

GP REPORT RESPONSE PRO FORMA (CCG)

Response detail
<p>Are there experiences documented in the report that you were not expecting?</p>
<p>Paying for Social Care stood out to me. I take it people did not want to pay for it themselves? All the other issues are the time honored challenges that have perplexed the NHS since its inception. The problem is one of expectation verses deliverability. There is a disconnect between demand and affordability. Everything is possible if someone is willing to pay for it.</p>
<p>What work, initiatives or decisions are you aware of that will support improvements in the experiences of people accessing GP services in the next 12 months?</p>
<p>National</p> <ul style="list-style-type: none"> • The decision by Simon Stevens to allow co-commissioning of primary care between the CCG and the Area Team/NHS England. For far too long there has been disinvestment in primary and community care because of the tariff system pushing funds into the acute care. • The core contract for primary care is being looked at to determine what is expected of primary care. The current system is too confusing for patients and the profession. We need to commission from a patients perspective and have realistic ambitions of what is deliverable. <p>In East Surrey</p> <ul style="list-style-type: none"> • Pro-active care is already happening with Care plans being written with patients not for patients. • We have a nursing home enhanced service to prevent unnecessary admissions due to forward planning and regular review. • We will be moving to a hub and spoke model for care where some patients will be seen in other surgeries for specialized care or investigation such as diabetic eye screening or ultrasound. This can expand into the seven day access to GP services but is tempered by the availability of the workforce. • The use of data to enable provision at the peak times and increased use of the 111 service to direct patients to the most appropriate place. • Education of the public about self-care and personal responsibility to maintain healthy lifestyles in conjunction with the District and Borough Councils. • New Health and Wellbeing counselors to signpost residents and much better involvement of the voluntary sector.

What are the main barriers to improvements in the experiences of people accessing GP services?

The main barrier is the difficulty in shifting resources into the community setting and the contracting of primary care. There is little joint understanding and responsibility for urgent and emergency care. Primary care is contracted from 8am to 6:30pm and any extended hours have to be booked not walk in. There is an old formula to help to work out how many appointments a practice should offer as guidance but that has not been adjusted to take into account the increasing demand. Consultation rates have doubled in 10 years with no increase in resources.

There is a need to embrace technology such as Skype and e-mail to improve efficiency but there needs to be a commensurate drop in face to face as there will be less time.

The use of alternative practitioners such as paramedics physician assistants and healthcare workers will increase to allow Doctors and Nurses to concentrate on long-term conditions and health promotion, as well as urgent care.

Named GP's are a finite resource and this needs explaining so that expectations are tempered so the experience is better.

Response as a summary (for use on website)

Please summarise the above detail into a summary of up to 250 words:

I want to thank Healthwatch Surrey for their work on this report.

In East Surrey we know that we need more partnership working between all players in the health and social care system and that we need to focus on prevention and pro-active care.

We need to use technology and data to anticipate issues and find solutions before they become problems. We need to commission all parts of the NHS to work together to minimize the confusion for patients as they pass through the system.

We are doing a lot of work around urgent care and improving signposting to services that are appropriate to people's needs. In 2015/16 we will also be investing in the development of Health Hubs to enable people to get advice and treatment in the community rather than having to go to hospital.

Response as a quote (for use with media)

Please provide a personal quote from a member of your leadership team:

13-Oct-14

We need to think like a patient when we commission services and provide a care service backed up by health.

Dr Joe McGilligan, Chair, East Surrey CCG

Please respond by 5pm Monday 20th October