

LONDON BOROUGH OF MERTON

REPORT AND RECOMMENDATIONS ARISING FROM

A SCRUTINY REVIEW OF

GP SERVICES IN MERTON

APRIL 2008



FOREWORD BY REVIEW CHAIR

Dear Reader,

It is with great pleasure that the Healthier Communities and Older People Scrutiny Panel presents to you its report on the Review of GP Services recently carried out by myself, Councillor Sheila Knight and Councillor Dennis Pearce.

The key aim of this review was to find a way to engage directly with our local GPs and we found meeting with them at a joint workshop to discuss issues about primary health care to be a really useful exercise.

Although we represent the viewpoints of the residents of the London borough of Merton in relation to their health care needs, we have realised that the GPs have different needs of their own and issues which need to be considered in their workplace.

Therefore with that in mind, we will continue to build bridges between Merton, the Primary Care Trust and our local GPs, to ensure that our constituents receive the health services they require and are entitled to.

We will work to develop closer links with the GPs, who are now responsible for commissioning a wide range of primary care services and we hope to be able to visit some of them in their surgeries in the near future.

I would like to emphasise with readers that if there are any issues you would like to suggest that the Panel scrutinise in terms of health and/or social care needs, please contact me to let me know.

Yours Sincerely



Councillor Gilli Lewis-Lavender ,

Review Task Group Chair and Chair of the Healthier Communities and Older People Scrutiny Panel

TASK GROUP MEMBERSHIP

Councillor Gilli Lewis-Lavender
Councillor Sheila Knight
Councillor Dennis Pearce

Acknowledgements:

The Panel would like to express its thanks and appreciation to all those who contributed to this review.

Particular thanks go to Merton & Morden Guild of Social Services for considering the survey at a focus group, and Merton Seniors Forum for encouraging its members to complete survey forms. Also thanks goes to the 11 GPs who attended the joint workshop in February 2008 with the Task Group members.

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**** (Note : Analysis of the public survey is available from the Scrutiny Team on 020 8545 3390 or scrutiny@merton.gov.uk)**

EXECUTIVE SUMMARY AND RECOMMENDATIONS

Health Scrutiny councillors decided that during 2007/8 they needed to engage directly with local general practitioners on the key issues in primary healthcare in Merton, particularly as GPs are largely responsible for commissioning of primary care services through their practice based commissioning groups.

This review report details the conclusions from the dialogue between scrutiny review group councillors and local GPs. It also includes the findings of a local public survey on primary care services and links findings to other health scrutiny work.

The following key recommendations have emerged from the review:-

Recommendation 1 :

That the issue of resourcing primary care services in a way that is appropriate to patient need, rather than on a historical basis, continues to be progressed.

Recommendation 2 :

That mechanisms be explored to enable relevant patient data, which is collected and held by GPs, to be utilised by L B Merton's Community Care officers (e.g. data on numbers of older people and the areas where they live).

Recommendation 3 :

That Health Scrutiny members undertake to revisit the position with regard to difficulties experienced by some GPs in contacting Adult Social Services, once the Single Point of Contact, which is proposed in the Adult Social Care Transformation Programme, has been introduced.

Recommendation 4 :

That Health Scrutiny members continue to develop a closer working relationship with Merton GPs through regular workshops and visits to GP surgeries where invited, so that ongoing public concerns about issues such as making appointments to see a GP can continue to be discussed.

The Health and Community Care Scrutiny Panel will monitor progress with implementation of these recommendations once they are agreed, to determine the beneficial impact on local people's health, as part of its ongoing scrutiny work programme.

