



Democratic Services

Health and Adult Social Care Committee

Monday, 13 February 2017

19:00

Council Chamber

Civic Offices

Jenkins (Chair) McCall (Vice-Chair) Williams (Vice-Chair)
Bradburn Clancy McDonald McKenzie Wales Walker Wallis Hancock

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A G E N D A

1. Welcome and Introductions

Chair to welcome councillors, officers of the Council, witnesses and public to the meeting and introduce councillors, officers and witnesses who are present.

2. Apologies

To receive any apologies of absence.

3. Disclosures of Interest

Councillors to declare any disclosable pecuniary interests, or personal interests (including other pecuniary interests) they may have in the business to be transacted, and officers to disclose any interests they may have in any contract to be considered.

4. Minutes

7 - 16

To approve, and the Chair to sign as a correct record, the Minutes of the meeting of the Health and Adult Social Care Committee held on 13 December 2016 (Item 4).

5. Healthcare Provision for the Homeless / Rough Sleepers

This will be a round table discussion about providing effective healthcare for the homeless, particularly rough sleepers, in Milton Keynes. Representatives from organisations working with the homeless in Milton Keynes, including the Winter Night Shelter, Central North West London NHS Foundation Trust (Mental Health), the Salvation Army, Milton Keynes Homelessness Partnership, have been invited to attend and share their thoughts with the Committee.

6. Support for Carers

A carer is anyone who provides unpaid support to a family member or friend who needs help with everyday tasks because they are ill, frail or disabled. Carers can be any age and care for a wide range of people by providing support in their own home or in the home of the person for whom they care.

Through Carers MK, the Council provides a universal offer providing advice, support and guidance to local carers; this covers not only help and support in providing care for the person in need, but also help to enable the carer to look after themselves and their needs. An enhanced offer is also available which provides a bespoke service over a period of time for those with higher needs.

This item will cover an overview of what is currently available / on offer to carers, what is likely to be on offer in the future and will include contributions from staff in the Council's Adult Social

Care Service Group, representatives from Carers MK and, hopefully, service users themselves.

7. **Milton Keynes Clinical Commissioning Group: Clinical Priority and Best Value Consultation**

The Milton Keynes Clinical Commissioning Group has a duty to make sure that services for local people offer the best care possible, in the most appropriate place, at the right time. It is also their responsibility to prioritise services for those most in need and ensure that they make the best use of every penny of public money it spends.

The Clinical Commissioning Group has recently assessed a number of services where it thinks it can refine its offer to patients. These are

- Podiatry Services;
- Adult Hearing Services;
- Supply of Medicines;
- Procedures of Limited Clinical Value;
- Community Inpatient Services.

The proposals have been developed with clinicians and have been refined following a number of pre-consultation discussions with clinicians and some patient/public groups. The formal, public consultation which runs from 1 February to 29 March 2017 is the next step in this discussion.

The Clinical Commissioning Group therefore, needs to brief the Committee on the consultation process and seeks a formal response. A Briefing Note on the consultation is being prepared by the Clinical Commissioning Group and will be circulated separately. Representatives from the Clinical Commissioning Group will be attending the meeting to answer any questions the Committee may have.

Further information about the consultation is available on the Clinical Commissioning Group's website at:

<http://www.miltonkeynesccg.nhs.uk/clinical-priority/>

8. **Progress on Implementation of the Recommendations Made by the Provision of GP Services Task and Finish Group** 17 - 24

To receive and note a Briefing Note updating the Committee on progress against the recommendations made by the Task and Finish Group on the Provision of GP Services as well as a brief commentary on the figures for Milton Keynes in the GP Satisfaction Survey 2016.

