberwell Action Area
Peckham and Nunhead Action Area

Population changes and regeneration opportunities


Blackfriars and the Elephant 17,000
Canada Water 16,000
Aylesbury and Mandela Way 16,000
Old Kent Road (SE) 32,000
Peckham Town Centre 9,000
Bermondsey & Rotherhithe Locality
Borough & Walworth Locality
Peckham & Camberwell Locality
Dulwich Locality
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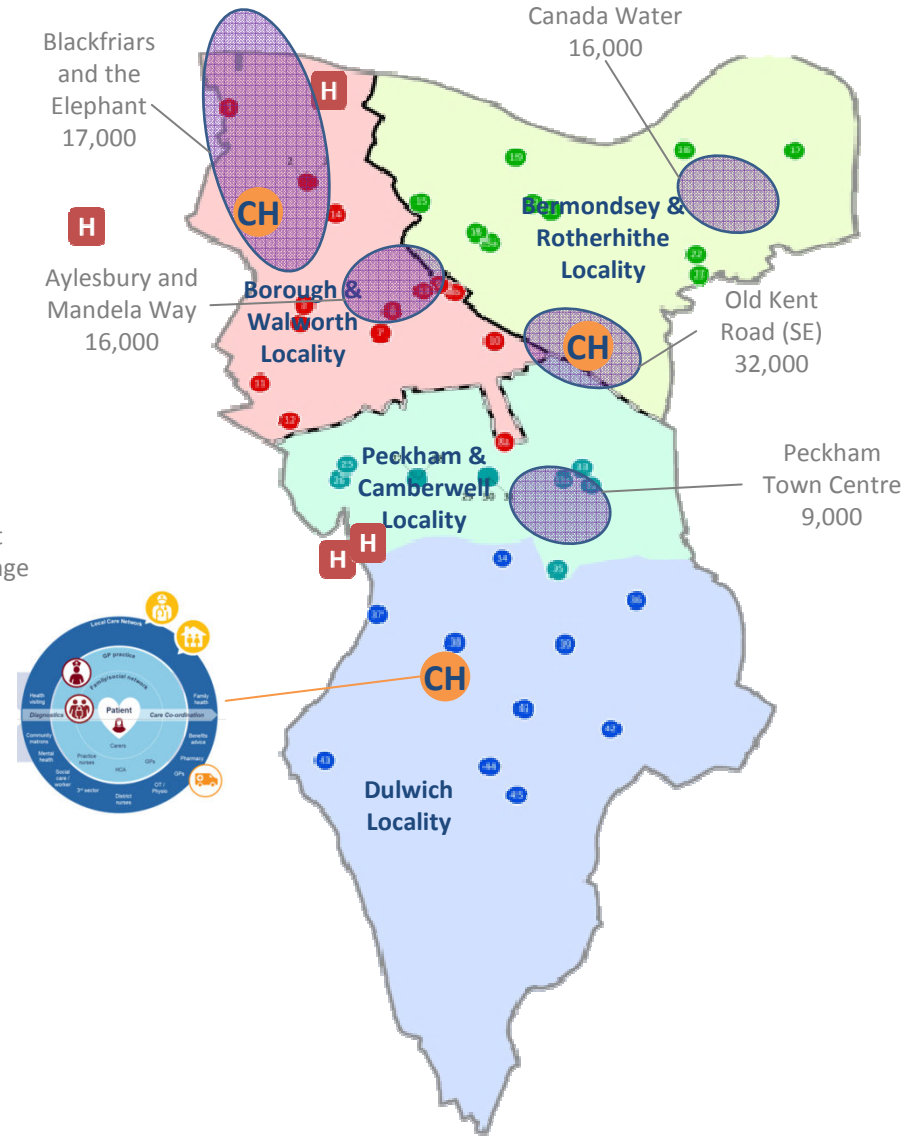


