

**SUPPLEMENT TO THE AGENDA FOR**

# **Health Scrutiny Committee**

**Friday 18 March 2011**

**10.00 am**

**The Council Chamber, Brockington, 35 Hafod Road, Hereford**

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## Health Scrutiny Committee

18th March 2011

### Response to Scrutiny Review of General Practitioner Services

#### 1 GP practice network links.

There is current work being undertaken to join the PCT sites to the Council network – this is to move the current PCT Wide Area Network (WAN) into the council Community Network (CN) using the local telephone exchanges instead of Belmont as the hubs for our communications network. This will provide increased capability at reduced cost and benefits from the economies of scale that the PCT and HC partnership brings.

The GP practices are out of scope for this work as their networks are not currently part of the PCT WAN – they are effectively treated as standalone businesses.

The GP practices currently have a single N3 (NHS network) connection each, which are varying in their efficacy, apart from branch surgeries who have point to point private circuits between the main GP site and branch site(s). Where GP site links have been problematic, ICT services has worked with BT in the past 12 months on remedying this and there is a much improved service to two branch sites that were having difficulties.

Over the past two years ICT services have upgraded the circuits for all GP practices with a branch surgery. They previously had 2MB connections, none of which were guaranteed by BT for data. They all now have a 10MB private circuit. Investment (circa £50k) has been made from the PCT which puts funding aside for these types of developments.

In addition ICT have asked the Herefordshire Council network provider (Updata) to provide quotes to link the GP practices to the council's CN.

#### 2 Location of Health Service.

NHS Herefordshire commissions a range of primary, secondary and specialist care from a variety of providers recognising that geographically, our population is dispersed, with about a half living in rural areas. Overall population density is 0.8 persons per hectare, but this varies across the county. A quarter of the population lives in very sparsely populated areas (a higher proportion than in any other county authority area in England)

Travelling times by car from the most distant parts of the county are up to an hour to Hereford, one and a half hours to Worcester and up to two hours to Birmingham and, for Cancer services, to Cheltenham. The major centres of healthcare are Hereford itself, where the county hospital is located, and the market towns containing the community hospitals (see appendix 2a)

Over 85% of all health secondary care expenditure is committed to local services and NHS Herefordshire has repatriated services when cost effective to do so and clinically safe e.g. satellite radiotherapy to be provided locally in 2013. The contracts “map” (see appendix 1) therefore demonstrates that the vast majority of secondary care is provided locally and yet we will need to continue to rely on specialist centres for tertiary care.

Therefore our current local health provision is delivered primarily through Hereford Hospital Trust (HHT) and the PCT Provider, together with 112 GPs, social care and the wider primary care staff. We have significant support from the third sector through the Herefordshire Alliance, an umbrella organisation representing third sector providers. HHT provides the full range of core DGH services. Specialist tertiary services are commissioned from regional or neighbouring counties. We are part of the Three Counties Cancer Network and have established clinical networks to ensure we have access to key clinical skills which we are unable to secure at a local level.

HHT is located in the centre of Hereford with the majority of its services delivered in a PFI facility. It provides the full range of DGH services, with referrals to specialist services provided through network arrangements (such as Cancer, Neurology, ENT and Renal services) Its 132 beds for medical emergencies are occupied mainly by older people who have respiratory, stroke and MSK problems. The number of admissions are high, many are avoidable. We are therefore as a health and social care community seeing this as a major challenge for 2011/12.

- **Community services** – We expect that the new Herefordshire integrated organisation will be established as a legal entity in 2011-12 which will include current PCT provider services. The current Community Provider is based around six community hospitals and professional teams. It provides children, adults and older people’s services (including intermediate care) The Community teams are configured around localities, providing district nursing and occupational therapy It is heavily bed-based, with its 126 beds mainly occupied by older people who need rehabilitation with most of its occupants discharged from HHT.
- **Primary Care** - General Medical Services are provided through 112 general practitioners in 24 locality-based GP practices. We are not an under-doctored area with GP list sizes will within national averages but we do have a significant number of patients attending the local hospital Accident and Emergency Department. Out of Hours GP services (OOH) are provided by Primecare and a walk in centre provided at the Asda

Centre in Hereford. Our ambulance service, West Midlands Ambulance Services (WMAS), has been tasked with improving its response times, quality of care and cost effectiveness NHS Dental capacity has also been expanded but further improvement is planned with the elimination of NHS waiting list for routine dental care from March 2011. Pharmaceutical services are also provided by pharmacies in the city and market towns, with dispensing GP practices in rural communities. NHS optometry services are provided by practices in the city and market towns.

- **Learning Disability and Mental Health Services** - Integrated NHS and Local Authority teams provide care management services, ensure individuals can access mainstream services and are supported in their own home and communities. We have tendered for a new Mental Health provider (2gether NHSFT to commence 1st April 2011) to deliver better access to a wider range of innovative services, with existing staff TUPE'd over and social care staff seconded for local continuity.
- **Neighbourhood Health & Social Care Teams** - The future provision of health and social care services are considered to be the engine of the new model of health and social care delivery in Herefordshire.

Neighbourhood Teams will include adult health and social care services working in close partnership with primary care, children's services, third sector and other independent providers. Effective locality teams will:

- Maximise independence and recovery for the service user
- Reduce A&E attendance and inpatient admissions
- Reduce inpatient length of stay
- Support centralised services (Acute/Tertiary/Specialist).

To achieve the above outcomes the Neighbourhood Teams will aim to:

- Provide care that is designed and delivered around needs of their local population
- Promote a culture that fosters accountability and consistency across all the care settings of Herefordshire
- Enable a structure of integrated working across existing organisational and professional boundaries, that make it certain that service users receive the right treatment at the right time and in the right location

Ultimately, the Neighbourhood Teams will have a range of responsibilities including:

- Specialist Needs Assessment e.g. MDT assessment
- Rapid Response/Instant Care (1-3 day duration)
- Intensive Home Support (up to 6 week duration)
- Rehabilitation and Recovery (domiciliary)

