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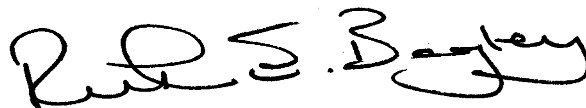
Date of issue: Wednesday, 24 June 2015

MEETING:	**HEALTH SCRUTINY PANEL** (Councillors Ajaib, Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic, Shah and Strutton) **NON-VOTING CO-OPTED MEMBER** Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	THURSDAY, 2ND JULY, 2015 AT 6.30 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: **(for all enquiries)**	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA

PART I

AGENDA ITEM	**REPORT TITLE**	**PAGE**	**WARD**
	Apologies for absence.		

sustainable forest

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	CONSTITUTIONAL MATTERS		
1.	Declarations of Interest *All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.* *The Chair will ask Members to confirm that they do not have a declarable interest. All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.*		
2.	Election of Chair		
3.	Election of Vice-Chair		
4.	Minutes of the Last Meeting held on 23rd March 2015	1 - 6	
	SCRUTINY ISSUES		
5.	Member Questions *(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).*		
6.	GP Provision in Slough	7 - 18	
7.	Forward Work Programme	19 - 22	
8.	Members' Attendance Record 2014/15	23 - 24	
9.	Date of Next Meeting - 28th July 2015		

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Health Scrutiny Panel – Meeting held on Monday, 23rd March, 2015.

Present:- Councillors Strutton (in the Chair), Bains, Chohan, Davis, Dhillon, M Holledge and Rana

Non-Voting Co-optee – Colin Pill (Slough Healthwatch) (from 6.36pm)

Apologies for Absence:- Councillors Pantelic and Cheema

PART I

51. Declarations of Interest

No declarations were made.

52. Minutes of the Last Meeting held on 20th January 2015

Resolved – That the minutes of the last meeting held on 20th January 2015 be approved as a correct record.

53. Member Questions

There were no questions from Members.

54. Berkshire Healthcare NHS Foundation Trust Quality Account 2014/15

The Panel received a presentation from David Townsend, Chief Operating Officer at Berkshire Healthcare NHS Foundation Trust on their draft Quality Account 2014/15.

The Quality Account was an annual report about the quality of services provided by the Trust and a draft had been circulated detailing performance to the end of the third quarter of the year. The document would be updated at the end of the year following feedback received from partners including Clinical Commissioning Groups, local authorities and others. Mr Townsend summarised some key highlights from the report as follows:

- Overall standards at the Trust continued to rise, despite significant financial pressures and demand on services. Progress had been made in several areas of previous quality concerns including children's mental health services and falls.
- There had been a focus during the year on patient engagement and involvement in improving services by extending the successful 'Listening to Action' process beyond staff to include patients and carers.
- The recruitment of skilled staff remained a challenge, particularly nursing staff, which could lead to pressures on services and have an impact on waiting times. During 2014/15 the Trust had publicly

declared safe staffing levels on wards and this was being closely monitored.

- The Trust had benchmarked well in the National Community Mental Health Survey and the annual National Staff Survey 2014 in which it was ranked in the top 20% of similar Trusts on staff engagement.
- Progress had been made on implementing the plan to make the Trust smoke-free across all sites in 2015.

(Colin Pill joined the meeting)

At the conclusion of the presentation, the Panel raised a number of issues which are be summarised as follows:

- <u>Patient satisfaction</u> – the percentage of patients who rated the service they received as ‘very good’ or ‘good’ was 96% and the majority of services had increased their satisfaction ratings on previous years. Members welcomed this improvement and asked how this compared to other areas. It was responded that the Trust was ranked in the middle quartile.
- <u>Pressure ulcers</u> – the prevalence of pressure ulcers was very closely monitored and the Panel welcomed the Trust’s ‘zero tolerance’ approach to avoidable pressure ulcers (figure 6, page 18). It was noted that reporting was encouraged and full investigations were carried out in instances of avoidable pressure ulcers of which there had been three identified in the most recent quarter. A Member asked whether the figures measured whether patients suffered repeated instances of pressure ulcers. Mr Townsend said he would further investigate whether these figures were available.
- <u>Falls</u> – a similar proactive approach was being taken in relation to falls with further work being undertaken to check patients had access to drinks, toilets etc to reduce the likelihood of a fall.
- <u>Record keeping</u> – the Quality Concerns (from page 20 of the agenda) highlighted that record keeping ‘remained inconsistent’ and Mr Townsend explained some of the reasons behind this, including the fact that parts of the RiO patient record system were nationally procured which limited the ability of the Trust to bring about improvements. However, it was recognised as a key challenge that the Trust was seeking to deliver further improvement.
- <u>Staffing</u> – Members asked a range of questions about the level of staffing vacancies and the arrangements for ‘safe staffing’ of wards. It was noted that there was a national shortage of nurses and a new workforce plan was being developed. Minimum staffing levels on wards were published daily and were reviewed monthly by the Director of Nursing. Safe staffing levels had been declared on all wards.
- <u>Staff morale</u> – noting the increased demand for services, a Member asked about the level of staff morale and how it was being improved. It was responded that the most recent Staff Survey had generally been very positive, although the growing pressures on staff were recognised by managers. The Listening to Action process had proved successful in engaging staff.