Clinic space
- routine GP
- routine outpatient
- speech and language

Diagnostic space
- screening
- blood tests
- ultrasound, ECG, echo

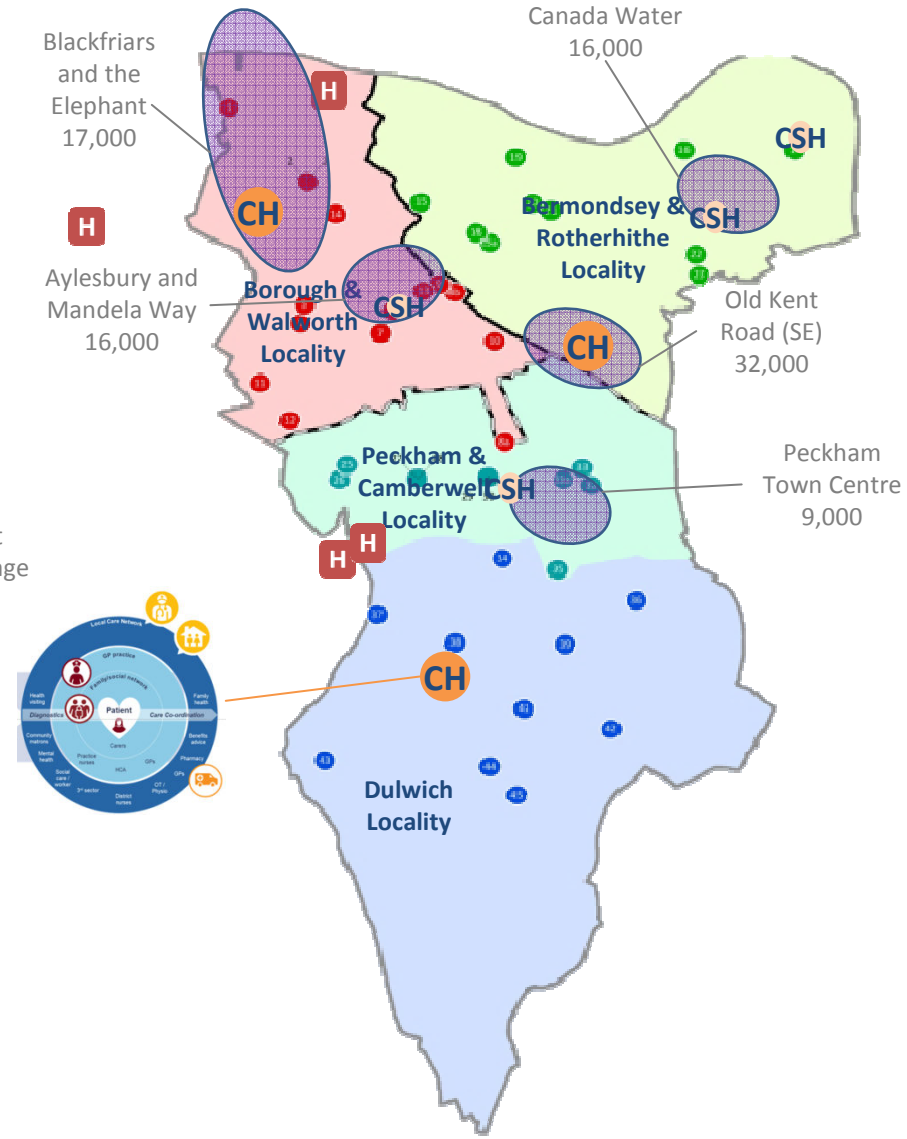
Other facilities
- group clinics
- falls classes
- rehabilitation
- pharmacy
- out-patients

Local estates strategy plan proposals:

3 Community health hubs:

CH
- Elephant and Castle
- Old Kent Road
- Dulwich

and….



Clinic space
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Diagnostic space
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- blood tests
- ultrasound, ECG, echo

Other facilities
- group clinics
- falls classes
- rehabilitation
- pharmacy
- out-patients

Local estates strategy plan proposals:

3 Community health hubs:

CH
- Elephant and Castle
- Old Kent Road
- Dulwich

4 Community health support hubs:

CSH
- Aylesbury
- Canada Water
- Surrey Docks
- Lister

Appendices

Appendix 1 – How is GP practice funded?

How are GP practices funded – nationally agreed funding

NHS Southwark Clinical Commissioning Group

Individual practices for their registered GP list

1.Global sum – total related to registered list size per person per year payment based on demographics, level of morbidity and mortality. This includes funding to pay for out of hours care (opted in practices) or goes to CCG to commission on their behalf (opted out practices). Locally Southwark GP Practices and the CCG commissions SELDOC which is a local cooperative of GP practices

2.Quality and Outcomes Framework – voluntary framework which offers practices funding for points achieved to demonstrate quality interventions. These vary from having registers of patients with certain conditions which demonstrates patients have been diagnosed to completing health checks on patients who are carers

3.Enhanced Services – nationally directed services which are voluntary signed up to by practices to deliver and be paid for additional services including childhood immunisations, flu vaccinations and health checks for patients with learning disabilities

4.Seniority payments – reward GPs based on experiences = number of years experience

5.Premises – this is a pass through payment but NHS England currently funds this assessed on District Valuer recommendation

6.Information Technology – the CCG funds the GP services and computers procurement and operation costs

7.Dispensing payments (applicable to dispensing GP practice) normally in rural areas

How are GP practices funded - locally agreed funding

NHS Southwark Clinical Commissioning Group

8. PMS premium

•Local additional funding which is approximately £5m per year for local commissioning intentions

•Focus on care that is demonstrable and reduces variability in care considered above core general practice care

9. Substance misuse service

•Commissioned on behalf of Southwark Council

•Funds GP practices to provide additional care for patients with substance misuse issues

•Under review in partnership with Council colleagues

How are GP practices funded - locally agreed funding

NHS Southwark Clinical Commissioning Group

Population based services

10. MSK services offered to population includes NICE recommended osteopathy

11. Population Health Management Contract

- Paid to the **GP federations** commissioned by Southwark CCG
- Includes services commissioned on behalf of Southwark Council i.e. health checks and stop smoking services
- Focus on early intervention, health promotion and coordinated care for frail vulnerable patients
- Delivered on a hub basis and/or at practice level for the population
- Funding therefore may be paid to practices to delivering service for the population including their own registered patients

Appendix 2 – Role of the CQC

Care Quality Commission (CQC)

NHS Southwark Clinical Commissioning Group

- CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care
- CQC set out what good and outstanding care looks like and make sure services meet fundamental standards below which care must never fall.
- Where they find poor care, CQC use their powers to take action
- CQC took responsibility for regulating GP practices on 1 April 2013. They undertook to carry out a 'baseline' initial inspection and rating of all GP practices in England which were registered with CQC on 1 October 2014. This programme completes on 31 March 2017. As of January 2017 they will have completed all visits to these practices. This is the first full assessment of GP services in any country.
- Where a practice started up or underwent a significant change (in location or ownership) after 1 October 2014, these do not fall into that programme. Some were visited in the last two years because CQC had resources or because CWC had concerns raised to them. CQC are aiming to visit all of the remaining practices over the 12-18 months from 1 April 2017, while also undertaking an ongoing inspection revisit programme.
- CQC are currently consulting on the future strategy for the revisit programme (the consultation closes on 14 February), to identify an appropriate re-inspection period going forward. The consultation is primarily focused on how we re-inspect "Good" and "Outstanding" practices, both the focus and the timescales. Since the rating programme began we have aimed to revisit any practices with an "Inadequate" rating within 6 months of publication of the report and any practice rated "Requires Improvement" overall within 12 months of publication of the report. This principle continues to apply.
- All of inspection reports are available through the CQC website. The names practices register with do not always correspond with how they are known locally, the local name may work and sometimes you may need to use postcodes. You can see many of the Southwark GPs by going to the publication page (http://www.cqc.org.uk/content/publications) and searching Southwark.

