
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 30 January 2018

Subject: Primary Care Access in Manchester

Report of: Deputy Director, Primary Care and Population Health,
Manchester Health and Care Commissioning (MHCC)

Summary

The Report updates the Committee on access to Primary Medical Care in Manchester; both in core and also extended hours.

The Report also contains brief updates to the Committee on the development of a Primary Care Strategy for Manchester, and on Primary Care Quality issues, including recent developments in relation to Care Quality Commission inspections.

Note that attending the Committee will be Dr Manisha Kumar, MHCC Clinical Director, and Dr Vish Mehra, Chair, Manchester Primary Care Partnership (MPCP), the Partnership of the City's 3 GP Provider Federations, which provides the City's Enhanced (evening and weekend) Access service.

Recommendations

The Committee is asked to consider and comment on the information contained within the Report.

Wards Affected: All

Contact Officers:

Name: Tony Ullman
Position: Deputy Director, Primary Care and Population Health, MHCC
Telephone: 07773 961656
Email: tonyullman@nhs.net

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1.0 Introduction

This Report updates the Committee on Primary Care Access in Manchester; both in core and also extended hours.

The Report also contains brief updates to the Committee on the development of a Primary Care Strategy for Manchester, and on Primary Care Quality issues, including recent developments in relation to Care Quality Commission inspections.

2.0 Context

Manchester City Council Health Scrutiny Committee received a Report in February 2017, which provided an outline and overview of Primary Care Access and Quality issues across the City, including developments and initiatives underway to support these areas and help transform Primary care.

Since that Report was produced, as the Committee will be aware, the three former CCGs have merged, with a Partnership Agreement with Manchester City Council, to become Manchester Health and Care Commissioning (MHCC). This is part of Manchester's overall transformation programme for Health and Care, as described in the Locality Plan, which also includes:

- Manchester's hospitals undergoing the process of merger into a Single Hospital Service; and
- Manchester's community health and social care services coming together in neighbourhood arrangements to form the Manchester Local Care Organisation (LCO), including community health, adult social care, mental health and primary care services.

3.0 Primary care in Manchester – current picture

Currently there are 89 GP Practices in Manchester, of which 35 are in North Manchester (the area covered by the former North Manchester CCG), 30 in Central, 24 in South. The numbers have been reducing from previous years following mergers and retirements – and, in particular, reduced numbers of small and single handed practices. As at time of writing further mergers are in train or expected, such that the number of Manchester practices is set to further reduce.

There is significant variation in size of the practices, with numbers of registered patients (known as list size) ranging from 1,757 patients, to 21,347. This range can be shown as follows:

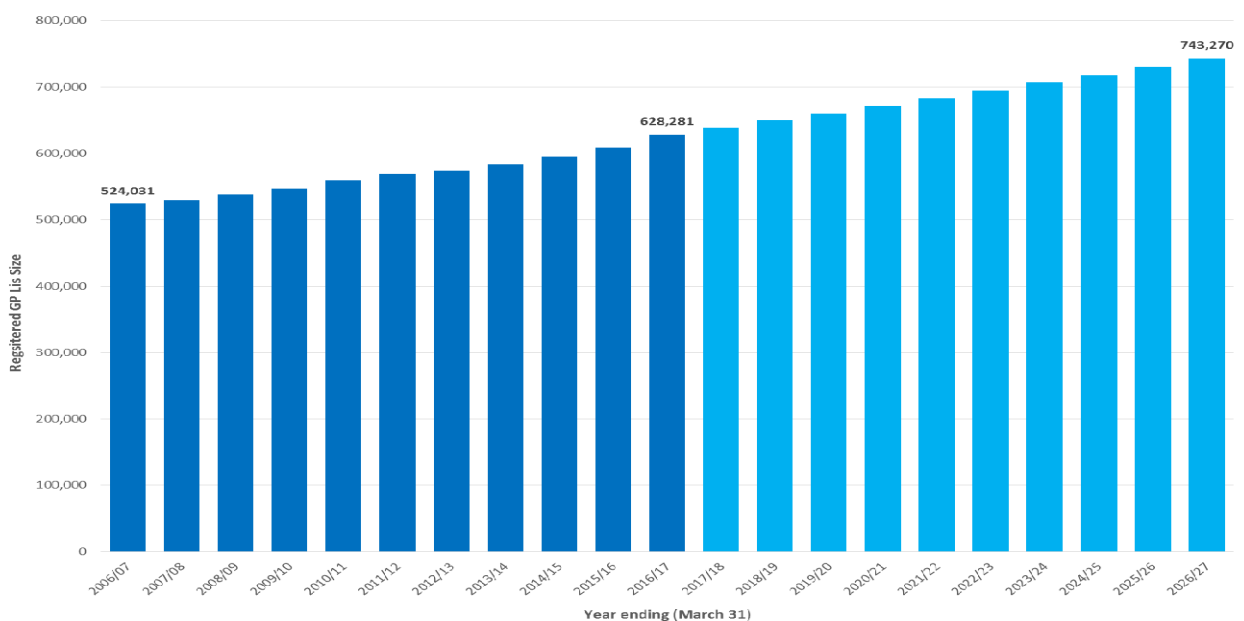


Data from NHS Digital shows that there are 7 Practices in Manchester with only one GP¹ (not including employed locums); and a further 11 with 2 GPs.

