

Democratic Services

Provision of GP Services in Milton Keynes Task and Finish Group Report

www.milton-keynes.gov.uk/scrutiny

**Membership: Councillors I McCall (Chair), Morla and Wallis
Alderwoman Lloyd (MK Older Persons Champion)
N Shaw (Healthwatch MK Representative)**

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Introduction, Membership and Work Programme

The Provision of GP Services in Milton Keynes Task and Finish Group (the Group) was established in 2015 to address the concerns raised by the poor results for Milton Keynes in the 2014 GP Patient Satisfaction Survey.

The Terms of Reference for the Group are included as Annex E of this report. The Scoping Document is attached as Annex F.

The work of the Group has run across two Council years (2014/15 and 2015/16) with an initial membership of Councillors Isobel McCall, Geetha Morla and Rachel Pallett, together with Alderwoman Jan Lloyd as the Milton Keynes Older Persons' Champion and Nadia Shaw as the HealthWatch MK representative. Following the Borough elections in May 2015 Rachel Pallett was replaced by Councillor Pauline Wallis.

The Group was initially chaired by Alderwoman Lloyd, but due to health issues, she stood down in October 2015 and was replaced by Councillor McCall.

Elizabeth Richardson has served as the Group's Overview and Scrutiny Officer.

The schedule of the Group's meetings, items discussed and witnesses attended is as follows:

Date	Subject
20 February 2015	Terms of Reference Purpose of Review and Methodology
10 March 2015	GP Patient Satisfaction Survey 2014 – Summary Report Healthwatch Issues Report
10 April 2015	MK CCG Presentation on GP Access Update on Related Items
14 October 2015	Appointment of New Chair Review of Work Done So Far
29 October 2015	Planning Healthcare Facilities into the Local Infrastructure Witness: Sarah Evans (Infrastructure Policy and Programme Manager)

2 December 2015	Planning Healthcare Facilities into the Local Infrastructure – Questions for NHS England
5 January 2016	Health and Adult Social Care Committee – NHS Service Planning Witness: Dominic Cox (NHS England Area Team)
15 February 2016	Questionnaire to Councillors
01 April 2016	Analysis of response to Questionnaire First Draft of Report

The purpose of this report is to:

- (i) outline the work the Group has carried out to scrutinise the provision of GP (Primary) healthcare services in Milton Keynes;
- (ii) investigate why residents in Milton Keynes are finding it difficult to access GP services and make appointments to see their GP in a timely manner;
- (iii) establish the extent of the problem and to seek innovative solutions to improve the situation;
- (iv) make recommendations to the MK CCG / NHS Area Team on possible solutions and their implementation.

Work was carried out during Spring 2016 to prepare this report on the work done by the Group and draft recommendations for presentation to the Milton Keynes Clinical Commissioning Group and the NHS England Area Team.

The final report was agreed by the Group at its meeting on 27 June 2016.

The agenda, reports, presentations and minutes for each of the above meetings are available on the Council's website at: http://milton-keynes.cmis.uk.com/milton-keynes/Committees/CurrentCommittees/tabid/154/ctl/ViewCMIS_Committee_Details/mid/521/id/943/Default.aspx

Councillor I McCall
Chair, Provision of GP Services in MK Task and Finish Group
27 June 2016

Background

In July 2014 Milton Keynes received a very poor rating in the annual GP Patient Satisfaction Survey, which was published by NHS England, coming 208 out of 211 areas (based on Clinical Commissioning Group areas). A summary of the headline results is included as Annex A of this report.

This issue is by no means peculiar to Milton Keynes; it is a situation that is reflected nationally, which for patients translates into a shortage of appointments and longer waiting times. Across the country almost 11% of patients are unable to get an appointment within two weeks, and the situation is worse if patients want to see a preferred doctor. Since 2009 the number of GPs per head of population has declined nationally and there are currently major problems with recruitment and retention of GPs. As a consequence nationwide, more people are going straight to A&E for treatment, which is bad for the NHS budget, putting an impossible strain on hospitals as A&E care is much more expensive to deliver than that provided in GP surgeries.

Locally, doctors' workloads have increased by 20% since 2008, and are still rising. The average person sees their doctor six times a year – twice as often as a decade ago. Yet in spite of this rising workload, the budget for general practice is decreasing after staying the same since 2008, it is now reducing and is scheduled to decrease further over the next five years¹.

The average GP practice gets approximately £76 funding for each patient's care for the whole year, sufficient for only two consultations. In fact, General Practice only gets 8% of the overall NHS budget, even though 90% of patient contact in the NHS happens in GP surgeries. All of this is taking its toll on doctors, who are sometimes carrying out over sixty patient consultations a day, as well as paperwork and home visits to frail, elderly or terminally ill patients.

There are a number of competing explanations for rising problems with booking appointments, caused by a combination of increased life expectancy, rising demand and cuts to funding, which will only get worse in the future.

Not surprisingly, a recent survey found that 6 out of 10 GPs are considering early retirement and more than a third are actively planning for this decision. Many doctors are leaving the NHS to work elsewhere; 5,000 UK doctors a year consider leaving the NHS to work abroad. Medical students and doctors in training no longer want to become GPs and in some areas up to a third of training posts are unfilled.

In spite of everything, the NHS remains one of the best health care systems

¹ Data supplied by Newport Pagnell Medical Centre – December 2015

in the world, and one of the few that are totally free at the point of contact. There are currently 340 million GP consultations each year, an increase of 40 million over the past five years.

The situation is now so serious that the House of Commons has recently conducted an inquiry into the challenges affecting the provision of primary care nationally and to investigate whether the Department of Health and its arms' length bodies have the plans and policies in place to ensure that high quality care is consistently available to patients at the point of need.

Having received both written and oral evidence, the inquiry has now published its report. Details of the inquiry, the evidence received and the final report can be found via the following link:

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2015/primary-care-inquiry/publications/>

At the same time the Primary Care Workforce Commission has also produced a report, *the Future of Primary Care – creating Teams for Tomorrow*, which identifies solutions to meet the present and future needs of the NHS and explains how primary care could develop so that patients can continue to be confident that they are receiving the high quality primary care they expect from the NHS. The Commission's report is available via the following link:

<https://www.hee.nhs.uk/sites/default/files/documents/The%20Future%20of%20Primary%20Care%20report.pdf>

Locally, the Group started its work against the backdrop of the sudden and unforeseen closure of the GP surgery at Willen. This closure not only caused a lot of distress to the residents registered there, but also increased the pressure on other surgeries in Milton Keynes which had to absorb new patients onto their books. Although several possible plans for re-instating the surgery have been discussed, this has not yet happened.

The Evidence

The GP Satisfaction Survey

NHS England, together with Ipsos MORI, published the Official Statistics from the 2014 GP Patient Survey during the summer of 2014. The survey provided information on patients' experience of primary care services and their overall experience of accessing these services.

The results were based on aggregated data from the two waves of the survey conducted in 2013 and early 2014. This aggregation created sufficiently large sample sizes to publish statistically robust results at GP practice level. Results were also published at national, Clinical Commissioning Group (CCG) and NHS Area Team level.