Appendix 3 – Example QoF Indicators

Quality and Outcomes Framework (QoF) example indicators

NHS Southwark Clinical Commissioning Group

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis
- The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age
- The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥30 in the preceding 12 months
- The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months
- The percentage of patients with a history of stroke or transient ischaemic attack (TIA) in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
- The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register

Londonwide LMCs
The professional voice of London general practice

Southwark Local Medical Committee written submission to Southwark Council's Healthy Communities scrutiny review into GP practices 2017

Southwark Local Medical Committee (LMC) welcomes the opportunity of providing a written submission to Southwark Council's Healthy Communities Scrutiny review into GP practices at a time when general practice in Southwark, along with the rest of London, has declared a state of emergency. General practice is at breaking point which is not safe for patients or staff.

What are the biggest pressures GPs are facing and what could the wider system do to help alleviate?

Morale and retention and recruitment to general practice in Southwark
One of the biggest pressures which GPs are immediately facing in Southwark is recruitment and retention which is due to the current low morale of the profession in the light of the ever-increasing workload, increasing population, increased bureaucracy and the under investment of general practice.

Practices in Southwark are reporting how difficult it is to recruit clinical staff to fill vacancies. Doctors and nurses are either leaving, working reduced sessions or not entering general practice at all when newly qualified. Very few GPs are expressing an interest in a partnership and an increasing number of GPs are locums who are choosing to follow portfolio careers which means that they might not be looking to do a large number of sessions per week in general practice. The likely impact of this will affect the continuity of care for patients and thereby risk losing the unique doctor/patient relationship which is important particularly for those with long term conditions.

In 2014 the Government published the NHS Five Year Forward View and in 2016 it published the General Practice Five Year Forward view both of which aspired to stabilise funding for general practice, tackle the retention situation and introduce stability. We are now two years in to the NHS Five Year Forward View plan but it is apparent that it is not working. Londonwide LMCs which is the only independent body in London which represents full and part-time GPs and practice teams across London including Southwark conducts regular workforce surveys of practices in London. The most recent survey was conducted in November/December 2016 and of the 19 Southwark practices which responded to the survey the following

- 14 practices currently carry vacancies
- 1 practice is considering closure
- 2 practices are planning to close within the next 3 years
- 2 practices would not rule closure out
- 2 practices do not know if they will consider closure

Patient Demand
The Government's promise to patients for 8 to 8 access 7 days a week is unrealistic and unhelpful in view of the increasing population, the increase in the number of patients presenting with long term conditions and a reduction in the workforce. As a result of this some patients' expectations are that they should be seen immediately.

Under investment in General Practice
Funding to general practice has been decreasing in recent years. Between 2009/10 and 20013/14 funding for general practice fell by an average rate of 1.3% in real terms. In comparison funding for hospital services increased at a rate of 2.0% in real terms. As a percentage of overall NHS funding, general practice funding has fallen from 10.33% in 2004/5 to 7.8% in 2014/15.

Southwark LMC would argue that the funding accompanying the NHS Five Year Forward View and the General Practice Forward View (2016) is insufficient to stabilise general practice as most of the increase will be absorbed by inflation leaving a real average annual increase of 0.9%. Over the past decade, costs of running practices have risen 2.3% and GP earnings have fallen by 16%. None of the new funding announced is specifically identified for increasing core funding to general practice.

Furthermore, the LMC queries how achievable it will be for the Government to fulfil its promise to recruit 5000 new doctors in general practice by 2020/21 and notes that this will do little to help alleviate the immediate situation around recruitment and retention.

Premises
Many general premises are not considered to be fit for purpose and this is a result of under investment in general practice. It is difficult for practices to expand the services they offer to patients because of the limitations and costs they face for premises development.

What can the wider system to do help alleviate the biggest pressures GPs are facing?
The LMC is of the view that there is need for a campaign to help the public understand the current state of crisis in general practice and that patients risk losing their GPs unless the pressures on general practice are dramatically eased.

Role for the Council in helping to address the changing needs of primary care including facilities:

Services for children and adolescents
The LMC is of the view that health promotion, ill health prevention, and investing in children/adolescents who present with relatively minor health issues is key and vital to save money in the long term as such patients could end up with major mental health and physical health problems in the older age.
The lack of child and adolescent mental health service support at all levels also impacts on primary care and its ability to provide good care for patients.

At times, practices can experience difficulties in making referrals to some services such as Early Help. The Early Help referral process can be lengthy and cumbersome and needs to be more timely and streamlined. The LMC suggests that Southwark Council might wish to review the Well Centre which currently operates in Lambeth.

There are no services to which obese teenagers can be referred as MEND does not cover the older teenager.

Adult safeguarding
It can take practices a considerable amount of time arranging urgent safeguarding referrals but social services can take several weeks to respond, at times, which the LMC acknowledges might be due to lack of capacity.

Working together more effectively
The LMC would request that relevant staff recognise the need to work together effectively with colleagues in general practice and not put up barriers to such referrals. This would not only release time for general practice but would be beneficial for patient care.

Benefits advisors
Increasingly patients are attending surgeries because their benefits and/or care packages have stopped. This adversely affects patients' health and attendance rates. The LMC suggests that the Council recommission Benefits Advisors as this is now a time when many patients need such services.

