

JOINT COMMISSIONING COMMITTEE (PUBLIC)
MEETING TO BE HELD ON THURSDAY 12TH JANUARY 2017
13:45 TO 14:30, WNCCG MEETING ROOMS, HERON HOUSE

No.	Item	Presenter	Enclosure	Purpose
1.	<u>Present / Apologies</u>			
2.	<u>Declaration of Interests: Register</u>	Chair	Enclosure A	Declare
<p>Members are requested now to declare any interests (as defined within the Conflicts of Interest Policy) that are relevant to the matters about to be discussed. Discussion on business where an interest has been declared will be managed in accordance with Section 8.4 of the Constitution. Members are reminded that if in the course of the meeting's business an undeclared interest becomes relevant, they are to declare it. See attached guidance.</p>				
3.	<u>Minutes of Meeting held on 03.11.2016</u>	Chair	Enclosure B	Approve
4.	<u>GP Services Month 7 Finance Report</u>	Emma Cox	Enclosure C	Note
5.	<u>Enter and View Report</u>	Jenni Northcote	Enclosure D	Note
6.	<u>NHSE (West Midlands) Primary Care Update</u>	Martina Ellery	Enclosure E (to follow)	Note
<p align="center"> Next Public (Virtual) Meeting: Thursday 09TH February 2017, 13:45 – 14:30 WNCCG Meeting Rooms, Heron House </p>				

Role	Number of Votes Held
NHS England – Total Votes 3	
Locality Director (or representative)	1
Head of Primary Care (or representative)	1
Contracts Manager (or representative)	1
Warwickshire North CCG – Total Votes – 3	
Lay Member for Audit and Governance	1
Lay Member	1
Chief Finance Officer (Executive) or Deputy	1
Director with responsibility for Primary Care Contracting (Executive)	0
GP who is a partner in a WNCCG Member Practice	0
CCG Primary Care Quality Lead (GP)	0
Observers – Total Votes – 0	
Healthwatch Representative	0
Health and Wellbeing Board Representative	0
LMC	0

The voting rights of each member are set out in the table above. NHS England and Warwickshire North CCG shall hold an equal number of votes. In the event of a vote the casting vote will be as follows:

- CCG members of the joint committee will have the casting vote on any decisions pertaining to one of their statutory functions.
- NHS England members of the joint committee will have a casting vote on any decisions pertaining to one of their statutory functions.

A quorum shall be 5 of the members of the Committee, including 1 Lay Member, 2 NHS England Representatives and 1 CCG Executive and 1 GP representative.

Declarations of Interest	
<p><i>Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. Where possible, any conflict of interest should be declared to the Chair of the meeting as soon as it is identified in advance of the meeting. Where this is not possible, it is essential that at the beginning of the meeting a declaration is made if anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting. An interest relevant to the business of the meeting should be declared whether or not the interest has previously been declared.</i></p>	
Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of a grant from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for CQC or NICE; • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.

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**NHS Warwickshire North Clinical Commissioning Group
Register of Interests**