9. **Proposed 2016/17 Work Programme**

- Milton Keynes Hospital Tour

To note the details of the tour of Milton Keynes University Hospital, including the Hospital's common entrance area, a new ward, Accident and Emergency, the Acute Care Unit, and plans for the new teaching site arranged for 24 February 2016

10. **Proposed 2017/18 Work Programme**

To receive and note proposed items for the Committee's 2017/18 Work Programme:

- a) Directly Provided Domiciliary Care Services (*referral from Cabinet, 30 November 2015 – Minute C100*);
- b) Care Act and how it is working in Milton Keynes;
- c) Joint Scrutiny with Children and Young People Committee of the Health and Wellbeing Board;
- d) Monitoring progress of the Sustainability and Transformation Plan (STP);
- e) Reducing HIV Infections and Late Diagnosis;
- f) Adult Social Care/Healthcare at Woodhill Prison
- g) Population figures and how growth is planned in relation to healthcare provision
- h) Discharge from Hospital Procedures
- i) Provision of public transport to MKUH

The Committee is reminded that this is a provisional Work Programme which may change at the discretion of the Committee's Planning Group if an urgent matter arises.

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on TUESDAY 13 DECEMBER 2016.

Present: Councillor A Jenkins (Chair), Councillors M Bradburn, I McCall, McDonald, McKenzie, Walker, Wallis, P Williams and Mr A. Hancock (Healthwatch Milton Keynes)

Officers: M Bracey (Corporate Director - People), V Collins (Service Director - Adult Social Care), M Hancock (Assistant Director - Joint Commissioning), D McKenzie (Overview and Scrutiny Officer)

Also Present: Councillor Long (Cabinet Member - Adult Care and Housing), J Lloyd (Older People's Champion), M Webb (Chief Officer, Milton Keynes Clinical Commissioning Group), J Harrison (Chief Executive Officer, Milton Keynes University Hospital), M Wogan (Director of Strategy and Planning, Sustainability and Transformation Plan), M England (Chief of Staff, Sustainability and Transformation Plan) and 3 members of the public.

Apologies: Councillors Clancy and Wales

HASC04 DISCLOSURES OF INTEREST

Councillor P Williams declared that he was an employee at Milton Keynes University Hospital Foundation Trust and a Trustee of STaSS.

Mr Hancock declared that he was a Public Governor of Milton Keynes University Hospital Foundation Trust.

Councillor Long declared that he was a Director of Healthwatch Harrow.

HASC05 MINUTES

RESOLVED

That the Minutes of the meeting of the Committee held on 12 October 2016 be approved and signed by the Chair as a correct record, subject to Councillor McDonald be added under 'Apologies', J Lloyd (Older People's Champion) be added as 'Also Present', and 'Milton Keynes Hospital' changed to 'Milton Keynes University Hospital Foundation Trust' in Minute HASC05.

HASC06 BEDFORDSHIRE, LUTON AND MILTON KEYNES SUSTAINABILITY AND TRANSFORMATION PLAN

Witness: M Bracey (Corporate Director People)

The Committee considered the Sustainability and Transformation Plan (STP) for the future delivery of local health and social care services in Milton Keynes. The Committee heard from the Corporate Director (People) and representatives of the STP team, noting that:

- There were 44 STPs in England; the Bedfordshire, Luton and Milton Keynes STP was made up of 16 organisations including local authorities, clinical commissioning groups, community health trusts and hospitals. The Corporate Director (People) represented Milton Keynes Council's Chief Executive on the local STP Steering Group;
- STPs constituted "new territory" for local authorities as they had not previously been involved in a health transformation programme of this scope and nature;
- The STP had 5 priorities, i.e.
 - Priority 1 - Prevention;
 - Priority 2 - Primary, community and Social Care;
 - Priority 3 - Sustainable Secondary Care;
 - Priority 4 - Technology;
 - Priority 5 - System Re-design;
- Priority 5 was still being developed to reflect a strong local focus, and a long list of potential options was being reviewed. Plans were also being developed for Priority 2 including investment proposals for which there is national funding;
- Although the STP incorporated a number of boroughs, there were important differences between them such as population size, distribution and demography;
- Hospital integration and the impact of this on health services offered in the borough, and health service planning for the future were of fundamental importance to Milton Keynes;
- A clear role for Milton Keynes Council in developing and implementing the STP was important for the borough, especially given that social care was funded differently to that of NHS services. Financial resources on health and social care in the borough had to be adequate and effectively spent;
 - What was of importance to Milton Keynes as a borough must be taken into account by the STP.

