

A: Continuity of Care

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| <p>Recommendation No. (A1)</p> | <p>NHS Herefordshire & GP Practices acknowledge, support & 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>NHS Herefordshire's Response</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 permanenently resourcing towards the end of this year.</p> |
| <p>Lead Director</p> | <p>Associate Director (Integrated Commissioning)</p> |

B: Equitable Access

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| Recommendation No. (B1) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (B2) | GP Practices should work more closely with school clinics and youth-led organisations to improve access to services for young people. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Children's Services |
| Recommendation No. (B3) | Sustainable funding should be secured to enable school clinics to run in every secondary education establishment. |
| NHS Herefordshire's Response | Refer to response above to recommendation B2. |
| Lead Director | Director of Children's Services |
| Recommendation No. (B4) | 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. |

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| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) |
| Recommendation No. (B5) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Public Health |
| Recommendation No. (B6) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (B7) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |

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| Recommendation No. (B8) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |
| Recommendation No. (B9) | 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. |
| NHS Herefordshire's Response | 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&A session which followed. Link and Mental health Reference Group are keen to develop monitoring arrangements and are well engaged. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |
| Recommendation No. (B10) | 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) |
| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |

C: Preventive services

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| Recommendation No. (C1) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Public Health |
| Recommendation No. (C2) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Public Health |
| Recommendation No. (C3) | 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. |
| NHS Herefordshire's Response | See C1 above. |
| Lead Director | Director of Public Health |
| Recommendation No. (C4) | 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. |

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| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |

D: Rurality

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| 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. |
| 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. |
| Lead Director | Director of Regeneration |
| Recommendation No. (D3) | A study should be undertaken of their future community and transport needs, as demands on these 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. |
| 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. |
| Lead Director | Associate Director (Integrated Commissioning) |

E: Extended Hours

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| Recommendation No. (E1) | Further consideration be given to encouraging rural Practices who have patients with access problems in particular to offer extended opening hours. |
| NHS Herefordshire's Response | Refer to response to recommendation D4 above. |
| Lead Director | Associate Director (Integrated Commissioning) |
| Recommendation No. (E2) | Further research may need to be undertaken to establish why 17% of people find it difficult to access GP services. |
| NHS Herefordshire's Response | Accepted. Further analysis of the GP patient survey will be undertaken and, if necessary additional questions added to the 2010/11 survey. |
| Lead Director | Associate Director (Integrated Commissioning) |

F: Out of Hours (OOH) Services

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| Recommendation No. (F1) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (F2) | 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? |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (F3) | That every effort be made to maintain the stability of the OoH workforce, both clinical and non-clinical. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (F4) | That NHS Herefordshire undertake more work to investigate whether it is fully capturing the patient experience of the OoH service |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (F5) | That the OoH service continues to be subject to ongoing careful monitoring, evaluation and review. |
| NHS Herefordshire's Response | This is already well established. |

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| Lead Director | Director of Quality & Clinical Leadership |
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G: Appointments

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| Recommendation No. (G1) | Appointments GP practices should review call handling and access to urgent appointments. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) |
| Recommendation No. (G2) | Public education and/or improvements in urgent care services are needed to reduce inappropriate attendance at A&E. |
| NHS Herefordshire's Response | 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 |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (G3) | 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. |
| NHS Herefordshire's Response | Agreed. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (G4) | 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. |
| 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 | Agree – this is monitored as part of the Primary Care contracting framework |
| Lead Director | Associate Director (Integrated Commissioning) |

H: Quality of Service/Patient Experience

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| Recommendation No. (H1) | 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. |
| NHS Herefordshire's Response | Agreed and will be fully supported via implementation plans arising from Transition Board proposals. |
| Lead Director | Director of Integrated Commissioning |
| Recommendation No. (H2) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |
| Recommendation No. (H3) | GP Surgeries should form patient groups which have sufficient independence to act as 'critical friends' |
| NHS Herefordshire's Response | 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. |
| Lead Director | Director of Quality & Clinical Leadership |

I: Collaboration/co-ordination/integration/communication

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| Recommendation No. (11) | 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. |
| 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. |
| 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. |
| 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |
| Recommendation No. (15) | 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. |

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| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |
| Recommendation No. (16) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social Services |
| Recommendation No. (17) | Involve patients and service users in the whole cycle of planning, commissioning, and delivery through to review of GP services. |
| NHS Herefordshire's Response | Agreed. Patient and service user involvement is an essential element in the planning, commissioning and delivery of services. |
| Lead Director | Director of Integrated Commissioning |
| Recommendation No. (18) | 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. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Associate Director (Integrated Commissioning) & designated Director of Adult Social services |
| Recommendation No. (19) | Information 'silos' also should be dismantled. |
| NHS Herefordshire's Response | 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. |
| Lead Director | Deputy Chief Executive |
| Recommendation No. (110) | 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. |

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| NHS Herefordshire's Response | Refer to response to recommendation I9. |
| Lead Director | Deputy Chief Executive |

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

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| <p>Recommendation No. (J1)</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>NHS Herefordshire's Response</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"> • Securing and supporting GP involvement in Care Pathway Redesign Teams, which formed a critical clinical element of the Transforming Community Services Integration Project • 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 • Through the PBC Executive and its GP Chair, developing a strengthened clinical network across primary and secondary care • 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 • 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, • GP representation on the PCT's Public Experience and Feedback Committee, aimed at improving public and community engagement <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> |

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| Lead Director | Director of Quality & Clinical leadership |
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