First Name	Last Name	Current position(s) held in CCG, ie Governing Body member, Committee member, Member Practice, CCG employee or other	Declared Interest (Name of the organisation and nature of the business)	Type of Interest				Date of interest		Action taken to mitigate risk
				Financial	Non-Financial Professional	Non-financial Personal	Indirect			
Rebecca	Bartholomew	Chief Quality Officer	Nil							No action required
Anthony	Chapman	Deputy Chief Finance Officer	Volunteer Fundraiser for WellChild.			✓		1st April 2016	current	Withdrawal from debate on commissioning a service that could be delivered by this organisation.
Martina	Ellery	Deputy Head of Primary Care (NHS England)	Nil							No action required
Andrea	Green	Chief Officer	Nil							No action required
Neil	Hart	Lay Member for Audit and Governance	Nil							No action required
Charmaine	Hawker	Assistant Head of Finance for Primary Care (NHS England)	Nil							No action required
Godwin	Igodo	Clinical Lead	1. GP at Camphill GP led Health Centre 2. Director at Ripples Healthcare	✓ ✓						Withdrawal from debate on commissioning a service that could be delivered by these organisations.
Arshad	Khan	Clinical Lead	1. GP at Station Street Surgery 2. Torcross Medical Centre, Coventry 3. Locum at Recovery Partnership	✓ ✓ ✓	✓ ✓ ✓					v
Chris	Lonsdale	Chief Finance Officer	Nil							No action required
Maria	Maltby	Head of Corporate Affairs	Nil							No action required
Anna	Nichols	Senior Contract Manager (NHS England)	Nil							No action required
Jenni	Northcote	Director of Partnership and Engagement	Nil							No action required
Graham	Nuttall	Lay Member for Primary Care	1. 50% Shareholder of Graham Nuttall Associates Ltd 2. Trustee and Board Member at Bulkington Village Centre	✓ ✓				14/09/2015 14/09/2015	Current Current	Further declaration to be made on any specific projects identified which will impact on the CCG. Withdrawal from any debate in which Bulkington Village Centre is being considered.
Chris	Pycok	Secondary Care Specialist Doctor	1. Consultant (Locum Consultant Physician) for South Worcestershire Health and Care (Community) NHS Trust	✓				Dec-14	Current	Withdrawal from debate on commissioning a service that could be delivered by this organisation.
Deryth	Stevens	Chair	1. Partner at Dordon and Polesworth Group Practice 2. Dordon and Polesworth Group Practice is a member of Primary Care Warwickshire Federation	✓ ✓					Current Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
Dave	Weston	GP, Warwickshire Local Medical Committee Representative	1) Partner at Atherstone Surgery 2) Practice is a member of the Primary Care Warwickshire Federation 3) Joint Partner/Director of the Atherstone Research Group 4) Joint and equal ownership with other Partners in the practice of Atherstone in-practice pharmacy 5) A partner in the Atherstone Surgery has a special interest working for The Recovery Partnership	✓ ✓ ✓ ✓					Current Current Current Current	Withdrawal from debate on commissioning a service that could be delivered by any of these organisations.
David	Williams	Locality Director (NHS England West Midlands)	Chairman of Revolving Doors Agency		✓				Current	Withdrawal from any debate in which the agency is being considered.

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JOINT COMMISSIONING COMMITTEE (PUBLIC)
UNCONFIRMED MINUTES OF THE MEETING HELD ON
THURSDAY 03 NOVEMBER 2016, WNCCG MEETING ROOMS, HERON HOUSE,
13:45 TO 14:30

1.	<u>Present</u>	<u>Initials</u>
1.1	Voting Members: Graham Nuttall – Lay Member, WNCCG (Chair) Neil Hart – Lay Member, WNCCG Anthony Chapman – Deputy Chief Finance Officer, WNCCG (deputising for Chris Lonsdale) David Williams – Locality Director, NHS England Anna Nicholls – Senior Contract Manager (Primary Care), NHS England Emma Cox – Senior Finance Manager, NHS England	GN NH AC DWi AN EC
1.2	Non-Voting Members: Jenni Northcote – Director of Partnership and Engagement, WNCCG Dave Weston – LMC, WNCCG Mary Mansfield – Deputy Chief Nurse, WNCCG Arshad Khan – Clinical Lead, WNCCG Inayat Ullah – Practice Network Clinical Lead, WNCCG arrived at 13.23	JN DWe MMn AK IU
1.3	In Attendance: Maria Maltby – Head of Corporate Affairs, WNCCG Bekki Sperry – PA, WNCCG (Minutes)	MMa RS
	<u>Apologies</u>	
1.4	Chris Lonsdale, Chief Finance Officer, WNCCG Godwin Igodo, Clinical Lead, WNCCG Charmaine Hawker, NHS England Andrea Green – Chief Officer, WNCCG Deryth Stevens – Clinical Chair, WNCCG Rebecca Bartholomew – Chief Quality Officer, WNCCG Chris Bain – Healthwatch	CL GI CH AG DS RB CB
2.	<u>Declarations of Interests</u>	<u>Action</u>
2.1	Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.	
2.2	No declarations were made.	

