Great Expectations:
A blueprint for GP services
in Waltham Forest

January 2014
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forward</td>
<td>3</td>
</tr>
<tr>
<td>Membership</td>
<td>4</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>4</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>Background</td>
<td>6 to 7</td>
</tr>
<tr>
<td>National Context</td>
<td>8</td>
</tr>
<tr>
<td>Review methodology</td>
<td>9 to 10</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>11 to 12</td>
</tr>
<tr>
<td>Key Findings</td>
<td>13 to 23</td>
</tr>
<tr>
<td>Recommendations</td>
<td>24 to 28</td>
</tr>
</tbody>
</table>

## Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix B</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Population analysis</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Project Plan</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Focus Group Report</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Audit of public participation in surgeries</td>
</tr>
</tbody>
</table>
Forward

Beyond family and friends, our GP plays an incredibly important role in our lives. GPs not only look after the health of ourselves and our families, but also our GP is someone who we can confide in and whose counsel we can trust. Over the years, our relationship with our GP becomes invaluable.

The title of our report is *Great Expectations: A Blueprint for GP Services in Waltham Forest*. We expect a lot of from our GPs and GPs in Waltham Forest work hard to deliver so much. But there is an expectation gap between services desired and services delivered. The GP panel set out to try to bridge that gap.

Over nine months, as a panel we met a wide range of clinical and non-clinical current and former professionals as well as other stakeholders. We held focus groups with ordinary Waltham Forest residents made up of youngsters, older users and adults as well as with practicing GPs. *Great Expectations: A Blueprint for GP Services in Waltham Forest* offers a set of recommendations, together with proposals from other bodies, which aims to provide a blueprint for services provided by GPs for the residents of Waltham Forest.

Khevyn Limbajee
Chair, GP Panel
GP Scrutiny Panel Membership

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Acknowledgements

Councillor Limbajee (Chair of the GP Scrutiny Panel) and Members of the GP Scrutiny Panel wish to thank all those Members, council officers and partners who attended the Scrutiny Panel meetings as witnesses and who submitted written evidence. Members appreciated the commitment and co-operation received in support of the Scrutiny Panel’s objectives.

Councillor Limbajee and the GP Scrutiny Panel would also like to thank Healthwatch Waltham Forest whom facilitated the face to face survey and also residents whom completed the survey and those who attended the GP panel focus groups.
1. Executive Summary

1.1 The GP panel was established to identify ways in which Scrutiny could support the Waltham Forest CCG and GPs to improve services to residents and reduce health inequalities.

1.2 Since the commencement of the panel in March 2013 there has been a significant amount of change both nationally and locally with the implementation of the major reforms of the health service under the Health and Social Care Act in 2012. This lead to the establishment of Waltham Forest CCG, who achieved authorisation status in April 2013. The CCG has a responsibility to improve primary care and general practice; however the commissioning of GP services is the responsibility of NHS England.

1.3 Waltham Forest CCG and local GPs face significant challenges with increased demand resulting from; an ageing population and people living longer with chronic disease and complex needs, significant increases in the population, demographic changes with a diverse and transient community. Waltham Forest population is expected to grow significantly over the next three decades, see 2.4 for further details. At the same time the CCG has to provide improved services with reduced resources and significant funding and financial pressures.

1.4 Following consultation with both service users and service providers the panel identified varying levels of service across local GP practices. The panel identified some examples of good practice which could be shared amongst GPs and networks to improve consistency across the borough.

1.5 The panel acknowledges that there are some initiatives due to be implemented, such as, the new GP contract and implementation of local networks. This should go some way to improve services residents receive but the challenge will be ensuring these are delivered in a cost effective way to meet the needs and expectations of the community.

1.6 The panel have developed a range of recommendations for consideration by NHS England, Health and Wellbeing Board and the CCG. The scrutiny panel would wish to work with partners to turn these into clear actions that will improve the primary care our residents receive.

1.7 NHS England has launched a London ‘call for action’ for transforming primary care which will run until 1 Apr 2014. The ‘Call for action’ report highlights some findings across London, similar to those identified through the panel. The panel report and recommendations could be used to support the consultation.
2. Background

2.1 The former Health, Adults and Older Persons Scrutiny Sub –Committee identified that there are varying levels of services and quality of services provided by GPs across the borough. In light of this, and with the transfer of Public Health in April 2013 Overview and Scrutiny Management Committee agreed the establishment of a panel to:

- Evaluate services offered by GPs,
- Identify and share good practice
- Identify opportunities for improvement in order to meet the needs of the community and reduce health inequalities.