Increasingly practices are working together in neighbourhood arrangements, of which there are currently 12 Neighbourhoods in Manchester, with average registered population sizes of 52,000 patients – although these neighbourhoods range from 28,204 in Wythenshawe and Northenden, to 73,725 in Hulme, Moss Side and Rusholme².

Population growth

Members are aware that Manchester’s population has grown significantly over the last decade, with further growth projected in the next. This growth is particularly stark in relation to patients registered with Primary care. In the last ten years the number of registered patients in Manchester has grown by more than 100,000, from 524,031 to 628,281, as shown below:-



¹ One of these is currently undergoing a merger

² Note registered population sizes can vary significantly from resident populations

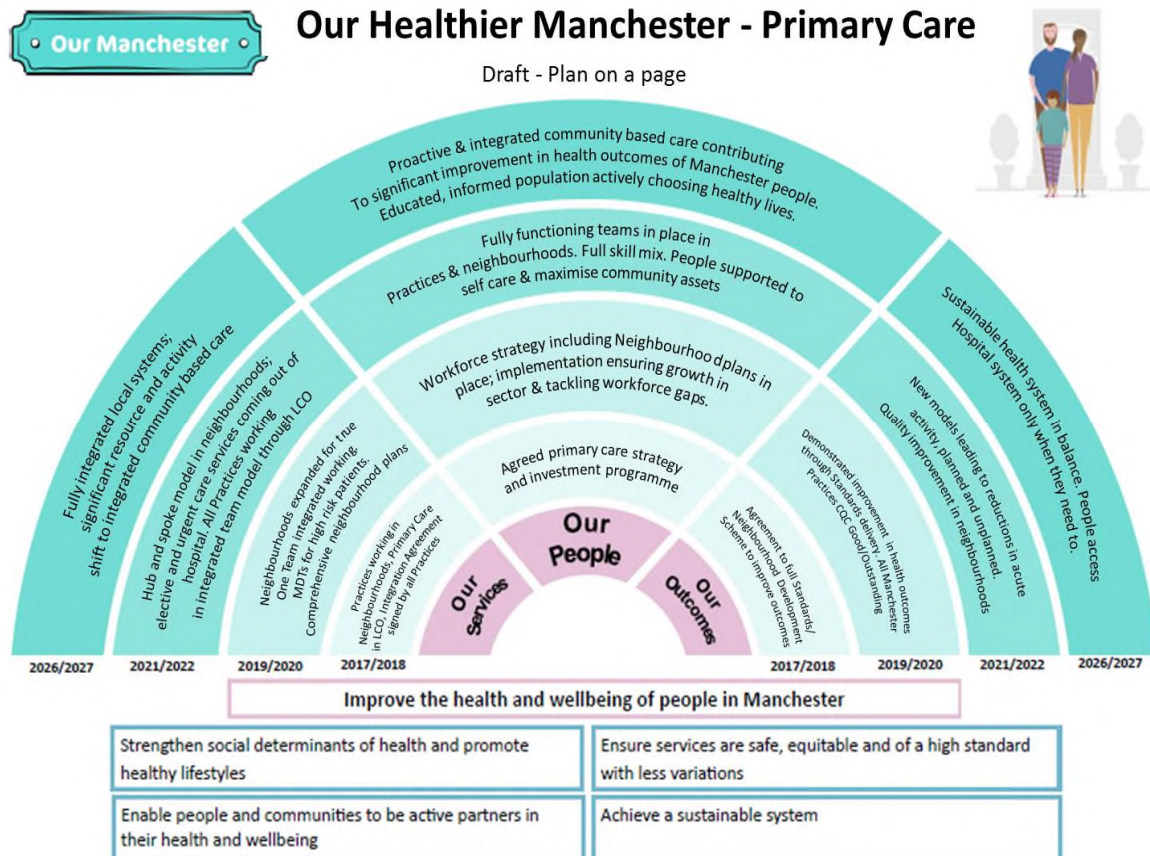
4.0 Manchester’s Primary Care Strategy

The main representatives of Manchester’s Primary Care system have recently been working together to develop a Primary Care Strategy for the City, a document co-produced by MHCC, the Primary Care Federations, and the LCO. The Strategy sets out a vision for Primary Care over the next ten years, to 2027, with a particular focus on more detailed plans for the next couple of years, to 2020. The draft Strategy can be made available to the Committee, or to individual Members, on request.