The Committee also heard that:

- The STP was a long term plan to re-establish sustainability in healthcare services;
- There was an awareness of a degree of mistrust in the STP process on the part of some stakeholders. However strategic partners and stakeholders were encouraged to support the STP's objectives of resilience and effectiveness in the provision of health services;
- NHS Vanguard's were an encouraging example of multiple organisations worked together with a fixed budget towards specific outcomes;
- To address this mistrust, the STP had scope for a wide engagement with stakeholders. A local engagement plan had been identified as an outcome following strong representation.

The Committee considered whether STP commissioning was leading to fragmentation rather than cohesion of health services in Milton Keynes, and if it lacked the focus necessary for the borough. Reference was made to the approach adopted by the STP in North West London which seemed more focussed on people and as a result engaged on issues such as health inequality, in contrast to the local STP which appeared to be more focussed on technical priorities. The Committee acknowledged that the STP had positive aspects and that it was important for Milton Keynes Council to engage with the STP. However, a concern was expressed that the STP's deadlines were fast approaching and as a result did not facilitate effective public engagement.

In answer to questions, the Committee noted that:

- The shared scepticism of the STP was informed by disappointment with previous health service reviews;
- There was concern that Milton Keynes Healthwatch was not a part of the STP Steering Committee, which could undermine the STP's engagement efforts;
- Local Healthwatch organisations, due to their relative small size were working together to determine how best to engage with the STP. Healthwatch had so far been involved in developing STP Priority 1 (Prevention), attended meetings on Priority 4 (Technology), and was involved in Priority 5 (System Redesign);
- The structure around the STP needed to be reviewed so as to allow residents and Council representatives to effectively feed into the process including communities where English was not their first language;
- STP priorities seemed to be leading to the integration of various services, which was positive if it resulted in better health services and GP access for the boroughs' residents. Health services in Milton Keynes could learn lessons in best practice from other boroughs such as the Luton and Dunstable Hospital which had good Accident and Emergency services with the best 4 hour wait target in the country. It was however not possible to make a determination based on the information so far provided by the STP;
- There was a need for clarity as to what was meant by an "accountable care organisation" and any new approach to commissioning, for example the joint commissioning of services with Bedfordshire, which had a different borough profile;
- Valuable information was contained in the STP's detailed technical document, but was not adequately conveyed in the public document;
- There was a need to take into account Milton Keynes' characteristics of a large ethnic and elderly population, high birth rate, and in some areas, its rural population in order to be effectively serviced by the STP;

- Greater detail as regards Priority 5 was needed as it was not understood how STP commissioning would be delivered so as to avoid a loss of health service quality in the borough;
- There was a need for a glossary for the STP, so as to aid better understanding of the STP and associated documents;
- A comprehensive STP document, with up to date timelines that would enable thorough scrutiny of the STP was required. It was noted that although high level dates were included in the STP report to the Committee, the timeline within the report had already changed.

The Committee noted:

- The STP's commitment that local concerns would be addressed;
- That mental health services were missing from the STP report, and that as the STP national lead for mental health was leading the service in Milton Keynes, this could be a source for valuable input;
- That there was a need for greater explanation and understanding as to how social care fitted into the STP, especially due to the differences in NHS and social care funding, and the STP acknowledgment that there was a gap in funding social care;
- That travel analysis was being done by the Healthcare Review, and was relevant to STP Priority 3.

The Committee considered the following concerns raised by a member of the public:

- That the STP was not merely about service redesign, but was also concerned with the government's national savings target of £20 billion over the next 5 years;
- That acronyms and terminology used in the STP were similar to that used in the privatised US healthcare system.