The terms of reference can be found in Appendix B.

2.2 There are 45 GP practices in Waltham Forest, serving a population of 262,000 and the average registered list size for GPs is 6,531. Surgeries are organised into three localities, Chingford, Leyton and Walthamstow.

2.3 According to the Indices of Multiple Deprivation 2010 Waltham Forest is the 6th most deprived borough in London and 15th in England and the 2013 public health profiles shows that Waltham Forest does significantly worse than the England average in the following areas:

- Teenage pregnancy and sexually transmitted diseases
- Obese children
- Tuberculosis (TB)
- Infant deaths.

The 2013 Public Health profile can be found by following the link: 2013 Public Health Outcome Framework

2.3 Waltham Forest has one of the lowest ratios of GPs per 1,000 of population which adds to the pressure on health services provided to our residents.

Population profile

2.4 According to the latest Census, as at 27 March 2011, Waltham Forest was home to 258,200 people and 96,900 households. Between 2001 and 2011 the population of Waltham Forest grew by over 40,000 people (18%). This has strongly outpaced the growth in England and Wales (8%) as well as the London average (14%). The most recent population estimates from Office for National Statistics show that the population of Waltham Forest has further increased since the Census to a total of 262,600 residents as at 30 June 2012.
2.5 The borough’s population is projected to continue to rise over the next three decades between 55,000 and 90,000 people depending on the projection variant. This means that according to the highest (trend-based) projection Waltham Forest could have almost 300,000 residents by 2021 and almost 350,000 by 2041 (35% growth from 2011).

2.6 Waltham Forest has a younger than average population with higher proportion of children aged 0-15 (22% compared 20% in London and 19% nationally). Population projections for Waltham Forest suggest a distinct age pattern with further increases of the school-age population as well as rapid growth of older groups, aged over 65 is projected to more than double from just over 25,000 in 2011 to over 50,000 by 2041.

2.7 The demographics, population growth and transient population in Waltham Forest all increase the level of demand for GP services in the borough and the need to provide additional services to residents such as; health visiting services and care for the elderly.

2.8 At the same time as experiencing a substantial increase in the number of residents, the borough has also become increasingly diverse. Most notably, the White Other group that includes arrivals from East European accession countries has more than doubled in the last decade from 6% to 15%. The population with an Asian background also increased from 15% to 21% as did the Black/Black British population (from 15% to 17%).

Further analysis of the population can be found in Appendix C.

2.9 The Waltham Forest Commissioning Strategy Plan 2012/13-2014/15 details the diseases and conditions that are most important for action in Waltham Forest. These are cancer, cardiovascular disease including coronary heart disease and circulatory disease, COPD (chronic obstructive pulmonary disease) and diabetes. Smoking and obesity are serious problems that impact on the health outcomes of the population. Tuberculosis (TB) and HIV are the two communicable diseases of greatest concern’

2.10 There are significant Health inequalities in Waltham Forest. Life expectancy is around 8 years higher in West London than in East London, life expectancy is 7.1 years lower for men and 5.5 years lower for women in the most deprived areas of Waltham Forest than in the least deprived areas.
3. **National Context**

3.1 In light of growing demand for primary care services there has been a significant amount of interest Nationally and the Government has introduced a range of initiatives to improve care through the new GP contract including:

- Patients over 75 and those with long term health needs are to have a named GP,
- A new unplanned admissions Enhanced Service (ES) will be available, to help reduce unnecessary emergency admissions to hospital, practices will provide vulnerable patients, identified through a risk assessment process with additional services such as same day telephone consultation, personalized care plans and a coordinated care approach,
- Changes to the funding arrangements and Quality and Outcomes Framework (QOF) with a significant reduction in indicators,
- New IT requirements, including the ability for patients to book appointments online,
- Friends and Family Test to be rolled out to all GP practices,
- Extended opening hours; GPs will be able to bid for funding for providing improved access at weekends and evenings and will be expected to provide extended opening hours as part of the new GP Contracts from April 2014,
- Practices will have the option to register patients from outside their practice area.