Key messages from that Strategy include:

- Recognition of the significant health needs affecting Manchester’s population
- Acknowledgement that, despite recent successes and achievements Primary Care in the City faces major challenges; including in relation to funding, workforce, rising demands and expectations, and estates
- Primary Care can make significant impacts on improving the health of Manchester’s population, and on helping shift the balance of our healthcare services and ensuring a sustainable system
- Primary Care’s future as being at the heart of Manchester’s model for integrated place based care in neighbourhoods, delivered through the Local Care Organisation (LCO).

The vision is that, over the next ten years to 2027, Primary care has a key role to play in delivering the Our Healthier Manchester strategy; with its contribution being shown as follows:-



In the next couple of years, to 2020, the more medium term vision is that:

- General Practice plays a key and proactive role in
 - Improving health outcomes for Manchester's population
 - Supporting people to be as independent as possible, and
 - Enabling communities to thrive
- General Practice will be resilient, a strong sector in Manchester's Local Care Organisation, and a great place to be for clinicians and staff
- Patient and public satisfaction will be high
- We will ensure full population coverage, equity of service and funding, and remove unwarranted variation
- General Practice will work with the strengths, assets and opportunities in our communities and neighbourhoods to promote well-being, reduce poor health and tackle health inequalities.

The major proposed priorities and programmes to deliver that vision are intended to include:

- Building on the Primary Care Standards scheme to develop an overall Manchester Primary Care Quality Improvement programme; including the delivery of all 9 Greater Manchester Standards, these being:
 - 1 Improving access and responsiveness to General Practice
 2. Improving health outcomes for patients with mental illness, dementia, learning disabilities and military veterans
 3. Improving cancer survival rates and earlier diagnosis
 4. Ensure a pro-active approach to health improvement and early detection of disease
 5. Improving the health and wellbeing of carers
 6. Improving outcomes for people with a long term condition
 7. Embedding a culture of safety
 8. Improving outcomes in children – childhood asthma
 9. Pro-active disease management to improve outcomes.
- Further developing the neighbourhood approach – ensuring Practices are working together and with local health, care and voluntary services in communities; developing responsiveness to local needs, and encouraging innovation.
- Health improvement and prevention – evidence based interventions which make a major impact on improving health, and in particular on mortality rates in the short term; examples including secondary prevention for cardiovascular disease (CVD), and proactive care for people with long term conditions.
- Inclusion health – meeting the needs of particular communities with the most complex health needs and challenges in accessing health care, including homeless people and vulnerable refugees and asylum seekers.

- Developing the primary care workforce; including delivering a workforce and education strategy for the City, and workforce plans for each of the City's neighbourhoods.
- Quality improvement – raising quality overall through a Quality Improvement and Assurance framework, and tackling unwarranted variation where it exists.
- Urgent Primary care – ensuring an integrated response to urgent need, in and out of core hours
- Meeting needs of high risk and most complex patients; including multi-disciplinary working in and with neighbourhood teams; and a High Impact Primary Care (HIPC) service for those with highest level of health and care needs
- Medicines Optimisation – delivering sustainable improvements system-wide
- Working on the key enablers –
 - Estates hub and spoke model in neighbourhoods
 - Information Management & Technology – systems, capabilities, information sharing.

The draft Strategy will be accompanied by a multi-year investment plan, to 2020, and link to engagement with Practices on their role in the developing LCO. It is intended that there will be process of engagement on the draft strategy, to March 2018.

5.0 Primary Care Access

As stated in the 2017 report, Primary Care Access remains a major priority for Manchester, and for MHCC. Improvements and developments have been made in the last year, whilst it is recognised that there remain significant challenges.

5.1 Access to core Primary Care

The national GP Contract³ defines core hours for Practices as 8am-6:30pm weekdays, not including Bank holidays⁴.

Currently, 88 out of the City's 89 Practices have signed up to the Manchester Primary Care Neighbourhood Development Scheme, which includes Primary Care Standards, based around those adopted across Greater Manchester (GM). Standard 1 of these focuses on Improving Access to general practice, the aims of which are:

- To support Primary care to deliver effective access and responsiveness to the public of Manchester

³ <https://www.england.nhs.uk/wp-content/uploads/2018/01/17-18-gms-contract.pdf>

⁴ The Contract states that Practices must not sub-contract their rights and duties, but also states that they may do so if they are satisfied that it is reasonable to do so, and the person to whom rights and duties are sub-contracted are qualified and competent to provide the service.