RESOLVED:

1. That NHS (England) be advised that in the view of the Committee the Sustainability and Transformation Plan must:
 - a) make clear how the interests of the residents of Milton Keynes residents will be represented;
 - b) take into account the high rate of growth in the population of Milton Keynes in its planning, ensuring that the Plan is long-term, recognising and meeting the needs associated with the population growth expected in Milton Keynes in 10-20 years and the changing demographics;
 - c) ensure that health services are adequate to meet the needs of Milton Keynes's current and future population;
 - d) ensure that commissioning is focussed on the local population needs of Milton Keynes;

- e) take into account the accessibility of services, including access by public transport, so as not to disadvantage communities in Milton Keynes who rely on public transport;
 - f) better incorporate urgent care services;
 - g) address its current lack of focus on children and young people services, social care services, and mental health services;
 - h) ensure that the documents are accessible and reader friendly for the wider public;
 - i) take account of, and give a particular focus to, the Council's "Provision of GP Services in Milton Keynes" Task and Finish Group report, with the Plan specifically addressing how GP services will be supported and strengthened;
 - j) make clear how it will integrate social care and commissioning;
 - k) make clearer the personal element of engagement with the Plan by having a more person-centred focus;
 - l) support the retention of urgent, emergency, and maternity services at Milton Keynes's University Hospital Foundation Trust; and
 - m) have an accurate and up to date engagement plan and timeline.
2. That, owing to the short timeframe for development and implementation, NHS (England) be requested to provide the Committee with regular updates on the Plan's preparation.

HASC07

2017/18 BUDGET PROPOSALS FOR ADULT SOCIAL CARE AND IMPLEMENTATION AND IMPACT OF THE 2016/17 BUDGET PROPOSALS IN RELATION TO ADULT SOCIAL CARE

Witnesses: Nigel Long (Cabinet Member, Adult Care and Housing), (Michael Bracey- Corporate Director, People), Victoria Collins (Service Director, Adult Services).

The Committee received a presentation on the 2017/18 Budget Proposals and the implementation and impact of the 2017/17 Budget Proposals in relation to Adult Social Care.

The Committee heard that:

- The Council Plan had key commitments for adult social care, and the NHS would not take over responsibility for provision of social care;
- There was a concern that the Sustainability and Transformation Plan was too process driven;

- Service users needed to be given greater control over their care, however there was an identified tension between people being in control of their care and personal budgets
- Milton Keynes Council had a good partnership-working relationship with the voluntary sector in the borough;
- Inadequate progress had been made by Milton Keynes Council in integrating its adult care services with Parish Councils;
- Analysis of adult care services in Milton Keynes revealed some strengths, including common ground among stakeholders in wanting to provide quality care. However it also revealed a problem with the health service needing to have more support services interlinked and built around adult social care;
- There was a need for the Council and its partners to do more so as to better provide mental health services in the borough such as mental health services to young people.

In response to questions related to the provision of adult social care services the Committee noted that:

- The Council's strategy around adult social care needed to be updated;
- Greater innovative thinking was needed in respect of doing things differently in providing adult social care;
- The extremely strong influence of the Finance Service over the Council's decision making process as relates to adult social care;
- Adult Social Care Services staff needed greater control over the Service's budget and there was some dissatisfaction, together with a degree of tension, as to how the procurement process was conducted;
- Service users and the voluntary sector needed to be helped to have greater influence and input in care service provision;
- Work around sheltered housing was good, however there needed to be greater interface between the housing and supported housing service. Although there was currently a focus on the interface between health and social care, there also needed to be a focus on the social care and housing interface;
- The Council needed to improve funding for the adult social care service, including doing more work around providing self-funding services, generating revenue for the Council and securing more funding from the Better Care Fund. Discussions were being held by the Council with the Milton Keynes Clinical Commissioning Group regarding the Better Care Fund which had, so far, been constructive and encouraging.

