



Sutton Clinical Commissioning Group

Sutton CCG Head Office
Priory Crescent Clinic
Priory Crescent
North Cheam
Surrey SM3 8LR

Website: www.suttonccg.nhs.uk

Peter Flavell
Operational Manager
Healthwatch Sutton
Granfers Community Centre
73-79 Oakhill Road
Sutton Surrey
SM1 3AA

03 February 2015

Dear Peter,

Thank you for your recent letter providing us with the Healthwatch Sutton report on people's experience of accessing GP services in Sutton.

It is reassuring to see that 74% of respondents describe their overall experience of making an appointment as either 'very good' or 'fairly good' and shows the strong foundation on which we have to build, also evidenced by the numerous national surveys highlighting the value the vast majority of patients place on primary care and the pivotal relationship with their GP and practice.

Sutton CCG recognises that to build further on these foundations we need to enhance the integration across care pathways, which is why we have taken a keen interest in developing co-commissioning arrangements with NHSE and neighbouring CCGs. We are all aware that the proportion of the NHS budget spent in primary care has fallen in recent years; it is only by working across the current commissioning boundaries that we will be able to deliver significant service change with improved access which we know is a pressing issue for patients.

As you know, we will not take on any formal primary care commissioning responsibilities until April 2015 but the degree of consideration by the CCG of this Healthwatch report already shows we are well attuned to the issues and see improving access to primary care as an important issue.

The report has been widely circulated within the Sutton CCG and detailed below is the response from our three GP Locality Leads, Dr Jeffery Croucher, Dr Ash Mirza and Dr Farhan Rabbani to the recommendations on GP access highlighted within your report.

Recommendations

1. GP surgeries to put in place appointment systems that allow patients to make an appointment on their first contact with the surgery (urgent and non-urgent).

Most Sutton GP Surgeries if not all, should already have systems that allow patients to book urgent and non-urgent appointments, upon their 'first contact' with the Surgery, be that phoning the Surgery or coming to Reception face to face. There will also be other methods of contacting the Surgery such as online booking. Some surgeries may ask the patient to call back depending on the number of appointments available on the day – this can be addressed / improved through the mixture of appointments that are offered and the ways that patients can access those appointments.

2. GP surgeries to ensure that appointments are available to cater for people of working age. Data shows more specifically that Saturday and later evening appointment are preferred.

Most Sutton GP Surgeries cater for people of working age, by providing 'Extended hours' surgeries which are typically during working day evenings or Saturdays. The extent of these Extended hours clinics are funded on the basis of the Surgery patient list.

3. GP surgeries to investigate working in partnership to provide GP appointments at the weekends (in rotation?) as many patients have shown that they would be willing to go to a different location and see a different doctor at weekends.

All Sutton CCG Surgeries have joined the GP Federation, which will be a vehicle to work more collaboratively, compete for service contracts and provide these services. One such possible service would be to provide an 'out of hours' service and take this in turns on a rotational basis, so patients could access a Sutton GP Surgery at weekends (not necessarily a GP from their own Surgery).

4. GP Surgeries to put in place appointment booking systems that are convenient for people working age (i.e. accessible out of normal working hours).

We feel that this question is very similar to question 2, hence the response is the same, although we would add that whilst providing clinics to working patients is important, keeping those appointments open or blocked for those patients is not logistically possible. On grounds of equality, we cannot stop non-working patients from also wanting to access those clinics.

5. GP surgeries to ensure that patients are able to book well ahead (more than 48 hours in advance) as well as being able to make more urgent appointments.

Many GP Surgeries will allow patients to book ahead, for example up to about 3-4 weeks in advance. This is especially needed for patients on chronic disease registers, who need follow-up appointments or even just want to book routinely. Patients needing urgent appointments should be seen on the day and the practices provide a variety of ways of handling this, for example: book on the day appointments, seeing extras at the end of a normal clinical session, providing a walk in clinic or having a Duty Doctor system where a GP deals with all the emergencies for that day.

In August 2014 Sutton CCG commissioned a pilot scheme for two GP practices to trial an advanced GP appointment system where patients ring the surgery and speak directly to a doctor before the appointment is made. This system allows the practice to have a far more dynamic appointment system catering to the needs of the population and helps provide a more responsive service whilst reducing the risks associated with receptionists deciding if a patient should be seen urgently or routinely. Overall this system is working well and is starting to show a reduction in attendance to the A&E department due to the responsive nature of this system.

6. GP surgeries that do not already have technology in place, to investigate online, email or text messaging systems to be used by patients to make appointments.

Many GP Surgeries provide online, email, or text messaging systems. There are also other forms of technology such as Patient partner (automated phone line booking without speaking to a Receptionist). GP Surgeries that have not investigated alternative advances in technology are encouraged through our locality structure to liaise with neighbouring surgeries that do provide these services, in order to learn these techniques and update their systems.