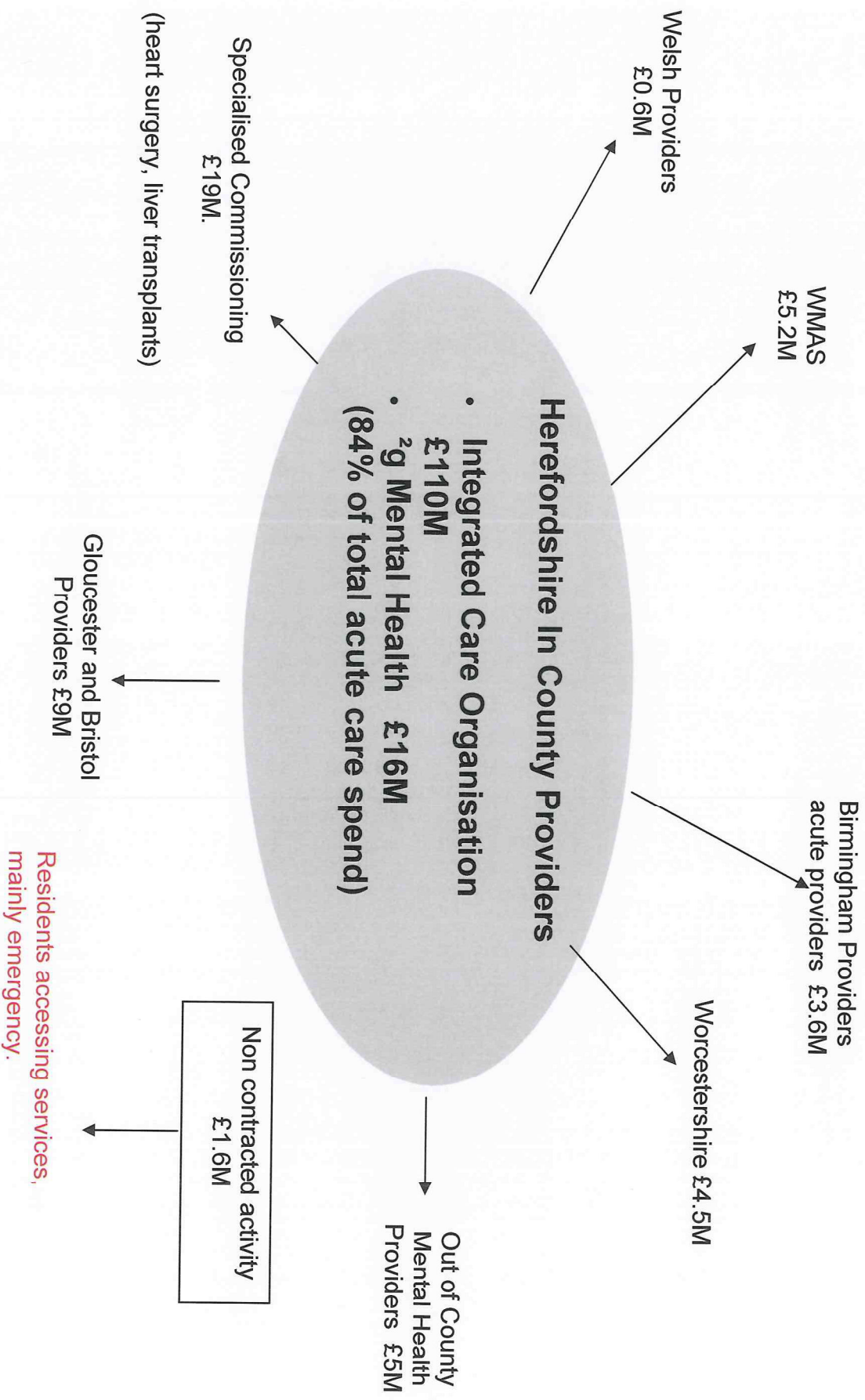
- Treatment
- Safeguarding/Social integration
- Case Management/ Care Coordination
- Follow the patient journey (supporting admission avoidance and facilitating discharge through in-reach and care coordination)

The Teams will work closely with the providers of mental health, children's and third sector services in Herefordshire. The Teams would be made up of GPs, social care professionals, nurses, therapists and support workers, responsible for the overall care of service users; there will be a phased approach to the development of the Teams.

### **3 Summary**

Members will be able to review / consider therefore the coverage and future development of health provision for Herefordshire residents with the larger proportion of service provided in the county and in deed locally for primary care service. With the formation of the ICO and new provider Trust for Mental health plus a focus on locality working the local focus will be further enhanced. IT connectivity with GP services are also being addressed as part of the integrated IT service for the county.

A detailed response to each of the Health Scrutiny Committee recommendations is provided in Appendix 4.









Key:

- 1** Bromyard Community Hospital
- 2** Kington Court Health and Social Care Centre
- 3** Ledbury Community Health and Care Centre

- HHT** Herefordshire Hospital NHS Trust
- 4** Leominster Community Hospital
- 5** Ross-on-Wye Community Hospital
- 6** The Hillside Centre



## Transport

Public Transport in Herefordshire is provided by commercial bus and train operating companies. Bus services are either fully-commercial or, where commercial operation is not viable, are operated under contract to the council. Train services are operated under a franchise from central government.

Most bus services, called "commercial" bus services, are planned and provided by bus companies, which are solely responsible for the routes, times and fares charged. "Contracted" bus services are run by bus companies to service specifications set out by Herefordshire Council, which also pays the companies the difference between the operating cost and the income from fares on these services. Contracted services are only provided where no suitable commercial service exists - 60% of the conventional bus network is provided on a commercial basis with 26 operators. There is not a predominant operator but six are significant players in the market. The commercial bus network is concentrated within Hereford and the four largest market towns. With increasing rurality, bus frequencies decrease. The Hereford urban area supports a frequent and comprehensive bus service with routes typically having a 15 minute frequency. Inter-urban routes have an hourly or two hourly services. There are no commercial journeys after 7pm or on Sundays, and even on weekdays other routes away from the main corridors have more sparse services with some having none at all.<sup>1</sup>