		<u>Action</u>
3	<u>Minutes of Previous Meeting held on 01 September 2016</u>	
3.1	The Committee agreed the minutes of the meeting held on 1 September 2016 as a true and accurate record of the meeting, subject to the following amendments: <ul style="list-style-type: none"> Item 5 - Emma Cox (EC) presented the finance report. 	
3.1	<u>Action Tracker:</u> The Committee noted that there are no outstanding actions recorded on the Action Tracker.	
4.	<u>GP Services Month 6 Finance Report</u>	
4.1	AN presented the report and the Committee noted that at month 6 the forecast position for GP Services for WNCCG showed no movement from the month 4 forecast position.	
4.2	The Committee also noted that a full forecast review would be carried out in month 7, in line with the NHAIS quarterly updates and would be reported to the next JCC meeting.	
4.3	The Committee were informed that £48k of the original 0.5% contingency remained for in year cost pressures and the CCG should develop plans for contingency utilisation should the monies become available.	
4.4	<u>ACTION: JN/AC to develop plans for contingency utilisation should the monies become available ready for review in month 7.</u>	JN/AC
4.5	The Committee noted the report and agreed to develop plans for contingency usage should it become available.	
5.	<u>CCG Primary Care Update</u>	
5.1	JN presented the report highlighting the following key areas:	
5.2	Finance: The budget for shared care drugs was set on the basis of shared care by individual person. A discussion was required with LMC regarding the approach.	
5.3	<u>ACTION: JN/DWe to discuss future approach to shared care drugs.</u>	JN/DWe
5.4	Estates Transformation and Technology Fund (ETTF): 7 bids had been submitted. Confirmation had been received of NHS England's 'support in principle' of all of the Cohort 1 and Cohort 2 bids. Due diligence for Cohort 1 bids had commenced. The Committee noted that the Single GP IT System scheme noted as 'withdrawn' in the report had been funded by other sources; the project was also subject to discussion with GP practices and LMC. It was also noted that the reduction by £300k for the Agile Working and End of Life Services was due to alternative sources of funding being available to the CCG.	
5.5	Concern was expressed as to whether Cohort 1 projects could be delivered by 31 March 2017. JN stated that practices were aware of the requirements and had been asked to give assurances that they could deliver within the required timescales.	

		Action
5.6	Primary Care Strategy and GP Forward View: GP members had been advised of the range of support programmes available via the GP Resilience Programme.	
5.7	The Committee noted that 12 out of 28 practices had accepted the offer of PCC support available under the Vulnerable Practice Programme. Concern was expressed by the Committee regarding the term 'vulnerable' and how it could be perceived. It was noted that the programme was about maximising support for practices and offered a range of support packages for practices to enable the businesses to run more efficiently and ease pressures.	
5.8	JN requested that the CCG be copied into all correspondence sent to GP practices relating to funding opportunities to enable a co-ordinated approach by the CCG. AN confirmed that this happened when the local team communicated with practices but national communications bypassed the local NHS England team.	
5.9	Estates Strategy: Discussions continue through the Local Estates Forum (LEF). A meeting had been arranged to undertake follow-up work related to Weddington. Manor Court had expressed concerns regarding the continued uncertainty of their lease with CWPT. A meeting had been arranged between Manor Court and CWPT and the CCG awaited the outcome.	
5.10	Patient Participation Group Forum: The Group had expressed concerns as to the commitment of some practices to their Patient Participation Group (PPG) and had queried the expectations of the GMS contract.	
5.11	Hub Development: The CCG continued to support the inter-disciplinary working around the GP practice cluster.	
5.12	Age UK Prescribing Pilot: The pilot continued to gain momentum and was working well. The CCG was working hard to identify funding opportunities to secure continuity and roll out across all practices and HUBs.	
5.13	The Committee noted the report.	
6.	<u>Primary Care Co-Commissioning Update</u>	
6.1	JN advised the Committee that Member Practices had voted in majority to retain joint commissioning arrangements with NHS England. This had been supported by the Governing Body at the meeting on 3 November.	
6.2	The Committee expressed disappointment and felt that whilst a robust engagement process had been undertaken, the practices may still not have understood the advantages of full delegation. The Committee noted that continued discussions would be had with member practices and opportunities highlighted. It was also noted that whilst voting results were still pending, it was expected that all CCGs in the area which were not already fully delegated were expecting to apply for full delegation from 1 April 2017.	
6.3	The Committee noted the report.	
7.	<u>Enter and View Report</u>	
7.1	JN presented the update and the Committee noted that 21 GP practices had been	