This survey consisted of 9,163 questionnaires sent to patients of GP practices in Milton Keynes (2.63 million nationally)² across two waves, from July to September 2013 and again from January to March 2014. Of these, 3,182 (903,357) respondents completed and returned a questionnaire, resulting in a response rate of 35% (34%).

While the majority of patients continued to feel that they had a good experience of GP and out-of-hours services, the results showed a reduction in the proportion of patients reporting on their experiences positively. This finding continued the downward trend in the experience of GP and out-of-hours services since 2011-12.

The Group also considered data extracted from the NHS Choices website relating to individual surgeries across Milton Keynes. When this data was analysed and given a RAG (Red, Amber, Green) rating, of the 27 surgeries in Milton Keynes only 4 were rated as 'Green' (outstanding), 12 received Amber (average) ratings and the remaining 11 a 'Red' or unsatisfactory rating.

The Group were also able to consider the results of the summer 2015 GP Patient Survey which showed that:

- Once again results for MK were generally below the national average for trying to book appointments, getting appointments at a convenient time, and dealing with receptionists;
- Patients' overall satisfaction with their GP's surgery was 11% below the national average. This was surprising as Milton Keynes performed well above the national average for getting to speak to a GP on the same day (+8%); GP giving enough time for consultation (+8%); GP treating patients with care and concern (+8%); waiting time at surgery of less than 15 minutes once an appointment was made (+7%);

² National figures shown in brackets

- Only 57% of patients in Milton Keynes found it easy to get through to their GP surgery by telephone, compared to 73% nationally, which the Group identified as a significant cause of dissatisfaction with local GP services;
- Patients in Milton Keynes were not very impressed with local out of hours GP services; the satisfaction rating was 17% below the national average;
- However, Milton Keynes did much better in the awareness and use of online services – awareness of the availability of online services was 17% above the national average, with 3% above the national average actually booking appointments online and 6% above the national average ordering repeat prescriptions online;
- Most of the respondents in MK were aged between 25 and 54.

Tripartite Working with NHS England, Milton Keynes CCG and the Local Estates Forum (LEF)

The Group was aware of anecdotal evidence from councillor colleagues that there were like to be particular problems with the provision of GP services in the new expansion areas within the borough, particularly on the western and eastern flanks, and were interested to find out how the NHS planned to manage this increase in population and what the Council's role was in providing the necessary population projection figures.

The Group received a presentation from Sarah Evans, the Council's Infrastructure Policy & Programme Manager, on the inter-relationship between the Council, the Milton Keynes CCG and the NHS Local area Team. The Group noted that:

- The Local Estates Forum was set up in 2013 following changes to healthcare commissioning (under the Health and Social Care Act) and brought together the NHS England Area Team with responsibility for commissioning primary care (premises and GP contracts); the CCG Strategic Planning team and council service areas, including Infrastructure Coordination, Development Management, Development Plans, and Finance (s106 and Tariff);
- The Council's role in these meetings is to provide timely and accurate information on the scale, location and pace of housing development, advise on s106 and maintain a log of key issues, which forms a basis for meeting agendas;
- This Tripartite approach is not usual across the NHS Area Team geography and is indicative of generally good working relationships at this operational level;
- These meetings have led to a number of other engagement activities over the last few years, including; the Council's Capital Development

Team leading the design of the proposed Brooklands Integrated Health and Social Care facility; an officer workshop on population projections/ multipliers and an Estates 'Position Statement' from the CCG as well as councillor briefings from NHS England senior officers; presentations from NHSE and the CCG to the Council's Health and Adult Social Care Committee and the Health and Wellbeing Board;

- The commissioning of healthcare facilities by the CCG was based on the information provided by NHS England. The Council could only advise NHS England and the CCG on expected population growth and where the new developments would be constructed and hope that they took notice of this information.

Questions for NHS England (Annex B)

Following the presentation from Sarah Evans, the Group agreed a set of questions to be put to the NHS England Area Team on the Planning of Healthcare Facilities into the Local Infrastructure. The questions and the responses received from NHS England are included as Annex B of this report. Having considered the responses the Group agreed that the answers had not been very positive or informative, and felt that they did not contain any new information.

It was felt that there was an issue with NHS England not being able to plan for the provision of new / expanding healthcare provision in a timely manner as no timelines or deadlines for future provision had been provided.

Questionnaire to Councillors (Annex C)

As previously mentioned, the Group was aware of a lot of anecdotal evidence from councillor colleagues about residents' issues in accessing GP Services and decided to canvass councillors to see if there was a common theme to the complaints or whether there were any 'hot spots' in Milton Keynes where there were particularly difficulties.

A short questionnaire was prepared and circulated to all the Ward Councillors in Milton Keynes asking for their perceptions of the provision of local GP services. Although there was only a 19% return rate from councillors, there was a wide enough geographical spread across the borough to give a fairly comprehensive picture of the current situation and enable the Group to identify 'hot spots' facing greater difficulties than elsewhere in the borough.

An analysis of the responses to the questionnaire is also included as part of Annex C.

Briefing note on Prime Minister's GP Access Fund (Milton Keynes) (Annex D)

The Group commissioned a briefing note on the Prime Minister's GP Access Fund (Milton Keynes) which aims to help improve access to general practice and stimulate innovative ways of providing primary care services. In Milton Keynes the fund is being used to:

- Extend standard access to primary care through additional capacity beyond 'office hours' by providing appointment availability between 8.00 am to 8.00 pm and at weekends;
- Offer GP surgeries improved direct access to extended specialist services for children and young people and for older, vulnerable and complex patients;
- Facilitate the development of stronger collaborative working across primary care in Milton Keynes.

A set of Key Performance Indicators have been established for the GP Access service and the current pilot in Milton Keynes is meeting or exceeding the majority of these.

A report on how the other pilots in the Prime Minister's Challenge Fund across the country are performing can be accessed via the following link:

<https://www.england.nhs.uk/wp-content/uploads/2015/10/pmcf-wv-one-eval-report.pdf>

Homelessness

Work done by the Council's Homelessness Task and Finish Group had highlighted difficulties that the homeless had in accessing medical care. Without an address, the homeless found it very difficult to register for healthcare, as well as other services, and that there was only one GP surgery in Milton Keynes prepared to treat the homeless on a regular basis.

The Group noted that unfortunately the issue was probably related to funding as GP practices would only receive funding for patients who were permanently on their register. Anyone who was homeless should be able to receive treatment at either of the Walk-in Centres or the Urgent Care Centre. However, none of these facilities were particularly centrally placed and the Group noted that it might not always be possible for those without the means to make the journey to get to the Centres.

Conclusions

Having scrutinised the evidence collected during the course of the review the Group confirmed its view that the issues around patients accessing GP appointments in a timely manner are not unique to Milton Keynes, but are widespread across the country, and that although local initiatives, such as the development of the 5 extended care hubs, can help in the short term, trying to patch-up the problem piecemeal is not necessarily the best approach to ensure the continued, long term viability of the NHS and particularly those services provided by GP surgeries.

The NHS is 68 years old and the first generation of UK citizens to have been entirely cared for by the NHS are now approaching old age with the not unreasonable expectation that they will continue to receive the same high standard of care and be able to access the services of a local GP when required.