- To ensure access meets the needs of Manchester people; of the health and care system; and of Practices
- To enable continuity of care for those patients who need it.

The 7 elements of Standard 1 are:

1. Ensure patients are able to book routine, pre-bookable appointments until 8pm, 5 days per week; and at weekends. Note that
 - Appointments outside core contractual hours are delivered via the neighbourhood model.
 - Appointments should be with the right person, right place; not always requiring GPs, using skill mix in the Practice including Pharmacists, nurse practitioners, etc. where appropriate.
2. Improve the continuity of care for patients; where evidence suggests that this improves patient outcomes and experience; including those with long term conditions or complex needs. This should be done through the provision of pre-bookable, longer appointments where necessary, for those with complex needs.
3. Ensure that any patient who is considered as having an urgent clinical need have same day access – which can be supported by the neighbourhood model.
4. Enable patients are able to book appointments and order repeat prescriptions online, as per the GP contract.
5. Provide alternative modes of consultation, such as telephone consultations, online consultations, (either e-mail or SKYPE), group consultations.
6. Offer access to both male and female clinicians (note this does not have to be all 10 sessions, and can be delivered through the neighbourhood model).
7. Offer pre-bookable appointments 1 month in advance with a named clinician.

Reporting arrangements for Standard 1 are:

- A quarterly Practice submission/self-assessment form; of which one Quarter has been received and analysed.
- A mystery shopper exercise – which is due to be arranged.
- Peer review through neighbourhood arrangements – to be arranged (probably March 2018).

Initial results through the Q1 Self-declaration report highlights that the majority of the elements are being met by most Practices across the City:

- 82 practices achieve 5 or more of the 7 indicators
- 73 Practices achieve 6 or more indicators
- 43 practices achieve all 7 indicators.

In relation specifically to half day and lunchtime closures:

- 20 Practices currently retain a half day closure (this includes a number which close at 4:30pm)
- 2 Practices close at lunch periods (as do several of those which have a half day closure)

- 13 Practices have a half hour closure period, either 8:00-8:30am or 6:00-6:30pm

Whilst we are not yet at full 10 session per week opening, improvement has been made from the previous year, with the number of half day/lunchtime closures reducing. In some instances, where the element has not been met, Practices have indicated plans to do so:

- For example, in one Health Centre in the City with 3 Practices, current closure at 4:30pm on a Wednesday has been renegotiated to 6:30pm.
- A number of Practices have plans to move away from existing half day closure arrangements.

Many examples of good practice have been submitted in relation to:

- Arrangements for dealing with urgent need or same day demand; including urgent on the day clinics, specific appointments held back for urgent need, telephone triage, and systems in place for specific patient groups. As one Practice responded:
We have 45 appointments on the day.
We have 10 telephone consultations appointments on the day.
We have extra slots that are available on same day for Under 5's, Unplanned admissions and Practice Nurse only (Any emergency occurs during PN's clinic then she has the ability to book appointment with GP).
- Alternative arrangements for consultation, including some use of Skype, and with a number of Practices piloting group consultations for patients with particular long term conditions.

In relation on online booking, all practices currently have this facility. However as yet not every practice publishes all their slots; although most do, and take-up is improving.

Practices are also looking to improve access through new and innovative web presences; specifically, a system is being introduced into a number of Practices across the City called Footfall, which promotes online access including booking, as well as access to health promotion and healthy living advice, and to neighbourhood arrangements for health and wellbeing.

Evidence from 2 Practices that have adopted the web portal indicates that it has an immediate impact on reducing the demand for GP and staff time at the practice. First 12 months of usage from two practices indicates the following:

Practice 1: List size: 21,393, 10,496 requests via Footfall
3,770 patients were surveyed about what they would have done otherwise; responses indicate the following were avoided:

- Phone calls: 5,365
- Visits: 2,194
- GP appointments: 2,027

Practice 2: List size: 7,746, 7,794 requests via Footfall
1,858 patients surveyed about what they would have done otherwise; responses:

- Phone calls: 5,223
- Visits: 1,208
- GP appointments: 898.

Members who might be interested in the Footfall web tool are welcome to access it via one of the Practices currently using it, such as www.thealexandrapractice.co.uk or www.chorltonfamilypractice.nhs.uk or www.manchestermedical.org.uk. MHCC are currently assessing the feasibility of rolling the system out to all Practices across Manchester, with their agreement.