3.2 In addition, the CQC have extended their inspection programme to include GPs and inspections are due to commence in Waltham Forest in 2014.

3.3 In November 2013, NHS England launched a ‘call for action,’ a conversation with London Health partners and the public for transforming GP services in London. The communication is being conducted as part of a National exercise. The outcomes will be used within NHS England to obtain a consensus view on the case for change for transforming primary care. This report, together with the launch of an event as recommended in section six of the report will be provided to NHS England to support the case for change.
4. Review Methodology

4.1 In order to gather evidence and information from service users, service providers and partners the Scrutiny Panel used a variety of methodologies. This included meetings with key personnel and partners, focus groups, face to face surveys, case studies and analysis of available data. A detailed project plan can be found in Appendix D.

4.2 Meetings with key stakeholders
The GP Panel held the following meetings with partners and service providers:

- Health and Wellbeing Board and Portfolio Lead
- Director of Public Health (Both current and former)
- Divisional Director Strategy Commissioning/Adult Social Care
- Waltham Forest CCG and Commissioning Support Unit
- CCG representatives to discuss public participation and engagement
- North East London Foundation Trust (NELFT)
- Care Quality Commission (CQC)
- NHS England
- Waltham Forest Blind Association

The meeting with the CCG gave members the opportunity to understand the role of the CCG in the new health landscape.

In addition, Barts Health were also invited to meet with the scrutiny panel as the panel recognised that there may be issues with regards to hospital admissions and discharge and opportunities for improvement for integrated care. Unfortunately representatives from Barts Health were unavailable.

4.3 Focus Groups
To inform the review, focus groups were conducted with local residents with a specific focus on the following issues:

- Identifying if the needs of local residents are being met by existing GP services
- Capturing residents’ experiences of using GP services, including access to services, quality of care and patient satisfaction
- Identifying priorities for change or improvement
Three focus groups were conducted with a total of 30 local residents. The groups included a young people group, an older persons group and a group of residents reflecting the diversity of the borough.

In addition, the panel held a focus group with members of the CCG and local GPs. The aim of this session was to feedback the key themes from both the focus groups and the face to face survey, hear about the challenges GPs face and identify ways in which the Council could work in partnership with the CCG to deliver better services.

A report highlighting the findings from the Young Advisors, Residents Panel and Older person’s focus group can be found in Appendix E. This report also provides a detailed summary of the discussions.

4.4 Face to face survey with local residents

Following a meeting in April 2013 with Healthwatch Waltham Forest the Scrutiny Panel commissioned Healthwatch to carry out a face to face survey across the borough. This joint working also provided Healthwatch with the opportunity to increase membership and gain feedback on health services from residents.

The survey was carried out in July 2013, Healthwatch visited Town Centres, Local Supermarkets, local transport hubs and Whipps Cross Hospital, more than 400 residents completed the questionnaire and responses were received for all but one GP surgery in the borough. The report can be found by viewing the following link Healthwatch Report, Accessing GP Services
4.5 Data Analysis

The report to the Health and Wellbeing Board in December 2013 produced by NHS England highlighted that patient’s experience of GP practices, according to the Mori patient survey 2012/2013 is below the National average in three key indicators; patient experience, getting through by phone, getting an appointment.

<table>
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<tr>
<th>Indicator</th>
<th>CCG scoring</th>
<th>National scoring</th>
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<tr>
<td>Patient Experience</td>
<td>79%</td>
<td>87%</td>
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<tr>
<td>Getting through by phone</td>
<td>74%</td>
<td>82%</td>
</tr>
<tr>
<td>Getting an appointment</td>
<td>73%</td>
<td>80%</td>
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- 23 out of 45 of the practices have shown to score less than the national average on all three indicators.
- A further 9 out of the 45 have scored less than the national average on two of the above indicators
- A further 9 have scored less than the average on one of the indicators listed above.
- 88.9% of practices have signed up to extended hours access “contracts”
- 68.9% of practices have signed up to a patient online access scheme.

