

Overview and Scrutiny meeting – The Laurels

27th January 2014

Committee Members present: Cllr Bull, Cllr Adamou, Cllr Winskill

Co-Optees present: Yvonne Denny

- Circle 33 own and lease the property to Haringey Council. The Council then leases the property to NHS Property Services. NHS Property Services then leases individually to the Practices.
- The three main providers at the Centre are Chestnuts Park Surgery, Laurels Medical Practice and Whittington Health.
- Whittington Health provides services including palliative care, dietetics, podiatry, and children's services from the Centre.
- The building is maintained by NHS Property Services.
- There is currently an Acting Centre Manager employed by Whittington Health. Issues should come through via this post and Practice Managers
- There is an NHS Property Services Helpline which can be used to report issues.
- Differentiation between physical and non physical/customer/practice related issues.
- NHS England holds contracts with the two GP practices in the Centre. This is an Alternative Provider Medical Services (APMS) contract with the Hurley Group for Chestnut Park Surgery, which is time limited and a Personal Medical Services (PMS) contract with the Laurels Medical Practice. The GMS contract is a national contract and is not time limited.
- The APMS contract has the same core requirements as the PMS contract but with a few additional requirements.
- Rent, rates and clinical waste charges are the responsibility of NHS England – this first came into being from the 1966 Doctors' Charter and the latest position is governed by the Premises Directions.
- NHS Property Services had not previously been aware of any issues relating to the Centre, this included when NHS North Central London held the lease to the Centre prior to the handover to NHS property services with the creation of Clinical Commissioning Groups.
- An NHS Property Services Property Manager had visited the Centre over the past 9 months and had been dealing with issues such as car parking and signage.

- There was discussion around whether Whittington Health and the two GP practices could jointly buy the Centre. However whilst NHS Property Services would consider a business case as this is technically possible, it is highly unlikely due to the costs associated and the fact that there is a continuing service need for the Centre so that the asset was not surplus to requirements.
- It was noted that there are currently new organisations involved in the Centre and willingness across all of the organisations to improve the Centre.
- Concern was raised that Practice Managers do not know who to go to with buildings issues and that their role was to manage the GP practices and not the building. Also that there were security issues, with the police being called almost on a daily basis.
- It was noted that the NHS Property Services Manager should be the link for buildings issues.
- A Practice Manager noted that they had informed the Property Manager about the issues around reception and communal areas and that the chairs in reception had been an issue since 2007. It was also felt that the signage on the front of the building was confusing to patients as it had not been updated since 2005 despite a number of changes in the Centre.
- Whilst Whittington Health do not have any contractual obligations for the overall Centre (apart from Health and Safety) they were happy to take the lead at the Centre if the Practices wanted them to do this.
- There was consensus that one provider should take the lead for the buildings issues with the Centre.
- Committee Members queried whether there are regular tenants meetings between the providers at the Centre along with representatives from each Patient Participation Group and were informed that whilst this does happen it is not on a regular basis.
- OSC Members noted that there may be a perception amongst patients that they are unable to move to another practice should they wish to and that this may lead to complacency by Practices. In response NHS England informed attendees that any patient who wished to move to another practice can do so and that a list of local practices could be found on the NHS Choices website. There should not be an obstacle in moving.
- OSC Members queried whether patients who could not get an emergency appointment would instead attend A&E and whether this could be linked back to practices. NHS England informed attendees that the Clinical Commissioning Group is currently doing some work on this. Previous examples of this work done in other areas have shown that changes in A&E attendance data correlate with GP surgery times.

- The two practices open at different times as well as Whittington Health services, this often leaves one practice having to deal with patients they are unable to assist. An example of this is people queuing from 7.30am when one practice does not open until 8.30am.
- Chestnut Park Surgery provided an update following the Hurley Group taking over the Practice in July 2013.
 - Chestnut Park Surgery has been managed by the Hurley Group since July 2013.
 - The Hurley Group manage 18 GP practices across London.
 - Will have a fully established team within the next month.
 - The Hurley Group representative felt that reception is confusing, ownership of communal areas is confusing, and queues are confusing for patients.
 - It was suggested that there should be one integrated reception and IT system with one practice or provider leading on the running of this on behalf of all of the providers in the Centre. This would enable there to be:
 - One queue for patients
 - One clear agenda for how things were run
 - One clear responsibility for communal areas.