5.2 Enhancing access and registration for people from disadvantaged groups – homeless and new entrants

MHCC is putting in measures to improve Primary care access among particularly vulnerable groups, specifically:-

- **Homeless people**

Health and homelessness is a strategic priority programme for the City. MHCC is committed to ensuring equal access to Primary Care services for those experiencing homelessness, and has agreed to invest in additional primary medical capacity to ensure that homeless people in Manchester are better able to access timely and appropriate health care support.

The proposed scheme will:

1. Build on existing MHCC investment in Urban Village Medical Practice (UVMP) to increase the capacity of this provider to respond to the complex needs of the homeless population. This includes increasing 'drop in' capacity, expanding a Multi-Disciplinary Team (MDT) approach and supporting MHCC and partners to establish a city homeless 'hub' of co-located homeless services.
2. Provide additional investment via Manchester Primary Care Partnership (MPCP) to ensure that a neighbourhood approach to homelessness is adopted and that all 89 Manchester GP practices are supported to better meet the needs of homeless people. This will include the roll-out of the Manchester Homeless Health Care Standards, which are:
 - Health must form a significant element of any assessment of needs and remain a priority
 - All homeless people must be registered with a GP
 - All homeless people should be supported to engage with primary and secondary health care services
 - Homeless people should be supported to be self-caring in relation to their health care
 - Appropriate access to out of hours and emergency care.

The proposal will support Practices to meet their registration requirements, provide training and support to ensure a 'new patient check' is promoted and offered to all new registered patients, and provide additional capacity to those practices working in one of the 5 identified homeless 'hot spots' to enable them to provide additional services to their homeless patients.

- **Refugees and asylum seekers**

For Manchester, refugee/asylum seekers present as potentially the most vulnerable and diverse migrant population, with complex physical and mental health needs, language barriers, a limited knowledge and understanding of available services and how to access them. A pilot scheme has been approved for 2018-19 to enhance registration, assessment and navigation services and provide bespoke training for the primary care workforce. The pilot scheme is designed to;

- Ensure the most vulnerable new entrants receive appropriate and timely access to health and social care services
- Empower primary care services to meet the health needs of vulnerable migrants holistically, by working in an integrated way with all relevant services
- Support capacity building in primary care to reduce inappropriate variation and increase quality
- Promote inclusion health, neighbourhood partnership working and pathways to specialist services
- Reduce inappropriate impact on urgent and emergency services
- Generate the evidence base to support a full business case for recurrent funding
- Address training for reception staff in reducing barriers to patients accessing Primary Care.

5.3 Patient perspective of Primary Care Access

NHS England together with Ipsos MORI, have published the latest Official Statistics from the GP Patient Survey. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services. With regard to accessing GP services, here is a selection of the feedback given by patients registered with a GP in Manchester:

- 70% of patients found it fairly to very easy to get through to someone at their GP surgery on the phone (n5946)
- 27% of patients found it not very easy to not at all easy to get through to someone at their GP surgery on the phone (n2294)
- 86% of patients found receptionists at their GP surgery fairly to very helpful (n7123)
- 12% of patients found receptionists at their GP surgery not very helpful to not at all helpful (n969)
- 75% of patients were fairly to very satisfied with the opening hours of their GP surgery
- 83% of patients found their overall experience of their GP surgery of being fairly good to very good (n6858)

- 62% of patients found their overall experience of using NHS services when their GP practice was closed fairly good to very good (n1027).

The full patient feedback results can be found at <http://results.gp-patient.co.uk/report/13/ResultOptions.aspx>

5.4 Enhanced access service

Manchester has been an early adopter area for enhanced seven day access to Primary Care; initially in Central Manchester, then in 2015/16 extended to the whole City. Through the service Manchester's registered population can access a primary care appointment across 12 community hubs up to 8:00 pm on weekdays, and at weekends. The service incorporates unique access to the full primary care record - allowing every patient in Manchester to see a GP who has access to their record, letters and results. The consultation is recorded and linked within the same IT system. The service, delivered by the three GP Federations through the Manchester Primary Care Partnership (MPCP), provides 16,000 hours per year of appointments with current performance approaching 100% of capacity.