London Practices by Patients Satisfaction Score ranked against London and National averages

<table>
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<tr>
<th>Practice</th>
<th>Seeing GP of choice</th>
<th>Seeing GP fairly quickly (within 48 hours)</th>
<th>Booking ahead</th>
<th>Getting through on the phone</th>
<th>Opening hours</th>
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GP Patient Survey January-September 2012

Green = above the England average  
Amber = above the London average  
Red = below the England and London averages

The data highlights that Waltham Forest is below the London average and significantly below the national average in four of the above indicators.
5. Key Findings

5.1 Focus Groups

The panel found:

- Inconsistencies in how easy it is to make an appointment across surgeries and the use of technology. Many residents finding it difficult to get through to their surgery and make an appointment and limited appointments available.

- Inconsistencies in the quality of consultations and care received by their GP and patient satisfaction.

- Lack of understanding about where to go when the surgery is closed or when there are no appointments available and people unnecessarily attending A&E.

- Opportunities to improve the patient experience throughout the journey, including training for reception staff.

- Young people wanting a more personal service from their GP and improved confidentiality.

- Patients wanting extended opening hours.

The focus groups confirmed that overall participants were broadly satisfied with GP services; although there is no doubt that most felt there is scope to improve services and address specific issues.

The focus groups highlighted inconsistencies in the level and quality of services experienced by patients, including making and getting an appointment and the quality of consultations. It is clear that there is good practice across GPs and the review provides an opportunity for the CCG to consider how best practice could be shared to improve services for all residents.
In each focus group there were mixed levels of satisfaction with GP services with some participants satisfied and some not so satisfied:

‘I’m quite happy with my doctor . . . he’s pretty good . . . I’m not sure there’s much more they could do differently to make it better for me.’ Group 1, Young Person

‘I’m not satisfied at all . . . it can take ages to get an appointment . . . the staff have a bad attitude . . . they don’t spend any time with you when you finally do get an appointment . . . I never feel that I can really trust their advice as they haven’t examined me properly . . .’ Group 3, Mixed residents

‘I’m amazed with some of what I’m hearing . . . I thought everybody was in the same boat as me . . . it seems that some of us are getting a good service and some of us aren’t . . . shouldn’t all doctors have the same opening hours? . . . and why can some people get through to their doctor to make an appointment when it’s almost impossible for me to do so.’ Group 3, Mixed residents

Patients told us they were unsure about what services were available out of hours and what to do if they had a problem out of hours, with the danger that some people may unnecessarily access A&E services. There is scope to identify best practice and to work with GP surgeries to ensure a consistent level of provision through local networks and to communicate more effectively with residents.

‘I would like to see more direction or more provision for out of hours . . . so there is provision and so you know where to go out of hours . . . at the moment I have no idea . . . I’d probably just go to hospital even if it wasn’t an emergency.’ Group 3, Mixed residents

Residents told us of difficulty in getting through to their GP surgery to make an appointment and then once through the availability of suitable appointments. However, there were several examples of where some surgeries have the systems and technology in place to make this less of an issue for patients.

‘My surgery asks you to call in the morning from 8am to get an appointment that day . . . I had the radio on in the background and as the pips hit 8am I dialled . . . it took me till 8.25am to get through to someone and by that point there were no appointments left and I
was told to try again tomorrow . . . it took me three days of doing that before I got an appointment.’ Group 3, Mixed residents

The difficulties making appointments can act as a barrier to accessing GP services and encourage people to inappropriately using A&E services. There were several examples of where participants had either been told, seemingly inappropriately, to go to their hospital because their GP surgery could not see them or had decided to go to hospital because they couldn’t get an appointment.

‘This one time we tried to get an appointment . . . I was really ill . . . but the doctors couldn’t see me that day . . . they said I could go to the hospital . . . even though it wasn’t really an emergency my mum took me to the hospital . . . The hospital was really angry that I’d been told to go there and rang up the doctors to tell them this . . . they referred me back to the GP.’ Group 1, Young people

‘I tried to get an appointment and was told I’d have to wait 10 days . . . . I complained that wasn’t good enough and what else could I do and the receptionist said I could go to the hospital . . . I didn’t as it wasn’t an emergency but I was a bit shocked they told me to go to hospital rather than treat me themselves.’ Group 3, Mixed residents

Participants would like to see all surgeries providing appointments before and after the working day. Some participants said that their surgery provides appointments to suit people that work. However, others said that their surgery did not provide early morning or evening appointments, but wanted it to do so.