Building developments
When the Council plans future big developments, it is essential that the health needs are taken into account at the earliest. There has been a real lost opportunity with the Elephant and Castle development which is bringing lots of new patients into the area but none of the existing practices can accommodate any more

patients. Furthermore, the healthcare premises currently being considered will not be ready for some time and are not near the transport hub. The LMC is aware that the Council has set aside Section 106 monies but suggests that perhaps more needed to have been done to identify appropriate premises that would best serve the population with good transport etc.

Role for the CCG in helping to address the changing needs of primary care including facilities:
The LMC would welcome the CCG's assistance in addressing the unresourced transfer of work from secondary care to primary care eg:

- prescribing
- certification
- poor communication, information and care co ordination
- incomplete discharge summaries/Friday evening discharges
- patient bounce backs from missed appointments

It is the CCG which commissions secondary care services and which monitors the hospitals' performance against those contracts. The CCG should, therefore, monitor compliance with the hospital contracts more effectively and impose financial penalties when the requirements are not being met.

Role for others in helping to address the changing needs of primary care including facilities
The major focus currently is out of hospital care. However, in order that this can be provided effectively there is a need for better community health services and there are currently too few district nurses.

CQC visits
The preparation for the regulatory CQC visits is a time consuming and expensive process which causes a great deal of anxiety and stress for practice staff. Although the aim is to raise standards and support practices it has been organised in such a way that it is punitive rather than developmental.

The visits to practices are conducted in an inconsistent manner and the CQC reports can be variable. If a recommendation is made to close a practice this has an impact on neighbouring practices which are already at full capacity.

16 February 2017

Healthwatch Southwark

Summary of our evidence on GPs
February 2017

Contents

Our engagement activities

GP access was identified as a priority area for Healthwatch Southwark (HWS) through public and stakeholder engagement. Our evidence on this topic is collated here from the many engagement activities where people have told us about their experiences of GP services. Whilst we do hear of some positive experiences, we naturally receive more contacts from those who are unhappy. We believe that every voice counts and even one person's negative experience needs to be addressed.

This report has been compiled in preparation for the **Southwark Healthy Communities Scrutiny Sub-committee's review of local GP services** in February-March 2017. This review will look into the pressures faced by GP surgeries, what can be done to address the changing needs of primary care (including facilities), and the findings of recent Care Quality Commission (CQC) inspections. This HWS report focuses on the patient perspective, revealing the *impact* of pressures on care (particularly the sections about timely appointments, phonelines, and length of appointments). However, it also hints at pressures, such as a linguistically and culturally diverse population, rapidly growing population in certain areas, commuting, an ageing population with long-term conditions, and perhaps changing expectations. CQC inspections look at whether services are safe, effective, caring, responsive and well-led, and many of the themes covered here are connected to this.

All reports mentioned may be accessed using the links in footnotes, or via **www.healthwatchsouthwark.co.uk/reports**.

Public forums and community focus groups

HWS holds quarterly **public forums** on different themes. At some forums, members of the public have raised GP services spontaneously or discussed them in a more directed way. This report refers to findings from three forums in particular:

- June 2015: 'Your Care, Your Services- Issues to solutions' - discussions about issues around accessing services, and suggestions for improving them.
- July 2014: 'Spotlight on Social Care' – discussions around how people access social care and find out about entitlements, including the role of the GP.
- Dec 2013: 'Building our Network' - directed discussion on each of our priorities, including GP access.

We also run **community focus groups** with members of seldom-heard communities. Again, participants have discussed GPs spontaneously or after prompting. Discussions mentioned in this report include those with Deaf support group members, Latin American, Bengali and Somali women, Gypsy and Traveller people, Vietnamese and Chinese mental health service users, and carers.

Our engagement activities

In 2016 we also surveyed Transgender people about their experiences of healthcare. Many told us about their GPs. However, as respondents were spread across the whole country we have not merged findings from the survey into this report. Please see the separate report, '**Findings from our Trans survey**'.

Information and signposting service

We run an **information and signposting service**. All contacts are logged so that we can identify emerging themes. As well as straightforward signposting queries, during the period 1st January 2015 to 14th February 2017[1], 91 contacts have mentioned problems with GP services. Where not otherwise referenced, evidence collated below is from this signposting function.

Enter and View visits to A&E

In the winter of 2015-16 we visited St Thomas' A&E and King's College Hospital A&E four times each to conduct **Enter and View visits**. This is where we observe the environment and talk to patients and staff about their experiences. We were interested to find out how people make the decision to attend A&E, so our discussions here often touched on access to other services such as GPs.

Mental health

Another of HWS's priority areas is mental health and we have conducted substantial engagement in this area, including discussions of people's experiences seeking mental healthcare at their GP. For a full discussion of this please see our recent report, **'Summary of our engagement on mental health'**.

'Mystery shopping'

In addition to our engagement work, in March 2016 we carried out 'mystery shops' of three elements of GP provision: answerphone messages, online information about making a complaint, and requests for interpretation services (including to register). The findings of these investigations are not fully covered by this report and can be found using the following links:

- Review of GP out-of-hours answerphone messages
- Making a complaint: what online information do Southwark GP surgeries give to their patients?
- Do Southwark GPs offer people interpreting services?

[1] Note that we have not analysed this data as far back as the start of HWS in April 2013 as some issues will now be outdated.

Themes from our engagement on GPs

Catchments, choice and GP quality

Information and communication about the GP catchment system needs to be improved. People in forum discussions have told us it is difficult to find out one's GP catchment area.[2] Help with GP registration is by far the most common signposting request we receive. Many people have tried several (occasionally 7+) surgeries close to their home, yet been unable to find one that will accept them. This applies even for some who have used NHS Choices, and many are unaware that the system can only tell them geographical proximity.