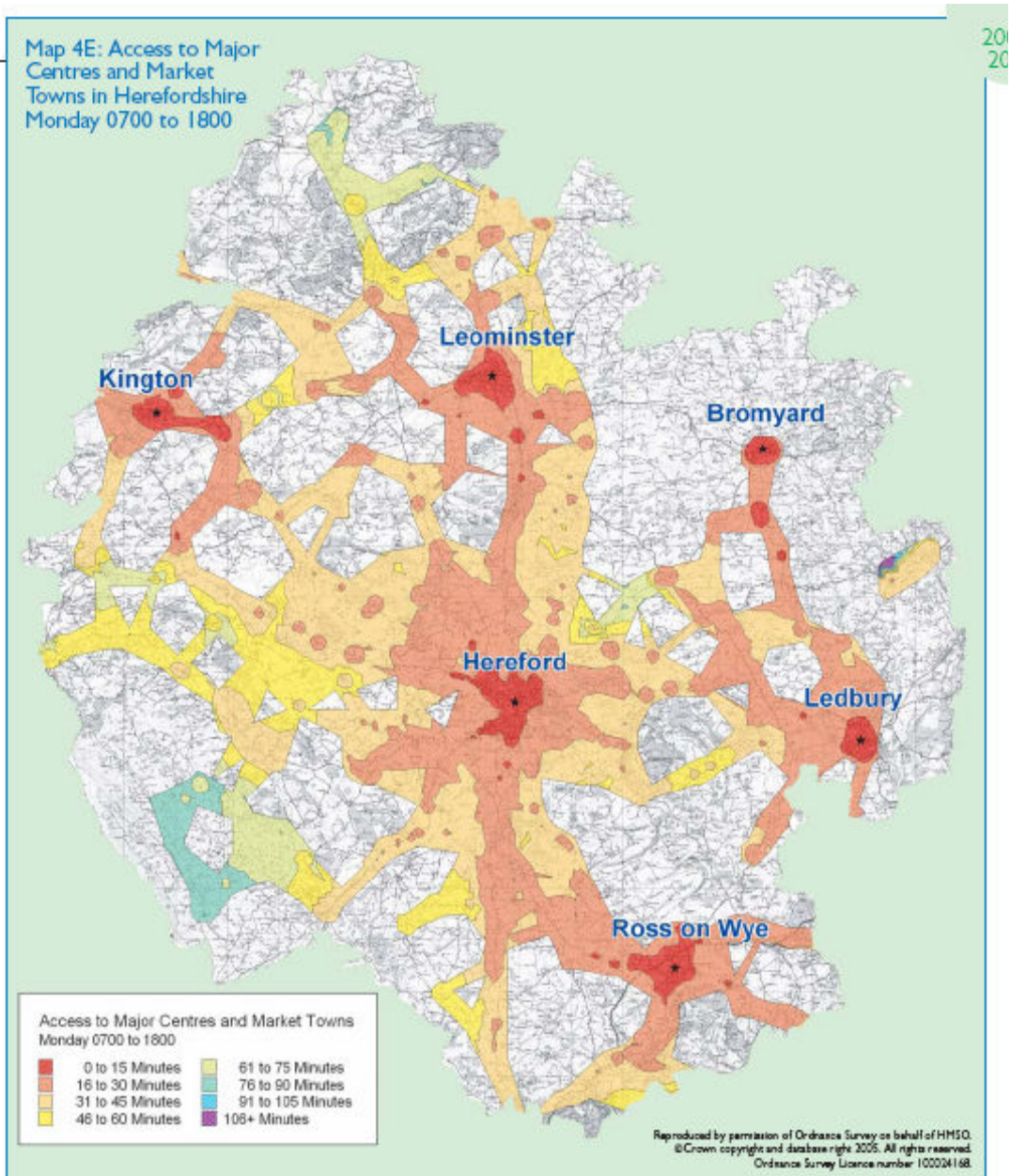
Some bus services run early in the morning and do not return until evening, others leave little time for accessing health services before having to return on the only bus service back to an area, and some on only certain days of the week. For example, to travel from Bredwardine into Hereford is only possible on a bus at 07.09, returning at 13.10 on a Wednesday or a Friday, or at 17.10 for the whole week.

In many cases, because of the rural nature of the county, the bus services do not run at appropriate times or to venues that would enable people to access health services, particularly in rural areas.

The map below from the Local Transport Plan 2006-11 illustrates the issues around travel between rural villages as opposed to into urban areas with the paucity of services on offer.

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<sup>1</sup> Local Transport Plan 2006-2011



Community Transport (CT) therefore plays an important role within Herefordshire by providing access to services for people who are unable to use conventional public transport. There are eight schemes operating in the county which are all run through charitable organisations. The schemes are all provided with grant funding from Herefordshire Council to enhance the service and are provided with support by Community First on behalf of Herefordshire Council.

The CT schemes provide a pre-booked, door-to-door transport service to help people get to local services, hospitals, visit friends and enjoy a range of leisure activities.

It provides transport for people unable to use conventional public transport services because:

- There is no public transport service available
- There is no alternative transport at the time they need to travel

- They have limited mobility, which prevents them from using bus or train services.

Community car schemes use volunteers driving their own cars to provide transport for passengers needing to make a journey. Some schemes also operate minibuses or multi-purpose vehicles which can be used by passengers in wheelchairs or people who are travelling together. Passengers pay a contribution towards the cost of the journeys which are also subsidised by Herefordshire Council. Journeys can be made to the shops, doctors, friends and relatives, hospitals, dentist, opticians and for appointments, where no alternative transport is available.

Figures from Community First, the third sector infrastructure organisation which oversees and supports the schemes in the county, on behalf of Herefordshire Council, show that last year there were 6,290 registered users making 53,900 journeys through community transport.

In addition to transport provision available direct to members of the public, the Ambulance Service also plays an important role in supporting access to medical services within the County. There is a volunteer drivers scheme which is run through the West Midlands Ambulance Foundation Trust to provide hospital journeys for patients meeting particular criteria around statutory obligations. This is not funded through Herefordshire Public Services but complements the work of the community transport schemes.





Working together for the people of Herefordshire



## Detailed Update March 2011 on Health Scrutiny Review of GP Services.

## A: Continuity of Care

<p><b>Recommendation No. (A1)</b></p>	<p>NHS Herefordshire &amp; GP Practices acknowledge, support &amp; resource the role of GPs as key community gatekeepers; giving consideration to the location of an advocacy/co-ordination/signposting worker in each surgery to act as a 'key worker' for patients.</p>
<p><b>NHS Herefordshire's Response</b></p>	<p>The role of the GP as one of the key community gatekeepers is already acknowledged by NHS Herefordshire and by the GP community itself. The localities strategy being developed by NHS Herefordshire and Herefordshire Council is intended to ensure the best use is made of the resources, both human and physical, already existing in communities thereby improving access to the widest possible range of public services and information. As part of the locality focus, with GP Practices/ Social Care co-location and primary care team focused working, the key principles of more integrated local working and "total place" are recognised.</p> <p>The Practice Based Commissioning team in Integrated Commissioning has, therefore, appointed a Neighbourhood Teams Project Manager, on a two year contract whose role/remit is to facilitate a model of more local team working across Health and Social Care. Key elements of this work will be identifying how in the county we can ensure the development of an effective signposting role to services which reflect the needs of individual localities and the dynamics of individual teams, and strengthening the relationship between primary cares' gatekeeper and commissioning role.</p> <p>NHS Herefordshire has also recently received – and is considering – a bid setting out a proposed Citizen's Advice Bureau pilot to provide in-surgery advice to patients on access to services and benefits which will be evaluated with a view to permanently resourcing towards the end of this year.</p>
<p><b>Update March '11</b></p>	<p>The Localities model within the new Herefordshire Integrated Care organisation has now been progressed and key managers appointed to deliver a locality focus to care with both health and social care working with GP practices. This includes therefore work on risk stratification of patients and to maximise independence. The proposed pilot with the Citizens Advice Bureau has also been progressed and CAB is working within Hereford city practices and a joint review of the outcomes will shortly be undertaken.</p>
<p><b>Lead Director</b></p>	<p>Associate Director (Integrated Commissioning)</p>



