

Toni McHale & Linda Sergeant
Healthwatch Stockton-on-Tees
Catalyst House
27 Yarm Road
Stockton on Tees
TS18 3NJ

Cumbria and the North East
Waterfront 4
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

Telephone: 011382 52973
Email address: Christine.keen@nhs.net

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Dear Toni & Linda

RE: Access to GP Services

Many thanks for sending a copy of the reports regarding access to GP services in both Middlesbrough and Redcar and Cleveland. It was good to discuss the findings with both of you and with Julie Bailey, Partnership and Innovations Manager from the CCG and I apologise for the delay in sending a formal response.

In general the positive responses in the report were pleasing and reflect the efforts practices are making to respond to patient demand, however there is still much to do to address concerns about access to general practice. NHS England monitor GP access as part of the overall GP assurance system and follow up any particular areas of concern with individual practices. In addition, as part of the CCG's duty to support NHS England with improving quality in primary care, we also pay attention to patient feedback regarding access to services. As you would expect, as a clinically-led organisation, CCGs are very much interested in such matters.

With regard to the recommendations:

- 1. Healthwatch recommend that individual GP practices are surveyed to highlight if difficulties in making an appointment are specific to any individual practices. As this is a general report Healthwatch has taken the decision not to name individual surgeries in this document.**

We discussed the fact that the report did not enable individual practices to be identified and that this would be helpful in terms of highlighting specific issues. NHS England and the CCG could consider ways in which capacity and demand at an individual practice level could be measured.

However, we also look at the national GP Patient Survey (GPPS) which is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. As with the Healthwatch reports, the national survey suggest we are above the national average with regards to access however we recognise

some patients in some practices still experience challenges with regards to access.

- 2. Those practices who are performing higher in patient experience in this area share good practice. Healthwatch recommend that the possibility of this being discussed at one of the area “Time Out” sessions be looked into.**

Time out for practices is limited, to avoid disruption for patients, and our clinicians tell us they require clinically focused sessions on topics such as NICE guidance, cancer and end of Life as well as paediatrics.

However, the CCG has begun some work to explore approaches to managing access with our practices. We are starting by bringing together our practices operating a “Dr First” or related model, which typically offers same day appointments after an initial telephone consultation. Learning and good practice will be shared. However, it is recognised that each practice may choose to operate a different system, and that patients also have preferences regarding the way in which they would like to access their GP practice.

- 3. Healthwatch Redcar and Cleveland recommend that providers of GP services explore ways to improve the appointment system to make it more convenient for working people to access services. Perhaps looking at the possibility of “saving” some appointments for face to face appointments, appointments via email and appointments for future dates.**

The South Tees Access and Response (STAR) Prime Minister’s Challenge Fund pilot will provide more appointments for patients outside of core general practice hours, which should help to address the issues in relation to convenience and accessibility. They are also exploring the use of technology such as Skype for virtual consultations. In addition, through the CCG;s primary care research and innovation fund, one of our practices is piloting a WebGP system supporting online to services access for patients.

- 4. Healthwatch recommend that the public have a greater understanding and awareness of the appointment system and available pathways within GP practices. Difficulties in making a GP appointment may be a barrier to some patients in accessing services. Greater promotion of alternative appointments available, such as an appointment with a nurse practitioner may alleviate the pressures on making GP appointments.**

The CCG are developing an urgent care strategy, which will include engagement with the public in relation to primary care services in general. This will include community pharmacies and information about “right care, right place” which will highlight the fact that many problems can be addressed without a GP appointment. This will tie into national work in relation to urgent care. Support and feedback from Healthwatch will be very valuable.

Please do not hesitate to contact me should you require any further information.

Yours sincerely

A handwritten signature in black ink that reads "Christine Keen". The signature is written in a cursive style with a large initial 'C'.

Christine Keen
Director of Commissioning Strategy
Cumbria and the North East
NHS England