- CAHMS – pressure on children's mental health services were acknowledged due to an increased number of referrals. The Trust was working closely with local authorities and other partners on securing early intervention in Tier 2 services and NHS England was increasing investment in Tier 4 services. Extra funding through winter resilience had supported more weekend and evening clinics which had been successful and it was hoped they could be continued.
- Medication errors – concern was expressed about the number of medication errors. Mr Townsend indicated that reporting such errors was encouraged and there were various types of error ranging from failure to properly complete paperwork through to administering the wrong medicine. Members encouraged the Trust to provide a breakdown of the medication error figures to show them by category to give a better indication of the relative severity of the various errors.
- Smoking ban – the introduction of the smoking ban was discussed including whether it had had an impact on staff morale. Staff had not been allowed to smoke on duty since 1st March 2015 and the impact was being monitored. Early signs were that it was working well and there were no indications that it was negatively affecting staff morale.
- Clinical Audits – in response to a question, Mr Townsend summarised the audits undertaken during the year. Members noted that the report contained detailed and often quite technical information about the various audits. It was suggested that a high level summary of key audits and findings would help lay readers.
- Staff assaults – it was asked what action was being taken to minimise staff assaults. It was noted that reporting was encouraged for assaults of every level of severity. The Panel were informed that serious assaults were rare and most of these were carried out by a very small minority of patients, often experiencing mental health conditions. The Trust benchmarked well compared to their peers and appropriate staff training was provided.
- Patients AWOL – the Panel pointed out that there appeared to be a high number of patients absent without leave. The difference between patients not returning after leave and those absconding wards was noted. Wards were not locked environments and there was balance to be struck in the appropriate level of security. Members suggested further information be provided on the length of time patients had absconded.

At the conclusion of the discussion, the Chair thanked Mr Townsend for his attendance and the Panel agreed that their comments made during the discussion be considered as their feedback to the draft Quality Account 2014/15.

Resolved –

(a) That the Trust's Quality Account be noted.

(b) That the comments made by the Panel at the meeting be considered as their formal response to the draft Quality Account.

55. Mental Health Crisis Care Concordat Action Plan

Carrol Crowe, Director of Strategy and Commissioning at Slough Clinical Commissioning Group (CCG) introduced a report on the Berkshire Mental Health Crisis Care Concordat Action Plan.

Partner organisations across Berkshire, including health trusts, the CCG, Police and the Council, had already signed a Crisis Care Concordat Declaration to demonstrate their commitment to act collaboratively to provide co-ordinated, comprehensive and robust mental health crisis services. The Action Plan, circulated as Appendix A to the report, detailed the actions, timescales and outcomes for partners to implement the Concordat. Members were asked to comment on the draft Action Plan before final approval, and the key points are summarised as follows:

- How would the Action Plan would be communicated and would it be made available in different languages? It was responded that a 'public-friendly' version would be produced for partners websites and consideration would be given to translation on a local basis if required.
- What more could be done to ease pressure on staffing for mental health services? Improved co-operation between service providers and greater efficiency could help to reduce staffing pressures. Supporting people before they reached crisis point was recognised as being vital in reducing demand pressures and this was a focus of the Action Plan.
- What involvement was there from Police and Ambulance services to improve the experience of patients? Both Thames Valley Police and South Central Ambulance Service were signatories to the Plan and specific actions were set out to improve emergency response and ensure patients in crisis situations were transferred by ambulance rather than the Police wherever possible. The Panel particularly welcomed this approach.
- Further information was requested, and provided, on the business cases for investment by health sector partners on Parity of Esteem and to improve access to Liason Psychiatry Services at Wexham Park Hospital. It was also noted that the CCG had increased investment in mental health services with an additional £2.9m in 2015/16.

At the conclusion of the discussion, the Panel welcomed the objectives of the Action Plan and agreed to receive a further report in six months which detailed the progress that had been made on implementation.

Resolved –

(a) That the Berkshire Mental Health Crisis Care Concordat Action Plan be noted.

(b) That the Panel receive an update on the progress of the implementation of the Action Plan in circa 6 months.

56. Forward Work Programme

Members discussed the Work Programme for the Panel and agreed an amendment to published work programme for 2nd July 2015 by adding a report on the Provision of GP Services in Slough to which Slough CCG and NHS England to be invited. Scrutiny would include, but not be limited to, the ongoing issue of the potential provision of GP services at the new community hub in Langley. Members were asked to submit any specific questions they would wish to be addressed to the Scrutiny Officer.

The other scheduled items for July 2015 were the Better Care Fund update; Care Act Update; and Carers Strategy. The Panel agreed that the Scrutiny Officer could adjust the timing of the agreed items if required to balance the agendas for the two meetings to be held in July. All decisions on the Work Programme were subject to approval following appointments to the Panel for the 2015/16 municipal year.

Resolved – That the work programme be noted, subject to the addition of a report on the Provision of GP Services in Slough in 2nd July 2015.

57. Attendance Record

Resolved – That the record of Members' attendance in 2014/15 be noted.