7. GP surgeries to allow consultations to be carried out over the phone when appropriate and investigate the use of email and video calling (Skype)

GP Surgeries provide telephone consultations regularly as they provide an 'easy access' way to speak to patients directly and manage the patient's problem quite practically and effectively, for example, discussing blood results, paperwork and prescriptions. They are even handy for health complaints (not as a replacement to physical consultations) but can help by listening to the patient's history.

Email consultations are used regularly in many surgeries and it should be emphasised that secure email systems should be used only such as nhs.net

Video calling (Skype) is a relatively new concept to most GP Surgeries and the true practicality and feasibility of using this method needs to be researched, for example GP consultation time, patient confidentiality for those who may be in the vicinity, security of Skype which is a non-medical enterprise, etc.

NHS England has developed 17 primary care specifications for London that cover Accessible Care, Pro-active Care and Co-ordinated Care. The Accessible Care quality indicators specifically mention the use of technology for patients accessing primary care. The specifications are due to commence in primary care from 1st April 2015 with a plan for full implementation across all of London over 5 years.

8. GP surgeries to change / remove systems that require patients to call in the morning to make an appointment.

This is overlapping slightly with the answers given above in terms of alternate forms of appointments/access. However if a GP Surgery only operates a system of offering appointments based on patients 'having to call' in the morning, then this should be changed and updated to provide a mixture of appointments and different methods of accessing those appointments. Some easing of the patient traffic in mornings is to provide an adequate number of Receptionists

to be able to deal with the phone lines (multiple lines are required) as well as someone to address patients face to face without having to deal with a phone line.

All Sutton GP Surgeries have regularly completed annual patient surveys which have sampled patient views from a larger cohort of service users over many years. These would have informed each of the Sutton GP Surgeries on patient satisfaction rates on access to their views on appointment systems. Patient Participation Groups would have had an opportunity to review these reports with their patients and Practice teams in these forums and/or placed on Practice websites. Practice teams already regularly review these surveys and have systems in place to adapt to their findings when appropriate to do so. This Healthwatch report has helped in adding to the established system of listening to patient views currently in place in Sutton and where further change is required this will be looked at with our Practices.

9. **GP surgeries to investigate possible improvements to the availability of parking at their surgery.** Providing/improving patient parking at the Surgery is a difficult issue that is unique to each Surgery. Some Surgeries are lucky to have car parks and others have ticketed street parking. In some cases there are no parking facilities available at all, depending on where the Surgery is situated such as town centres. Parking is dependent on practice premises and location. The implications for achieving this can be both costly to the Surgery and possibly unattainable due to planning permissions from the Council. I think the outcome for this recommendation requires consideration by each PPG and GP Practice, reflecting their own unique circumstance.

Please note there are other appointment access issues that Healthwatch Sutton may wish to reflect upon:

- Availability of appointments with other healthcare providers within a GP Surgery: Practice Nurses and Nurse Practitioners, Health Care Assistants, Phlebotomists, Midwives
- Specialised Clinics – for example COPD, Diabetic or Flu clinics where patients with chronic disease are streamlined more effectively into a specific clinic
- Specialised Clinicians – for example GPwSIs trained in seeing Dermatology patients
- Patient DNAs – Appointment access is affected by patients who miss their appointments. This is also costly to the NHS.

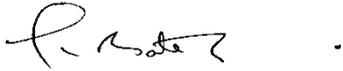
We were pleased to see the areas for commendation within the report and would wish to continue to build on these comments with Healthwatch and other forms of Patient Participation Groups/Forums in Sutton in the future. As I indicated earlier, the high level of patient satisfaction with our GP Surgeries is, of course, welcomed.

The Locality Leads and wider CCG would wish to take this opportunity to thank Healthwatch for their work which has raised the issue of access.

As we move towards an era when the CCG will hopefully have enhanced influence over primary care through co-commissioning these services, I am happy to discuss the report and the CCG response further with David and you when we meet in mid-February.

With best wishes.

Yours Sincerely



Jonathan Bates
Chief Operating Officer

Cc David Williams Healthwatch Chair
Dr Brendan Hudson Sutton CCG Chair
Dr Chris Elliot Sutton CCG Chief Clinical Officer
Carolyn Reynolds Sutton CCG Locality Manager
Sian Hopkinson Sutton CCG Director of Performance and Primary Care
Dr Jeff Croucher Sutton and Cheam Locality Lead,
Dr Ash Mirza Carshalton Locality Lead,
Dr Farhan Rabbani Wallington Locality Lead.
William Cunningham- Davis, NHSE London