The Committee considered the threats faced by the Council to its adult social care services which included:

- Central government austerity measures which would undermine the Council's ability to fund care service provision;

- The Care Act, which was focussed on care needs at a higher national level, but not necessarily those needed at the local level. Care service provision had to be tailored and suited to local circumstances and the needs of the local population;
- Delivery of the STP and uncertainty as to the exact impact and interrelation it would have on adult care provision. There was a potential lack and loss of accountability with some of the STP plans.

In answer to questions, the Committee noted that:

- The 2017/18 draft budget reflected the financial, service demand and demographic pressures faced by the Council in providing services in the borough. Although there was a slight overspend on adult social care services, this was expected to improve in the future;
- Funding had been received by the Adult Social Care Service from Cabinet for sheltered housing provision. This was, however, a one off, with a public consultation on proposals for a local service charge being underway and which would close on 31 December 2016;
- The Council could not, at this stage, determine whether an increase in Council tax would be necessary to fund adult social care, but Cabinet was not opposed to this action. If there was however, an option to increase the social care precept, this would be a long term decision which it would generate revenue for the Council and enable better funding of services;
- In future people would not necessarily have to pay more for the care service they received, but the care provided might be different to that currently on offer. The Council would however, always take into account fairness and equity in care provision;
- The residential care home market in Milton Keynes was strong as evidenced by companies buying care homes locally, indicating that the market is profitable. However, the Council was opposed to paying care home providers more than was necessary and favoured maintaining an individual's independence in their own home for as long as possible.

RESOLVED -

1. That the Committee's Planning Group be requested to reconsider having this matter as an Agenda item in the 2017/18 Work Programme.
2. That Councillor Jenkins write to the Chair of the Health and Adult Social Care Select Committee at Buckinghamshire County Council asking that both this Council's Health and Adult Social Care Committee and Buckinghamshire County Council's Health and Adult Social Care Select Committee share information regarding the Sustainability Transformation Plan.

3. That Councillor Jenkins and Councillor Long write to the Chair of the Health and Adult Social Care Select Committee and Cabinet Member for Health at Buckinghamshire County Council to request a joint meeting to compare and consider the respective approaches to scrutinising the Sustainability Transformation Plan.
4. Councillor Jenkins be requested to write to Councillor R Bradburn (Chair - Budget Scrutiny Committee) enquiring as to the risks around Budget proposals for Adult Social Care.

HASC08 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AND PROGRESS IN REDUCING LATE DIAGNOSIS OF HIV

The Committee received a written report from the Council's Public Health Team, giving an update on the prevalence of sexually transmitted infections (STI) in Milton Keynes and the progress in reducing the late diagnosis of HIV. It was noted that, with the exception of chlamydia, the general rate of STIs in Milton Keynes was lower than the average in England. However the late diagnosis of HIV remained a concern. Although the rate of testing for HIV in Milton Keynes was higher than the national average and late diagnosis has dropped from 76% in 2012 to 56.1% in 2015, this was still high and remains a significant issue for the Public Health Team.

However, although the Committee appreciated the update, it felt that as the report was only a summary it lacked detail and would therefore like to see a more comprehensive report at a future meeting.

RESOLVED -

1. That the Council's Public Health Principal (Sexual Health) be invited to a future meeting of the Committee to present a more detailed report.
2. That the Planning Group consider adding the Forward Plan for reducing HIV infections and late HIV diagnosis as an agenda item for the 2017/18 Work Programme.

HASC09 PROPOSED 2016/17 WORK PROGRAMME

The Committee considered its Work Programme for 2016/17.

RESOLVED -

1. That the Work Programme be agreed, subject to the Planning Group meeting in January 2017 to finalise details.
2. That the Committee's representation on the joint meeting with the Children and Young People Committee to scrutinise the Health and Wellbeing Board be Councillors Jenkins, I McCall and P Williams and Mr A Hancock.