1. INTRODUCTION

- 1.1 In June 2007, the Health & Community Care Scrutiny Panel considered potential issues to be included in its 2007/8 scrutiny work programme, including topics for scrutiny review.
- 1.2 The issue of primary care services and the role of GPs was raised including the issue of commissioning of local health services and the increased responsibility which GPs now have for this.
- 1.3 It was agreed that a task group of three councillors be formed to undertake a review of GP services in Merton. Councillors Gilli Lewis-Lavender, Sheila Knight and Dennis Pearce were appointed by the Panel to form the review task group and to report back to the Panel with findings and recommendations as appropriate.
- 1.4 The Task Group agreed to devise a set of key lines of enquiry and to draw up a survey for distributing to members of the public.
- 1.5 Councillor hoped to make a series of visits to some local GP surgeries to meet GPs first hand and discuss key issues in relation to primary care. However, an alternative approach was suggested by the PCT and a workshop session was arranged to which the Task Group and Merton GPs were invited. (See paragraph 5.4)

2. THE PROCEDURE FOR UNDERTAKING THE REVIEW

- 2.1 Sutton & Merton Primary Care Trust (PCT), as a major partner organisation, was approached and asked to play a key part in the review process, particularly in arranging for the review councillors to meet with local GPs face to face.
- 2.2 The review councillors had originally planned to visit some local GP surgeries to see first hand some of the settings in which primary care is delivered. However, this proved difficult to organise. Therefore, the councillors drew up a set of questions to ask local GPs at a workshop session hosted by the Primary Care Trust (PCT) in February 2008
- 2.3 A public survey form was also devised for local health service users to complete and this was distributed in various ways (See paragraph 5).
- 2.4 From the above, the councillors have been able to learn a great deal about how local health services are organised and provided, including the pressures on some services and the needs of local people, including vulnerable clients.

3. ADDRESSING HEALTH INEQUALITIES

a) Primary Care Resources

- 3.1 Health & Community Care Scrutiny Panel members have in the past raised with the PCT the issue of resourcing of primary care, particularly the need to ensure that resources are allocated according to local need in particular parts of the borough.
- 3.2 In February 2008, the Panel received an update on the PCT's Value for Money Review which outlined the current funding arrangements for GPs, largely based on historical precedent. The PCT's intention to move towards 'fair share' budgets for hospital services and for prescribing, whereby allocation of resources is undertaken on the basis of actual need, is welcomed. The Review Task Group has noted that for other budgets such as extended primary care services, mental health and community services, there is currently insufficient information to show the historic costs of these services at practice level and therefore resources for these services are allocated using 'weighted capitation'. Therefore, it does not follow that patients will have equal access to these services. Improved data and information over the coming years will show how patients access services and if there is equal opportunity of access.¹
- 3.3 The Review Task Group agreed that the issue of allocation of primary care resources according to real health needs therefore needs further work. (See Recommendation 1, paragraph 5.9)

b) Prevention of Ill Health

- 3.4 In June 2007, the Health & Community Care Scrutiny Panel presented its final report and recommendations following its review on prevention of ill health and early intervention². As part of this review, four working groups were set up with two or three councillors on each group, which heard evidence in four key areas:-

- Keeping Fit and Well (e.g. physical activity)
- Breaking the Habit (i.e. smoking, drugs, alcohol)
- Older People's Health (including chiropody, dentistry)

¹ 'Value for Money in Primary Care', PCT Report: Health & Community Care Panel, February 2008.

² 'Prevention of Ill Health & Early Intervention', report by Merton's Health & Community Care Panel June 2007.

- Young People's Health (including vaccination programme and health eating in schools)

3.5 The review also focused on mental health issues and primary care resources, and these issues are raised again in this report to some extent. The recommendations from the Prevention of Ill Health review are being incorporated into an action plan along with other actions to be taken forward in relation to health in Merton.

4. NATIONAL SURVEY FINDINGS

a) The 2004 & 2005 National Patient Surveys: Sutton and Merton Primary Care Trust

4.1 Although the Review Task Group decided to undertake a local patient survey as part of the scrutiny process and devised their own set of questions for this, they agreed that it was also useful to look at findings from the national patient survey programme for comparison purposes.

4.2 The first survey of primary care trusts was carried out in 2003, as part of a wider programme of national surveys and was repeated in 2004. In 2005 the Healthcare Commission undertook a third survey involving 303 primary care NHS trusts and nearly 117,000 registered patients³.