		Action
	reviewed by Healthwatch Warwickshire to date.	
7.2	The Committee noted the report.	
8.	<u>NHS (West Midlands) Primary Care Update</u>	
8.1	AN presented the update and the key points noted by the Committee were:	
8.2	Sustainability and Resilience Programme: Following a meeting with all CCGs and a large number of self-referrals, a list with over 220 practices had been submitted to the central team. NHS England would be working with CCGs in the coming months to ensure that support was made available to practices that need it most in order to support sustainability across health economies.	
8.3	Bi-annual Extended Access Data Collection: From October 2016, every GP practice in England was required to submit an online return twice a year through the Primary Care Web Tool setting out what access to appointments the practice offered to patients either itself or through other arrangements, seven days a week. NHS England had received a number of queries from practices about the return. The Committee noted the importance of the CCG routing all queries to NHS England in order to complete this in a timely manner.	
8.4	The Committee noted the report.	
9.	<u>Any Other Business</u>	
9.1	Internal Audit Report on Joint Commissioning Arrangements: The Committee enquired if JCC Members could receive the final internal audit report and were advised that consent would be sought from the Internal Auditors to circulate the report to members.	
9.2	Committee Terms of Reference/Membership: The Committee discussed the recommendation, in NHS England's Revised Statutory Guidance for Managing Conflicts of Interest, for all 3 CCG lay members to be members of the JCC. MMA advised that the Committee would need to decide which members would be voting members, as to just add an additional voting member would remove the balance of votes between the CCG and NHS England. It was agreed that DWi and MMA would discuss following this meeting and update the Committee at a future meeting following discussions with the Chief Officer.	
9.3	<u>ACTION:</u> DWi/MMA to discuss future membership of the JCC, discuss with the Chief Officer and present proposals to a future meeting.	DWi/MM a
10.	<u>Date and Time of Next Public Meeting:</u>	
10.1	Thursday 5 January 2017, 13:45 – 14:30, WNCCG Meeting Rooms, Heron House,	

Report To:	Joint Commissioning Committee
Report Title:	GP Services Month 7 Finance Report
Report From:	Emma Cox (NHS England)
Date:	12.01.2017
Previously considered by:	

Purpose of the report:

To update the committee on the 2016/17 Month 7 Forecast expenditure for GP Services for Warwickshire North CCG.

Key Points:

- The report details the month 7 forecast position for GP Services for Warwickshire North CCG.
- A full forecast review was carried out in month 7 to take into consideration the following;
 - Recalculation of Global Sum Payments and APMS Contract payments based on the October 2016 updated list sizes
 - Review of DES Forecasts based on activity to date
 - Review of Premises Forecasts based on payments to date
 - Review of Locum reimbursements (maternity/paternity etc.) based on approved applications
- £64k of the original 0.5% contingency is available for in year cost pressures, the CCG is asked to develop plans for contingency utilisation should it become available, this will be reviewed again in month 10.
- The allocation to fund GP Services relating to Warwickshire North CCG for 2017/18 is £22.95m. Financial Plans have been completed and submitted using estimated growth assumptions.
- The outcome of the National GMS Contract Negotiations is not yet known and is unlikely to be announced until March 2017.

Recommendation(s):

The Committee is asked to:

- Note the contents of this report
- Develop plans for contingency usage should it become available

WNCCG Objectives (delete "✓" as appropriate):

To improve health, health outcomes and reduce inequalities	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020	
Quality, risk and assurance issues	None	
Equality and diversity issues	None	
Legal and regulatory issues	None	
Patient Engagement Issues	None	

**Warwickshire North CCG
2016/17 GP Services
Month 7 Finance Report**

Warwickshire North CCG GP Services Budget

Month 7 2016/17

Version number: 1

First published: 28.12.2017

Prepared by: Emma Cox, NHS England West Midlands

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1 2016/17 GP Services

The allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 is £21.8m. The forecast outturn is £21.8m delivering a breakeven position.

The planning metrics for 2016/17 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%

The CCG is not required to deliver a surplus of 1% on their GP Services Allocations, this remains with NHS England West Midlands.