3. That the tour of Milton Keynes Hospital include the common entrance area, a new ward, accident and emergency, the acute care unit, and plans for the new teaching site.

THE CHAIR CLOSED THE MEETING AT 9:45 PM

DRAFT

BRIEFING NOTE:**IMPLEMENTATION OF THE RECOMMENDATIONS OF THE PROVISION OF GP SERVICES TASK AND FINISH GROUP****Introduction**

The Provision of GP Services in Milton Keynes Task and Finish 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 Group met during 2015 and 2016, presenting its report to the Health and Adult Social Care Committee on 25 June 2016.

The report made 9 major recommendations directed at either the Milton Keynes Clinical Commissioning Group or the NHS (England) Area Team. This briefing note is an update on the progress made against those recommendations.

Update on Recommendations

Dominic Cox, NHS England's Locality Director (South) Central Midlands and Matthew Webb, Chief Officer at Milton Keynes Clinical Commissioning Group, attended the meeting of full Council held on 11 January 2017 to update councillors on progress against the Task and Finish Group's recommendations as follows:

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

NHSE-MKCCG response:

- New roles within general practice are being introduced and promoted, including clinical pharmacists and paramedics with one practice investigating the recruitment of a mental health practitioner. This has increased capacity and access to healthcare professionals within primary care;
- Reception and clerical staff training has been set up, thus increasing capacity within general practice and releasing clinician time to provide care for patients;
- 'Releasing Time for Patients' is an initiative consisting of ten High Impact Actions designed to release capacity. The Milton Keynes Clinical Commissioning Group will be working with all member practices to ensure that clinicians are working at the top of their licence and that they provide training to reception and clerical staff to develop new skills in read coding and incoming clinical correspondence, thus releasing GP time to provide more care for their patients.

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".*

NHSE-MKCCG response:

- Initial training has commenced across all member practices for receptionist staff to enable them to sign-post patients to the most relevant healthcare professional within general practice and also offer the choice of using the GP Access Fund MK (formerly the Prime Minister's Challenge Fund).

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

NHSE-MKCCG response:

- New roles within general practice are being developed, along with the trialling of new appointments, telephone appointments, telephone triaging and online consultations; this is increasing access and capacity within general practice;

- The use of online ordering of repeat prescriptions is being widely promoted.

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

NHSE-MKCCG response:

- One practice in Milton Keynes has been successful in the Targeted Investment in Recruiting Returning Doctors Programme – this assists practices in the marketing of their establishments and the recruitment of GPs, particularly GPs returning to the NHS. There are plans to use the knowledge gained through the specialised marketing programme across the whole of the Milton Keynes Clinical Commissioning Group;
- Two practices have been prioritised for the General Practice Resilience Programme; this programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients;
- The new practice being built on the Eastern Flank has been commissioned as a GP training practice, which will assist with attracting more GPs into the area.

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.*

NHSE-MKCCG response:

- Milton Keynes CCG is working closely with Milton Keynes Council and the NHS England Premises Team on all future housing growth and using their combined skills to place future healthcare needs;
- The NHS England Estates and Technology Transformation Fund is a national programme supporting GP practices to make service improvements, including more modern, expanded facilities and the use of new technologies. In Milton Keynes, 2 estates projects have been supported in principle:
 - Brooklands Health Centre – a 1,246 sq m net internal area, purpose built, fully compliant GP surgery over 3 floors;
 - Remodelling Central Milton Keynes Surgery to provide additional clinical space, increasing the total floor area by 153 sq m (net);
 - Plans are underway to increase Milton Keynes Village Practice and the development of Red House Surgery is also being explored.

6. *That the Council be requested to consider inviting NHS England to attend a meeting of the 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.*

- Representatives of the NHS England Area Team and the Milton Keynes Clinical Commissioning Group attended the meeting of full Council on 11 January 2017, presenting the information contained in this Briefing Note.