In many cases, people know which surgeries are nearby but are concerned about their quality or about patient ratings on NHS Choices:

> ***'I am pregnant. My current surgery is truly terrible and frankly the other local surgeries are bordering on dangerous with abysmal ratings. I'm unable to register at Nunhead surgery, with good ratings, and am shocked as it is only a mile away.'***

> ***'I'm worried about ending up with a bad doctor as I have long-term health problems and attend often. Most of the surgeries in my area have quite low ratings. I'm frustrated and just want a good GP.'***

For one caller it seemed unfair that they could not choose a GP based on its opening hours. One forum participant felt that ***'you have a right to know what each surgery offers in terms of expertise. For example, one could be excellent for diabetes or one for mental health.'***[3]

We have heard from 3 people who, due to their hours or commute, wanted to register with a GP near work or access a walk-in centre (these have been closed). People at a forum also told us that registration is not flexible around people's work/carer commitments.[4] During our Enter and View visit to St Thomas' A&E, a couple of patients told us they had come because the hospital was near their place of work, or they had been working all day. Staff said that this was common.[5]

On the closure of St James Church Surgery, one person told us they were concerned about the limited choice of good local GPs, especially with new homes being built. They asked, ***'why was the GP not monitored more closely, to***

[2] 'Building Our Network' Forum (Dec 2013)
[3] 'Building Our Network' Forum (Dec 2013)
[4] 'Building Our Network' Forum (Dec 2013)
[5] St Thomas' Hospital A&E (June 2016)

prevent such a decline?' Another person contacted us to ask why nothing was being done to facilitate their surgery's move to bigger premises, given that ***'our practice has outgrown the number of patients registered.'***

Access to GPs: registration

2 people told us they had been de-registered from their GP without notice, due to having mail returned or being in the process of moving, and that this had disrupted care. Others experienced poor communication around changes to GP services: 3 people contacted us as they had been unaware of the closure of Dr Sarma's surgery until they sought care and 1 with a similar concern about Avicenna Health Centre, 4 contacted us confused about the Nexus practice merger, 1 about the closure of St James Church Surgery, and 2 about the Falmouth Road Group Practice provider change. We have found letters from NHS England about these changes to be overly complex.

One person called us as they were having trouble registering with a GP without formal proof of address - strictly this should not be necessary.

4 people told us about problems/confusion with the online registration process at Penrose Surgery.

Access to GPs: timely appointments

In several discussions we have been told that waits for appointments are too long.[6] 12 people also contacted us independently about their inability to get timely appointments, sometimes citing waits of three weeks, a month or more. We have seen widespread lack of awareness of the Extended Primary Care Service (EPCS), to which receptionists can refer those who need urgent GP appointments that are unavailable in the surgery.

Those who could not get on-the-day appointments included patients with an infected burn or needing pain and thyroid medication (neither of whom were initially offered appointments at the EPCS) plus a person who needed a certificate to return to work. One family had been unable to get an urgent appointment for a very sick newborn – on taking him to a walk-in centre they were ordered a taxi to go immediately to A&E where he was diagnosed with a life-threatening infection.

[6] 'Your Care, Your Services: Issues to Solutions' Forum (June 2015)

On another occasion their other child banged his head but the surgery did not offer an appointment until that evening and questioned why he needed to be examined.

Those who had trouble getting appointments further ahead included a person who was not able to get an appointment for over a month despite the GP requesting it to discuss their blood test results.

Getting appointments at local GP practices was a difficulty across all the minority communities with which we held focus groups, though some individuals had positive experiences. For example, Somali women told us their GPs were '***too busy***' and it was '***impossible to get an appointment.***'[7] Most Gypsy and Traveller participants said that they were unhappy with waiting times - ***'If you go to the doctor and they don't see you, you go to the hospital and you will be seen...instead of arguing with the doctor 'will you see us?''***[8]

Appointment booking systems vary between GP practices and some people find them unfair or difficult to use. One person called us to say the early queuing system at their surgery was an obstacle, people at a forum said the common system of having to phone at 8am is difficult as the lines will be very busy,[9] and a community focus group participant explained, ***'They used to give appointments over the phone but now it is very difficult to get through…I come in person at reception and they say 'no appointments this week'. I ask about next week or the week after and they say 'come tomorrow to find out'. I come tomorrow and they say the same thing.'***[10] Another person was unhappy at having to explain their medical issue to the reception staff ***'and justify to them why I need to see my GP…I am quite sure these reception staff are not medically qualified.'*** One was dissatisfied at a lack of out-of-hours appointments at their GP despite these being advertised on the website.

People have told us that because of the pressure on appointments, care is less holistic and continuous than it used to be. Some want to see a named GP who is aware of all their needs (particularly given that appointments are short)[11] - ***'I see that doctor and that doctor only. I know how to relate to her and her to me...I talk to her and I trust her...sometimes it's difficult, I have to wait for her;'***[12] ***'You see a different face every time you go in.'***[13] One person said that they

[7] Somali Women's Community Focus Group (June 2014)
[8] Gypsy and Traveller Community Focus Group (July 2016)
[9] 'Your Care, Your Services: Issues to Solutions' Forum (June 2015)
[10] Vietnamese and Chinese Mental Health Focus Group (October 2015)
[11] 'Your Care, Your Services: Issues to Solutions' Forum (June 2015)
[12] Gypsy and Traveller Community Focus Group (July 2016)
[13] Somali Women's Community Focus Group (June 2014)

always had to repeat themselves and the GP should know the background of patients, especially those with long-term conditions.[14]

