

Attachment 11

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee |
| **Presented by:** | Julie Wilson, Assistant Director Co-Commissioning |
| **Date of Meeting:** | 18th October 2016 |
| **Subject:** | **GP Patient Survey Results July 2016** |
| **Status:** | OPEN  CLOSED |
|  | Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

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| **OBJECT OF REPORT:** |
| This report has been prepared to inform the Co-Commissioning Committee members of the latest GP survey results for NEL, and some of the work that the CCG is taking forward to support GP access. This is the July 2016 publication which is based on fieldwork undertaken between July to September 2015 and January to March 2016. |

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| **STRATEGY:** |
| Maintaining and improving access to general practice services is a key strand of the CCG’s strategy. |

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| **IMPLICATIONS:** |
| Whilst performance remains relatively good, the July 2016 publication of the GP survey results shows that performance within practices across NEL CCG has deteriorated since the previous survey across all key questions. A total of 8459 questionnaires were sent out and 3109 responded (37% response rate).  The full feedback is attached as Appendix 1. However, the key question areas and results are\*:   * Overall experience of GP surgery (84% in 2016, 87% in 2015, 89% in 2013) – national 85% * Ease of getting through to GP surgery on the phone (70% in 2016, 72% in 2015, 76% in 2013) – national 70% * Helpfulness of Receptionists (86% in 2016, 90% in 2015, 88% in 2013) – national 87% * Success in getting an appointment (84% in 2016, 87% in 2015, 89% in 2013) – national 85% * Convenience of appointment (91% in 2016, 95% in 2015, 95% in 2013) – national 91% * Overall experience of making an appointment (70% in 2016, 76% in 2015, 82% in 2013) – national 73% * Waiting times at the GP surgery (56% in 2016, 58% in 2015, 63% in 2013) – national 58% * Satisfaction with opening hours (78% in 2016, 81% in 2015, 85% in 2013) – national 76%   *\*this includes those where there has been a deterioration of more than 1% from 2015 results.*  The survey also showed that there is also very low awareness and use of online services.  Due to the deterioration, the CCG was highlighted within a Health Service Journal (HSJ) article, a copy of which is attached as Appendix 2.  There are a number of areas of work that will support improvement in access to GP services. These include:  General experience and helpfulness of receptionists – the Local Quality Scheme includes a section on patient experience which focuses on this area. A local survey has been undertaken and results will be shared with each Practice’s PPG for them to agree local actions for improvement.  Ease of getting through to surgery on the phone – a number of Practices are now using automated telephone services to allow patients to telephone the surgery 24 hours a day to book, amend or cancel appointments, arrange repeat prescriptions or request a call back. A further 7 practices have also submitted a bid to NHS England’s Estates and Technology Fund to secure this automated telephone system. Not all of those practices would have been using this system during the periods covered by this survey. Although most of those practices that are already using this system report that this has helped the practice to manage demand, it is difficult to say whether this is perceived as an improvement or hindrance by the public and we need to understand more about how well this is working for patients.  Getting appointments, convenience of appointments, waiting times at the surgery and satisfaction with opening hours – the difficulties being experienced locally (and indeed by most areas in the country) in recruiting to GP vacancies mean that practices are finding it difficult to cope with increasing demands and patients aren’t always getting timely or convenient appointments. A range of measures / initiatives that could help to improve this include:   * Dutch GP recruitment and links with Dutch medical schools * Testing of alternative professional roles as part of core GP surgery teams, such as clinical pharmacists and physiotherapists * Emergence of other new supporting roles, such as Physician Associates (first HYMS cohort started training in September 2016) * NHS England support for funding improvement programmes within general practice – e.g. local practical support to better understand demand and align capacity and identify ways to free the GP up from administrative tasks (‘Releasing Time for Patients’ programme) * Testing out of online, email, skype consultations – a number of practices are planning to introduce alternative methods of consultation in a bid to make access easier for patients.   Delivery of the GP Forward View Plan, which includes all of those areas listed above, will specifically address access to general practice through more collaborative arrangements across practices. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
|  | Members are asked to note the latest GP survey results and the actions that the CCG is taking to support GP Access. |
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|  |  | **Yes/**  **No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act |  |  |
| ii) | CCG Equality Impact Assessment |  |  |
| iii) | Human Rights Act 1998 |  |  |
| iv) | Health and Safety at Work Act 1974 |  |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 |  |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) |  |  |