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

NHSE-MKCCG response:

- The GP Access Fund MK is being commissioned for the local population – the contract length will be for three years.

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

NHSE-MKCCG response:

- Milton Keynes Clinical Commissioning Group is planning a series of visits to every practice in Milton Keynes, commencing April 2017. Data will be used to identify outliers in care management, referrals, emergency care and patient experience and will be benchmarked to show CCG and national averages. Action plans will then be agreed and worked upon with the support of the Primary Care Team.

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.*

NHSE-MKCCG response:

- One member practice, Broughton Gate, is currently working with the Salvation Army to provide an outreach and drop-in service for the homeless population of Milton Keynes.

Update on the GP Patient Satisfaction Survey

The results of the GP Satisfaction Survey are published annually in July, based on data collected from the previous July through to the following March. The latest results were published in July 2016 (based on data collected from July 2015 to March 2016), with the overall rating for the Milton Keynes Clinical Commissioning Group increasing by 2.2%. This is the biggest improvement by a Clinical Commissioning Group in the Central Midlands area, although Milton Keynes is still only ranked 203 out of the 209 Clinical Commissioning Groups in England.

The Satisfaction Survey measures four main indicators:

- Ease of getting through on the telephone;
- Overall experience of making an appointment;
- Overall experience of the GP practice; and
- Recommending the GP practice to someone who has just moved to the local area.

Of the 27 GP practices in Milton Keynes, 16 practices have increased their satisfaction results in the 4 indicators, the biggest overall increase being by 15%. Although a "headline positive", this has to be offset against an overall fall in satisfaction at another practice of 16%. Despite some marked improvements at some practices, there appears to be an equal proportion of declining performances in other practices which explains why there has been very little movement up the national ranking for Milton Keynes.

However, the results of the current Survey were collected during the period in which the Task and Finish Group was taking evidence and writing its report. The figures from the 2017 GP Patient Satisfaction Survey will provide a much more significant indication as to whether the measures outlined above to address the Task and Finish Group's recommendations are starting to produce results.

Tables showing the basic data from the 2016 GP Satisfaction Survey are attached.

Results of GP Patient Survey Jul15 - Mar16 – by CCG within Central Midlands

Key patient access & overall indicators

England average	70%	73%	85%	78%	77%	0.1%
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CCG name	Ease of getting through on the phone	Overall experience of making an appointment	Overall experience of GP surgery	Recommend GP surgery to someone who has just moved to the local area	Average of 4 indicators	Change in av % vs Jul-15 results	National Rank (209)
NHS MILTON KEYNES CCG	57%	64%	79%	71%	68%	2.2%	203
NHS LINCOLNSHIRE WEST CCG	74%	77%	89%	82%	80%	1.6%	49
NHS HERTS VALLEYS CCG	75%	78%	89%	84%	81%	1.3%	29
NHS SOUTH WEST LINCOLNSHIRE CCG	72%	75%	85%	75%	77%	1.2%	100
NHS NENE CCG	68%	73%	84%	76%	75%	0.7%	123
NHS LEICESTER CITY CCG	66%	68%	80%	69%	71%	0.6%	182
NHS EAST AND NORTH HERTFORDSHIRE CCG	61%	66%	82%	74%	71%	0.0%	183
NHS LINCOLNSHIRE EAST CCG	59%	67%	83%	72%	70%	0.0%	191
NHS WEST LEICESTERSHIRE CCG	69%	72%	85%	76%	75%	-0.8%	124
NHS LUTON CCG	64%	66%	79%	70%	70%	-0.8%	194
NHS EAST LEICESTERSHIRE AND RUTLAND CCG	64%	72%	84%	78%	74%	-0.8%	140
NHS SOUTH LINCOLNSHIRE CCG	74%	77%	86%	81%	79%	-0.8%	65
NHS BEDFORDSHIRE CCG	74%	75%	86%	78%	78%	-1.2%	81
NHS CORBY CCG	71%	72%	84%	75%	75%	-2.4%	125

Weighted results

Weighting adjusts the data to account for differences between all patients at a practice and patients who actually complete the questionnaire

The weighted data has been adjusted to give a more accurate picture of how all patients would feel about a practice if every patient had responded.