58. Date of Next Meeting

The date of the next meeting was confirmed as 2nd July 2015.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.21 pm)

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NHS Slough Clinical Commissioning Group

Report for Slough Borough Council Health Scrutiny Panel 2nd July 2015
GP Provision in Slough

1 Introduction

The purpose of this paper is to respond to the Health Scrutiny Panel on matters relating to the provision of General Practitioner services to the population of Slough, with particular focus on the Langley, Kedermister Trelawney Avenue area. It will seek to address issues that have been raised specifically, as well as inform the panel on more general issues relating to the provision of primary medical services to the population and our strategic direction in developing primary care services

2 Context

NHS England (NHSE) is an independent body, arm's length to the government and its main role is to improve outcomes for people in England. It commissions primary care services of which GP services are one group. In Slough there are 16 GP practices that deliver services to a registered population of over 150,000 patients. These services are delivered from 21 sites. See Appendix A.

CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. CCGs members include GPs and other clinicians such as nurses and consultants. They are responsible for about 60% of the NHS budget and commission most secondary care services.

From 1st April 2015, Slough CCG has entered into primary care joint co-commissioning arrangements with NHS England. Sharing this responsibility will mean that services can be better integrated around the patient and that the CCG will have more influence over the wider NHS budget.
Co-commissioning is seen as an enabler to improving access to primary care and wider out of hospital services, delivering a better patient experience.
The co-commissioning committee will have representation from both Healthwatch and the Health and Wellbeing board. The committee will have oversight of the present services commissioned from primary care, the quality and outcomes framework and practice premises and development issues.

The Chair of the CCG Dr J O'Donnell and the Governing Body have made a commitment to ensure primary care services in Slough are adequately resourced and support all efforts to improve primary medical services provision in Slough via these arrangements.

The GP contract is called a medical services contract and it is based on a set of national regulations. These regulations cover all issues related to the delivery of primary medical services, ranging from clinical governance, patient registration, Information Technology to provision of prescriptions.

Commissioners will work with practices to ensure that they are delivering quality services to the contractual requirements and now the Care Quality Commission plans to monitor, inspect and regulate all GP services to make sure they meet fundamental standards of quality and safety.
All GP practices must be registered with the Care Quality Commission (CQC) and in the latter part of 2014 the CQC inspections have now been linked to ratings.
The new vision and direction for the Care Quality Commission is set out in the document *Strategy for 2013- 2016, Raising standards and putting people first* and they also consulted via *A new start,* on changes to the way they regulate health and social care services.

New inspection ratings

Outstanding – the service is performing exceptionally well.

Good - the service is performing well and meeting our expectations.

Requires improvement – the service isn't performing as well as it should and we have told the service how it must improve.

Inadequate – the service is performing badly and we've taken enforcement action against the provider of the service.

No rating/under appeal/rating suspended – there are some services which we can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by us and will be published soon.

The changes included a focus on highlighting good practice; and a commitment to listen better to the views and experiences of people who use services. The inspections cover five key questions about services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

CQC use patient feedback e.g. GP practice survey and other intelligence monitoring to review GP practice services.

There are no current published inspection reports on Slough GP practices on the new inspection regime. Currently three practices in Slough have been inspected under the new regime and we await the outcomes of these inspections.

Healthwatch is another organisation, a statutory watchdog, whose role is to ensure that health and social care services, and the government, put people at the heart of their care. The Slough Healthwatch is actively working to review access to Slough GP practices and will be reporting on a series of measures over coming weeks. See below our response to the latest survey report published.

Statement from the CCG on the recent Healthwatch surveys titled: A review of the impact of the Prime Ministers Challenge Fund

We always welcome feedback about the services we commission and we listen to, and work closely and collaboratively with our patients, practices and partners.
GP access is a national issue and in Slough we took a pro-active approach with our patients and practices which led to the successful bid for the Prime Ministers Challenge Fund (PMCF) to improve access at a local level.

In April 2014, Slough CCG on behalf of its member practices and their patient groups was awarded £2.95m through PMCF. PMCF is a pilot project to enable practices to deliver GP appointments seven days a week and to test new and improved new ways of working.

Within three months of receiving the funds, extended opening hours had been fully implemented across Slough (the fastest implementation in England) and now patients have access to local GP appointments seven days a week until 8pm, and 9am until 5pm at weekends, delivered by four hub practices.

This has been a huge undertaking and one that is being successfully delivered with an additional 44,000 appointments provided over the last 11 months. This has only been possible with the hard work of our patient groups, GP practices and support from our partner organisations including Healthwatch, who also participated in our patient workshops.

In addition, the funds have enabled us to take forward a number of innovative projects which have come from direct patient feedback and via Healthwatch and others about services they wish to see, such as Group Consultations and text messaging services.

To be clear, the funds are not intended to be used to update practice websites, as this would be an inappropriate use of the money. There are strict NHS England criteria and a great deal of close national oversight in how the money is spent and this is fully audited. However, all practice websites include information on their opening hours.

We note from the Healthwatch report that three GP Practices were highlighted as not having websites. This is incorrect. Only one does not have an individual website: The Chapel Medical Centre, co-located with the Slough Walk-in Centre and operated by the Berkshire Healthcare Foundation Trust on whose website its opening hours and practice information can be easily found.

3 GP Practice premises

Many GPs own their premises or lease them from a landlord, with a few practice buildings being owned by the NHS, the exceptions are health centres often built in 1960s and 70s. These NHS buildings are now managed by NHS Property services on behalf of the Secretary of State for Health.