4.3 With regard to Sutton & Merton PCT, the 2005 survey demonstrated some improvement in patients' views when compared with the 2004 findings, when looking at the areas relating to primary care services. The following areas relating to these services were covered in the national surveys, with a number of specific question posed under each heading:-

- *Making an appointment*
- *Visiting the GP Surgery*
- *Seeing a doctor*
- *Medicines*
- *Tests*
- *Referrals*
- *Seeing another professional from a health centre*
- *Overall about the GP surgery*
- *Dental care*
- *Health promotion*

b) The 2006 National Survey of Local Health Services

4.4 The Healthcare Commission did not conduct a PCT survey in 2006 and so a national survey was commissioned by the Department of Health, using the same questionnaire and methodology.⁴ However, this survey

³ Healthcare Commission Patient Survey Report 2005

⁴ National Survey of Local Health Services 2006 (Department of Health)

was designed to produce national results only, using a smaller sample of patients and PCTs were not involved in running the survey or collecting data. There are proposals to undertake a primary care trust survey in 2008.

- 4.5 A further process for GP patient surveys has been developed to collect information to reward GP practices according to performance on elements of access and choice. Two separate surveys ran for the first time in 2007. Over five million people registered at GP practices were asked how easy or difficult it is for patients to see or speak to a doctor at their practice; and over a quarter of a million people who were referred to hospital by their GP were asked questions on choice of hospital for their appointment. For GP surgeries in the Sutton & Merton PCT area, over 36,500 were distributed and 15,340 forms completed by patients (a 42% response rate). The detailed results for each individual GP surgery can be accessed on the following website:

www.dh.gov.uk/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007

- 4.6 The Review Task Group has acknowledged these surveys and the analysis done. However, as part of the review of GPs, members considered it important to provide an opportunity for local residents to express their views on their experience of GP services. Therefore a local survey was devised. (See next section for details).

5. SCRUTINY REVIEW FINDINGS

a) Local Public Survey

5.1 In order to add to the knowledge about patient views, the Review Task Group decided that it would be useful to undertake a local survey of users of GP services and to include local voluntary sector groups in this. The following groups were engaged with:-

- Members of Merton's Residents' Panel (letters sent to selection of Residents' Panel members in CR4/SW19/WW20/SM4 postcode areas)
- Residents Associations
- Merton Voluntary Service Council
- Faith Groups – Interfaith Forum
- Merton Mencap
- BME Groups
- Merton Seniors Forum
- Wimbledon & District Diabetic Group
- Wimbledon Guild of Social Welfare
- Merton & Morden Guild
- Citizens Advice Bureau

5.2 The survey form focused on gaining views around four key areas:-

Patient Accessibility:-

- Making GP appointments
- Surgery opening hours
- Out of hours services
- Surgery amenities

- Physical access to the surgery

Availability of information:-

- Access to health advice and guidance

Additional Services provided:-

- Counselling services
- Practice nurses

Patient Involvement:-

- Patient involvement groups
- Consultation with patients by GPs
- Awareness of complaints process
- Satisfaction with complaints process

5.3 65 responses were received as part of the Review's public survey . Analysis of the responses to the questions in the above areas revealed the following:-

Patient Accessibility:-

Q1 Have you had any difficulties in making an appointment to see your GP?

Responses :Yes- 45%; No- 55%

Comments provided in connection with this question included the following:-

- some people reported delays when wanting to see the same GP, although they were able to see a different one quite easily;
- a considerable number of people reported difficulty getting through to the surgery on the telephone first thing in the morning, or being held in a queue and then finding that all appointments were booked when they did finally get through;
- some people found it difficult to make advance bookings as the appointment system did not allow for this;
- a few people stated that the appointment system had improved and it was now easier to make appointments on the day and in advance;
- some people who had changed surgeries reported that the appointment systems were different in the surgeries they had experience of, implying lack of a consistent approach.

“You have to be at the surgery at 8.30am to see your Doctor that day”

Q2 Do you find your surgery opening hours convenient?

Responses :Yes- 74%; No- 26%

Comments provided in connection with this question included the following:-

- many people who responded stated that they would like to see some evening and weekend surgery opening hours. The benefit of Saturday opening hours in particular was highlighted.
- More flexible opening hours for people who work would be beneficial;

Q3 Have you used the surgery's out of hours service?

Responses :Yes- 25%; No- 75%

Comments provided in connection with this question included the following:-

- Those who stated that they had used the out of hours service reported varying degrees of satisfaction. A number of people found the service excellent; however, other advised that they had a long wait to see or even speak to an out of hours doctor on the telephone, or had just gone to the nearest A&E department.