The table below details the movements from month 6 to month 7;

	Month 6 FOT	Month 7 FOT	Variance
	£'000s	£'000s	£'000s
General Practice APMS	1,116	1,120	-3
General Practice GMS	14,394	14,325	69
General Practice PMS	0	0	0
QOF	2,413	2,413	0
Enhanced Services	1,143	1,145	-2
Dispensing/Prescribing Fees	582	582	0
Premises Cost Reimbursements	1,368	1,396	-28
Other Premises	62	57	5
Other GP Services	490	514	-25
PMS Premium	0	0	0
1% Non Recurrent Transformation Fund	218	218	0
0.5% Contingency	48	64	-16
TOTAL	21,834	21,834	0

A full forecast review was carried out in month 7 to take into consideration the following;

- Recalculation of Global Sum Payments and APMS Contract payments based on the October 2016 updated list sizes
- Review of DES Forecasts based on activity to date
- Review of Premises Forecasts based on payments to date
- Review of Locum reimbursements (maternity/paternity etc.) based on approved applications

This review has resulted in an increase of £16k to the contingency available at month 7. This is due to the reduction of the list size growth in October in comparison to the previous quarter; therefore the list size growth forecast has been reduced. A total contingency of £64k remains for in year cost pressures, the CCG is asked to develop plans for contingency utilisation should it become available.

2 Access to 2016/17 Primary Care Reserves

The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2016/17 planning metrics.

In line with national guidance the 1% Non-Recurrent Transformation Fund must remain uncommitted to support cost pressures within the wider health economy.

The 0.5% contingency is currently being held to support in year cost pressures within the CCG's GP Services position and will be reviewed quarterly, at month 7, £64k of the contingency remains available, this will be reviewed again in month 10. The CCG should now develop plans for contingency utilisation should it become available.

3 2017/18 Financial Plan

The allocation to fund GP Services relating to Warwickshire North CCG for 2017/18 is £22.95m.

Financial plans have been completed and submitted using the following high level planning assumptions;

- Starting position based on Month 7 Forecast Outturn
- 1% Inflation assumed across all expenditure areas
- 1.42% Demographic Growth based on April 2015 to April 2016 increase in weighted list sizes, assumed across all expenditure areas.
- MPIG reduction continues and is recycled into Global Sum
- Seniority reduction continues and is recycled into Global Sum
- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%

These are currently only estimated growth assumptions as the outcome of the National GMS Contract Negotiations is not yet known and is unlikely to be announced until March 2017.

4 Conclusion

NHS England West Midlands will be monitoring the financial position of the GP Services budget allocated the CCG and will report any adverse variance accordingly on a quarterly basis; including the use of reserves and contingency funding.

5 Recommendations

The Committee is asked to:

- Note the contents of this report
- Develop plans for contingency usage should it become available

Charmaine Hawker
Head of Finance (Direct Commissioning/Primary Care Assurance)
NHS England West Midlands

Report To:	Joint Commissioning Committee
Report Title:	Healthwatch Warwickshire Enter and View Reports - summary
Report From:	Jenni Northcote, Director of Partnerships and Engagement
Date:	12 January 2017
Previously considered by:	

Purpose of the report:
Legislation allows Healthwatch Warwickshire to ‘Enter and View’ any premises within Warwickshire where health and/or social care activities are delivered. To date 22 practices have been reviewed in Warwickshire North and this is a summary of this activity.
Key Points:
Healthwatch Warwickshire can conduct Enter and View Visits to the following services: <ul style="list-style-type: none"> ▪ Care Homes ▪ GP Surgeries ▪ Dental Services ▪ Opticians ▪ Pharmacies ▪ Day Care Centres ▪ Hospitals <p>This report covers the 22 GP practices that have been reviewed to date. The report makes a number of suggestions based on the output so far.</p>
Recommendation:
Note the content of this report and endorse the next steps proposed.

WNCCG Objectives (delete “✓” as appropriate):			
To improve health, health outcomes and reduce inequalities	✓	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	✓	To build a health system fit for our population by 2020	✓
Quality, risk and assurance issues			
Equality and diversity issues			
Legal and regulatory issues			
Patient Engagement Issues			

Healthwatch Warwickshire Enter and View Reports - summary

January 2017

■ Introduction

Legislation allows Healthwatch Warwickshire to 'Enter and View' any premises within Warwickshire where health and/or social care activities are delivered. This means that Healthwatch Warwickshire can conduct Enter and View Visits to the following services:

- Care Homes
- GP Surgeries
- Dental Services
- Opticians
- Pharmacies
- Day Care Centres
- Hospitals

This legislation, The Local Authorities (Public Health Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351) allows for 'authorised representatives' from local Healthwatch's to enter and view any premises where health and/or social care are delivered and to observe the carrying on of activities on those premises.