As part of the payments for provision of primary medical services GP practices are given rent reimbursement for their premises by NHS England, who commissions these services. Rent reimbursement is determined using national regulations as to the size of the building in relation to the practice list size and value for money is determined by the District Valuer service.

If a practice identifies a need to expand their current facilities as their patient list grows, they are able to develop a business case for extension to an existing facility or a new build which NHS England will consider for either capital funding, or if the Practice finance the build, they can apply for additional rent reimbursement before commencing the works.

In January 2015 NHS England wrote to all GP Practices across the country inviting Bids for Capital Grants to fund increases in Primary Care capacity. The total fund is £1bn spread over 4 years starting in 2015/2016 and allocating £250m in this year. The primary criteria are that the money must be spent on buildings (and IT) to facilitate extra Primary Care capacity and for successful bids the money must be spent by March 31st 2016.

In Slough 10 practice bids were successful, 1 is proceeding without due diligence as the scheme is relatively small Scale.
5 (one of which is the Langley practice) are proceeding with due diligence and expect to start building works during the summer/ early autumn and 4 are subject to further business case development due to the scale of the bids and will be allocated into 2016/17 or 2017/18.

The Schemes are spread across Slough and therefore increased capacity for Primary Care is evenly spread.

In Chalvey, a proposal for the current practice to operate within a purpose built site has also been approved.

In the Thames Valley these decisions are made by NHS England, with input from NHS Property Service expertise and the CCG view as to the fit with local strategic plans. Where there is a planned increase in population through housing development, NHS England will be approached by Local Authorities, who have responsibility for developing housing strategies, to determine whether in the current GP practices there is capacity to accept additional patients, both in terms of the buildings and their workforce. The local co-commissioning committee will have an important role in enacting these decisions.

Where it is identified that additional population would result in the need for additional capacity, NHS England will apply to the Local Authority for funding known as Section 106 or Community Infrastructure Levy (CIL). This can be in the form of land or money to be spent on capital programmes to build or extend practices.

If the new population growth is of significant size, viability as a practice and potential value as a contract to deliver services will need to be considered. NHS England will consider options for future provision of primary care to the new population following the principles of procurement legislation.

4 Life Expectancy in Slough

Life expectancy in Slough is increasing in line with the national rate. However, there are variations between wards in Slough and between different socio-economic groups within the town. These differences need to be considered.

All age deaths for both males and females are reducing over time. The mortality rate is similar in Slough to that across England and Wales and to the average of local authorities with similar level of deprivation. It is higher than the mortality rate of the south east region with this gap more apparent in females than it is in males. (source Slough profile 2015).

In terms of life expectancy, a child born in Slough today is predicted to live until the age of 78.4 years (if male) and 82.5 years (if female). These life expectancies have improved markedly over the past decade and are broadly similar to the England average.

However, life expectancies for Slough still lag behind those of other neighbouring areas, reflecting the many differences in lifestyles and outcomes experienced by residents of these communities. Life expectancy is 8.3 years lower for men and 6 years lower for women in the most deprived areas of Slough than in the least deprived areas. (JSNA).

To address this variation in life expectancy, the 5 year plans across Health and Social Care have a range of strategies to develop preventative, supportive, screening and treatment interventions to work across the whole system and with the population themselves. It is not the intention to revisit those here. However, the question is raised – Does a low doctor to patient ratio allow this to be effectively addressed?

5 GP provision in Slough

In September 2014, there were 80 full time equivalent (FTE) GP’s in Slough. This was an

increase of 4 from the same time the previous year. The majority of these GP's work full time with the second largest cohort working half to full time. 8.5% work quarter to half time and there are no GPs working less time than this on a regular basis.

The table below shows 2 measures of GP capacity. The number of GP's (headcount) per 100,000 patients compared to the national average and also the Full Time Equivalent GP's per 1,000 population and reflects a rapidly growing population in Slough.

The population of Slough is set to rise by 2020 to 158,306, an increase of 7% on today's figures.

HSCIC DATA SEPT 2014 **GP Patient Ratio**

Table 11 C

	All patients	**Patients per practice**	**Patients per GP** (excl ret & reg)	**All GPs** (excl ret & reg) **Headcount per 100,000 pop**	**All GPs** (excl ret & reg) **Full time equivalent per 1,000 pop**
NHS Slough	148,422	9,276	1,810	57.3	0.48
NHS WAM	153,894	8,100	1,673	65.8	0.54
NHS Bracknell and Ascot	138,362	9,224	1,667	61.8	0.54
England	56,469,999	7,171	1,577	66.5	0.58

Slough has 16 GP's or 19.2% (headcount excl. registrars and retainers) over the age of 55 years and so this presents a real challenge in coming years for training, recruitment, and retention. These are reflective of other local CCG figures and slightly lower than the England figure of 22%.

Practices are reporting that some Locum GPs have become permanent staff to work in the PMCF (Prime Minister's Challenge Fund) and also that some part time staff have increased their hours. Senior GP principles continue to play a leading role in the provision and management of the PMCF service.