As already mentioned above, General Practice currently only receives 8% of the NHS budget even though 90% of patient contact in the NHS happens in GP surgeries. The provision of healthcare through GP surgeries is by far the most cost effective way of caring for local populations. However, the current difficulties experienced by some patients in being able to get a GP appointment in a timely manner means that an increasing number of people are presenting at A&E with non-emergency conditions because they see no alternative. This is putting an impossible strain on hospitals and the NHS budget as A&E care is much more expensive to deliver than that provided in GP surgeries.

That there is no other alternative to immediate GP care other than attendance at A&E is not the case in Milton Keynes, with a range of other facilities being available. Apart from the national NHS 111 helpline, there is an extensive network of chemists and pharmacies, all of which have signed up the Pharmacy First Scheme promoting the use of pharmacists and their services for the treatment of such ailments as hayfever, minor skin complaints, muscle sprains and strains etc; two walk-in centres with extended opening hours, located at Milton Keynes University Hospital and Broughton Gate (although this facility might be closing in September) and an Urgent Care Centre, also based at the Hospital which is open for 24 hours, 365 days a year for treatment of serious medical conditions when GP surgeries are closed. As well as these alternatives, there are also the 5 local GP practice hubs, currently funded by the Prime Minister's GP Access Fund (Milton Keynes), providing extended opening hours for patients in all of the 22 practices which have joined the scheme.

However, during the course of the Group's work it became clear that there was a real lack of awareness of the local alternatives and that any

measures in place to explain and advertise these additional services were obviously inadequate.

Given that there are already problems with the existing GP provision in Milton Keynes, the Group was very concerned about the effects the continued rapid expansion on both the Eastern and Western flanks of the borough and the impact that this was having on the provision of healthcare services. There was a perception amongst ward councillors generally that planning for future provision by both the NHS England Area Team and the Milton Keynes CCG was not keeping up with the current rate of growth. Having heard from Sarah Evans, the Council's Infrastructure Policy and Programme Manager, about the Council's input into the process the Group prepared a set of questions about Planning Healthcare Facilities into the Local Infrastructure (included as Annex B of this report) which it sent to the NHS England Area Team for a response.

The issue was also picked up by the Council's Health and Adult Social Committee on 5 January 2016 which included an item on NHS Service Planning. The responses to the questionnaire were received in time to be considered at this meeting and were discussed with Dominic Cox from the NHS England Area Team. The meeting was well attended by ward councillors who had identified local provision of GP services as a significant issue in their wards and who also contributed to the debate.

Overall, the Group has found it difficult to assess the extent of the problem or what could be done as the situation remains very fluid. Although some improvements are being noted as a result of the work being done under the Prime Minister's GP Access Challenge Fund, this is a pilot scheme which is not yet complete. The view of the NHS is that things are improving but the view of the Group is that it is not yet clear whether this will deliver lasting, positive changes or that these improvements are significant enough to improve the ratings in future patient surveys.

Although the Group has made recommendations on what it considers could be done to improve the situation, in the main these are addressed to the Milton Keynes Clinical Commissioning Group and the NHS Area Team and can only be seen as advisory.

Recommendations

1. That better communications and education from healthcare providers is needed so that clear messages about alternative sources of healthcare were given.

A lot of routine treatment, such as blood pressure checks, diabetes monitoring etc, does not have to be performed by GPs – other healthcare practitioners can and do provide these services. The Group felt that there was a need for much greater patient education about when it was appropriate to see someone other than a GP for routine healthcare or advice.

2. That better training be provided for reception staff so that they can advise patients about extended hours appointments provided by the Prime Minister's Challenge Fund, Walk-in Centres etc but without patients feeling they are being "fobbed off".

Many of the complaints about trying to make appointments centred on the poor service given by reception / administrative staff in GP surgeries and their unwillingness or inability to try and find solutions.

3. That GP practices consider the introduction of more GP triage and telephone consultations.

According to Healthwatch, trials of GP triage and/or telephone consultations have proved successful in maximising GP availability and are popular with patients. They are reassured by a GP-led triage, as many are reluctant to discuss problems / symptoms with untrained reception staff and a telephone consultation, particularly for items of a routine nature, can save both the GP and patient time.

4. That the Milton Keynes Clinical Commissioning Group launches a concerted campaign to attract more GPs to work in Milton Keynes.

Milton Keynes is more than just the music hall joke of the concrete cows; it is good place to live and work as can be attested by the recent, rapid population growth in the area. Thousands of people are recognising the benefits of living in Milton Keynes and are opting to move here each year. They have spotted the area's potential and GPs looking for a change or new challenge need to be encouraged to consider coming to Milton Keynes.

5. That the Clinical Commissioning Group and the NHS England Area Team need to adapt their forward planning models to be more responsive to the data on future population growth / number of new houses to be built in any particular area provided by the Council.

Analysing the responses to the questionnaire sent to the NHS England Area Team in December, the Group felt that these lacked clarity and detail and did not provide the re-assurance about adequate future planning strategies the Group was seeking on behalf of the Council and residents of Milton Keynes.

6. That the Council be requested to consider inviting NHS England to attend a full Council to provide the Council with an up-date on the healthcare provision in Milton Keynes and respond to the issues identified in the report.

The Council is particularly keen for the NHS England Area Team to expand on its answers to questions 1, 3, 4 and 5 in an open forum so that it, and the residents of Milton Keynes, can be reassured that all possible measures are being taken to adequately plan for future healthcare provision in Milton Keynes.

7. That the extended hours and enhanced services currently provided by the Prime Minister's GP Access Fund pilot continue and become embedded into the local provision of primary healthcare in Milton Keynes.

Following the pilot based on the above, the Clinical Commissioning Group and the NHS England Area Team, possibly with support from the local MPs and the Council, should lobby the Department of Health for sufficient funding to embed the extended hours scheme into the local provision of primary healthcare.

8. That the Clinical Commissioning Group investigates what makes the patient experience considerably better at some surgeries compared to others.

Data from the NHS Choices website relating to individual surgeries across Milton Keynes showed that, of the 27 surgeries in Milton Keynes, only 4 were rated as outstanding, 12 were average, whilst the remaining 11 were deemed unsatisfactory.

What are the lessons for best practice that can be learnt from the four outstanding surgeries which could be passed on in order to improve both services, and the patient experience, at other surgeries?

9. That the Clinical Commissioning Group be asked to consider ways in which healthcare services for the homeless can be better provided, possibly in conjunction with the 'one-stop shop' service recommended by the Homelessness Task and Finish Group in its recent report.
10. That the Council's Communications Team be requested to publicise the report and make it available to the media.

Acknowledgements

The Group would like to thank all those who have supported its work, prepared documentation or made presentations, including those members who served on the Group for a limited time. In particular, the Group is grateful for the diligence and patience of Elizabeth Richardson in managing the Group through its work and the members of Infrastructure Coordination and Delivery Team for their assistance and advice in liaising with the NHS England Area Team and the Milton Keynes Clinical Commissioning Group during the course of the Group's work.

Annex A: GP Patient Survey 2014 – Summary Report

GP Patient Survey 2013-14

Figures in brackets contain the overall national data.