“My surgery is out of date . . . it’s a very standard service with little extra benefits . . . for example, you can’t get an appointment past 6pm . . . they need to realise that this is a working world we live in and surgeries need to adapt to that.’ Group 3, Mixed residents.”

Some participants in the older people’s group said that they would like to see doctors making home visits instead of receiving advice over the phone or being told to go to hospital.

“They used to do home visits in the past . . . but they don’t any more . . . so you can find yourself unable to get to the doctors, asking for a home visit and they just tell you to go to the hospital . . . I’d like to see home visits made available again for some people in certain circumstances.’ Group 2, Older people"
There was significant feedback that most appointments run late, but people tended to tolerate this if they felt they were receiving a satisfactory consultation with their GP.

There were mixed experiences around the quality of consultations, especially around the length of some consultations, needing to make multiple appointments for more than one issue, a lack of being or feeling sufficiently examined and a lack of follow-up by some GPs. However, some GPs seemed to deliver an unrushed, high quality service which most patients seemed to expect and therefore there are opportunities to learn from and share this best practice.

‘I think it varies with the doctor you see . . . some are really good and will spend a lot of time with you . . . but with others you do feel rushed . . . I do have my preferences with which doctor I see because some seem better than others.’ Group 1, Young people

There is an opportunity to work with GP practices to ensure their receptionists and reception areas promote patient privacy and confidentiality. There are some concerns about providing confidential and personal information to receptionists over the phone and at the GP surgery. Some participants said that they did not appreciate nor understand why some receptionists, when making an appointment, asked them about their condition and why they wanted to see a doctor.

‘It’s like you have to pass a test . . . they have an attitude that puts you on the defensive . . . they ask you personal questions and seem to doubt your illness . . . they ask me what’s the problem which doesn’t seem appropriate to tell a receptionist . . . even if they have to ask it they should ask it in a better way and perhaps explain why they ask you rather than saying it in a challenging way.’ Group 3, Mixed residents

Likewise, some participants said that they were often asked for personal information while at reception which they felt other patients could overhear. They tended to understand the reason for information being asked, but felt that surgeries should have physical layouts and technology in place which allow for greater privacy.

Some young people said that they felt that some GPs could not engage effectively with young people and did not provide clear or accessible advice for young people, maintain confidentiality. In most cases young people under the age of 16 are asked by their GP surgery to attend with their parent or guardian or get permission from an adult to attend on their own. Some young
people felt that there should be greater discretion and different procedures in place so that young people under the age of 16 could receive GP services without their parent or guardian in attendance.

‘I don’t like the rule that if you’re under 16 the doctor needs to see you with your parent . . . they should make it so that they ask you if you want your mum with you . . . if you don’t you should be able to see the GP on your own . . . it might be something that you don’t want to share with your parents.’ Group 1, Young people
5.2 Key Findings – GP Focus Group

The panel found:

- A strong desire from GPs to improve the service they deliver; they joined the profession to help people and provide a good service.
- GPs are facing increased demand for services with reduced resources.
- GPs facing a significant challenge in bridging the gap between patient expectations and what they can actually deliver.

The panel held a focus group with eight local GPs and CCG representatives. The main theme of the meeting was to feedback the findings from the resident’s focus groups and Healthwatch survey and to hear from GPs what action they could take to improve services and the main challenges they are facing.

The CCG and GP group made it clear that they want to provide good, effective and efficient services to residents but they are facing many challenges, including increased demand and reduced funding and resources.

“Our job is a vocation; we put our life into it’. If things don’t change new GPs will just follow the protocol.”

The focus group told the panel that they are working around 14 hours each day to manage the workload. This is because they are only allocated time for face to face appointments, not home visits, referrals, letters etc. GPs on average have a practice list of 2,000 FTE. This has increased in the last 5 years from 1600. Seeing on average 18 patients per surgery for 10 minute slots.
The focus group told the panel that morale is low and that press coverage around GPs is constantly negative. In addition, GPs are anxious about litigation and see this as a risk, particularly as the culture has changed and people look for someone to blame.

“Patient’s expectations are much higher, there is a significant gap between patient’s expectations and what GPs are able to provide.”

