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PRIVATE AND CONFIDENTIAL

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Dear Rosie,

RE: NHS England response to Healthwatch Northamptonshire report

Thank you for the opportunity to provide comments on the recent General Practice Survey carried out by Healthwatch. We apologise for the delay in getting this response to you.

We are delighted that the survey results show such strong and positive support for the services provided by General Practice and particularly at a time of great pressure and difficulties in maintaining a stable workforce in primary care.

NHS England welcomes the Healthwatch report and has made the following responses to the individual key recommendations:

1) Commissioners and GP practices should review and align all patient feedback, including the Ipsos Mori national GP patient survey, this report and the practice data we will send to the 25 practices and any feedback from their Patient Participation Groups. This feedback should be used to develop action plans to improve the patient experience. The plans should be published on practice websites.

NHS England endorses the encouragement for practices to develop action plans to improve patient experience. The latest national GP patient survey results published on 2nd July should be utilised as a key information source. We would also encourage practices to consider how to maximise patient responses to the Friends & Family Test and to use these responses as part of their action planning.

From 1 April 2015, the contract requires all practices to establish (if they have not already done so as a consequence of the enhanced service) and maintain a patient participation group (PPG) and make reasonable efforts during each year for this to be representative of the practice population. The practice must engage with the PPG throughout each year, at a frequency and in a manner as agreed with its PPG, including to review patient feedback (whether from the PPG or other sources) and feedback from carers of registered patients, who themselves are not registered patients. The purpose of this engagement is to identify improvements that may be made in the delivery of services by the practice. Where the practice and PPG agree, the practice must act on suggestions for improvement using reasonable endeavours to implement these.

2) Practices should consider how they can improve access to the surgery, including telephone access using local rate phone numbers and having an appropriate number of phone lines and staff to answer them throughout the day. Text messaging for deaf patients to book appointments should be used. Practices should also ensure patients who want to can book appointments online and know how to use the system. By March 2015, all GP practices should have in place an online booking system.

NHS England is the commissioner of primary care services, however local practices as providers have a role to play to address the concerns raised by Healthwatch. Practices, as independent businesses, remain free to determine the best means of meeting patient demands. Within this they should offer the ability for patients to book in advance, as well as meeting urgent, same-day patient needs.

From 1 April 2015 practices must continue to promote and offer patients the ability to book appointments online but will also now need to routinely consider whether the proportion of appointments that can be booked online needs to be increased to meet the reasonable needs of their registered patients, and, if so, take such action accordingly.

3) Practices should enable people to book appointments in advance for non-urgent needs and be able to choose a convenient time.

See response for question 2.

4) Practice should consider how extending their opening hours could better meet patient's work and caring commitments and ease the pressure on emergency services.

All practices are able to participate in the Extended Hours Enhanced Service ES which is designed to secure access to routine appointments at times outside of practices' core contracted hours to allow patients to attend the practice at a time when it is more convenient for them (e.g. at weekends, early mornings and evening).

Opening hours for providing those routine appointments must be in line with patient expressed preferences, either through the GP patient survey or through preferences expressed through patient participation groups (PPGs), the friends and family test (FFT) or other recorded feedback.

5) Practices should ensure that triage is undertaken by appropriately trained clinical staff.

Practices will have a variety of approaches to meet patient needs, which may include a full clinical triage facilitated by a GP. Others may have trained receptionists to help in facilitating patients to access the most appropriate health care professional in the practice. Receptionists often have an important role in ascertaining whether enquiries are urgent or non-urgent.

6) Practice staff, particularly receptionists, should consider the impact staff attitudes and behaviour can have on patients and receive customer services training where necessary.

Practices are encouraged to use the feedback available to them, for instance via the GP Patient Survey & Friends & Family Test, to understand patient perceptions of practice staff. Practices are duly encouraged to ensure that staff training is made available to enhance the service offered to patients.

7) Practices should consider ways to enable patients to see the doctor of their choice.

From 1 April 2015, practices are required, under the contract, to allocate a named, accountable GP to all patients (including children). Where the patient expresses a preference as to which GP they have been assigned, the practice must make reasonable efforts to accommodate this request. The named accountable GP will take lead responsibility for the coordination of all services required under the contract and ensure they are delivered to each of their patients where required (based on the clinical judgment of the named accountable GP).

Practices are encouraged to consider ways to enable patients to see the doctor of their choice; however this may not always be possible. It should be recognised that waiting for a GP of choice will often involve a longer wait than for the first available GP appointment.

8) The federated model of GP practices is to be welcomed and encouraged to enable shared specialities, greater expertise and services 'closer to home' to better meet patient needs.

Practices are encouraged, wherever possible, to consider how federated means of working can improve patient care and provide greater efficiencies. NHS England, Nene CCG and the Northamptonshire Local Medical Committee jointly take the opportunity to engage with practices when appropriate to do so.

9) Deaf awareness training should be completed by all practice staff and additional measures should be implemented to improve access for deaf and hearing impaired patients, particularly the use of British Sign Language (BSL) and consideration of patients who lip-read.

The needs of deaf and hearing impaired patients should be considered and NHS England supports the deaf awareness training recently provided by Deafconnect. Practices should ensure that all staff are fully aware of the support for deaf patients provided by Pearl Linguistics.

10) Practices and commissioners should take note of new initiatives to improve access without compromising patient safety or the quality of care, such as those highlighted by the Royal College of General Practitioners⁷ (e.g. smartphone apps and web consultations, co-location with other services and increasing access for socially excluded and harder to reach groups, new systems to better manage patient flow, small GP teams for patients, proactive care planning and promotion of self-care).

NHS England Central Midlands and the Nene and Corby CCGs are commencing working on a joint co-commissioning basis, in preparation for the potential responsibility for GP contracting being delegated to the CCGs. This will allow closer and a specifically locally focused approach to commissioning healthcare services. This, together with federated working, may provide extra impetus to consider alternative initiatives to improve access.

NHS England Central Midlands and the Nene and Corby CCGs would be happy to discuss the results of the survey with you as a means of identifying what further action might be taken locally to strengthen general practice. It would also be useful to discuss the timing and methodology of the survey itself.

Please let me know a convenient time and we can make the arrangements to meet.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Trish Thompson', with a long horizontal flourish extending to the left.

Trish Thompson
Locality Director – Central
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NHS England

CC:

Manjit Darby, Director of Nursing and Quality, Central Midlands NHS England
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