NHS England together with Ipsos MORI, published the Official Statistics from the 2014 GP Patient Survey during the summer of 2014. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services.

The results are based on aggregated data from the two most recent waves of the survey. This aggregation creates sufficiently large sample sizes to publish statistically robust results at GP practice level. Results are also published at national, Clinical Commissioning Group (CCG) and area team level.

The latest survey consisted of 9,163 questionnaires sent to patients of GP practices in Milton Keynes (2.63 million nationally) across two waves, from July to September 2013 and again from January to March 2014. Of these, 3,182 (903,357) respondents completed and returned a questionnaire, resulting in a response rate of 35% (34%).

The latest results, for 2013-14, are comparable with the corresponding aggregate results for 2012-13 (published in June 2013), and 2011-12 (published in June 2012).

Use of the Survey Results

The 2013-14 results will be used to update indicators for three key national initiatives:

- [NHS Outcomes Framework](#)
- [CCG Outcomes Indicator Set](#)
- [CCG Levels of Ambition](#)

Summary of Headline Results

While the majority of patients continued to feel that they had a good experience of GP and out-of-hours services, the latest results do show a reduction in the proportion of patients reporting on their experiences positively. This finding continues the downward trend in the experience of GP and out-of-hours services since 2011-12.

Overall Experience Summary

- 78% (86%) of patients rated their overall experience of their GP surgery as good, a decrease of 1 (1) percentage point since the results published in June 2013 and 4 (3) percentage points since June 2012.
- Nearly two thirds, 63%, of patients rated their overall experience of making an appointment as good, the same rate for Milton Keynes as in 2013, but a 4% decrease since 2012. The national figure was three-quarters, 75%, a fall of 2 percentage points since the results published in June 2013 and 5 percentage points since June 2012
- Just over half, 59%, of patients in Milton Keynes described their overall experience of out-of-hours GP services as good, an increase of 2% since June 2013, but a drop of 4% since 2012 when the figure was 63%. Nationally, nearly two thirds of

patients (63%) rated their experience of out-of-hours services as good, a decrease of 4 percentage points since the results published in June 2013 and 5 percentage points since June 2012.

GP Services

- 71% (79%) of patients would recommend their GP surgery to someone new who had just moved into their local area, a decrease of 1 (1) percentage points since the results in June 2013 and 4 (3) percentage points since June 2012.
- Approximately 8 out of 10 [87%] patients found making an appointment convenient, a decrease of 1% since the results published in June 2013 and 4% since 2012. Nationally the figure was slightly higher at 92%, but this still represented a decrease of 2% since 2012.
- Only 57% of patients in Milton Keynes found it easy to get through to their GP surgery by telephone, compared to 73% nationally. This represented a fall of 1% (2%) since June 2013 and 7% (5%) since June 2012.
- There was a slight improvement in the number of patients in Milton Keynes who thought the receptionist at their GP surgery was helpful, up 1% from 85% in 2013 to 86% in 2014, although this was still down on the 2012 figure of 87%. The national figure was comparable at 87%, even though this represented a fall of 1% since June 2013 and a 2% fall since 2012.
- 89% of Milton Keynes patients had confidence and trust in the last GP they saw compared to the national average of 93%, representing a decrease of 1% (0%) and 1% (1%) since 2013 and 2012 respectively.

Surgery Opening Hours

- 72% of patients in Milton Keynes were satisfied with their GP surgery opening hours, a significant decrease of 5% since 2013 and 7% since the 2012 surveys. Satisfaction rates nationally were slightly higher at 77% with smaller decreases of 3% and 4% since 2013 and 2012.
- 71% (74%) of patients said that their GP surgery was open at times that were convenient for them, a decrease of 3% (2%) since June 2013 and 5% (3%) since 2012.

Booking Appointments

- Although 75% of patients in Milton Keynes said that they preferred to book an appointment by telephone, the actual number who did so was 87%. 43% of patients would like to be able to book appointments on-line, although only 5% actually did so. The national figures were similar, with 77% preferring to book by telephone, but with 87% actually doing so. Nationally 34% said they would prefer to make appointments on-line, but again only 5% actually did so.

Out-of-Hours GP Services

- There was an increase in the number of patients in Milton Keynes who thought contacting the out-of-hours service by telephone was easy, up from 69% in 2013 to 71% in 2014. However, this was still lower than 2012, when 78% of patients rated contacting the out-of-hours service as easy. 75% of patients nationally rated contacting the out of hours service as easy but this was quite a significant decrease of 5% on 2013 and a further 5% fall on the 2012 figures.

- Less than half the patients in Milton Keynes, 45%, said that the time it took to receive care from the out of hours GP service was about right compared to 46% in 2013 and 48% in 2012. Although the general satisfaction with this service was higher nationally at 59%, the percentage decrease on previous years was also greater than locally, with a fall of 3% compared to the 2013 figure and a fall of 4% since 2012.
- 80% (79%) of patients in Milton Keynes reported that they had confidence and trust in the out-of-hours clinician, an increase of 1 percentage point since the results published in June 2013, taking the rating back to the same figure as in 2012, whilst nationally there was a decrease of 5 percentage points over the two year comparison period.

**SOURCE: NHS England Press Release 03/07/14
Ipsos Mori Social Research Institute CCG Data Report July 2 2014**

Annex B: Planning Healthcare Facilities into the Local Infrastructure – Questions for NHS England

Questions to NHS England Area Team re Planning Healthcare Facilities into the Local Infrastructure

Q1. What data does NHS England use for predicting future populations in Milton Keynes in order to plan the future provision of Primary Care services?

We work with MK Council planners to obtain up to date housing forecast on a regular basis and also respond to individual planning consultations to request s106 contributions from the developers.

Q2. Is this cross-referenced with the data on current and future population growth available from Milton Keynes Council?

As above.

Q3. Is there a formula or algorithm to calculate the ideal patient to doctor ratio and the size of surgery required?

Yes. We use Department of Health Principles of Best Practice (currently in draft format) and it is approximately 2,000 patients per GP; however, it depends on the number of support staff, e.g. nurse practitioners. We also use patients per m2 of Net Internal Area (NIA) to measure capacity.

Q4. Is this formula or algorithm likely to change over the next few years, based on changes to the way the provision of Primary Care is being organised?

Very likely, due to more services being brought out of the hospital and placed into the local community facilities, CCG as the commissioner will need to specify their space requirements accordingly.

Q5. Based on projected population figures for the next 5-10 years for both the Eastern and the Western Expansion areas, can NHS England advise how many GPs they estimate will be required to service these areas and what is the expected timescale to establish these new facilities?

MK Council already has this information, please see the attached prepared by Martyn Smith. (Annex B.1)

Q6. Apart from projected population figures, what other factors, such as bus routes, other local amenities etc, are taken into consideration when planning the location of new GP surgeries?

New facilities are often placed in neighbourhood centres, ensuring good public transport links. Co-location with other NHS and Public Health services is also a major consideration going forward.

Q7. Milton Keynes has an unusually high number of children as a percentage of the local population, a high birth rate and although at present it has a lower than average number of elderly people, this is set to rise significantly in the future as those who moved to Milton Keynes in the 1970s and 1980s reach retirement age in the next 5-10 years.