Utilisation rates for the service are generally above 80% for GP, Nurse and HCA (Health Care Assistant) appointments, one of the highest rates in the country; with an average of 94% utilisation of GP appointments on weekdays. Weekend utilisation is also increasing (especially in Central Manchester where weekend utilisation of GP appointments is at 92%), and again is higher than most similar schemes nationwide. Detailed utilisation is as shown below:

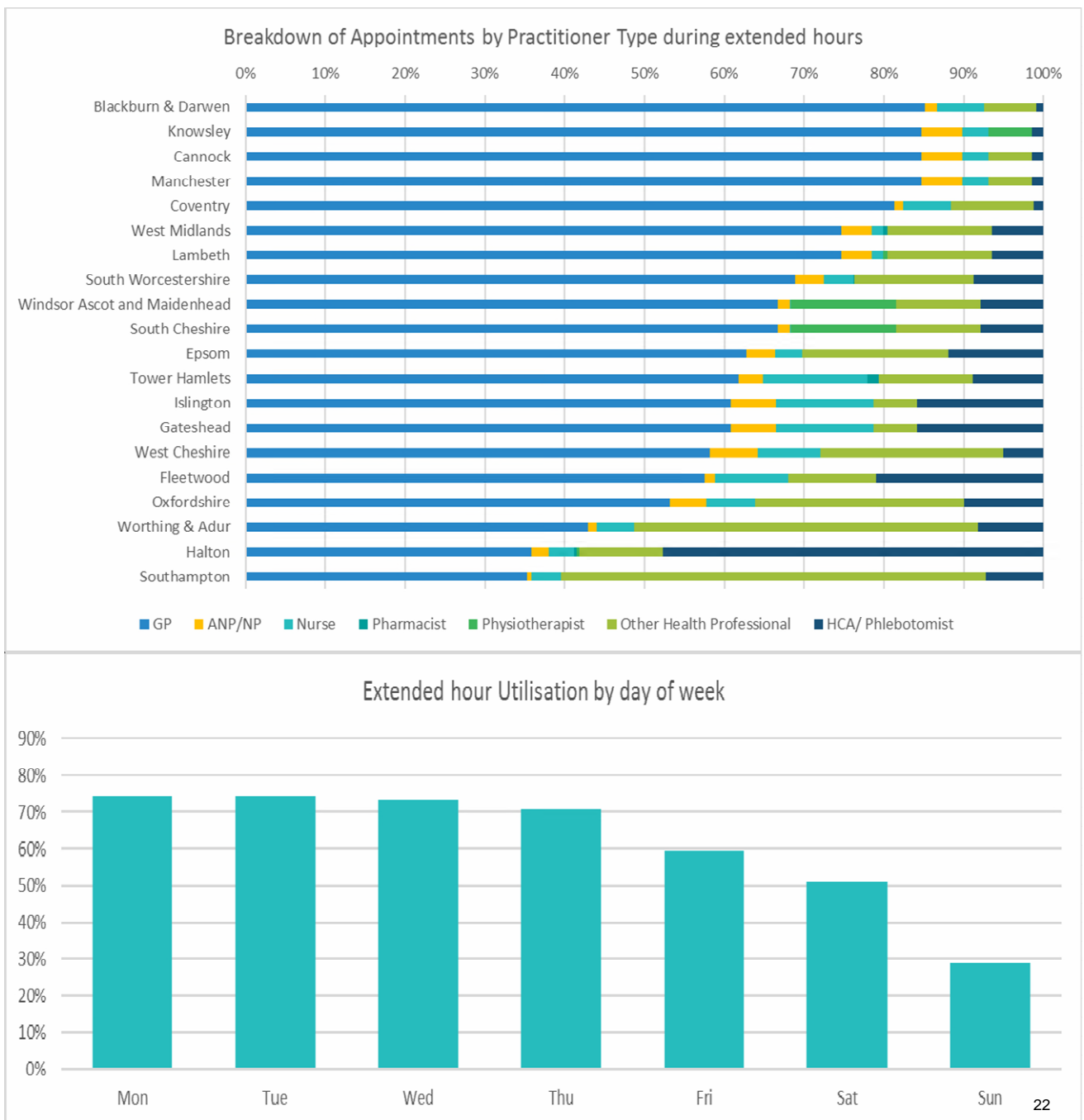
Evening and Weekend Utilisation 1st April -31st Dec 2017 (Weeks 14-52)

	North GPP0 North		PCM Central		SMGPF South			
	Weekday	Weekend	Weekday	Weekend	Weekday	Weekend	Weekday	Weekend
2017/18	%	%	%	%	%	%	%	%
GP Only								
Q1	88%	57%	99%	92%	89%	65%	92%	70%
Q2	94%	64%	98%	91%	92%	62%	95%	69%
Q3	95%	70%	98%	93%	93%	80%	96%	80%
Total	92%	62%	98%	92%	91%	68%	94%	72%
Utilisation of all appointments types	%	%	%	%	%	%	%	%
Q1	85%	45%	97%	86%	76%	52%	87%	59%
Q2	90%	40%	97%	85%	81%	53%	90%	56%
Q3	91%	40%	97%	87%	85%	67%	85%	67%
Total	89%	42%	97%	86%	80%	57%	89%	59%