The group summarised the key challenges as follows:

- Demand increased – resources reduced,
- Ageing population with an increasing requirement to treat people with complex needs, as medicine progresses people are living longer,
- A large number of chronic diseases are now dealt with by primary care including mental health needs,
- People not getting good care as results of cuts in social care and there are long waits for assessments,
- Changes in the population and makeup of the borough provide extra pressures, for example the way in which particular communities utilise GP services, their expectations and some communities expect second/third opinions which increases the workload,
- People visit GPs with non-medical problems including dealing with benefit appeals,
- People don’t go to pharmacists as they will get free prescriptions if they visit their GPs. All of which increases the workload,
- National Public Health drives increase demand, for example ‘long term cough visit your GP’,
- People self and incorrectly diagnose using the internet which adds to demand for appointments,
- Recruitment - It is difficult to recruit practice staff as employees do not get London weighting, many GPs can burn out and many young doctors find the work very stressful and have chosen to work part time hours,
  - The pace of change and recent changes in the NHS, making it difficult to know who to talk to in NHS England for support.

Feedback highlighted that some GPs were weary of change. Also due to many changes in NHS England personnel, had difficulties finding their way around the new structures and processes.
The group accepted that they could do better in terms of continuity of care but advised that if patients want continuity of care, with a named doctor this would not be feasible 12 hours per day. They advised that residents will get is ‘Open all Hours/Supermarket doctors’. Although networks, once implemented should alleviate the problem of opening hours it would be impossible to provide an 8.00am to 8.00pm service for residents to see their preferred GP.

They advised that walk in centres don’t help as they fix the problem temporarily and refer back to the GPs.

The group highlighted some actions that could be taken in partnership with the Council to improve services including:

- Clearer website information on services available and the impact of patients not turning up for appointments,
- Councillors using their connection with the local community to educate the community to use GPs effectively,
- Public Health initiatives such as working with schools to improve healthy eating, reduction in substance misuse,
- Planning policies could include Primary care needs in each locality to ensure that GPs can cope with local needs.
5.3 Case Study – The journey of a young person with a long term condition

The Scrutiny Panel gained feedback from a young person who suffers from a long term, incurable illness and therefore is a regular user of the service.

The Young Person advised that she contacts her GP approximately once each month. Her surgery has recently changed their process to include a telephone consultation which she finds extremely helpful as following the telephone consultation she is able to see a Doctor within one day if required.

Generally the young person was positive about her experience with her GP but felt that the care she gets is mainly medical and doesn’t extend to her emotional or psychological wellbeing.

In addition, she felt there could be significant improvement in the way reception staff provide care, particularly as she comes into contact with receptionists regularly due to repeat prescriptions.
4 Key Findings – Accessing GP services, Healthwatch Report

The Scrutiny Panel commissioned Healthwatch to carry out a face to face survey across the borough.

The survey was carried out in July 2013, and Healthwatch visited Town Centres, Local Supermarkets, local transport hubs and Whipps Cross Hospital. More than 400 residents completed the questionnaire and responses were received from all but one GP surgery in the borough. The Healthwatch report can be viewed via the following link. Healthwatch Report, Accessing GP Services

The report highlighted varying levels of performance across the borough and key responses as follows:

- 58% of respondents rated the opening hours of their practice as excellent, very good or good,
- 31% of respondents said they could get an appointment on the day they called,
- 60% rate the speed of getting an appointment as very poor, poor or fair,
- 67% said that the wait once they arrive at the surgery is fair to very poor,
- 32% of patients rate getting through to their services as poor or very poor,
- 59% of patients said they would book online if they could,
- 73% rated their GP good or higher at listening to them, 68% said that their GP involved them in the decisions about their care and 71% of respondents rated their GP good or above at explaining their problems and treatments,
- 62% of respondents rated receptions good or above.
- When asked to comment, 41% of responders mentioned improving appointments.

All recommendations made within the Healthwatch report were considered by the Scrutiny Panel and where appropriate have been included in the recommendations in section six of the report.
5.5 Key findings, Partner meetings.

The panel met with representatives from NHS England, they advised that GPs understand that they will need to meet the needs of the population and that general practice has to change. Representatives advised that the GP workforce is changing; many new GPs want a work life balance, future GP practices need to look very different and look for ways of working together to improve services and meet demand.