Does the current provision of primary healthcare services adequately reflect this particular demographic mix of young mothers and children at one end and a steep rise in the elderly at the other?

Question to Contacting and CCG.

- Q8. Are the plans for the future provision of primary healthcare services sufficiently robust to cope with this demand?

Question to Contacting and CCG.

- Q9. Does the Area Team have any plans for updating those current surgeries in Milton Keynes which are finding it very difficult to cope with the physical restraints of their premises, such as stairs and no lift, buildings too small for current list size owing to population growth, no extra room to provide physio or other additional services or having to swap rooms/surgeries to house all clinicians/services?

MK has relatively good standard of GP premises in comparison with other areas of our region (Hertfordshire, Northamptonshire and Bedfordshire) – all but one are purpose built providing good physical access and generally with sufficient capacity built in. The only non-purpose built surgery has had funding approved in principle to upgrade its premises and the remaining with capacity constraints are already or would be considered for further funding as and when financial support is made available and practices make application to that effect.

Annex B.1: Planning and Delivering Primary Healthcare Services and Facilities in Partnership with the NHS

Primary Healthcare Provision

The way in which provision of primary healthcare facilities (such as GPs, dentists and pharmacies) is planned, maintained and services are commissioned changed as a result of the Health and Social Care Act 2012. NHS England (NHSE) and Clinical Commissioning Groups (CCGs) have now taken over these responsibilities, replacing NHS Primary Care Trusts.

NHS England (NHSE)

NHSE is made up from a network of local offices in 4 English regions. They are tasked to ensure NHS services deliver the best possible care for patients. They are responsible for setting local health budgets and provide and maintain the buildings that are used by GPs and other primary care providers. Milton Keynes falls under the NHS Midlands and East region, and is served by the Hertfordshire and South Midlands Area Team.

Clinical Commissioning Groups (CCGs)

CCGs are statutory bodies comprising of local GPs, nurses and other professionals responsible for commissioning services for local communities. Milton Keynes CCG consists of 27 GP practices, covering the whole of the Borough as well as some parts of Aylesbury Vale. Working together they have responsibility for the long term strategic commissioning of health services for the people of Milton Keynes. It is for them to decide the type and nature of the services provided in existing and new areas, and one of the reasons for the move to CCGs is to provide local doctors, practitioners and patients with a stronger say in how local health budgets are spent.

What are MKC, NHSE and MK CCG doing together to address growth?

The Council, through planning policies, investment planning, and service delivery, needs to ensure that the growing and changing population in Milton Keynes is well served by the necessary infrastructure. The level of growth has to be carefully forecast, planned and managed and it is the Council's role to lead and coordinate delivery with key infrastructure and service providers.

Since the new arrangements for healthcare came into place in 2013 the Council has met regularly with NHSE and MKCCG to work through the various issues and challenges that arise from population growth and the changing demographic structure.

MKC, NHSE and MKCCG Tripartite Meetings

These meetings are designed to bring together the NHSE local team with the CCG Strategic Planning team; and various MKC service areas, including Infrastructure Coordination, Development Management, Development Plans, and Finance (s106 and Tariff).

The role of the Council in these meetings is to provide timely and accurate information on the scale, location and pace of housing development and advice on s106. To this end the Council maintains a log of key issues, which forms a basis for future meeting agendas. This tripartite approach is not usual across the NHS Area Team geography

and, we feel, is indicative of generally good working relationships at this operational level.

To help build understanding of the issues, the Council has used previous meetings to bring in various developers to discuss site specific issues. These meetings have also led to a number of other engagement activities over the last few years, including;

- MKC Capital Development Team leading on the design of the Brooklands Integrated Health & Social Care facility;
- An officer workshop on population projections / multipliers - an Estates 'Position Statement' from the CCG;
- Updates on local issues in the weekly *Councillors' News update*;
- Councillor briefings from NHSE senior officers;
- Presentations from NHSE and the CCG to the Health and Adult Social Care Committee and the Health & Wellbeing Board.

Update on Key Sites:

Broughton Gate/ Brooklands

The current health centre building at Broughton Gate was granted permission on 'community reserve' land to provide a temporary facility until a permanent facility could be built for the whole of the Eastern Expansion Area (i.e. Broughton Gate and Brooklands). The current building has permission until December 2016. The Council is currently proposing to construct the building subject to confirmation from NHSE and MKCCG of a long term GP tenancy from 2017.

The Council is working with NHS England, the CCG and landowners to make sure the current service continues until the new facility is ready. This is likely to require an extension of the planning permission for the current building.

The Council has identified £3.5 million of developer contributions to go towards the new permanent facility, which will be located at Brooklands, within a central 'square' area. The proposals for what services the healthcare facility will provide will shape the detailed land requirements and design of the actual building.

Strategic Land Allocation

The 'Strategic Land Allocation' (SLA) to the south and east of the city will accommodate the next round of housing and employment growth over the coming years. The SLA is planned to provide 2,900 new homes and most of the homes and facilities will be in an area that is south of the A421 and north of Wavendon village. A smaller area (Church Farm) is proposed next to Old Farm Park and Wavendon Gate.

The Council has calculated that around £2.5 million of developer contributions should be available from the planned level of housing development to go towards healthcare facilities at the new Brooklands Health Centre.

Western Expansion

Work to develop 6,500 new homes with their associated schools, open spaces, community facilities and employment land on the Western Expansion Area (WEA) has now started.

Planning permission for the WEA includes a 'local centre' and this is the place where new healthcare facilities will be located. The proposals for what services the facility will provide will shape the land requirements and design of the actual building but it is envisaged that the WEA Health Centre will mirror the building and facilities to be built at Brooklands.

The Council has calculated that around £4.5 million of developer contributions should be made to healthcare facilities from the planned level of housing development in the WEA.

NHSE and MKCCG Estates Strategy

To establish what physical facilities are currently providing healthcare services in Milton Keynes, NHSE and MKCCG have commissioned a thorough analysis of location, type, age and use of everything from the University Hospital to individual GP surgeries. As a part of this review the Council has provided details of the facilities it owns that deliver social care functions.

The end result should be to increase the ability of healthcare partners to share resources more effectively whilst providing better services to more people.

Martyn Smith
Infrastructure Coordination and Delivery (ICD) Programme Manager
Milton Keynes Council
January 2016

Annex C: Ward Councillor Questionnaire on Local GP Provision

1. What sort of complaints and what is the level of casework complaints you receive from residents about access to GP services?
2. What is the most common cause of complaint, eg trying to book an appointment by telephone, having to queue in person, even when ill, in order to get an appointment, lack of emergency appointments, limited open hours, no access to on-line booking facilities?
3. Can you give details of any particular issues at the local GP surgeries in your ward eg unfilled GP and other healthcare professional posts, insufficient space to expand services, closed patient lists, which are making it difficult for residents to make appointments when they need them?
4. If you have had any contact with local GP surgeries in order to address complaints from residents can you give brief details of the complaint and whether your intervention was successful?
5. A pilot scheme (running to the end of March 2016) to provide extended GP opening hours, including weekends, at 5 hub surgeries across Milton Keynes is currently underway. Are you aware of this pilot, and if so, do you think it is making a difference and alleviating the pressure for appointments?
6. What makes a good surgery successful? Please provide any examples of good practice which you think could be shared with other surgeries to facilitate improvements elsewhere?