■ Background and Context

The purpose of an Enter and View Visit is to give the opportunity for 'Authorised Representatives':

- To see and hear for themselves how services are provided
- To collect the views of service users
- To collect the views of carers and relatives of service users
- To observe the nature and quality of services
- To report findings and associated recommendations – good and bad – to providers, Care Quality Commission, Local Authority, NHS commissioners, Healthwatch England and other relevant partners
- An Enter and View visit is not an inspection; it is complementary to the work of the Care Quality Commission and the County Council.

The full list of reports can be found on the Healthwatch Warwickshire website: www.healthwatchwarwickshire.co.uk/?page_id=431

1. Results – GP Enter and View reports

The first visits took place in February 2015 with the latest, at Chapel End Surgery in September 2016. To date 22 out of the 28 practices has been completed. The outline results are displayed in the six tables below. The additions from previous reports are highlighted in red.

Tables

	Question One			
	How would you rate your GP surgery on the appointment booking system?			
	Excellent	Good	Average	Poor
Bulkington	n/a	38	1	4
Chancery Lane	n/a	17	3	4
Dorden	n/a	20	31	11
Cole House Surgery	9	8	3	0
Hazelwood	n/a	27	17	13
Manor Court	n/a	24	26	10
Old Mill	n/a	46	11	5
Pear Tree	n/a	20	19	7
Red Roofs	n/a	15	10	9
Station Str	n/a	25	1	0
Gables	n/a	3	11	5
The Grange	n/a	41	19	6
Whitestone	n/a	26	6	3
Woodands	n/a	36	1	0
Leicester Road Surgery	5	12	3	0
Atherstone Surgery	10	16	10	5
Arbury Medical Centre	3	11	6	10
Camphill GP Led Health Centre	1	4	3	6
Chapel End Surgery (Dr Ganapathi)	3	4	1	0
Riversley Road Surgery	19	6	2	1
The Surgery (Bulkington)	9	5	2	0
Chapel End Surgery (Dr Motala)	10	4	2	0

	Question Two			
	How would you rate your GP surgery on surgery opening hours?			
	Excellent	Good	Average	Poor
Bulkington	n/a	34	8	1
Chancery Lane	n/a	23	1	0
Dorden	n/a	42	18	2
Cole House Surgery	12	7	1	0
Hazelwood	n/a	46	8	1
Manor Court	n/a	51	9	0
Old Mill	n/a	58	3	1
Pear Tree	n/a	38	8	0
Red Roofs	n/a	27	6	2
Station Str	n/a	22	7	0
Gables	n/a	14	4	0
The Grange	n/a	57	5	0
Whitestone	n/a	32	3	0
Woodands	n/a	35	1	0
Leicester Road Surgery	7	13	0	0
Atherstone Surgery	7	28	4	0
Arbury Medical Centre	3	25	2	0
Camphill GP Led Health Centre	5	9	0	0
Chapel End Surgery (Dr Ganapathi	4	3	1	0
Riversley Road Surgery	15	13	0	0
The Surgery (Bulkington)	5	10	1	0
Chapel End Surgery (Dr Motala)	9	7	1	0

	Question Three			
	How would you rate your GP surgery on cleanliness/ hygiene?			
	Excellent	Good	Average	Poor
Bulkington	n/a	43	0	0
Chancery Lane	n/a	23	0	0
Dorden	n/a	16	2	0
Cole House Surgery	11	8	1	0
Hazelwood	n/a	56	1	0
Manor Court	n/a	57	2	1
Old Mill	n/a	61	1	0
Pear Tree	n/a	45	1	0
Red Roofs	n/a	34	1	0
Station Str	n/a	28	1	0
Gables	n/a	17	1	0
The Grange	n/a	66	0	0
Whitestone	n/a	36	0	0
Woodands	n/a	37	0	0
Leicester Road Surgery	14	5	1	0
Atherstone Surgery	20	18	1	1
Arbury Medical Centre	6	18	6	0
Camphill GP Led Health Centre	3	10	1	0
Chapel End Surgery (Dr Ganapathi)	5	2	1	0
Riversley Road Surgery	19	9	0	0
The Surgery (Bulkington)	8	8	0	0
Chapel End Surgery (Dr Motala)	14	2	0	0