Cllr Bull invited patients to share their experiences and comments. The following points were noted:

Laurels Medical Practice

- One patient informed Members that getting through on the phone to make an emergency appointment is virtually impossible. It can take up to 20-30 minutes to speak to someone on the phone and you are then informed that there are no appointments available.
- This was reiterated by another patient who shared an experience of calling for three days in a row to get an appointment and could not get an answer on the phone. The patient then physically came to the Centre to book an appointment and was informed that they had to call between 9 and 9.30am the following day to book one, the patient informed the staff member that they had called at this time for 3 days and was informed that they had been too busy to answer the phone.
- Patients raised concerns about emergency appointments being used for people to obtain a sick note from work which it was not felt was an emergency. It was noted that this had been raised for a long time through the Patient Participation Group.

- Some reception staff are extremely helpful, however there are examples of reception staff who appear to be very indifferent.
- In response to the above comments a Laurels Medical Practice GP made the following comments:
 - From 1st April a new system would be put in place whereby the number of emergency appointments would be doubled and the number of staff taking calls to book the emergency appointments would also be doubled.
 - If a person has physically come to the surgery and contacted him then he will ensure that he sees them at the end of the day. It was noted that this is just the practice of the GP in attendance and so not all GPs would offer this.
 - Reception staff are unable to say what is an emergency appointment or not, if a person calls and says it is an emergency then it has to be treated as such.

Chestnuts Park Surgery

- A patient who had made a number of complaints associated with the above practice over a number of years, often due to repeats of the same situations, made the following points:
 - It was felt that an action plan for improvement should be put together and monitored by OSC.
 - Patients do not care about what a practice is called, they just want access to good services.
 - There is a high turnover of GPs at the practice, however those who are there tend to be good.
 - The clerical support for the practice is poor.
 - There should be a lead clinician at the practice.
 - A good response had been received to his concerns by the Hurley Group.
- Another patient noted that they have seen improvements recently and feel there is a light at the end of the tunnel.
- In response to issues raised, the Hurley Group made the following points:
 - The Hurley Group apologises for any bad experiences to date at the surgery.
 - The Hurley Group have had to recruit GPs and nurses for the practice as there were none when they took over.

- There will be a Partner at the practice who is coming from a practice in Muswell Hill. This person had needed to give 6 months notice from the current practice, hence the delay in starting.
- An entire team will be in place at Chestnut Park Surgery from February 2014.
- The current team is bruised from having 5 different organisations over 5 years managing the practice and so work has been ongoing to improve morale and ensure consistent services with existing staff.
- Patients should see a marked improvement at the practice in 12/18 months, with some improvements a lot more noticeable sooner.
- It was noted that the majority of complaints relating to the Centre are associated with the reception and Members queried who would pay for a reconfiguration of the reception area. NHS Property Services informed attendees that the Property Manager should be involved in discussions around this and that a scheme would need to be agreed and a Capital Bid put together for consideration.
- NHS England informed attendees that:
 - GP contracts do not specify anything in detail about accessing GPs. From a financial perspective the contract is constructed on a calculation of 72 appointments per 1000 population per week (the Carr-Hill formula). Contracts do not specify scheduling, interval of appointments or skill mix of staff at surgeries.
 - NHS England do not have access to data or GP IT systems to see how many appointments are made per week.
 - More on-line services are being rolled out from 1st April this year in every GP practice. This includes online booking of appointments and repeat prescriptions.
 - Community Pharmacies are a seriously underutilised resource for the population to access.
 - From an NHS England perspective there are ways to ensure services are improved, from a more gentle developmental approach to a stronger more forceful contractual approach.

OSC requested actions/recommendations:

- Quarterly meetings between the providers and Patient Participation Groups.

- NHS Property Services to email providers with contact details to report any issues and also an outline of exactly what aspects of the Centre NHS Property Services is responsible for.
- Providers to have a joint meeting as soon as possible to:
 - Draw up a joint list of everything which they feel needs to be sorted out as soon as possible.
 - Come up with an 'ideal' structure to enable improvements to take place.
 - Patients should be included in these discussions.
- Reception staff to receive a Customer Services refresher course. This training should include clear guidance on what Centre policies are.
- There should be a refresh and reinvigoration of Patient Participation Groups in both practices.
- NHS Property Services address the signage issues in the short term to reduce the confusion from the current signage.
- Users of the Centre and Property Services to look critically at the reception being integrated
- The practices to put the proposals into a development plan and share with NHS England/OSC