Analysis of Responses

Although questionnaires were sent to all 57 councillors, only 9 (19%) responded. However the Group considered that this gave a wide enough geographical spread across the borough providing a fairly comprehensive picture of the current situation to enable them to identify 'hot spots' facing greater difficulties than elsewhere in the borough.

Questions 1 and 2

Of those who did reply 77% reported that they had received complaints from residents about GP services and accessing them. Complaints included:

- Difficulty in making an appointment / waiting times for appointments (66%) – this was the most common complaint and was widespread across the borough;
- The closure of the Willen surgery (42%);
- New patients registering with a GP (33%) – this was localised to the Eastern Expansion Area of the borough;
- Making telephone contact with the surgery (22%) – this was a surprisingly low response given the high level of complaints about the difficulty in making an appointment. However the low level of complaints about telephone contact versus the high level of complaints about booking an appointment may be that it is

not the means of communication that is the issue, but the fact once contact is made there is a lack of suitable appointments available. It may also reflect the increased use of on-line appointment booking as Milton Keynes is currently 6% above the national average;

- Distance to travel (22%) – this was localised to the more rural areas of the borough;
- Interaction with doctors / quality of service (11%) – this related to one particular surgery which had already been identified by the CQC as a poorly performing surgery. In all other instances, once an appointment had been made residents seemed happy with the interaction with their GP and the quality of service received.

Question 3

Respondents identified the following issues which they felt were of particular concern:

- Lack of physical space for expansion (44%) – several respondents commented that although their local surgeries would like to expand and increase their services, they did not have the physical space to do this;
- Unfilled posts (33%) – this was fairly evenly spread across the borough, and although not the most overwhelming issue currently, respondents were aware that it could get worse as it was anticipated that up to 30% of local GPs were due to retire in the next two years;
- Closed lists (22%) – despite anecdotal evidence that a lot of GP surgeries had closed their lists to new patients, only 2 respondents cited it as a major issue;
- Lack of funding (22%) – two of the survey's respondents said that the lack of adequate funding from the NHS had been raised with them by actual surgeries, rather it being a casework issue raised by residents;
- Lack of planning for the rapid growth of Milton Keynes by NHS England (22%) – this was specific to the Eastern Expansion Area and although both the Task and Finish Group and the Health and Adult Social Care Committee were aware of a similar situation in the Western Expansion Area, it was not raised in any of the responses to the questionnaire.

Question 4

66% of councillors reported that they had either raised issues with local surgeries on behalf of residents or with the NHS and central government on behalf of surgeries themselves. Of these interventions councillors reported that about half had been successful, with the other half being either partially successful or still in the process of being resolved. No-one reported an outright failure to make progress.

Question 5

Of the 9 councillors who completed the questionnaire only 5 were aware the pilot to provide extra GP appointments being run as part of the Prime Minister's Challenge Fund on GP Access. Those who were aware reported that they had not yet had any feedback from residents or other sources as to whether the scheme was making a difference or not.

Question 6

Question 6, which was about what makes a good surgery, produced the largest number of varied responses as everyone had their own opinions. However, several common themes emerged, namely:

- That the attitude of staff, both medical and clerical was important. Several respondents commented that they thought the professionalism (or lack of) the “front of house” staff could set the tone for the rest of the surgery – first impressions were important;
- Consistency of seeing the same person where a patient was receiving on-going treatment;
- That there should be scope and opportunity for successful surgeries to share best practice advice (and possibly even provide training) for those surgeries which are not performing as well as they could be.

Annex D

Prime Minister's GP Access Fund (Milton Keynes)

Hospital Campus
Standing Way
Eaglestone
Milton Keynes
MK6 5NG

Ms Elizabeth Richardson
Overview & Scrutiny Officer
Milton Keynes Council

Elizabeth.Richardson@milton-keynes.gov.uk

Briefing Note for Milton Keynes Council (April 2016)

Dear Elizabeth,

Thank you for your recent enquiry about the Prime Minister's GP Access Fund (formerly known as the Prime Minister's Challenge Fund) in Milton Keynes. From the questions in your email, I assume you are predominantly interested in the MK Health Extra clinics and have responded accordingly. If you would also like information on the other work-streams, please do let me know.

- *How many extra appointments per week have been created?*

As may already be aware, the GP Access pilot has been running in Milton Keynes for some time now, with three 'phases' of introduction:

- Phase One: five hub sites seeing their own patients (to test booking and clinical software)
- Phase Two: five hubs seeing their own and each other's patients (to test cross booking)
- Phase Three: five hubs seeing patients from across all 22 practices.

GP Appointments Delivered

Period	Total available appointments	% booked	Total DNAs	% DNAs (of booked)
Phase 1: 21-Sep to 13-Dec	1607	97.76	133	8.47
Phase 2: 14-Dec to 13-Jan	291	93.47	37	13.60
Phase 3: 04-Jan to 27-Mar	3213	94.21	493	16.29
Overall:	5123	95.26	663	13.59

HCA (Phlebotomy) Appointments Delivered

Period	Total available appointments	% booked	Total DNAs	% DNAs (of booked)
Phase 1: 21-Sep to 13-Dec	2336	94.95	195	8.79
Phase 2: 14-Dec to 13-Jan	406	80.54	41	12.54
Phase 3: 04-Jan to 27-Mar	3709	90.81	535	15.88
Overall:	1328	77.79	108	10.45

- *What is the take up rate for these appointments?*

Release of capacity (opening up new clinic sessions) in Phase 3 has been carefully managed in line with the uptake of the service. We are currently offering approximately 400 additional GP appointments per week with an uptake (booked) rate of over 95%. This varies a little from week to week of course, with dips in uptake around the bank holidays. Sessions are opened up for bookings 15 days in advance and cancelled appointments re-released to be re-booked right up until the clinic starts. We test 'availability' through-out the week and are confident that occasions when there is no appointment available within 48 hours are rare.

The sessions are spread across all seven days and all five hubs and we are building evidence on the numbers of patients who travel to the five hub sites. Unsurprisingly, the majority attend the hub that is nearer their home, but not-insignificant number travel greater distances across Milton Keynes to attend their chosen appointment.

- *What is the profile of those using these appointments – are they being used by those who want/need to see a doctor urgently, or are they providing a pre-bookable alternative for those who prefer an appointment outside of 'normal' hours, such as commuters or shift workers?*

We do not collect data on patients' reasons for using the service, but our patient feedback surveys (both paper and online data collection) show that the service is being used predominantly (c. 65%) by full time workers. The free text comments include many statements indicating that patients chose the service because it is outside working hours.

Although the service can offer same-day appointments, we don't necessarily pick up urgent needs, with over 50% of appointments being booked more than 3 days in advance.

- *What is the rate of 'Did Not Attends'? – How does this compare with DNAs during regular surgery hours?*

The DNA rate (Did Not Attend) varies from week to week and day to day. We are still analysing this data but in general terms the overall DNA rate in (Phase 3) is 14.2% against an underlying DNA rate in local general practice of around 12%. Clinics at weekends have a slightly higher DNA rate overall and some hub sites experience a higher rate of DNAs than others. We are working with both referring and hub practices to explore the causes and best practice solutions to reducing DNA rates.