Q4 Does your surgery have the following amenities?:-

	% affirmative responses
1. Patients car parking	23
2. Good public transport links	69
3. Disabled access :-	
a Wheelchair ramp	61.5
b Disabled parking space(s)	20
c Lift to other floors (where relevant)	11
d Doors which are easy to open	47.5
4. Clearly marked emergency exit(s)	52
5. Adequate seating in the waiting area	83
6. Patients' washroom facilities	80

Q5 Do you consider that your surgery has good physical access to the premises?

Responses :Yes- 83%; No- 9%

(there were 5 non-responses on this question)

Specific comments provided in connection with this question included the following:-

- Some people reported that their surgery was excellent in terms of its facilities, as it was a new-build surgery.
- A fair number of people advised that there was limited car parking
- Access for pushchairs and wheelchairs was a problem in some surgeries.

Availability of information:-

Q6 Does your surgery give you easy access to health advice and guidance materials, by displaying information in the waiting area, providing health information leaflets, helpline numbers etc?

Responses :Yes- 86%; No-6%

(there were 5 non-responses on this question)

Comments provided in connection with this question included the following:-

- A few people reported that the advice on display in surgeries was limited and old in appearance;

Additional Services provided:-

Q7 Have you experienced any counselling services provided by your surgery e.g. for health problems relating to stress, depression, mental health issues etc?

Responses :Yes- 12%; No-85%

(there were 2 non-responses on this question)

Comments provided in connection with this question included the following:-

- Some people reported that when they enquired about counselling services, they were told that these were only available privately;
- Some of those who had experienced counselling services at the surgery for depression etc, reported very good services.

Q8 Have you experienced any services provided by practice nurses in the surgery (e.g. blood testing, vaccination/immunisation)

Responses :Yes-77%; No-22%

(there was 1 non-response on this question)

- People were generally very pleased with the services covered by practice nurses and praised their skills and efficiency;
- Some people advised that it was almost as difficult to make an appointment with a practice nurse as it was with a GP, as they were in such demand;

- A few people stated that the services provided by practice nurses were somewhat limited e.g. not taking blood samples but sending people to hospital for this instead.

Patient Involvement:-

Q9 Are you aware of a patients' involvement group/forum at your surgery?

Responses :Yes- 6%; No-91%

(there were 2 non-responses on this question)

- One respondent reported that he/she thought there was a patients group at the surgery but was not sure;
- Overwhelmingly people reported that they were not aware of a patients group.

Q10 As a patient, do you feel that you are engaged with/consulted on surgery issues, through patient liaison mechanisms, suggestion schemes for improvements, etc?

Responses :Yes- 14%; No-80%

(there were 4 non-responses on this question)

- One or two people reported that there was a newsletter produced by the surgery and a suggestion box for patients;
- One person remembered completing a patients survey form at some point.

Q11 Are you aware of how to make a complaint against your GP/surgery?

Responses :Yes- 23%; No-74%

(there were 2 non-responses on this question)

- A few respondents advised that they would just make a complaint to the practice manager if they needed to.

Q12 If you have had cause to make a formal complaint, did you think the complaints process was satisfactory?

Responses :Yes- 6%; No-10%

(there were 49 non-responses on this question)

- The few people who had used the formal complaints process reported that no positive action had resulted from it.

Overall Conclusions from local survey

5.4 The local patients survey and the comments included in the forms represents a considerable variation in terms of those who have

experienced problems with making appointments and those who haven't. However the majority of respondents thought that the surgery opening times were satisfactory and not many had used the out of hours service. Nevertheless, a number of people stated that an evening and/or a Saturday morning surgery would be helpful.