In April 2016 the Central Manchester federation (PCM) piloted the introduction of Practice Nurse and Health Care Assistant (HCA) appointments during the extended hours period and as the table shows, in this part of the city, these appointments are

now equally as popular as GP appointments. The Practice Nurse and HCA service commenced January 2017 in North and South Manchester and their experience has been different to Central. In North Manchester, Nurse Appointments are more popular than HCA slots and increasing in popularity, whilst the reverse is true in South where HCA appointments are utilised more than Practice Nurse appointments. Having additional HCA and Nurse appointments offers access options for blood tests and chronic disease reviews, allowing for choice; and in particular caters for people who work or carers who may find a weekday appointment more difficult.

Notwithstanding this variation, as stated above the overall scheme's performance is recognised as one of the best in the country.



Data on waiting times

The time from booking an appointment to be seen, is dependent on a number of factors, including

- ✿ Availability of appointments
- ✿ Patient choice
- ✿ Booking appointments in advance for weekend appointments, as appointments are booked by the patients practice.

Waiting times in hours is shown below:

	North GPPO North	PCM Central	SMGPF South
2017/18			
Q1	16.04	31.21	30.24
Q2	23.00	26.43	33.45
Q3	28.24	37.38	38.51

A number of initiatives have been introduced to ensure that appointments not booked at the close of play on Friday are not wasted, this includes providing the Out of Hours provider gtd Healthcare with the unutilised capacity so they can offer extended access appointments to patients; this has been particularly helpful in the North and the South of the City where weekend capacity exists. The Federation is also engaged in an NHS England pilot, working with NHS 111 to establish IT connectivity between the two systems, to enable direct booking of extended access appointments by NHS111. It is hoped that an initial pilot will commence in January for evaluation and full roll-out prior to March 2018.

Practice Engagement /Utilisation

Across the city data shows that at the end of quarter 3, only 1 practice in the city had not used the service during this contract period. This particular practice has a young patient list, and when contacted stated that they have no access issues and can manage their own demand. Two other practices with low usage, and have indicated they hold a number of late night walk in sessions each week, which are popular with patients and whilst the extended access appointments are offered, patients prefer to be seen at their own surgery.

Developing the service

There is an expectation from NHS England that extended access to Primary care to 8:00pm weekdays and at weekends becomes a national requirement and offer, by 2020. A national specification has been developed, which includes for

- Pre-bookable and same day appointments, evenings and weekends
- A minimum of additional 30 minutes consultation capacity per 1,000 population, rising to 45 minutes per 1,000
- The service being available 365 days per year, including bank holidays
- Ensuring services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity in the community,

so that it is clear to patients how they can access these appointments and associated service

- Ensure ease of access for patients including:
 - all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
 - patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

It is felt that Manchester is generally in a good place to deliver the national requirement, albeit that more work will be required.

Healthwatch review of access to the 7 day service

In December 2017 Healthwatch Manchester published '*Week Spot? Review of Access to the 7 Day GP Service*⁵, based on a mystery shopper exercise undertaken by Healthwatch volunteers. The Report found that awareness of the 7-day service among Practice receptionists appeared to be low, with only 39% of front line staff evidencing their awareness and offer of access to the Service. The Report concluded that 'There is an important and urgent need to ensure all Manchester GP Practices fulfil their requirement to offer patients access to the 7-day service', with other recommendations around

- Support for GP Practices to achieve successful delivery
- Clear information to be displayed in GP Practices and on Practice websites
- Training for receptionists on information provision and telephone etiquette
- Further investigation into wider issues, specifically caller and patient experience.

In response to the Report, it is acknowledged that there is work to do to increase awareness; but also recognition that perhaps the terminology used in the mystery shopper exercise does not necessarily tally with staff's understanding of the service title. A detailed Action Plan is currently in preparation, to deal with each of the issues and recommendations arising from the Report; this is attached at the Appendix.

In addition, Healthwatch has been invited to the MHCC Patient and Public Advisory Group to consider the recommendations.

⁵ Available at <https://d2jlsms9zhgfok.cloudfront.net/2017/12/07142053/Week-Spot-Access-to-7-Day-GP-Service-Review.pdf>

6.0 Primary Care Quality issues

6.1 CQC ratings

The current Care Quality Commission (CQC) ratings for Practices across Manchester, is as follows:

Rating	Number of GP practices	Per cent
Outstanding	3	3.5%
Good	80	89.5%
Requires Improvement	2	2.5%
Inadequate	4	4.5%
Total	89	100%

Over 96% of Manchester's patients are registered with a Practice which is either good or outstanding, and less than 4% are with a Practice that requires improvement or rated inadequate.