- *How easy is it to cancel an appointment if a patient needs to?*

If a patient wants to cancel an appointment, they simply leave a voice message using the dedicated cancellation number that they were given when they made the appointment. If they contact their home practice instead, they will be given the cancellation line number to call direct. The cancellation line is checked regularly by the admin team and cancelled appointments are released to be available to another other patient.

At present, the booking practice cannot access or change booked appointments because the current IT system means that to do so would mean giving them access to all booked appointments (and thus breaching data protection and confidentiality).

We are concerned that not all patients are aware of how to make a cancellation. We have made this clearer in our printed materials and continue to raise it in training and information to our member practices.

- *Is it easing pressures elsewhere in the system, eg reduction in attendance at A&E for non-emergency care?*

We do not have access to demand and performance data from A&E, UCC or other urgent care services at present, but will be working with the Clinical Commissioning Group to look for measurable impacts on other services as part of our evaluation in the summer.

We would also expect to see an impact in terms of patient access to general practice, especially those practices that have historically had access difficulties and are significant users of this service.

- *Are you able to share any of the results from patient satisfaction surveys?*

I am happy to share the most recent summary report of the results from our patient satisfaction surveys (attached). These are prepared monthly and reported to our Collaboration Board. As the number of responses increases month on month, the significance of the findings increases. We have removed references to specific practices in this report, but please be assured that we follow these up with named practices where relevant.

On a connected matter, we have received only one complaint which was received and dealt with informally to the complete satisfaction of the patient concerned.

You may also be interested to know that we are about to undertake a structured survey of the clinical and non-clinical staff who have been involved in the service, both at the hub sites and the referring practices. We will be reporting on these results as part of our evaluation.

- *Is it proving to be as successful as was first hoped?*

The measure of 'success' can be somewhat subjective. The programme was set up with three key aims:

- **Extend standard access** to primary care through additional capacity in the evenings (providing 8am to 8pm in total) and at weekends.
- Offer general practice improved direct access to extended **specialist services for children and young people and older vulnerable and complex patients.**
- Facilitate the development of **stronger collaborative working** across primary care in Milton Keynes.

Against these three aims, I think we could say that the programme is succeeding, not least in that it is providing an environment through which local practices can come together to develop and test services to improve access to primary care.

A set of Key Performance Indicators have been established for the GP Access service and the current pilot is meeting or exceeding the majority of these. Some of the KPIs (including reductions in demand elsewhere that you raised above) we are not yet able to measure. Again, these will form a large part of our evaluation process in the summer.

- *If it is proven to be successful will this mean that funding will be available to make this a permanent feature of primary healthcare provision in MK?*

We have received no formal commitment from either NHS England or the Clinical Commissioning Group to fund a continuation of the GP Access service on a permanent basis.

We report into the Co-Commissioning Committee on a monthly cycle and have been able to demonstrate significant progress in Phase 3, in particular against their specific concerns about the service's ability to deliver sustainable levels of capacity in the evening and weekend clinics.

Our analysis of the data that we are collecting on the service continues and based on this we are testing a number of future alternative models for additional GP capacity. We are also working on a number of smaller 'mini-pilots' to test specific ideas and innovations that could be rolled out more widely if they prove successful.

NHS England have expressed their desire to see the national programme of PMGPAF schemes continue wherever possible, becoming embedded into local health systems. We are engaging with a range of local stakeholders to make sure that there are options for commissioners that run beyond the end of the pilot period.

I hope that this answers most of your questions. If you would like further information please do not hesitate to contact me.

Yours sincerely,

Susan Hoath
Programme Director

Copy to: Nadia Shaw, Healthwatch Milton Keynes
 Alexia Stenning, Assistant Director – Primary & Community Services, MKCCG
 Thao Nguyen, Clinical Director, PMGPAF (MK)

Prime Minister's GP Access Fund (MK)

Analysis of patient satisfaction Surveys received to 12 April 2016

To 12 April 2016 the Project team have received 427 completed patient satisfaction surveys (forms and direct completion of on-line survey (survey monkey)). This substantial increase was brought about by a SMS message being sent to all those patients who attended the service from 1 January 2016 to date, for whom a mobile telephone number was available. Going forward patients will now receive a SMS in the week following their attendance providing a link to the online survey as well as being offered the survey at the Hub site.

These completed surveys represented patients from 18 of the 22 Collaboration practices.

The key findings are as follows (please note that there has been little change in the percentage rates unless indicated):

- A significant number of patients found the current service provision to be “very convenient” - Location – 65.0%, Day – 67.1%, Time – 63.5%
- 66.9% of patients found the booking process to be “very good”, a reflection on the patient’s registered practice.
- We have now received data from patients who have attended our phlebotomy service (6.9%) as well as having seen GPs (93.2%).
- The service is being used by predominately full time workers (62.2% a slight decrease). The male / female ratio is 38% to 62%.
- Pleasingly 81.6% (a slight increase) of users would be “likely” or “extremely likely” to recommend the service to their friends of family.
- Had patients not been able to access the service, 25.9% of respondents state that they would have gone to A&E, Urgent Care Services or the Walk in Centre (104 individuals). A further 53.0% would have delayed and waited to see their own GP. However, please note that 27 individuals (6.7% of respondents) state that they would have done nothing had they not attended this appointment.
- The respondents have highlighted a desire for telephone consultations (64.6% a significant reduction). However, please note that 21.5% of respondents only wish to have face to face consultations.
- The free text comments have, in general, been very positive about the service and the impact this has for patients.

Annex E: Terms of Reference

1. To investigate why residents in Milton Keynes are finding it difficult to access GP services and make appointments to see their GP in a timely manner.
2. To establish the extent of the problem and to seek innovative solutions to improve the situation.
3. To make recommendations to the MK CCG / NHS Area Team on possible solutions and their implementation.
4. To ensure recommendations are included in the public consultation phase of the ongoing review into the future provision of healthcare services in Milton Keynes by the MK CCG so that they can be used to inform the final outcomes of the current Healthcare Review.