“CCG and GPs need to develop a system of working together and learning from each other. ‘Where you have clinicians agreeing an agenda, they can make real and effective change. Tensions between the GP cohorts and difficulties not working together can scupper progress and it’s much easier to work collaboratively on new projects”.

The scrutiny panel met with Waltham Forest Blind Association to discuss the vision strategy. The meeting highlighted ways in which services for blind and partially sighted people could be improved, including: improving information to residents, targeting particular groups to improve eye health care and also ways to improve the experience for blind or partially sighted people when they visit their GP. These have been included in the panel recommendations.

The CCG have recently carried out an audit of surgeries with patient representative groups, a status report can be found in Appendix F. This highlights that there are varying levels of patient engagement and opportunities to standardise and improve learning through listening to patients.
6. Recommendations

6.1 Through the Scrutiny Panel meetings with key partners, focus groups, Healthwatch face to face survey and customer journey interview with a young person with a long term condition, Scrutiny Members identified 44 recommendations, which in their opinion if implemented would improve the services delivered to residents and improve customer satisfaction.

Access

1. CCG to identify best practice and work with local GPs to implement the systems and the technology to make it easier for patients to make appointments to include online booking, email and website. In addition, to avoid repeat calls, implement a process where patients are offered the next available appointment if they call on a particular day and all appointments have gone.

2. According to GPs, approximately 20% of people do not turn up for appointments. The CCG and GPs to consider ways of reducing ‘no shows’, e.g. by texting appointments/alerts to patients. CCG and GPs to publish information on the website and in surgeries detailing the impact of not showing up for an appointment, including the cost to service and limited appointments.

3. GPs to prepare for the new national requirement of extended opening hours and to ensure their services are ‘fit for purpose’ by consulting with patients to fully understand their needs. GP services to be adapted to meet local needs in a cost effective way through implementation of local networks. Consideration to be given to include a resident pharmacist within the surgery who could act as a triage, providing over the counter medication, referrals for prescription or referral to a GP for a more comprehensive intervention.

4. CCG and GPs to develop guidelines and standardise non-emergency and emergency booking systems and communicate effectively to residents.

5. CCG and GPs to develop a consistent approach to ‘out of hours’ services and communicate effectively with residents.

6. GPs to display waiting times in surgeries and reasons for delays. Also to display posters in surgeries to make it clear to patients that inevitable delays are not through the fault of GPs but may be caused through some patients needing extra time for their consultations.
7. CCG and GPs to evaluate effectiveness and if appropriate implement and promote telephone consultations.

8. GPs to discontinue the use of 0844/5 numbers

9. GPs to implement the new contract to provide enhanced services to elderly patients and people with complex needs. Also, as residents have told us they wish to see the preferred GP to ensure continuity of care; consider ways this can be achieved without impacting on providing acceptable/timely appointments.

**Performance Management**

10. Improving consistency, CCG to work with partners to identify what a good practice looks like and benchmark, numbers and range of staff and services available

11. CCG to work in partnership with the Council and key partners to develop and publish a good practice guide and an agreed set of standards, so that residents know what to expect from their GP. The guide to include; making appointments, opening hours, consultations and out of hours services and processes to improve services for parents with children with special needs.

12. CCG to work with partners to consult with residents, through an event to agree patient responsibilities to be included in the 'common standards'.

13. CCG and GPs to review network model to ensure that there are clear processes and work in partnership with ‘out of hours’ provider and NHS 111 to improve the patient journey.

14. The Council, in partnership with the CCG to implement an award scheme for GPs providing the best service for inclusion in the ‘Love your Borough’ awards.

15. Scrutiny to develop mechanisms for Scrutiny to monitor future delivery of services by GPs, including regular/quarterly meetings with the CCG and complaints monitoring.

16. CCG to develop recognisable scorecards for GP services. Performance indicators to be presented on a quarterly basis against which GPs can benchmark themselves. Embed monitoring against poor performance and publish performance in surgeries and online.
Patient Participation

17. The CCG have confirmed that there are varying levels of public participation in GP surgeries. CCG to develop clear plans for all GPs to have Patient Participation Groups (PPG) for face to face meetings and Patient Reference Groups for email consultation and communication.