There had been a significant wide reaching recruitment campaign during 2014 but this did not result in any permanent new GPs and so we are also reaching out to encourage new recruits at an early stage in their careers e.g. engaging them from the beginning of their placements in the work we do across Slough on programmes of work e.g. stroke care, dementia and health education in schools Having recently qualified herself, Dr Priya Kumar contacted the local Slough GPVTS group and designed a presentation on the basic concepts of commissioning services. To enhance learning experience, a second session incorporated an interactive session by which the GPVTS trainees were requested to design and commission a service for Slough. All the students have been given the opportunity to be linked with a clinical lead at Slough CCG to observe them and take on their own projects to encourage other potential leaders of the future.

NHS England in collaboration with Health Education England (HEE), the Royal College of General Practitioners (RCGP) and the BMA have agreed a 10 point plan, *Building the Workforce - the new deal for general practice*, to increase the number of GPs and develop

the role of other primary care staff such as nurses and pharmacists.

There are three key strands to this work:

- improving recruitment into general practice
- retaining doctors within general practice
- supporting those who wish to return to general practice

Whilst extremely important to address the impending GP shortage highlighted above, there are other ways of responding to the needs of the population and helping them stay healthy and manage their care if they do have health related issues and this does not always need the intervention of a GP. We have worked closely with our in- house pharmacist team to design innovative ways of utilising their skillsets and support better management of chronic illnesses e.g. diabetes. Many practices have recruited health care assistants to undertake simple tasks in a supervised setting e.g. phlebotomy, health checks.

6 Changing GP consultations

Consultations by nurses rose from 21% to 34% between 1995 and 2008, 0.8 to 1.9 consultations per patient per year.

Over this same period the proportion of all GP consultations conducted on the telephone trebled from 3% to 12% and the proportion recorded as visits halved from 9% to 4%. (QResearch & HSCIC 2009).

The average patient had 3.9 consultations (all types) in general practice each year in 1995 rising to 5.4 consultations per year in 2008. It remained fairly steady however for GP's only, rising from 3 up to 3.4 GP consultations per year by 2008.

This study did not look at the length or complexity of appointments but remains the largest study of trends undertaken in primary care.

In Slough we have provided access to an extra 60,000 appointments over the last 2 years. 48,000 of those being in the last year alone through the Prime Minister's Challenge Fund (PMCF) appointments after 6.30pm weekdays and 9am to 5pm at weekends.

Our early review of PMCF indicates that this could be in excess of what is now required as DNA (did not attend) rates have been very high on some occasions, with average numbers of appointments lost in this way being around 10-15% percent. Work is underway to analyse this data further.

Slough has a growing population with more complex health problems and people often have more than one long term condition. This requires a different way of thinking and not just more 10 minute appointments.

Work is currently taking place to introduce Group Consultations, Peer Support Groups, and training to encourage clinicians to use simple language to enable patients to understand the first time. These are just some examples of how access is being looked at in a way that was co-designed by GPs and their patients and is different to just providing more appointments in the system. The pilot is indicating that this is not the only solution to achieving best outcomes for patients and best value from the service provision.

7 Home visits and boundaries

Neither NHSE nor the CCG collect details on the number of home visits conducted by practices on a routine basis. However, Langley Health Centre has provided details of a typical visit pattern for their registered population of 17,282 patients. See Appendix B. This shows a total of 477 home visits being undertaken across 5 months. With a range from 0 to 10 on any one day, it also reflects the variance in demand.

It has been raised that if patients that are registered at Ragstone Road surgery in Chalvey, do they receive home visits if they live in Langley? The answer is yes they do if their clinical need requires a home visit. GP's will sometimes have conversations with patients about registering at surgeries near to where they live if they require frequent home visiting a long way from their registered practice. GP records will be transferred to a new surgery and the GPs will arrange to have a conversation when cases are complex.

Every practice will have in place, a home visiting policy that meets the requirements of its contract. This will refer to patients being seen that are too ill or physically incapable of coming to the surgery. Reception staff will accept requests for visits and the patients request is then reviewed by the GP to decide whether a visit needs to take place or if the patient can be helped in any other way.

From 5 January 2015, all GP practices in England have the option of registering patients from outside their practice boundaries without the obligation to provide home visits.

NHSE hold details of each GP surgery's 'practice area'. This forms part of the medical services contract and should be available to patients at the surgery and be indicated on the practice leaflet and website.

8 Access to GP surgeries in Langley

- Langley residents have to travel to Chalvey and Cippenham to see a GP. Is that fair?
- Patients queue from 7.30am to get an appointment. Is that acceptable?
- Are practices aware of the strength of feeling around this?

Both Orchard and Langley practices have open lists and this means that any patient can apply to register there. For whatever reason however, some people may choose to register at a practice outside of the area where they live and that is their right, if the practice agrees to accept them.

Patients can find out about GP practices in the area by entering their postcode on the NHS Choices website. Practice leaflets and websites and the CCG website also have information connecting them to the site. Many patients will also come through to the CCG PALS (patient advice and liaison) service who can also guide them.