## B: Equitable Access

<b>Recommendation No. (B1)</b>	Ensure the GP-led walk-in centre, when open, offers a full range of services with excellent communications between it and the patient's registered Practice to ensure continuity of care, to cater better for workers who commute to Hereford City – without destabilising vulnerable rural Practices.
<b>NHS Herefordshire's Response</b>	Accepted. The centre has been operating from its temporary location since December 2009, and over 470 patients a week are now routinely receiving care at this facility. It is a contractual requirement that any treatments provided to patients registered with a GP elsewhere are communicated to the 'home' Practice; and compliance with this requirement is included in the routine contract monitoring process.
<b>Update March '11</b>	<b>The NHS walk in facility at the ASDA Hereford site is well utilised by Herefordshire residents and on average provides a service to 500 patients per week rising to over 750 attendances over the Xmas / new year period / bank holiday period. Assurance has been given to the continued service on ASDA site by the PCT issuing a press release and work continues with Prime care (the Provider) to scope how best to respond to the demand with appropriately skilled staffing and links to the A&amp;E Department at the County Hospital.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (B2)</b>	GP Practices should work more closely with school clinics and youth-led organisations to improve access to services for young people.
<b>NHS Herefordshire's Response</b>	The report noted some anecdotal evidence that young people may experience difficulty in accessing GP services either for fear of meeting family and friends at a surgery or 'other reasons'; in order to respond appropriately to the recommendation further information would need to be sought to ensure a clear understanding of the issues and underlying causes and therefore inform future actions. It is one of NHS Herefordshire's strategic priorities to secure good health & wellbeing for children and young people; to this end NHS Herefordshire, as a member of the Herefordshire Children's Trust, works with partners to deliver the Herefordshire Children & Young People's (CYP) Plan, and commission services through the Children's Trust. As part of the planned refresh of the CYP Plan, the issue of improved access to GP services will be explored further.
<b>Update March '11</b>	<b>An Adolescent Health Strategy has been developed in addition to a Teenage Pregnancy Strategy in 2010. School nursing service has become part of the Children and Young People's locality teams. It is these locality teams that co-ordinate the Multi-Agency Groups. GP involvement is evidenced through Multi-Agency Groups that has brought GPs into joint working with a range of services that provide to children, young people and their families.</b>
<b>Lead Director</b>	Director of Children's Services
<b>Recommendation No. (B3)</b>	Sustainable funding should be secured to enable school clinics to run in every secondary education establishment.
<b>NHS Herefordshire's Response</b>	Refer to response above to recommendation B2.
<b>Update March '11</b>	<b>There is a review taking place of the funding available to run school clinics, led by the Director of Public Health and the Staying Healthy work stream.</b>
<b>Lead Director</b>	Director of Children's Services

<b>Recommendation No. (B4)</b>	GP Practices should simplify, streamline and better publicise their appointments and triage systems and make patients more aware that the Practice is their 'first port of call', and that they will be welcomed and seen by a Doctor that day if patients consider it necessary.
<b>NHS Herefordshire's Response</b>	Practices publish their core and extended opening hours on their websites, within their Practice leaflets and internally on notice boards. Reception staff also offer choice of time for booking appointments whether they are same day or in the future with some Practices operating a triage system where patients will be signposted to the most appropriate clinician dependant on their need. The services that Practices offer are also published in-house and in their Practice leaflets giving details on how Practice based community services can be accessed. In collaboration with the PCT, designated Medicines Management Team Practices are supported in signposting patients with minor ailments to neighbouring pharmacies for self-help where this is more appropriate.
<b>Update March '11</b>	<b>As above</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning)
<b>Recommendation No. (B5)</b>	GP practices should issue more frequent invitations to registered patients who have not attended Surgery recently, for preventive consultations, where resources allow, after undertaking cost/benefit analysis.
<b>NHS Herefordshire's Response</b>	The preventive agenda is one being pursued throughout the health and social care economy in Herefordshire. Whilst routine health screening of individuals as part of their care is already included within the broader GP contractual requirements, options for the most effective targeting of further interventions are being explored through the care pathway development work currently underway and this recommendation will be brought to the attention of the pathway leads to further inform their work.
<b>Update March '11</b>	<b>As part of the review of additional contracts with GP Practice additional services are being commissioned including smoking cessation and vascular checks and for the future alcohol misuse. Local practices are also to commence using a risk stratification tool which will identify patients in high risk groups and ensure pro active care planning by the primary care teams to ensure robust care planning is in place.</b>
<b>Lead Director</b>	Director of Public Health
<b>Recommendation No. (B6)</b>	NHS Herefordshire should work closely with hospices, the individualised health budget pilot, hospitals, social care and GPs to ensure people can die at home if they wish to.
<b>NHS Herefordshire's Response</b>	This is already being progressed through the End of Life care pathway group, and the recommendation will be brought to their attention to further inform their work. For example this group, NHS Herefordshire, GPs and Out of Hours Medical Providers, are working with West Midlands Ambulance Trust (WMAS) to support a co-ordinated response to individual patients, their carers and family in times of crisis. A shared communication tool will identify those who wish to be supported to remain at home until they die and indicate appropriate action to be taken if a crisis occurs. This information will be collated by OoHs team and relayed to WMAS control who will record the information on their IT framework and should a 999 call be received the patient specific care plan can be relayed to the clinical practitioner in attendance. The Hospice provide 24/7 telephone clinical advice to GPs to support effective palliative care in the community, including the opportunity for shared clinical responsibility in the community.

<b>Update March '11</b>	<p>This continues to be progressed through the End of Life Care Network. Herefordshire Audit Group in February 2011 published a baseline assessment against the quality markers for end of life care, with responses from 19 out of the 24 Herefordshire GP practices. The assessment identified a number of areas for attention: these included varied performance in terms of patients dying in their preferred place of care and a need to work with primary care to improve the current low recording of preferred place of care amongst patients on palliative care registers.</p> <p>The assessment also indicated concerns about the effectiveness of OOH communication between agencies on preferred place of care; NHS Herefordshire, GPs and Out of Hours Medical Providers, are continuing to work with West Midlands Ambulance Trust (WMAS) to support a co-ordinated response to individual patients, their carers and family in times of crisis. The Hospice provide 24/7 telephone clinical advice to GPs to support effective palliative care in the community, including the opportunity for shared clinical responsibility in the community.</p> <p>The End of Life Care Network has also developed a draft bid seeking funding for Palliative Care Clinical Facilitators for care homes in Herefordshire which is under discussion with Macmillan. A draft revised End of Life Policy has also been developed for the ICO, which is currently out for discussion.</p>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (B7)</b>	NHS Herefordshire should work closely with hospices, the individualised health budget pilot, hospitals, social care and GP's to support housebound elderly with multiple needs.
<b>NHS Herefordshire's Response</b>	This is a key strategic objective of the Adult Social Care service, and the Maximising Independence Workstream (of the Health and Social Care Programme Board) which is overseeing implementation of the frail elderly pathway. This is measured by NI 136, and reported to Scrutiny, Cabinet, PCT and Performance & Quality Sub Committee, Health & Wellbeing Partnership Board and Care Quality Commission.
<b>Update March '11</b>	<b>This continues to be progressed through the End of Life Care Network, which involves membership from NHS, social care, GPs and hospices / voluntary groups who co ordinate care and developments for patient care.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
<b>Recommendation No. (B8)</b>	GP Practices should facilitate people with learning disabilities to monitor and evaluate the new arrangements for working with them to establish if they are meeting needs.
<b>NHS Herefordshire's Response</b>	A review of the current Locally Enhanced Service incentive payment to GPs is underway, including a review of take-up of health action plans as an indicator of how well people are being engaged. The <i>Valuing People</i> Partnership Board monitors and evaluates the outcomes for adults with learning disabilities from the Learning Disability Locally Enhanced Service incentive scheme. This is reported regionally to the SHA and DoH through the Learning Disability Assessment.
<b>Update March '11</b>	<b>The review of the Locally Enhanced Services has been completed and a revised framework issued to GP practices to commence with effect from the 1<sup>st</sup> April. This includes a specific Local Enhanced Service for patients with Learning Disability to ensure pro active health reviews.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
<b>Recommendation No. (B9)</b>	GP Practices should facilitate people with mental health problems to monitor and evaluate the new arrangements for working with them to establish if they are meeting needs.