- 5.5 With regard to physical access to surgeries and patient amenities, the data indicates that patients car parking, including for disabled drivers, is somewhat limited and that some patients experience difficulty with opening doors in the surgeries. The low score for lifts to other floors is likely to reflect the fact that not all surgeries have an upper floor used for healthcare purposes. Adequate patients seating in the waiting area and patient washroom facilities score particularly highly .
- 5.6 In terms of availability of information, the majority of respondents thought that there was good access to health advice and guidance. On use of counselling services, only a small percentage of respondents advised that they had used such services, although those who had used them generally thought that they were helpful.
- 5.7 The practice nurses in surgeries were reported as being very helpful and efficient and respondents generally praised them. However, some people thought that they could provide more services.
- 5.8 With regard to patient forums and opportunities for patient engagement, the majority of respondents were not aware of these channels and had therefore not used them. On complaints, again the majority were not aware of a formal procedure and those few who had complained generally reported that nothing much had happened as a result.
- 5.9 Overall, the response rate for the survey was rather disappointing given the coverage used. Nevertheless, the responses that were received showed some variation in satisfaction across the range of areas consulted on, with good and poor points made for each issue. With these issues in mind, the Task Group looked forward to meeting local GPs face to face.

b) A Joint Workshop with GPs

- 5.10 A workshop was hosted by the PCT at the Nelson Hospital on 12th February 2008 and the Review Task Group met with a group of 11 Merton GPs, who represented the 3 practice based commissioning groups established in Merton. This event provided an opportunity to exchange views on local primary care issues.
- 5.11 A range of key areas of enquiry were discussed which covered a range of issues, including the following:-

Making Appointments

5.12 The Task Group raised the issue of patient mobility and the variation between surgeries with regard to GP appointment systems. GPs advised that the targets for patients are to wait no longer than 24 hours to see a health professional and 48 hours to see GP. The Task Group highlighted the fact that this may be difficult particularly for the elderly, who may not be able to wait 48 hours for an appointment. GPs receive feedback from patients on the appointment booking system on a regular basis but surgeries are generally working to capacity. There is flexibility in the system in terms of open access, a triage system and blocked out appointments for booking in advance. So there is generally a mixture of processes. The booking system is complex and uses spreadsheets to set out appointments including emergencies. Mondays always tend to be very busy and it is therefore a challenge to provide appointments for everyone on this day. One GP practice advised that registered patient numbers had nearly doubled and so there were demand pressures. But half the appointments offered were pre-bookable and half were for emergencies on the day.

Out of Hours Services

5.13 GPs confirmed that surgery hours were generally from 8am to 6.30pm with some variation for individual practices. The issue of people such as the elderly preferring a home visit rather than visiting the surgery was raised, although volunteers such as those linked to Friends in St Helier (FISH) sometimes provided lifts to the surgery. GPs advised that they do make home visits where required during the surgery hours but they can generally do more for a patient in the surgery. Therefore, where there is local transport provision arrangements for the elderly, this is an advantage.

Allocation of Primary Care Resources

5.14 This issue was discussed and GPs advised that further work was required to improve allocation of resources to meet real need, but that there had been some improvements and flexibility introduced into primary care resourcing, largely due to the introduction of practice based commissioning of primary care services.

5.15 The PCT advised that it is continuing to discuss with PBC groups the approach to 'fair share' budgets for 2008/9, which are budgets that allocate resources on the basis of actual need, rather than on the basis of the historic costs of health care services to a given population. According to a report presented to the Health & Community Care Scrutiny Panel in February 2008, it is likely that there will be a 3% adjustment for those practices between 10 and 20% away from their 'fair share' budget for hospital services and prescribing. Those practices more than 20% away from their 'fair share' budget will be considered on an individual basis. The PCT and practice based commissioners are committed to understanding why some practices

are a considerable distance from their 'fair share' budget. In 2008/9, analysis will be undertaken to improve the PCT and practice based commissioning groups' understanding of the key factors and determinants.⁵

Recommendation 1

That the issue of resourcing primary care services in a way that is appropriate to patient need, rather than on a historical basis, continues to be progressed.

GP Databases

- 5.16 The Task Group suggested to the GPs that it should be feasible for GPs to share data with the local authority on specific patient profiles, such as numbers of elderly patients and where they live, which would be useful for adult social care when planning and delivering care and also for identifying isolated older people who might require intervention. GPs advised that they do undertake an annual assessment of data and can pick up those aged 75 years+ through an 'elderly check'.

Recommendation 2:

That mechanisms be explored to enable relevant patient data, which is collected and held by GPs, to be utilised by L B Merton's Community Care officers (e.g. data on numbers of older people and the areas where they live).