	Question Four			
	How would you rate your GP at the surgery?			
	Excellent	Good	Average	Poor
Bulkington	n/a	37	4	0
Chancery Lane	n/a	21	2	0
Dorden	n/a	50	10	1
Cole House Surgery	18	1	1	0
Hazelwood	n/a	48	6	0
Manor Court	n/a	52	7	0
Old Mill	n/a	53	8	0
Pear Tree	n/a	43	2	0
Red Roofs	n/a	31	5	0
Station Str	n/a	27	0	0
Gables	n/a	16	2	0
The Grange	n/a	53	10	0
Whitestone	n/a	33	2	0
Woodands	n/a	35	1	0
Leicester Road Surgery	11	7	1	0
Atherstone Surgery	25	12	3	0
Arbury Medical Centre	9	19	2	0
Camphill GP Led Health Centre	3	10	1	0
Chapel End Surgery (Dr Ganapathi	8	0	0	0
Riversley Road Surgery	22	5	0	0
The Surgery (Bulkington)	7	7	1	0
Chapel End Surgery (Dr Motala)	11	3	0	0

	Question Five			
	How would you rate the overall quality, care, treatment and service from your surgery?			
	Excellent	Good	Average	Poor
Bulkington	n/a	36	5	1
Chancery Lane	n/a	22	1	0
Dorden	n/a	49	11	1
Cole House Surgery	18	2	0	0
Hazelwood	n/a	51	5	0
Manor Court	n/a	49	10	1
Old Mill	n/a	56	6	0
Pear Tree	n/a	44	2	0
Red Roofs	n/a	31	4	1
Station Str	n/a	26	3	0
Gables	n/a	13	5	0
The Grange	n/a	57	9	0
Whitestone	n/a	30	2	2
Woodands	n/a	33	4	0
Leicester Road Surgery	14	6	0	0
Atherstone Surgery	20	16	2	0
Arbury Medical Centre	14	13	2	1
Camphill GP Led Health Centre	4	6	3	1
Chapel End Surgery (Dr Ganapathi)	7	1	0	0
Riversley Road Surgery	21	5	1	0
The Surgery (Bulkington)	8	8	0	0
Chapel End Surgery (Dr Motala)	11	5	0	0

	Question Six			
	Service Improvement recommendations made for each surgery			
Bulkington	3			
Chancery Lane	3			
Dorden	3			
Cole House Surgery	1			
Hazelwood	2			
Manor Court	3			
Old Mill	2			
Pear Tree	3			
Red Roofs	2			
Station Str	1			
Gables	6			
The Grange	2			
Whitestone	1			
Woodands	2			
Leicester Road Surgery	?			
Atherstone Surgery	?			
Arbury Medical Centre	5			
Camphill GP Led Health Centre	7			
Chapel End Surgery (Dr Ganapathi)	2			
Riversley Road Surgery	4			
The Surgery (Bulkington)	3			
Chapel End Surgery (Dr Motala)	2			

2. Key Findings

These reports help to give a snapshot based on the interviews that take place at a practice on a given day. Practice staff work with Healthwatch in reviewing the reports and they look to address any negatives that rise from the findings and if necessary where the verbatim comments highlight certain issues. The full reports for each practice are available on the Healthwatch website.

A review of the practices show that with those interviewed, many rate their care as good or excellent and many give good scores to the practice. There a number of standout practices that have rated by the public including Riversley Road Surgery and Arbury Medical Centre who all received high numbers of excellent ratings from patients on their GP and on the overall quality care and treatment from the surgery.

The worst scores across the board were those that were received for the GP appointment booking system and it is suggested that this is looked at given the widespread poor marks received including the latest report.

Concluding Remarks:

This information provides a good overview of how patients find the care given at local GP practices. The Healthwatch Enter and View reports can be used to triangulate information received from other quarters to give an overall helicopter view of GP practices in Warwickshire North. Stand out practices should be praised for their efforts and perhaps used as exemplars for other practices within the CCG.

3. Next Steps

The Director of Partnership and Engagement is the Executive Lead has already indicated that new Enter and View reports will be summarised and presented as part of the existing Patient and Public Intelligence Dashboard. Also there will be an overall database of scores kept so that at any one time these can reviewed to check for trends with GP care in Warwickshire North.

Recommendations

Note the content of this report and endorse the next steps proposed.

DRAFT