Training and Development

18. Provide consistent training and a mentoring programme for reception staff, borough wide. Evaluate practices and work with GP practices to ensure their receptionists and reception areas promote patient privacy and confidentiality.

19. Provide regular opportunities for reception staff to learn from each other and share good practice, for example shared meetings.

20. Provide training for GPs to improve communication skills, in particular for dealing with young people to ensure consistency.

21. Provide disability awareness and vision awareness training for all staff to help them understand how the service feels from a customer perspective. GPs to use this information to review services and improve the experience for blind and partially sighted people and other disabled groups. This could include, for example, receptionist helping patients get seated and moving to and from the consultation room.

22. Improve GP knowledge of sight loss causes and improve GP understanding of the practicalities of implementing suggested actions, such as the difficulty a blind or partially sighted person may have in increasing exercise as a means to weight loss.

Specialist Services

23. Improve support for mental health patients; facilitate a weekly ‘walk in’ centre run by GPs which would reduce the amount of patients attending Accident and Emergency.

24. Improve communication and information about eye health and sight loss within surgeries and review leaflets to target specific groups who are more at risk of losing their sight.

25. CCG Board to designate a specific member for sexual health who can give talks in sixth forms and colleges across the borough on the importance of ‘safe sex’ and contraception.
26. Public Health Team and GPs to improve education through schools, such as providing regular healthy eating programmes and talks for teenage students on sexual health and drugs.

27. CCG Board to also create a 'lead member' to visit all educational establishments in order to advise children and young persons on the merits of healthy eating and the consequences of poor eating habits and smoking.

28. CCG to develop a strategy on educating our community on the impact of consanguinity on the tragically high rate of child mortality in our borough.

Other

29. Young advisors to work with GPs and to have a link with the CCG board to develop 'Young Person' friendly surgeries.

30. The Council to take a leading role in educating new residents and communities about primary health care, particularly through the Councils website, including what services are available locally. Ensure that the Councils website has links to the Waltham Forest CCG. Consider a welcome pack for new residents to include information about immunisation, visiting GP, other services.

31. The Council to reiterate the importance of GPs to the health and well-being of our community, possibly on the WF website in order to boost declining morale among GPs

32. Councillors and GPs to build stronger relationships and to create a formal network, including GPs attending ward forums and Councillors attending PPG meetings where appropriate.

33. Public Health Team to play a leading role in the development and implementation of networks. Scrutiny to review CCG plans for implementation of networks, including understanding the business model and benchmarking against proven good models such as Tower Hamlets, Leicester and Enfield and the Knowesely model in respect of mental health services.

34. Public Health Team and CCG to work in partnership to develop strategies for reaching out to communities who are reluctant to visit their GPs for a range of services, including screening services or vaccinations that may prevent diseases such as cancer and tuberculosis.

35. CCG to develop mechanisms to enhance the role of pharmacist and publicise more widely the 'Pharmacist First scheme' to encourage take up.
36. Environmental Services to ensure that planning of services take account of population and demographic changes. Consider planning policies to include ‘Primary care ‘needs in each locality to ensure that GPs can cope with local needs.

37. NHS Alliance has developed a nine question version of the Friends and Family Test, CCG and GPs to consider implementation of the extended test across GP practices in the borough.

38. Surgeries to make it clear to patients how they can compliment or complain about the service they receive and Scrutiny to play a key role in evaluating complaints and implementing changes as a result of lessons learnt.

39. CCG and GPs to evaluate and implement the use of social prescriptions and work in partnership with the Council to increase the use of Leisure Services to identify opportunities for improvement and innovation.

40. CCG to provide details of the profile of GPs and to develop a clear recruitment strategy.

41. Scrutiny to review access to health services for excluded groups such as rough sleepers and homeless people and work with the Public Health team to identify opportunities for improvement.

42. Ensure CCG and GPs commitment to the Waltham Forest, East London and City Care Collaborative programme to ensure success for the integrated care model. Adult Social Care Scrutiny Sub Committee to review implementation.

43. Scrutiny to work in partnership with the Health and Wellbeing Board to facilitate an event with key partners and residents to respond to the ‘London Call for Action’.

44. Scrutiny to work in partnership with stakeholders to ensure agreed recommendations are translated into clear, timely actions and progress is monitored effectively.