In the winter of 2015-16 we visited St Thomas' A&E and King's College Hospital A&E four times each to conduct Enter and View visits. While there are many pressures on A&E, inability to access timely GP appointments does increase attendance. Patients at St Thomas' told us, ***'I wouldn't have got an appointment if I had gone straight to the GP'*** and ***'it takes too long to get an appointment, but I would*** prefer ***to see my own doctor.'*** A patient at King's said, ***'Going to the GP would prolong the situation. You don't have to make an appointment with the hospital,'*** and staff that ***'We see a lot of 'I've come today because I have to wait a week to see my GP.''*** One professional at St Thomas' felt that some people's expectations about waiting times for primary care were unrealistic - ***'no one is taking responsibility for themselves and they want immediate answers.'***[15]

Access to GPs: contacting the surgery by phone

4 patients have contacted us after being unable to get through to their surgery on the phone. We were told that the phoneline at one surgery does not tell callers when they are in a queue, and their phonelines are always very busy – but patients needed to call or attend at 8am in order to make an appointment for one week hence (online access was also available).

2 hospital professionals also called us about problems contacting surgeries, in both cases due to the practices' limited phoneline opening hours and lack of voicemail system.

Access to GP services: for those with disabilities

5 people have told us about problems finding or visiting a GP due to their physical access needs, including for disabled parking. One wheelchair user was unable to access the Aylesbury Medical Centre after the Avicenna Health Centre closed, due to distance, but could not book a home visit over the phone due to their speech impediment.

Registration for people with other types of extra need can also be challenging. A homeless person contacted us saying they were having trouble registering with a

[14] Somali Women's Community Focus Group (June 2014)
[15] St Thomas' Hospital A&E (June 2016), King's College Hospital A&E (May 2016)

GP due to not having an address and difficult behaviour connected to a health condition. The Restart Scheme at New Mill Street Surgery could not take them on as the police had not been involved.

For other patients, health conditions mean that they require a surgery offering home visits. One person was distressed to be told that a surgery could not offer home visits on account of agoraphobia, but that a larger surgery might – they wanted a small surgery specifically because of their fears. Another family were told that a practice could not register their elderly, bedbound mother without seeing her in the surgery. One person said, ***'The doctor I see seems really stressed; they don't do any call-outs anymore.'***[16]

A Deaf person told us that making services accessible ***'is all about the receptionist initially – they need disability awareness and diversity training.'***[17] One Deaf contact was pleased that a receptionist had remembered their needs - ***'I asked the receptionist to tap me when my name is called and she did not forget, she tapped me'*** - though another was frustrated that the surgery tried to contact them by telephone.[18] Information is also not always sent out in a suitable format for blind/partially sighted people.[19]

Access to GP services: for people facing a language barrier

Language barriers can cause difficulty when trying to register with a GP. Latin American community focus group participants told us that staff could be unfriendly and that they were ***'denied the right to register until they could bring someone who could speak English.'***[20]

Once registered, not speaking English can make it hard to access appointments using the systems in place. A Vietnamese community focus group member told us, ***'Making an appointment is very difficult. You have to make it on the same day, but same day is difficult as I need the support worker to come and translate. But in advance means a couple of weeks and that is too late. I need it in a few days to arrange translation.'*** Another participant agreed, and the translator added that having to call the surgery at 8am is very difficult as this is when support workers are travelling to work. Sometimes a doctor will ring back to talk to the patient for triage, which does not work well.[21]

[16] Gypsy and Traveller Community Focus Group (July 2016)
[17] 'Building Our Network' Forum (Dec 2013)
[18] Deaf Community Focus Group (Dec 2013)
[19] 'Building Our Network' Forum (Dec 2013)
[20] Latin American Women's Community Focus Group (2013)
[21] Vietnamese and Chinese Mental Health Focus Group (October 2015)

Themes from our engagement on GPs

The Latin American, Vietnamese, Bengali and Deaf communities all spoke about concerns with interpretation at appointments. GP surgeries do not always provide interpretation services, which impacts on the quality of consultations - ***'Instead of booking for an interpreter they forced me to lip-read the conversation.'***[22] This was also raised by a community worker who called us. There may be longer waiting times for an appointment if an interpreter has been requested - ***'When I need to book an appointment at the doctor's I need to wait 6 weeks for an interpreter.'***[23] Appointments may be cancelled if the interpreter has not been booked or not turned up.[24] Some people have doubts about the quality of the interpretation of medical language, with interpreters seeming unsure -***'You can never know whether they are translating correctly.'***[25] People are sometimes forced to rely on family and friends to translate, which can be inaccurate or make it hard to discuss sensitive issues.[26]

On the other hand, sometimes surgery staff make assumptions about a patient's needs - ***'Sometimes an interpreter is there, even if you don't want one - ask what we need.'***[27]

Difficulties can extend to understanding written information provided at the surgery, including to Deaf people for whom BSL is their first language.[28]

Access to test results

3 people have told us about difficulties accessing medical test results, with one person apparently refused outright, another saying the GP was refusing to make an appointment to discuss their results, and another conversely unhappy that they had to make a GP appointment to get their results.

Quality of care

As well as concerns about access to GPs, we hear a smaller number of concerns about the quality of care.