In relation to those four Practices rated 'inadequate',

- Merseybank is currently undergoing merger with a neighbouring Practice
- Droylsden Road Family Practice is now being managed by a different provider, gtd Healthcare Ltd., and significant progress has been made by the new providers in relation to access and quality. The Practice is awaiting a date for re-inspection by CQC.
- Wilmslow Road Medical Centre was re-inspected in December 2017, and the CQC Report is awaited. It is expected that the Practice rating will improve.
- Brookdale Surgery was re-inspected in November 2017, and has again been given a rating of inadequate across all domains. MHCC will continue to work with the Practice and with partner organisations (including Greater Manchester Health and Care Partnership, on behalf of NHS England), to determine appropriate next steps in respect of the Practice.

6.2 Artane Medical Centre

On 11th December 2017, MHCC with the support of Greater Manchester Health and Social Care Partnership made the decision to close Artane Medical Centre for contractual reasons. Interim alternative arrangements have been put in place, with the neighbouring Jolly Medical Centre, to ensure that all patients registered with Artane Medical Centre have continued, and will continue, to receive essential primary medical care services. This arrangement will be for a period of three months initially but may well be extended whilst the longer term future of the Artane Medical Centre contract is determined.

A letter has been sent to all patients registered with Artane Medical Centre to inform them of these changes. In addition, providers, partners and stakeholders (including local Councillors) have been informed of the changes; and MHCC continues to engage with the local community in the Cheetham Hill and Crumpsall neighbourhood to ensure they are informed and aware of the recent developments.

6.3 Quality Improvement and Assurance

As a system we are committed to addressing poor quality and unwarranted variation in general practice in a way that will also improve resilience and add much needed sustainability to primary care. We acknowledge that, until recently, improvements to quality have often been undertaken in a reactive manner. We are therefore focusing on developing a more pro-active model of quality improvement and assurance.

The approach is supported by a wealth of data and intelligence triangulated on the Manchester Primary Care Dashboard. This data is split across a number of domains and is available at practice, neighbourhood, locality and City level. Using the dashboard, and a locally developed Quality Improvement Assurance Framework, we will be able to identify areas of unwarranted variation in quality, provision and pressures in general practice; and put supportive interventions in place before practices hit crisis point

7.0 Recommendation

The Committee is asked to consider and comment on the issues contained within this report.

Appendix 1: Healthwatch Manchester Report 7DA GP Services
Action Plan - January 2018

	Recommendation (Healthwatch Manchester)	Benefit for patients (MHCC Locality Plan)	Actions	Timescale	Progress/Status	Responsible Lead
1	There is an important and urgent need to ensure all Manchester GP practices fulfil their requirement to offer patients access to the 7 day GP service	All Manchester patients and carers are able to access the 7 day GP service	Produce and circulate practice specific pathways to 7 day GP service	Q4 2017-18		
2	When new services such as this are introduced, timely and meaningful provision of support for GP practices is required in order for them to achieve their successful delivery	All Manchester patients and carers receive care and treatment in a co-ordinated and timely way	Produce and circulate protocol for new service implementation	Q4 2017-18		
3	Information regarding the 7 day GP service should be clearly displayed in practices as a reminder, prompt awareness raiser for staff and patients. This information should also be available on GP websites and their telephone answering service	All Manchester patients and carers are able to access updated information about the 7day GP service, in a variety of different ways	Review and standardise practice level communications; Displayed Staff briefing (for telephone and face to face) GP Website	Q4 2017-18		
4	Training for receptionists in telephone etiquette should be provided and regularly refreshed. All frontline staff	All Manchester patients and carers are treated with dignity and	Establish customer service quality criteria Establish continuous quality improvement leads at	Q4 2017-18 and ongoing		

	should receive regular training, including updates on information provision. All staff should receive meaningful support and supervision in order to enable maintenance of service quality	respect	practice level Confirm practice and neighbourhood level training plans for 2018-19			
5	Further investigation is required into the wider issues identified by this initial telephone survey. These include service quality issues around callers' experiences of issues such as politeness, clarity and accuracy of information. There appears to be a huge difference in the quality of service delivery between practices. Training and support provision for frontline staff also requires further investigation	All Manchester patients receive a high quality primary care service	Review Patient Survey outcomes at practice level Establish priority training requirements for 2018-19	Q4 2017-18		
6	Healthwatch Manchester, as the independent consumer champion for health and social care needs to either lead or be involved in the above	All patients and carers in Manchester know what services are available in their community and how to use them	Healthwatch to be invited to present report to PPAG meeting where proposed action plan, and roles and responsibilities, can be discussed and agreed.	January 2018		