<p><b>NHS Herefordshire's Response</b></p>	<p>Practice Based Commissioners (PBC) have a key role as part of the Mental Health (MH) Procurement Clinical Reference Group. The PBC Team have requested presentations/discussion with the MH bidders and the MH Procurement Project Manager is currently working towards making that happen. The PBC leads have been invited to previous presentations/stakeholder events involving the bidders and were actively engaged in the Q&amp;A session which followed. Link and Mental health Reference Group are keen to develop monitoring arrangements and are well engaged.</p>
<p><b>Update March '11</b></p>	<p>The Mental Health Tendering process has now identified a successful new mental health provider, 2gether NHS Foundation Trust in Gloucestershire, who will commence on the 1<sup>st</sup> April 2011 but whose intent and care planning is focused on individual needs, working with clients and their relatives with more support orientated to care in the community. The PCT will also be regularly evaluating the new service and working with both the NHS Trust and local representatives to ensure the new arrangement is meeting Herefordshire needs.</p>
<p><b>Lead Director Recommendation No. (B10)</b></p>	<p>Associate Director (Integrated Commissioning) &amp; designated Director of Adult Social Services NHS Herefordshire should move with all possible speed, involving service users at the earliest possible stage, to improve the services available to people with mental health problems, with a view to making them more robust, more joined up between medical and social models, more readily available, and more accessible to people who are not in crisis (e.g. talking therapies)</p>
<p><b>NHS Herefordshire's Response</b></p>	<p>A procurement exercise is currently underway to secure a new Mental Health services provider for the county. Service user groups are involved in the procurement process. The Mental Health Reference Group (MHRG) and Herefordshire Local Involvement Network have been engaged throughout the procurement. The MHRG is made up from representatives from MH groups and organisations which work around the county. Their input into the process has been invaluable. They have met with the bidders face to face, they have delivered a document which details their perspective on the current service and their requirements from a new provider, and they have also taken an active part in stakeholder events where the bidders have presented their solutions. Members of the MHRG have also undertaken to engage with the user-groups of the bidding organisations in order to get a 'feel' for their potential provider and speak to people who are in similar positions as themselves. The outline specification and commissioning intentions clearly set out the need to develop MH services at primary care level. Detailed solutions will be evaluated against these core criteria.</p>
<p><b>Update March '11</b></p>	<p>The Mental Health Reference Group (MHRG) and Herefordshire Local Involvement Network have been engaged throughout the procurement process and were involved in defining the service specifications for the new provider.</p>
<p><b>Lead Director</b></p>	<p>Associate Director (Integrated Commissioning) &amp; designated Director of Adult Social Services</p>



## C: Preventive services

<b>Recommendation No. (C1)</b>	GP Surgeries, acknowledging their role as an important community gatekeeper, should offer more effective signposting to housing services, nutrition advice, obesity, alcohol abuse, smoking cessation and other information about well-being.
<b>NHS Herefordshire's Response</b>	Refer to response to Recommendation A1 above. GPs, as Practice Based Commissioners, fully acknowledge their role in this regard. To facilitate effective signposting to accessible locally tailored services NHS Herefordshire is offering a range of services to meet such demands including smoking cessation, obesity and weight management support, and alcohol harm reduction. Further preventative health measures are planned in relation to cancer, cardiac/stroke and others and work on this activity is being lead by the Health & Wellbeing Policy & Delivery Group of the Herefordshire Partnership.
<b>Update March '11</b>	<b>As part of the review of GP Local Enhanced Services, commissioned by NHS Herefordshire, there is a staying healthy element which includes smoking cessation, alcohol support and piloting vascular checks in several GP pilots. As part of an obesity care pathway a full range of services are being developed. In collaboration with the 3 Counties Cancer Network the PCT is supporting the importance of early detection of lung cancer and members of public contacting their GP with persistent cough. New services have also been commissioned to support the earlier detection and rehabilitation of stroke care in Herefordshire.</b>
<b>Lead Director</b>	Director of Public Health
<b>Recommendation No. (C2)</b>	GP Practices should routinely add more minutes to their appointment times in order to ask opportunistic questions of patients, and offer advice on issues such as risk of falling, diet, exercise etc.
<b>NHS Herefordshire's Response</b>	All Practices in Herefordshire routinely offer 10 minute appointments, and some offer longer appointments where possible. Gathering information opportunistically should be part of every consultation regardless of length, but to ensure extended appointment times do not have unintended consequences such as excessively lengthening working days and/or limiting the number of patients able to be seen in any one day, GP practices are encouraged to ensure that other appropriate members of the team, such as Practice nurses, are also involved in collecting this information. Practice nurses and Health Care Assistants have specific responsibility for running clinics relating to long term conditions and screening where health and wellbeing advice will be given. These clinic appointments are longer than the standard 10 minutes and patients have between 20-30mins per consultation.
<b>Update March '11</b>	<b>As Above</b>
<b>Lead Director</b>	Director of Public Health
<b>Recommendation No. (C3)</b>	Public education programmes that are properly targeted could help prevent some conditions, such as obesity, smoking cessation, alcohol abuse, and some unnecessary visits to A&E. Community engagement must be undertaken as it is important in the context of achieving good public health behaviour change.
<b>NHS Herefordshire's Response</b>	See C1 above.
<b>Update March '11</b>	<b>See C1 above</b>
<b>Lead Director</b>	Director of Public Health

<b>Recommendation No. (C4)</b>	As NHS Herefordshire rethinks how to strengthen vulnerable mental health services, Health Scrutiny and user groups should be consulted in throughout this process, which should have begun before public consultation even starts when the tender documentation was being devised, to ensure the questions asked are those that are important to service users and family carers.
<b>NHS Herefordshire's Response</b>	See B10 above. Health Scrutiny and ASC Scrutiny have seen regularly updated briefings delivered to PCT Board, Clinical Reference Group, Performance and Quality Sub Group and Cabinet to encourage engagement. The Clinical Reference Group for the project is charged with ensuring wide dissemination of information. Further extensive staff briefing and engagement and also access to all updated information and dissemination of newsletters is also underway. For service users, regular updates to HMRG, articles in Herefordshire Matters and MHRG proposed the project as best practice to their natural network.
<b>Update March '11</b>	The comments on the Scrutiny Committee were noted and encompassed within the tendering process and reflected in the engagement to arrive at a successful contract award. 2gether NHSFT have now established a Transition Board with wide membership to oversee the mobilisation of the services which will become operational from the 1 <sup>st</sup> April.
<b>Lead Director</b>	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services