[22] Deaf Community Focus Group (Dec 2013)
[23] Deaf Community Focus Group (Dec 2013)
[24] Latin American Women's Community Focus Group (2013)
[25] Latin American Women's Community Focus Group (2013)
[26] Latin American Women's Community Focus Group (2013), Somali Women's Community Focus Group (June 2014)
[27] Somali Women's Community Focus Group (June 2014)
[28] Latin American Women's Community Focus Group (2013), Deaf Community Focus Group (Dec 2013)

Themes from our engagement on GPs

Some patients feel that their GPs are not making appropriate referrals, one person saying that their GP was trying to save money, another that they would not listen to their personal experiences, and another that they were being told their symptoms were all in their head - ***'I think the consensus is to not send patients to see specialists if they seem to be anxious. I don't believe reassurances because in the past it took years to be diagnosed with IBD and I was repeatedly told it was all in my head.'*** In one community focus group people said GPs were reluctant to refer patients to specialists or run tests unless the symptoms were extreme.[29] Another participant said that their GP gave repeat prescriptions for migraine but did not offer any investigation as to the triggers.[30]

Some (4) callers also felt that their GP was not listening to them, including a wheelchair user with mental health issues who felt his GP was calling him a liar, and a lady who wanted to come off her PTSD medication due to side effects. At a community focus group another person told us they did not think the GP was listening to their views about long-term medication.[31]

2 contacts described delays to prescriptions - ***'I go through the trauma again of getting my prescriptions very late and at best at the last minute.'*** 2 more said they had been prescribed the wrong medication or wrong dosage.

In 4 cases, problems have been reported around authorisations for certain treatments – in 3 this was about skin emollients. One GP refused to prescribe a treatment which the hospital paediatric allergy clinical nurse specialist had recommended, saying the patient did not need it and it was not CCG-approved (this was not accurate). Another person was told that their previous emollient was no longer available, though the CCG advised that there were no restrictions to that item. Another patient was dissatisfied that the GP could not re-prescribe a cream given by the dermatology clinic.

Other miscellaneous concerns about quality of care have included:

- A person on thyroid medication told us in late August 2015 that they had not had a blood test since 2014, though this was meant to happen every six months – the GP was prescribing the medication continuously.
- A person was concerned that their surgery did not have enough doctors to diagnose and care for their mother with suspected dementia.
- A mother told us the Evelina hospital had not received a referral for her child's urgent cardiology care (it was unclear whether the GP was at fault).

[29] Latin American Women's Community Focus Group (2013)
[30] Somali Women's Community Focus Group (June 2014)
[31] Bengali Women's Community Focus Group (June 2014)

- A family told us that they received a request from the surgery to bring in their baby for ongoing care following hospital admission – it later emerged that the hospital had sent this instruction eleven months prior.
- One person told us that their surgery did not always have the right information to hand, for example where to get a children's blood test.[32]

Interestingly, our Enter and View visits to King's and St Thomas' A&E departments showed that sometimes people actively choose to use A&E rather than their GP because they feel the quality of care is better. A patient at King's said, ***'I think I am going to be treated better here. [My] doctor has less resources to treat me,'*** and staff said patients often believe A&E doctors are more skilled. Staff at St Thomas' told us, ***'patients feel like they get a better service...if they don't like 3 or 4 GPs at their surgery they feel they might have better luck here,'*** and that some patients think A&E doctors can access better testing equipment or specialists, which is often not the case.[33]

Record keeping

2 people contacted us about errors in their medical notes, with one person deregistered as their notes contained the wrong name and address, and another saying that letters they had written to the GP had not been uploaded.

Length of appointments

Some people feel that the usual ten-minute appointment is not enough to discuss their health concerns; others felt rushed during this appointment:

> ***'I'm quite rushed…even though I make double appointments. There isn't enough time to talk. Maybe because they are running late.'***[34]
>
> ***'They want to get you out of the door like a factory.'***[35]
>
> ***'The GP doesn't have enough time to listen to our problems. I feel like they don't want people with mental health [problems]. They think we talk too much silly things, and say 'quickly, quickly'. They give***

[32] Somali Women's Community Focus Group (June 2014)
[33] St Thomas' Hospital A&E (June 2016), King's College Hospital A&E (May 2016)
[34] Somali Women's Community Focus Group (June 2014)
[35] Somali Women's Community Focus Group (June 2014)

medications and that's it. I feel like I don't have enough time to explain my problem.'[36]

In contrast, 2 people told us that their surgery would proactively offer longer appointments for those with complex needs - *'Receptionists see different conditions I have and will offer a double appointment to talk through the issues, that is good.'*[37]

Staff manner

When asking people about interactions with their GPs, we heard very mixed views and some said manner varied greatly between doctors. Some were happy – *'I feel very comfortable talking to my GP, if I get to see him!;'*[38] *'The GP's understanding is good'*[39] - whereas others disagreed - *'It's like going into a military camp; you come out feeling ten times worse than when you went in;'*[40] *'she won't give you the chance to speak – I recently asked for the man even though I'd like a women but she isn't nice. If she is the only one I can see, I won't take the appointment.'*[41]

One person said they would like better information - *'more explanation when in the appointment to explain why I am taking this medication.'*[42] Another said that they did not like it when their GP gave 'options' as to what the problem might be and did not pinpoint it.[43]

One pregnant caller was extremely dissatisfied with her GP's attitude to her health – she had been advised to see him by her midwife, but the GP rudely told her she should not have come in and said, 'I've got flu too, I ache too.' A similar unsympathetic response was reported by a mother whose small child had been coughing - *'The doctor was dismissive and said, 'why come, what can I do for you… Okay, maybe I'll put a sign at the front and say if you have flu, cold or cough, don't come in.''*[44]

[36] Vietnamese and Chinese Mental Health Focus Group (October 2015)
[37] Bengali Women's Community Focus Group (June 2014)
[38] Gypsy and Traveller Community Focus Group (July 2016)
[39] Vietnamese and Chinese Mental Health Focus Group (October 2015)
[40] Gypsy and Traveller Community Focus Group (July 2016)
[41] Somali Women's Community Focus Group (June 2014)
[42] Bengali Women's Community Focus Group (June 2014)
[43] Somali Women's Community Focus Group (June 2014)
[44] Bengali Women's Community Focus Group (June 2014)