The CCG and practices are very aware that patients feel very strongly about the difficulties they sometimes face in booking an appointment in Slough. In the Langley Health Centre, this has been a particular problem, and staff have worked extensively with their Patient Participation Group to engage and inform patients and had this statement;

Patients do not need to queue at 7.30am for an appointment; in fact we strongly discourage this. Our appointment lines and doors open at 8am and we now have an improved telephone system which has meant much diminished queues as patient's have learnt that booking via telephone is much more convenient for them. In addition we provide online booking for appointments. If patients choose to come to the surgery on foot to book an appointment, we also accommodate this by having an

additional reception staff now at 8am to book patients as they arrive into the practice. We are advertising the improved telephone system via waiting room media and via our PPG newsletter so patients do not need to queue to book an appointment.

Integrated and active patient groups are key to helping practices understand key issues and problems like this and the PMCF has supported practices and patients in working together and co-designing solutions. We hope to begin to see the fruits of this work.

From 1 April 2015, the GP contract requires all practices to establish (if it has not already done so) and maintain a patient participation group (PPG) and make reasonable efforts during each year for this to be representative of the practice population.

The purpose of the Patient Participation Group (PPG) is to ensure that patients and carers are involved in decisions about the range, shape and quality of services provided by their practice. The requirement aims to promote the proactive and innovative involvement of patients and carers through the use of effective PPGs and to act on a range of sources of patient and carer feedback in order to improve the services delivered by the practice. 14 Slough practices currently have active PPG's.

9 What do we know about patient satisfaction with access?

The national GPPS (GP patient survey) has been the main source of independent measure of satisfaction and the responses for Slough practices can be seen at Appendix C. Next survey results are due out in July 2015 and will show us any progress.

Furthermore, we have undertaken 3 local surveys of over 500 patients across Slough relating to the extended PMCF hours and this asked about ease of booking an appointment. 89% of respondents said that their experience of making an appointment was good or very good and for Langley and Orchard practices this was 82%.

These figures are significantly higher than in the GPPS survey and we should reflect on the learning if that differential persists in July.

From the high DNA rates to the significant number of extra appointments, the variance in patient satisfaction responses and the extra availability of on line booking and texting reminder and cancellation services it is important to try and understand the complexity of human behaviour and the impact on access to services. This is not always predictable or consistent. However, the combination of patient and clinician engagement has strengthened considerably over the last year in the form of the Patient Reference Group, links to surgeries and several primary care events. There is a willingness to try new approaches and to work on improving the patient experience together.

10 CCGs recommendation and direction of travel

Through our work with the patient groups and the practices we have gathered some key learning and it informed our 5 year vision for primary care.

Patient's want a quick and responsive service for their urgent medical queries but want a continuity care through named professionals for their chronic illnesses and complex needs. All patients want more support to help themselves keep well and to use medical services only when they need to.

Strategically the CCG and NHS England policy drivers are toward supporting existing practices to deliver at scale, enable spread of best practice and to move away from small

individual single professional types of services.
This is even more important in service located within areas of high deprivation where health needs outstrip availability of highly skilled medical professionals.

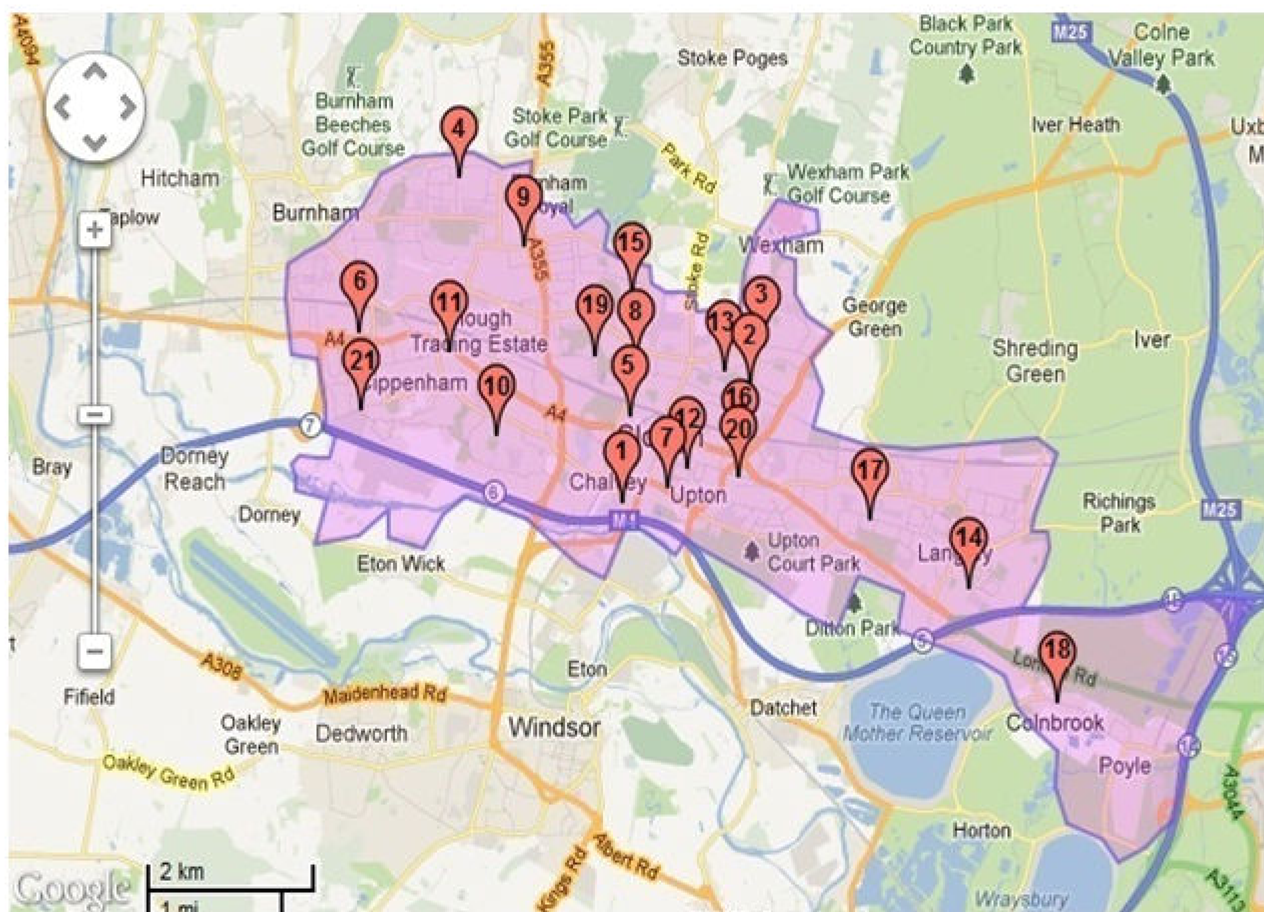
The proposed Langley Hub development site with a small GP practice would not enable the CCG and NHS England to deliver the strategic direction of travel set out above. In fact it may hinder us to deliver high quality responsive services to the population.