GP Premises

- 5.17 The Task Group was informed that there are a couple of GP premises which are below the required standard in the Colliers Wood and Mitcham area. The GPs are working to effect a move to a purpose built single site where there will be modern fit for purpose premises. The GPs raised the issue of difficulties with identifying suitable sites generally and problems with obtaining planning approval on occasions. It was acknowledged that planning guidance must apply in such cases but it was hoped that the complexities of the planning process would be eased wherever possible by the local planning authority. The GPs advised that it can be difficult to fund new premises and GPs are sometimes required to take on a financial risk in doing so.
- 5.18 With regard to expanding the services provided by practice nurses, the GPs confirmed that this was seen as the way forward but that recruitment of suitable staff can sometimes be a problem. However,

⁵ Sutton & Merton PCT paper to Health & Community Care Panel 12 February 2008 on Value for Money Review outcomes.

there is some in-house healthcare training provided. The aim is to have a skilled, diverse and flexible workforce in the surgeries, but this required sufficient accommodation space and therefore GP premises remains a major issue to be resolved in some areas. Practice nurses are seen as invaluable, as they can deal with a wide range of illnesses and tasks, such as vaccinations, blood pressure and asthma checks. As indicated earlier in this report from the outcomes of the public survey as part of this review, the responses showed that patients generally viewed the practice nurses as extremely valuable and efficient healthcare professionals.

Display of Health Information in GP Surgeries

- 5.19 GPs confirmed that they display leaflets and other information on key illnesses such as diabetes, on managing colds and flu and on prevention measures related to giving up smoking and tackling obesity, which are raised routinely at patient appointments. There is always more information which could be displayed than there is display space and so GPs rely on patients asking for advice literature if they need it. With regard to helping patients for whom English is not their first language, the PCT advised that it has an interpretation language line to assist with translating into other languages.

Mental Health

- 5.20 The Task Group was reminded that people with mental health problems can have other issues as well. The councillors advised the GPs that mental health needed to have a higher profile in primary care, ideally with some GPs having a special interest in this field. GPs were also informed that Merton's Health & Community Care Scrutiny Panel has put mental health as a very high priority in its health scrutiny work programme and has established a mental health review group of four councillors to focus on mental health services.

Deprivation

- 5.21 It was agreed by everyone at the workshop that deprived parts of the borough did not receive sufficient focus in terms of primary care services, particularly as wards such as Figges March are not officially designated as deprived wards by central government. Therefore the issue of health inequalities and the disparity between health in the east and west of the borough remains a challenge.
- 5.22 Some GPs indicated that they have experienced difficulties with access to social care on occasions, when they try to call the local authority about a patient needing adult social services, but cannot get through to anyone. The Task Group Chair advised that the ongoing Merton transformation programme which is looking at all aspects of adult social care will include proposals for a single point of access for social care issues, which should address this problem.

Recommendation 3

That Health Scrutiny members undertake to revisit the position with regard to difficulties experienced by some GPs in contacting Adult Social Services, once the Single Point of Contact, which is proposed in the Adult Social Care Transformation Programme, has been introduced.

- 5.23 At the conclusion of the workshop, GPs indicated that they had found the dialogue very useful and agreed that it would be beneficial to run a further event in the future. The Task Group members thanked the GPs for taking the time to meet with them and discuss primary health care issues. The PCT was also thanked for organising and hosting the event.

6. CONCLUSIONS/NEXT STEPS

- 6.1 The Task Group members, the PCT representatives and the GPs present at the workshop all agreed that the event had provided a very useful opportunity for councillors to engage directly with local GPs and discuss issues of concern in relation to primary care services for the residents of Merton. One or two of the GPs offered to invite councillors to visit their surgeries at times to be arranged to suit everyone concerned.

Recommendation 4

That Health Scrutiny members continue to develop a closer working relationship with Merton GPs through regular workshops and visits to GP surgeries where invited, so that ongoing public concerns about issues such as making appointments to see a GP can continue to be discussed.