2 contacts told us that manner can be more of a problem among reception staff - ***'some of the reception staff have very poor customer service skills and have on occasion upset myself and members of my family.'***

Cultural understanding

We have heard mixed views about doctors' understanding of patients' cultures. One Traveller told us, ***'We have a lovely doctor [who] is Indian. He understands and says to me 'hang on lady, let me get you a lady doctor' because he knows straight away. To me because he has the same kind of culture we have, he respects it.'***[45] However, a Vietnamese person told us, ***'I don't think they understand our religious background and problems. They're good at broken arms but not mental health.'***[46] In our Somali and Bengali community focus groups, some medical staff were described as sensitive, for example asking permission to examine the patient, whereas others did not understand issues such as preference for a female doctor or not knowing one's date of birth.[47] Some Latin American women told us it was embarrassing for women from their culture to speak to men about issues like sexual health.[48]

A couple of people told us that they thought prejudice around disability, ethnicity/religion or age affected the GP's interactions with them, with Deaf focus group participants saying they had felt ***'talked down to,'***[49] and Somali women saying that ***'People see a woman, big scarf, and think she wouldn't understand. I have been quiet in a meeting and then when I have spoken, I've been told that I've got good English - then they look scared and then people look like they are being careful about what they are saying;' 'I used to interpret a lot for my [elderly] mother… They would say 'hello, how are you', and pat her hand - it was so patronising.'***[50]

Holistic care and signposting

Group discussions have shown that many people feel GPs do not have enough time to provide holistic care including supporting patients to make positive lifestyle

[45] Gypsy and Traveller Community Focus Group (July 2016)
[46] Vietnamese and Chinese Mental Health Focus Group (October 2015)
[47] Somali Women's Community Focus Group (June 2014), Bengali Women's Community Focus Group (June 2014)
[48] Latin American Women's Community Focus Group (2013)
[49] Deaf Community Focus Group (Dec 2013)
[50] Somali Women's Community Focus Group (June 2014)

changes and prevent illness – they have time only to identify people at risk and flag them on the system.[51]

Many discussions have indicated that people in need of social care support, including support as carers, are 'falling through the gaps', and that GPs could have a stronger role in identifying and signposting these people.[52] One person said that he had been a carer for 2-3 years prior to receiving an assessment, despite being in contact with his GP.[53] It was highlighted as particularly positive by one person that their GP had helped them to get benefits due to their many chronic illnesses.[54]

It should be noted that the SAIL scheme, which has coordinators working with GP surgeries, provides holistic assessments for older people and helps them access local services which can support them in maintaining their independence, safety and wellbeing.

Long waits in the surgery

2 people have contacted us about long waits when attending appointments, including one who cited waits of up to 1 hour 40 minutes. This was also mentioned in a community focus group.[55]

Fees and forms

Though we receive more contacts from people concerned about fees in pharmacy and dentistry, some have raised concerns about fees in general practice as well. One person had previously had malaria prevention tablets on prescription but on changing GP was told they had *never* been free, which is not true locally. While practice policies on this vary, it is possible the GP was a locum and misinformed. Another person contacted us when worried that their GP was requesting £20 to issue a return-to-work certificate.

In addition to the above, 2 people told us of problems accessing documents they needed for occupational reasons. A taxi driver had waited 9 weeks for a form he

[51] 'Your Care, Your Services: Issues to Solutions' Forum (June 2015)
[52] Carers' Focus Group (Jan 2015), 'Your Care, Your Services: Issues to Solutions' Forum (June 2015), 'Spotlight On Social Care' Forum (July 2014), 'Building Our Network' Forum (Dec 2013)
[53] Carers' Focus Group (Jan 2015)
[54] Bengali Women's Community Focus Group (June 2014)
[55] Somali Women's Community Focus Group (June 2014)

needed in order to continue working; an army recruit had not had his records sent on time to the Ministry of Defence.

Listening to feedback

Discussions show that GPs need to improve mechanisms for people to give feedback, with people suggesting more visible feedback forms and more awareness of patient participation groups (***'very often people don't know this exists'***). People say that they do not feel feedback is always acted upon - ***'I don't feel it is valued because it isn't recorded or surveys aren't listened to or actioned – it seems like opinions are given but then ignored;'***[56] ***'I don't know what happens to that [suggestions] box;'***[57] ***'They are going to do it regardless of our voices.'***[58]

Healthwatch Southwark asked in community focus groups what people knew about GP complaints procedures - concerns emerged around knowing how and where to complain, lack of trust in the complaints system, and worries about the repercussions of making a complaint - ***'You don't know if this would affect the service you get;'***[59] ***'I'm worried what will happen;'***[60] ***'People are scared or reluctant to give feedback quite often as they don't want to be black marked as trouble makers.'***[61]

We have been contacted independently by 2 people unhappy about the complaints process at their surgery: one said that they had not received a response within a month, the other that they had several times tried to speak to the Practice Manager and been told they were not available.

[56] 'Building Our Network' Forum (Dec 2013), Latin American Women's Community Focus Group (2013), Bengali Women's Community Focus Group (June 2014)
[57] Somali Women's Community Focus Group (June 2014)
[58] Bengali Women's Community Focus Group (June 2014)
[59] Somali Women's Community Focus Group (June 2014)
[60] Somali Women's Community Focus Group (June 2014)
[61] 'Building Our Network' Forum (Dec 2013), Latin American Women's Community Focus Group (2013), Bengali Women's Community Focus Group (June 2014)

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HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2016-17

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