## D: Rurality

Recommendation No. (D1)	Account must be taken of the extra transport needs rural people have in accessing GP services.
NHS Herefordshire's Response	NHS Herefordshire recognises the particular challenges of transport in a rural area. A number of GP Practices provide outreach/branch surgeries to improve access for patients.
Update March '11	<b>See attached update in appendix 3</b>
Lead Director	Director of Regeneration
Recommendation No. (D2)	Public transport needs to be planned with the needs of vulnerable rural people, especially elderly people, in mind.
NHS Herefordshire's Response	We continue to work closely with our partners to ensure that the needs of vulnerable rural people are taken account of when planning public transport.
Update March '11	<b>See attached update in appendix 3</b>
Lead Director	Director of Regeneration
Recommendation No. (D3)	A study should be undertaken of their future community and transport needs, as demands on this increase with a growing elderly population.
NHS Herefordshire's Response	NHS Herefordshire supports this recommendation and will work with Herefordshire Council's Sustainable Communities Directorate to progress such a modelling exercise.
Update March '11	<b>See attached update in appendix 3</b>
Lead Director	Director of Regeneration
Recommendation No. (D4)	GP practices should consider being more flexible with their opening hours to help increase access for some rural patients.
NHS Herefordshire's Response	14 GP practices are already participating in the extended hours Local Enhanced Service specification, offering more routine appointments outside of traditional opening hours.
Update March '11	<b>An additional 4 practices opted into the extended hours scheme during 2010/11 taking the total in Herefordshire to 18 practices out of 24 who are providing increased access to patients outside of the core contracted hours</b>
Lead Director	Associate Director (Integrated Commissioning)

**E: Extended Hours**

<b>Recommendation No. (E1)</b>	Further consideration be given to encouraging rural Practices who have patients with access problems in particular to offer extended opening hours.
<b>NHS Herefordshire's Response</b>	Refer to response to recommendation D4 above.
<b>Update March '11</b>	<b>See response to D4 above.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning)
<b>Recommendation No. (E2)</b>	Further research may need to be undertaken to establish why 17% of people find it difficult to access GP services.
<b>NHS Herefordshire's Response</b>	Accepted. Further analysis of the GP patient survey will be undertaken and, if necessary additional questions added to the 2010/11 survey.
<b>Update March '11</b>	<b>Results of the 2010/11 survey will be released in June 2011. These will be analysed again at this stage to establish what progress has been made and any measures that could be taken to improve the position further.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning)



## F: Out of Hours (OOH) Services

<b>Recommendation No. (F1)</b>	Undertake a more effective education programme to make the public aware of the differences between GP services, A&E services, and Out of Hours (OoH) services.
<b>NHS Herefordshire's Response</b>	NHS Herefordshire has undertaken a number of initiatives to raise public awareness of these different services; recently targeting patients attending A&E for routine primary care conditions. These initiatives are monitored and their effectiveness assessed to inform future campaigns and targeting. This will be reviewed via the EAPMS quality forum.
<b>Update March '11</b>	<b>A further targeted campaign was held over the winter period to inform the public of the alternative services to A&amp;E at the county Hospital. The ASDA walk in centre was well utilised and despite a large increase in presenting demand at both sites the health community were able to respond to the demand with recourse to divert care outside of the county. A GP in A&amp;E pilot is shortly to commence at the County Hospital to assess the appropriateness of initial primary care triage before accessing any A&amp;E secondary care with appropriate "sign posting" to alternative providers. E.g. primary care contractors.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (F2)</b>	Improve the effectiveness of the OoH provider. Would it be preferable, for example, to recruit more local GPs to serve it, with the aim of improving both quality and continuity of care for patients?
<b>NHS Herefordshire's Response</b>	The OoH provider does routinely recruit from GP practices in Herefordshire, and the majority of GPs who staff the service are Herefordshire based. The Department of Health has recently issued a number of recommendations to PCTs in respect of OoH services. A review will be completed and presented to JMT, P&Q, FHS Contractor Panel and PCT Board in July 2010, and sent to WMSHA by 31.7.10. The effectiveness of these changes will, when implemented, be monitored closely.
<b>Update March '11</b>	<b>The West Midlands SHA undertook a "confirm and challenge" review of all West Midlands health communities out of hours services in 2010 and Herefordshire current arrangements were therefore subject to external review. The review was comprehensive and ensured compliance with best practice plus ensured the lessons learnt from the recent national review of Out Of hours, was enacted. Herefordshire was complimented on a number of best practice local arrangements and several areas are being progressed jointly with the NHS West Midlands as common issues by a number of health communities, which arose out of the review e.g. language testing for doctors applying to join the contractor list.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (F3)</b>	That every effort be made to maintain the stability of the OoH workforce, both clinical and non-clinical.
<b>NHS Herefordshire's Response</b>	The OoH provider, <i>Primecare</i> , and NHS Herefordshire are mindful of the need for a stable, quality workforce. The contract is monitored, including announced and unannounced assurance visits, and training of both clinical and non clinical staff is supported by NHS Herefordshire. The long term contract with <i>Primecare</i> , together with the added provision of a GP surgery base planned for the HHT site, should enable a more defined local workforce in OoH care.
<b>Update March '11</b>	<b>An unannounced visit took place to the OOH Primary Care Centre (Hereford) in September 2010. The outcome and recommendations have been actioned and are monitored monthly via the EAPMC Quality forum. The recruitment of local GPs and the induction process for non Herefordshire GPs continues to be closely monitored.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership

<b>Recommendation No. (F4)</b>	That NHS Herefordshire undertake more work to investigate whether it is fully capturing the patient experience of the OoH service
<b>NHS Herefordshire's Response</b>	There are two different patient feedback mechanisms used for monitoring experience of the OoH service - KPI 4. 1a Listening to patients – using patient feedback to develop action plans etc to improve patients satisfaction - outcomes of telephone and postal survey of patients seen by the OoH service Jan, Feb, March 2010 are available; KPI 4.2 Listening to clinicians and professionals.
<b>Update March '11</b>	<b>Primecare report on these KPIs on a quarterly basis and these are scrutinised through the EAPMC Quality and Contract Group. Historically these KPIs have been met, however there are some continuing discussions around the depth and detail of the feedback to ensure the data is robust and informative in supporting the continuing improvements of the patient experience.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (F5)</b>	That the OoH service continues to be subject to ongoing careful monitoring, evaluation and review.
<b>NHS Herefordshire's Response</b>	This is already well established.
<b>Update March '11</b>	<b>No change – the EAPMC Quality and Contract Forum meets monthly to review performance.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership

## G: Appointments

<b>Recommendation No. (G1)</b>	<b>Appointments</b> GP practices should review call handling and access to urgent appointments.
<b>NHS Herefordshire's Response</b>	Agreed. As part of the routine in monitoring of commissioned GP services, a patient survey/patient access review is undertaken by all GP practices. NHS Herefordshire does follow up the patient survey results and seeks remedial action plans. In the past these have included Practices that require alternative call handling and / or improved access to urgent appointments. A lot of work is already, therefore, undertaken by GP Practices in developing their response to patient feedback and practices have developed remedial actions e.g. nurse triage. Access and responsiveness are key measures of quality and performance, poor access for instance discourages patients from seeing medical help and advice and could have a negative effect on the quality of consultations.
<b>Update March '11</b>	<b>Practices are continuing to monitor their access including the ratio between same day appointments and pre-bookable appointments in line with the demands and needs of their patient population. Access is a key area of QOF and therefore remains a priority for practices to deliver the most appropriate service for their patients.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning)
<b>Recommendation No. (G2)</b>	Public education and/or improvements in urgent care services are needed to reduce inappropriate attendance at A&E.
<b>NHS Herefordshire's Response</b>	This is already being progressed through the Unscheduled Care Workstream and the Health & Wellbeing Policy & Delivery Group, and the recommendation will be brought to their attention to further inform their work
<b>Update March '11</b>	<b>A health &amp; social care communications plan was put in place over the winter period which included how residents could access appropriate emergency care and sign posting to other providers in the community for more routine treatment. Despite therefore record number of patients receiving care at both the county hospital and the Hereford Walk in centre the community were able to respond to the number without recourse to transferring care to other communities. The unscheduled care work stream are additionally overseeing a GP in A&amp;E pilot at the Hereford County Hospital which aims to triage all none urgent patients presenting at the A&amp;E department.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (G3)</b>	To avoid a patient ending up in hospital or resorting to A&E, it is important to regard any request for same-day care as potentially urgent until it is assessed by a clinician, so basic access to general practice is vital.
<b>NHS Herefordshire's Response</b>	Agreed.
<b>Update March '11</b>	<b>This remains a priority of the Unscheduled Care Workstream and several initiatives are mentioned within this report that address same day care.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (G4)</b>	GP Practices should review who handles incoming calls and ensure adequate training to ensure staff spot and accommodate potentially urgent cases.

NHS Herefordshire's Response	Refer to response to recommendation G1 above.
Update March '11	Refer to response to recommendation G1 above
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (G5)	GP Practices should review the number of appointments available each week to ensure they meet patient demand, and ensure balance of same-day slots matches pattern of demand.
NHS Herefordshire's Response	Agreed – this is monitored as part of the Primary Care contracting framework
Update March '11	Refer to response to recommendation G1 above
Lead Director	Associate Director (Integrated Commissioning)

## H: Quality of Service/Patient Experience

<b>Recommendation No. (H1)</b>	Local services need to be delivered as close to residents as possible. This has major implications for the safe delivery of services locally. Herefordshire Public Services is reviewing the way local NHS and social care services are provided. The review describes a new 'landscape' for local services focused on a more integrated, effective and efficient local service across public service providers in the county. Many of its proposals are similar to the independently-made recommendations of this review. It is hoped the new Transition Board will ensure the process of implementing new ways of working will be led not only by clinicians but by patients, service users and carers.
<b>NHS Herefordshire's Response</b>	Agreed and will be fully supported via implementation plans arising from Transition Board proposals.
<b>Update March '11</b>	<b>See update on neighbourhood health &amp; social care teams in appended report.</b>
<b>Lead Director</b>	Director of Integrated Commissioning
<b>Recommendation No. (H2)</b>	GP Surgeries should ask patients to contribute the questions they consider most important, when formulating their annual patient surveys, in order to ensure real concerns are addressed. This could be done by a non-medical staff member canvassing patients in the waiting room.
<b>NHS Herefordshire's Response</b>	Whilst canvassing patients for their views in a public area may not be viewed as best practice, it is agreed that patient engagement in the whole process is valuable and, led by the Customer Insight team, advice and support will be offered to GP surgeries to encourage them to undertake local patient surveys to supplement the annual GP Patient survey.
<b>Update March '11</b>	<b>In line with the latest communications from the Department of Health, NHS Herefordshire will be working with practices to deliver the new 'Patient Participation' Direct Enhanced Service for 11/12 and 12/13. This will provide a more robust framework for engagement with patients.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership
<b>Recommendation No. (H3)</b>	GP Surgeries should form patient groups which have sufficient independence to act as 'critical friends'
<b>NHS Herefordshire's Response</b>	There are some Practices which already have Patient Participation Groups e.g. Alton St, St Katherine's. PBC have also funded a PBC Pilot for Practice-based Patient Education Events.
<b>Update March '11</b>	<b>In line with the latest communications from the Department of Health ,NHS Herefordshire will be working with practices to deliver the new 'Patient Participation' Direct Enhanced Service for 11/12 and 12/13. This will provide a more robust framework for engagement with patients.</b>
<b>Lead Director</b>	Director of Quality & Clinical Leadership



## I: Collaboration/co-ordination/integration/communication

Recommendation No. (1)	With continuity in mind, patients and service users would benefit from a) co-located multi-disciplinary team working and/or b) a single key worker who would be the patient's main contact and would co-ordinate all the other work needed for that patient. This concept and its costs should be investigated/quantified as soon as possible.
NHS Herefordshire's Response	Refer to response to recommendation A1 above.
Update March '11	<b>See update provided on localities model of care in A1 above.</b>
Lead Director	Associate Director (Integrated Commissioning)
Recommendation No. (12)	Care tracking and management could be organised within GP catchment areas, possibly using a predictive tool that identifies people most at risk of needing medical or social care.
NHS Herefordshire's Response	Refer to response to recommendation A1 above. Routine care tracking / case management and joint assessment tools, are in development. A risk stratification tool is currently being piloted in 3 GP practices and the results will inform future recommendations. This tool tracks those with long term conditions and those at most risk so that a multidisciplinary response can be facilitated.
Update March '11	<b>A risk assessment tool, developed by NHS West Midlands and BUPA Health Dialogue has been implemented locally with all GP practices to identify the patients with repeat admissions, medications, long term conditions and therefore in a greater need for care co rdination.</b>
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (13)	If the number of people in residential care reduces, the efficiency of intermediate and domiciliary care will have to be improved to enable vulnerable people to live safely and in dignity in their own homes.
NHS Herefordshire's Response	This observation will be brought to the attention of the frail elderly care pathway group to further inform their work. Projects to improve Home Care and Intermediate Care are concluding now, and efficiency is always a key consideration.
Update March '11	<b>A rapid response service has now been established within Herefordshire for both health and social care, the aim being to provide quick response in the community and to mobilise care to prevent hospital admissions with effective reablement. Additionally the successful GP in Nursing Home initiative which commenced at the Hereford City Practices has now been rolled out to the rural localities.</b>
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (14)	The Welsh Assembly government is developing a 'rural practitioner' role that would make GPs in parts of Wales responsible for social care services as well as health. The proposal is that the primary care workforce would be re-evaluated so that practitioners could fulfil more than one role for the convenience of the patient.
NHS Herefordshire's Response	This observation will be brought to the attention of the care pathway leads to further inform their work.
Update March '11	<b>The locality focus of the new Herefordshire Integrated Care Organisation will bring together both health &amp; social care provision and as an integrated team, best consider how an individuals needs may best be co ordinated and met.</b>
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services