The CCG and NHS England however be interested in looking at the feasibility of using the hub to relocate some existing primary care services and this could potentially include a practice relocation . This solution may require support from the council around lease issues.

If this is not feasible we would still want to actively engage as a commissioner to assess whether the hub could be used for wider community services.

APPENDIX A

Member Practices



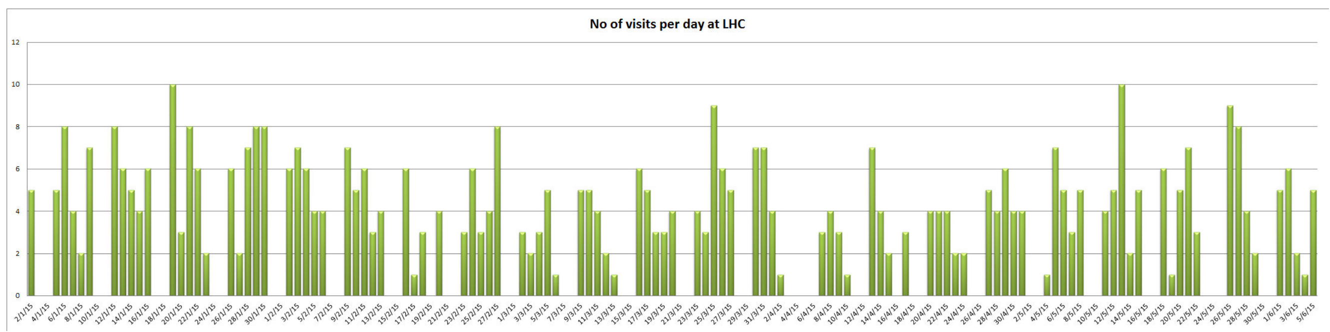
1. 40 Ragstone Road
2. 240 Wexham Road
3. 242 Wexham Road
4. Avenue Medical Centre
5. Bharani Medical Centre - Lansdowne Avenue
6. Bharani Medical Centre - Bath Road
7. Slough Walk-In Centre
8. Crosby House Surgery
9. Farnham Road Surgery - Farnham Road
10. Farnham Road Surgery - Weekes Drive
11. Cippenham Surgery
12. Herschel Medical Centre
13. Kumar Medical Centre
14. Langley Health Centre
15. Manor Park Medical Centre - Lerwick Drive
16. Manor Park Medical Centre – Princes Street
17. The Orchard Practice - High Street, Langley
18. The Orchard Practice - Wheelwrights Place
19. Shreeji Medical Centre
20. Upton Medical Partnership - Sussex Place
21. Upton Medical Partnership - Village Medical Centre, Mercian way

APPENDIX B

HOME VISITS FOR PRACTICE OF 17,000 PATIENTS

January to early June 2015

Average 5 per day. Range 0 to 10 visits



NHS
Slough
Clinical Commissioning Group

APPENDIX C

National GP Patient Survey

Results are from December 2013 and Green (shaded) indicates an improvement since December 2012. Next results are due in July 2015.