<https://gp-patient.co.uk/faq/weighted-data>

Results of GP Patient Survey July 15 – March 16 – Central Midlands

Key Patient Access and Overall Indicators

	National lowest 10%
	National top 10%

Practice name	Ease of getting through on the phone	Overall experience of making an appointment	Overall experience of GP surgery	Recommend GP surgery to someone who has just moved to the local area	Average of 4 indicators	Change in av % vs Jul-14 results	Central Midlands Rank (558)	National Rank (7732)
COBBS GARDEN SURGERY	93%	88%	93%	94%	92%	6%	41	662
THE STONEDEAN PRACTICE	88%	83%	90%	93%	88%	-2%	90	1459
MILTON KEYNES VILLAGE SURG	82%	83%	94%	92%	88%	0%	98	1563
SOVEREIGN MEDICAL CENTRE	82%	84%	95%	89%	87%	-2%	112	1719
THE RED HOUSE SURGERY	76%	80%	93%	92%	85%	-6%	146	2286
NEWPORT PAGNELL MED.CTR.	73%	78%	88%	85%	81%	9%	228	3379
DRAYTON ROAD SURGERY	87%	81%	87%	67%	80%	-1%	240	3570
CTRL.MILTON KEYNES MED.CT	61%	77%	93%	87%	80%	9%	261	3814
NEATH HILL HEALTH CENTRE	76%	76%	87%	74%	78%	-5%	287	4144
THE GROVE SURGERY	62%	75%	83%	76%	74%	8%	353	5080
PARKSIDE MEDICAL CENTRE	65%	70%	82%	70%	72%	8%	385	5565
FISHERMEAD MEDICAL CENTRE	77%	75%	77%	54%	71%	9%	395	5744
WESTFIELD ROAD SURGERY	53%	64%	78%	72%	66%	1%	449	6420
PURBECK HEALTH CENTRE	66%	65%	70%	62%	66%	15%	461	6528

Practice name	Ease of getting through on the phone	Overall experience of making an appointment	Overall experience of GP surgery	Recommend GP surgery to someone who has just moved to the local area	Average of 4 indicators	Change in av % vs Jul-14 results	Central Midlands Rank (558)	National Rank (7732)
STONY MEDICAL CENTRE	56%	58%	75%	70%	65%	-5%	468	6642
WALNUT TREE HEALTH CENTRE	46%	61%	73%	71%	63%	-6%	486	6825
WHADDON MEDICAL CENTRE	47%	53%	72%	75%	62%	-9%	491	6933
WATLING VALE MEDICAL CTR.	33%	54%	79%	76%	61%	5%	502	7031
BROUGHTON GATE HEALTH CENTRE	53%	63%	69%	57%	60%	7%	503	7051
OAKRIDGE PARK MEDICAL CENTRE	62%	49%	67%	60%	59%	-16%	509	7128
BEDFORD STREET SURGERY	45%	60%	64%	60%	57%	-6%	523	7293
ASHFIELD MEDICAL CENTRE	33%	52%	77%	62%	56%	9%	527	7323
WOLVERTON HEALTH CENTRE	33%	52%	74%	56%	54%	12%	531	7416
WATER EATON HEALTH CENTRE	29%	51%	71%	51%	51%	-7%	539	7526
KINGFISHER SURGERY	62%	50%	54%	36%	50%	11%	540	7530
WESTCROFT HEALTH CENTRE	34%	43%	63%	47%	47%	6%	550	7617
HILLTOPS MEDICAL CENTRE	27%	35%	67%	54%	46%	1%	552	7638

Weighted results

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