<b>Recommendation No. (15)</b>	16 pilots started in April 09 to have GP's working with care homes, social services, acute trusts and charities to improve patient care in areas ranging from improving the co-ordination of end of life care, preventing cardiovascular disease and encouraging more self-care for people with long-term conditions. This could be investigated with a view to replication in Herefordshire.
<b>NHS Herefordshire's Response</b>	This observation will be brought to the attention of the care pathway leads and Maximising Independence Programme Workstream to further inform their work. GP involvement with supporting extra care housing and reablement centres is of equal importance.
<b>Update March '11</b>	<b>The GP in nursing home pilot has now been rolled out to the rural localities in Herefordshire to offer a similar service and build upon the success of the city pilot.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
<b>Recommendation No. (16)</b>	NHS Herefordshire needs to clearly define the role it envisions for community services, its priority areas for expansion and any important partnerships it wants – such as joint health & social care teams for older people, greater links with GP's and the appropriateness of GP referrals.
<b>NHS Herefordshire's Response</b>	The PBC project work on developing proposals for improved Neighbourhood Team working will help feed into future service models." This is set out in <i>Putting People First Programme</i> and the APA ASC assessment and priorities to implement critical outcomes.
<b>Update March '11</b>	<b>See response in 14 above which outlines the implementation of the neighbourhoods / locality focus.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
<b>Recommendation No. (17)</b>	Involve patients and service users in the whole cycle of planning, commissioning, and delivery through to review of GP services.
<b>NHS Herefordshire's Response</b>	Agreed. Patient and service user involvement is an essential element in the planning, commissioning and delivery of services.
<b>Update March '11</b>	<b>Several recent examples to include patients and users in the commissioning cycle include user involvement in the development of the obesity care pathway, trans gender pathway and cancer care commissioning.</b>
<b>Lead Director</b>	Director of Integrated Commissioning
<b>Recommendation No. (18)</b>	Budget 'silos' – particularly the divisions between health & social care budgets – to be dismantled where possible. This would help avoid confusion and misguided attempts to conserve money in a particular 'pot', and would be in the interests of a smoother patient pathway.
<b>NHS Herefordshire's Response</b>	Agreed. Partnership opportunities for maximising the use of S75 agreements are being explored and, as part of our wider integration agenda will continue to lobby for the removal of barriers to further integration.
<b>Update March '11</b>	<b>Revised section 75 arrangements are being developed to reflect the integrated care and delivery across both health and social care, to reflect the new providers that commence in April 2011. i.e. Integrated Care Organisation and 2gether NHSFT.</b>
<b>Lead Director</b>	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
<b>Recommendation No. (19)</b>	Information 'silos' also should be dismantled.

<b>NHS Herefordshire's Response</b>	Information sharing protocols are in place to ensure that, whilst maintaining appropriate patient confidentiality, traditional organisational boundaries do not adversely impact on service quality or accessibility and customer experience. Additionally, Herefordshire is implementing the national summary care record in 2010/11 which will enable practitioners to access a comprehensive patient record in different locations.
<b>Update March '11</b>	The DoH has now clarified the future arrangements for summary care records and NHS Herefordshire will be progressing the links needed locally with NHS Trusts and GP practices in 2011. This will enable a record being available at the point of care, particularly important when accessing emergency care.
<b>Lead Director</b>	Deputy Chief Executive
<b>Recommendation No. (I10)</b>	Effective use of IT systems could provide so many opportunities for improved patient outcomes. Therefore, throughout the patient pathway, IT systems should be made practicable and compatible, and data protection/confidentiality issues preventing this should be resolved with all speed.
<b>NHS Herefordshire's Response</b>	Refer to response to recommendation I9.
<b>Update March '11</b>	See separate update provided on IT services.
<b>Lead Director</b>	Deputy Chief Executive



***J: Relations between GP's and NHS Herefordshire and how they affect patients***

<p><b>Recommendation No. (J1)</b></p>	<p>Most GPs and NHS Herefordshire officers interviewed stated that this relationship gave cause for concern but that, so far, this was not having a tangible adverse affect on patient outcomes. It is clear from both sides that there is friction between them. However it is clearly not in anyone's interests to continue in a state of barely restrained antagonism when managing and delivering one of the most important services to the citizens of Herefordshire. So it is vital that better partnership working to improve that relationship be undertaken effectively without delay. Continuity of contact between staff would go some way towards improving this.</p>
<p><b>NHS Herefordshire's Response</b></p>	<p>In any such partnership, and particularly so where this has a contractual basis and during a time of significant change, there will undoubtedly be some areas of tension. It is important to acknowledge the considerable progress made over the last 12 months in improving engagement with the GP community. The PCT, through its Practice Based Commissioning (PBC) Team, has continued to work closely and constructively with Primary Care in a number of key areas, including:</p> <ul style="list-style-type: none"> <li>• Securing and supporting GP involvement in Care Pathway Redesign Teams, which formed a critical clinical element of the Transforming Community Services Integration Project</li> <li>• Putting in place a number of PBC Practice-based services pilots, including community physiotherapy, enhanced medical support to Nursing Homes, a musculoskeletal service, enhanced practice-based counselling, diabetic support and Practice Liaison Nurse. These are designed to inform care pathway and service redesign</li> <li>• Through the PBC Executive and its GP Chair, developing a strengthened clinical network across primary and secondary care</li> <li>• Support for GP practices with improved prescribing and referral data, which has informed and enabled the continued development of practice-based indicative commissioning budgets and dialogue on local commissioning issues and priorities</li> <li>• This dialogue has continued and been enhanced within Locality Teams, which provide a forum for discussion of local commissioning issues, involving both Practices and the PCT. We believe the PBC Team offers a 'safe' environment to have challenging 2-way discussions with primary care colleagues and a core team to manage that relationship on an ongoing basis,</li> <li>• GP representation on the PCT's Public Experience and Feedback Committee, aimed at improving public and community engagement</li> </ul> <p>We believe we are developing a mature relationship with our practices built on trust and mutual interest: patients, clients and general practitioners starting to feel they can challenge decision making in a healthy way and starting to feel listened to and willing to work together in the interests of the best outcomes for patients. PBC has gathered momentum slowly and steadily and is now a key driver for change in reshaping our future services and working together to improve outcomes and wellbeing for the people of Herefordshire.</p>
<p><b>Update March '11</b></p>	<p>The maturity of the relationship with the GP community in Herefordshire has enabled a consortium being developed for all GP Practices in the county and support for the consortia to become a "pathfinder" site for GP commissioning in 2011/12. Full support is being provided by NHS Herefordshire in the transition period.</p>
<p><b>Lead Director</b></p>	<p>Director of Quality &amp; Clinical leadership</p>