9 Questions from the GPPS survey that are being looked at as a KPI for the Prime Ministers challenge Fund. (practices are just sorted alphabetically)	Q3 Ease of getting through to someone at GP surgery on the phone. Total positive.	Q4 How helpful do you find the receptionists at your GP surgery? Total helpful.	Q18 Overall Experience Making an Appointment - Total Good	Q22 Confidence and trust in the GP you spoke to? - Total Positive	Q24 Confidence and trust in the nurse you spoke to? - Total Positive	Q25 Satisfaction with Opening Hours - Total Positive	Q29 Recommend your GP surgery to someone who has moved into area? - Total Positive	Q33 How confindent are you to manage your own health? - Total Positive	Q28 Overall experience of GP surgery - Total Positive
240 WEXHAM ROAD	84.8%	91.4%	77.7%	92.8%	93.4%	79.7%	71.0%	90.1%	87.8%
BHARANI MEDICAL CENTRE	38.6%	74.3%	49.1%	90.1%	95.5%	73.8%	58.3%	84.1%	68.7%
CROSBY HOUSE SURGERY	49.2%	82.9%	62.4%	89.9%	96.3%	76.6%	56.1%	89.2%	71.4%
DR NABI	68.0%	65.4%	61.0%	96.9%	97.8%	57.5%	56.3%	84.3%	70.7%
ENGLAND	**74.4%**	**86.9%**	**73.8%**	**95.3%**	**97.2%**	**75.7%**	**78.0%**	**92.5%**	**85.2%**
FARNHAM ROAD PRACTICE	27.2%	79.5%	55.8%	87.6%	94.7%	69.2%	64.9%	88.2%	72.5%
HERSCHEL MEDICAL CENTRE	60.4%	76.1%	70.6%	98.5%	94.0%	70.9%	74.9%	90.4%	78.9%
KUMAR MEDICAL CENTRE	83.6%	79.1%	62.3%	84.4%	98.0%	64.9%	51.4%	86.4%	61.3%
LANGLEY HEALTH CENTRE	17.2%	67.4%	32.9%	93.7%	95.8%	60.7%	43.1%	84.1%	58.9%
MANOR PARK MEDICAL CENTRE	60.0%	85.6%	61.8%	92.7%	96.0%	72.2%	65.4%	90.3%	78.5%
NHS Slough CCG	**47.7%**	**79.2%**	**56.1%**	**91.9%**	**95.0%**	**69.1%**	**61.5%**	**88.5%**	**71.4%**
RAGSTONE ROAD SURGERY	75.3%	85.7%	50.1%	92.6%	97.3%	67.1%	54.1%	94.3%	74.1%
SHREEJI MEDICAL CENTRE	69.9%	81.8%	68.7%	97.8%	96.0%	74.8%	77.4%	90.5%	74.2%
SLOUGH WALK-IN HEALTH CENTRE	53.7%	72.0%	60.3%	88.3%	90.3%	77.5%	56.2%	86.7%	67.5%
THE AVENUE MEDICAL CENTRE	72.3%	93.7%	77.9%	89.5%	94.1%	84.8%	76.9%	89.8%	83.6%
THE ORCHARD SURGERY	34.2%	87.4%	50.4%	94.7%	88.9%	58.1%	67.3%	92.2%	70.4%
THE VILLAGE MEDICAL CENTRE	36.1%	80.1%	37.2%	90.5%	98.1%	56.5%	53.9%	92.0%	62.5%
WEXHAM ROAD SURGERY	92.6%	86.1%	80.5%	95.9%	88.5%	78.9%	76.1%	87.7%	89.3%

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 2nd July 2015

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I
TO NOTE

HEALTH SCRUTINY PANEL – 2015/16 WORK PROGRAMME

1. **Purpose of Report**

1.1 For the Health Scrutiny Panel (HSP) to discuss its current work programme.

2. **Recommendations/Proposed Action**

2.1 That the Panel note the current work programme for the 2015/16 municipal year.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The HSP, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the HSP also reflects the priorities of the Five Year Plan, in particular the following:

- More people will take responsibility and manage their own health, care and support needs
- Children and young people in Slough will be healthy, resilient and have positive life chances

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the HSP at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. Conclusion

5.1 This report is intended to provide the HSP with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. Appendices Attached

A - Work Programme for 2015/16 Municipal Year

7. Background Papers

None.

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2015 – 2016

Meeting Date
2 July 2015
• Provision of GP services and Langley Hub
28 July 2015
• Better Care Fund • Update on Implementation of the Care Act 2014 • Health and Adult Social Care Commissioning strategy • Voluntary sector strategy
1 October 2015
• Carers Strategy
18 November 2015
•
14 January 2016
•
21 March 2016
•

Currently Un-programmed:

Issue	Directorate	Date
Transfer of Health Visitor Services	W	
Cancer Services – Thames Valley Cancer Strategic Clinical Network review of the provision of specialist surgery for patients with bladder, prostate or kidney cancer across the Thames Valley.	W	
Child and Adult Mental Health Services (CAMHS tier 2) Engagement Update	W	Summer 2015
Mental Health Crisis Care Concordat Action Plan	W	Sept 2015

MEMBERS' ATTENDANCE RECORD 2014/15

HEALTH SCRUTINY PANEL

COUNCILLOR	30/06	29/07	6/10	19/11	20/01	23/03
Bains	P*	P	P	P	P	P
Cheema	P	P	P	P	P	Ap
Chohan	P	P	P	P	P*	P
Davis	P	P	P	P	P	P
Dhillon	Ab	Ab	P*	Ap	Ap	P
M Holledge	P	P	P	P	P	P
Pantelic	P*	P	P	Ap	P	Ap
Rana	P	P	P	P	P	P
Strutton	P	P	P	P	P	P

P = Present for whole meeting P* = Present for part of meeting
Ap = Apologies given Ab = Absent, no apologies given

(Ext*- Extraordinary)