Annex F: Scoping Document

PROVISION OF GP SERVICES IN MILTON KEYNES TASK AND FINISH GROUP SCOPING DOCUMENT

Review Topic	
Access to GP Services in Milton Keynes	
Origins of Review Group	Review Group Membership
Health & Adult Social Care Select Committee	Cllr Morla (C) Cllr I McCall (LD) Cllr R Pallett (Lab) Nadia Shaw (Healthwatch) Alderwoman Jan Lloyd - Older Persons' Champion
Overview & Scrutiny Officer	
Elizabeth Richardson	
Initial Scoping of Review	
HASC Planning Group	28 August 2014 Revised: 7 October 2014
O&S Mgt Committee Planning Group	18 November 2014
1. Purpose	
<p>What is the purpose of the Review? To investigate the provision of GP Services in Milton Keynes, why residents in Milton Keynes are finding it difficult to make appointments to see their GP in a timely manner and to seek innovative solutions for improving the situation.</p> <p>To investigate why it appears to be difficult to recruit GPs to the MK area.</p>	
2. Rationale	
<ul style="list-style-type: none"> What does the Review hope to achieve? An analysis of what is causing issues with access to GP services in Milton Keynes and to make recommendations on what improvements can be made to alleviate the problem. Why is the Review taking place? Milton Keynes received a very poor rating (208 out of 211) in the 2014 GP Patient Survey, published in July 2014. What is the community importance and benefit? Improved access to GP Services for the residents of Milton Keynes. How does it fit in with the Council's corporate priorities / scrutiny priorities? Living in MK: Ensuring people are satisfied with Milton Keynes as a place to live, and to support them effectively through the provision of high quality and efficient public services. The Council also has a statutory obligation to scrutinise healthcare issues in its area. What are the opportunities to make a distinctive impact? Improved access to, and satisfaction with, the provision of GP services in Milton Keynes. The Review Group will also need to be mindful of the MK Clinical Commissioning Group's ongoing strategic review of the future provision of healthcare services (both primary and acute) in Milton Keynes. Improved access to GPs, particularly being able to make appointments as and when required, will alleviate pressures elsewhere in the local healthcare service, particularly at Accident and 	

Emergency and other acute services.

If this Review Group can report before or during the public consultation phase of the above review, then there is a real opportunity to influence the final outcome in relation to the provision of GP care for the benefit of the residents of Milton Keynes.

- How will the review influence what the Council does?
The greater impact of this review should be on the Council's partners in the provision of GP services in Milton Keynes, ie the Milton Keynes Clinical Commissioning Group (CCG) and the NHS England Area Team. It should also add assurance to Adult Social Care as it moves towards integrated pathways with partners in Health possibly centred around GP practice hubs.
Improved access to GP services should reduce the pressures on accident and emergency services and other health services.

3. Proposed Outcomes

- What are the proposed outcomes of the review?
Adequate provision of GP Services and improved access to those services when required by the residents of Milton Keynes, together with increased patient satisfaction which will be reflected by an improved year on year rating in the Annual GP Satisfaction Survey.

4. Background

- Is the review looking at existing policy or a new policy?
The Review will look at the existing GP provision across Milton Keynes and how access to these services can be improved through both new and existing policies.
- How does it relate to existing policy?
The issue relates to the existing policies of the Council's Health and Wellbeing Board, Milton Keynes CCG and the NHS England Area Team for the provision of GP services in Milton Keynes.
- Has the need for the review come about from an issue arising from national or local events?
Although there is evidence of similar problems across the country, the local situation has been highlighted by the publication of the 2014 GP Patient Survey in July.
- How does the issue relate to the Overview & Scrutiny Work Programme?
This issue was initially identified at the Overview & Scrutiny Workshop on 18 June 2014. Health and Adult Social Care Select Committee Planning Group agreed to establish a Review Group at its meeting on 27 July 2014.
- Are there any relevant community views to refer to? e.g. any previous consultation?
Results of the 2014 GP Patient Satisfaction Survey in comparison to previous surveys.
Complaints to councillors and Healthwatch.
Reports from Patient Participation Groups.
- What is the gap between provision and need?
Only 66% of patients in Milton Keynes, compared to the national average of 79%, are satisfied with their access to a GP.

5. Timetable

Establish a clear timetable:

- How frequently will the Review Group need to meet?
Every 3 weeks
- What are the key deadlines?
To maximise impact, the ideal would be for the Review Group to be able to feed its report into the public consultation phase of the ongoing CCG strategic review into the future provision of healthcare in Milton Keynes and surrounding areas.
The CCG's Healthcare Review has now moved into 'purdah' until after the General Election.
- Who needs to see the analysis and who needs to contribute to the report?
MK CCG
NHS England Area Team

Healthwatch MK
Local Patient Forums/ User Groups
GP Surgeries
MK Hospital
CNWL as the Community Healthcare provider in MK

- When will the Review Group report back to the Committee / Cabinet / Council?
Although the report will be presented to the Health and Adult Social Care Select Committee (probably July 2015), Milton Keynes Council and the Health and Wellbeing Board as a matter of courtesy, the final report itself will need to be addressed to the Milton Keynes CCG and the NHS Area Team.
- Proposed End date
TBC

6. Methodology / Approach

What method of enquiry will be most suitable for the Review?

Consider some of the following:

- Desk-based review of papers
2014 GP Patient Satisfaction Survey
MK Health & Wellbeing Strategy
Patients' charter
GP contracts
Service Level Agreements for GP Practices
GP funding mechanisms
Figures from MK A&E and Walk-in Centre
Healthwatch quarterly *Issues Reports*
- Site visits / observations
Visits to high performing GP practices to see what works / what doesn't
- Comparisons with other authorities
Any comparisons will be with other Clinical Commissioning Group areas, rather than other local authorities.
Basingstoke (North Hampshire CCG) identified as a possible 'Statistical Neighbour'.
- Workshops / Focus Groups
Might be a good way of maximising engagement with user groups
- Interview officers
- Calling witnesses to give evidence, eg:
MK Clinical Commissioning Group
NHS England Area Team
Healthwatch
Patient representatives
GP Representatives
MK Hospital
CNWL

7. Evidence Sources

- What types of evidence will be needed. Consider some of the following:
Government guidance / legislation
Service plans
Performance Indicators
Evidence from other reviews and patient surveys
Independent research articles and papers
Witness statements at meetings
Observations from site visits

8. Witnesses

Who does the Group wish to invite to its meetings?

- Service Users
- Milton Keynes CCG – representatives from individual boards
- NHS England Area Team
- Service Providers / GPs / Practice Managers
- GP Practice Patient Participation Groups
- Special Interest Groups
- MK Patient Congress
- Health & Wellbeing Board?
- MK Hospital
- GP representatives
- CNWL

9. Site Visits / Observations

Is there scope for potential site visits / observations?

Yes, as it may well be easier for the Review Group to visit GP practices to see for itself what works, what doesn't, and to interview GPs, their staff and patients in situ, rather than asking them to attend a meeting to give a witness statement.

10. Public Meetings

Should the meetings be held in public / private / mixture of both?

Wherever possible, it is Council policy to hold Review Group meetings in public.

11. Officer Support

Identify Scrutiny Officer and any other officers that will be of assistance to the review process.

Elizabeth Richardson - Overview and Scrutiny Officer

Suzanne Joyner – Strategic Director Adult Social Care and Health Partnerships

Victoria Collins - Assistant Director Older People and Physical Disability Services/ Care Act Lead

Mick Hancock - Assistant Director Joint Commissioning

12. Resource Requirements

Estimate the amount of 'person' time required and the potential costs involved.

Scrutiny Officer overtime for evening meetings where applicable

Member availability during the day may be required for site visits

13. Risk Assessment

Identify potential obstacles to an effective Review, including:

- Limited availability of Review Group members due to already busy workloads
- Increased workloads for both councillors and officers due to impending election
- Lack of co-operation / availability from external witnesses
- Public perception of Council's ability to influence final decisions
- Impact of the CCG's ongoing strategic review into the provision of Healthcare Services in MK and confusion of the two issues by the public

Democratic Services

Overview and Scrutiny

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