Appendix A

Overview and Scrutiny Review Scope Health & Community Care Scrutiny Panel

Title of Review	Scrutiny Review of GP Services in Merton
Task group members	Councillors Gilli Lewis-Lavender (Chair), Sheila Knight, Dennis Pearce
Outline purpose of review	<p>To engage with GPs on accessibility to services provided to local residents through surgeries and to identify any key issues</p> <p><i>Note: Some issues have already been flagged up through previous scrutiny work/consultation etc: e.g.</i></p> <ul style="list-style-type: none"> • <i>Difficulty with making GP appointments</i> • <i>Taking blood in surgeries</i> • <i>Displaying of patient information</i>
Expected timescale (possible no. of meetings)	<p style="text-align: right;">July to October 2007</p> <p>To aim to report review findings to the 30th October 2007 Health & Community Care Scrutiny Panel.</p>
Terms of reference	<ol style="list-style-type: none"> 1. To build links with local GPs so that health scrutiny can effectively focus on commissioning of health services as well as health service provision. 2. To engage directly with GPs, including the Joint Chairs/Medical Directors of the PCT Executive Committee and through local Practice Based Commissioning Groups (PBCs), to determine how access to GP services is facilitated. 3. To gauge public views on their experience of GPs through use of a questionnaire 4. To identify specific pressures on local GP services and recommend ways to reduce these pressures and improve the patient experience.
Key areas of enquiry	<ul style="list-style-type: none"> <input type="checkbox"/> Patient accessibility e.g. special needs (disability, bme groups), language translation, access to female GP <input type="checkbox"/> GP appointment systems <input type="checkbox"/> Out of hours arrangements/home visits

	<ul style="list-style-type: none"> ❑ GP premises/facilities, physical access issues ❑ GP special interests(GPSPs) ❑ Local mental health needs ❑ Services provided in practices e.g counselling services, blood testing, practice nurses etc. ❑ Communicating information to patients ❑ Framework for commissioning of local services ❑ Complaints process ❑ Patient profile, key health issues, prescribing patterns ❑ Patient choice/Choose and Book ❑ Promoting preventive strategies e.g.fitness prescribing ❑ Contributing to reducing the health inequalities gap ❑ GP engagement with patients e.g. on commissioning
<p>How review could be publicised</p>	<ul style="list-style-type: none"> • My Merton <i>magazine</i> • Merton Council website - online survey questionnaire • Ward councillors through letter from Review Chair • Local Guardian/Post newspapers • MVSC • The PCT/Commissioning Group leads • Residents Associations (request they include information in their newsletters)
<p>Possible witnesses (for written or oral evidence) e.g. Council officers, individual residents, community groups, partner organisations, other interested stakeholders, other external organisations</p>	<ul style="list-style-type: none"> • Sutton & Merton PCT • Local GP practices/commissioning groups • PCT Patients Forum • Merton Seniors Forum • Mencap • Faith Groups • Residents Panel • Members of the public (through questionnaire)
<p>Potential barriers</p>	<ul style="list-style-type: none"> • Arranging access to GPs at convenient times. (Members hope to be able to meet GPs in some surgery premises, rather than invite them to a task group meeting at the Civic Centre. Other GPs not visited can be engaged with through a questionnaire covering the same issues). • It is suggested that an initial approach from the PCT/PEC Chair introduces the review to local GPs, explaining the remit etc. to pave the way for the review work. • There is a need to ensure that GPs' perception of health scrutiny is a positive one, so that future scrutiny of health service commissioning is enhanced.
<p>Expected outcomes (all linked to Merton's vision and strategic objectives)</p>	<p>To identify ways to enhance accessibility to primary care services provided by local GPs, thus contributing to creating a healthier community in Merton, reducing the health inequalities gap and complementing the Healthier Communities Strategic Theme in the Council's Business Plan/LAA.</p>
<p>Possible sources of information</p>	<ul style="list-style-type: none"> • Review reports from other authorities which have covered similar GP issues : e.g. Hackney, Middlesborough, Hartlepool and East

	Staffordshire. <ul style="list-style-type: none">• DH guidance on Practice Based Commissioning.• Sutton & Merton PCT Commissioning Framework.
Scrutiny Team lead	Barbara Jarvis x3390
Relevant Review Officer(s)	PCT : Sue Roostan