AGENDA

1400 1. Apologies for Absence  Chair

1402 2. Declarations of Interest  All

1403 3. Minutes of Previous Meeting  Chair
   To approve minutes of Ipswich and East Suffolk CCG Primary Care Commissioning Committee meeting held on 21 May 2019

1405 4. Matters arising and review of outstanding actions.  Chair
   To review outstanding issues from the previous meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee.

1410 5. General Update  Maddie Baker-Woods
   To receive a verbal report from the Chief Operating Officer, Ipswich and East Suffolk CCG

1415 6. Primary Care Contracts and Performance Report  Caroline Procter
   (IESCCG PCCC 19-19)
   To review and comment on a report from the Primary Care Commissioning Manager, Ipswich and East Suffolk CCG

1425 7. Care Quality Commission (CQC)  Claire Pemberton
   (IESCCG PCCC 19-20)
   To receive and note a report from the Head of Primary Care, Ipswich and East Suffolk CCG

1430 8. Integrated Care System Primary Medical Care Strategy  Caroline Procter
   (IESCCG PCCC 19-21)
   To receive and consider a report from the Chief Operating Officer, Ipswich and East Suffolk CCG

1440 9. Primary Care Delegated Commissioning – Finance Report  Jane Payling
   (IESCCG PCCC 19-22)
   To receive and note a report from the Chief Finance Officer, Ipswich and East Suffolk CCG

1450 10. Integrated Care System Update  Maddie Baker-Woods
   To receive and note a verbal report from the Chief Operating Officer
11. **Healthwatch GP Report**
   *To receive and note a report from Healthwatch*
   
   Andy Yacoub
   (IESCCG PCCC 19-23)

12. **Annual Plan of Work**
   *To receive and review the Committee’s plan of work.*

13. **Date and Time of next meeting**
   
   2.00pm – 4.00pm, Tuesday, 24 September 2019, The Mix, 127 Ipswich Street, Stowmarket, Suffolk, IP14 1BB

14. **Questions from the public – 10 minutes**
   
   The Committee welcomes questions on any item on the meeting agenda. In order that meetings start and finish on time the Chair will manage the time available to ensure that all contributions can be heard.

**Exclusion of the Press and Public**

The Primary Care Commissioning Committee is recommended to exclude representatives of the press, and other members of the public, from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; Section 1(2), Public Bodies (Admission to Meetings) Act 1960.
Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee
held on Tuesday 21 May 2019, in public, in Ropes Hall, Kesgrave Conference Centre,
Twelve Acre Approach, Kesgrave, Suffolk

PRESENT:
Irene Macdonald  Lay Member: Patient and Public Involvement, IESCCG
Maddie Baker-Woods  Chief Operating Officer
Steve Chicken  Lay Member
Ed Garratt  Chief Officer
Jane Payling  Chief Finance Officer, IESCCG
Jane Webster  Acting Chief Contracts Officer
Wendy Cooper  NHS England Representative
Simon Jones  Local Medical Committee
Stuart Quinton  Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton  CCG Chair
Andy Yacoub  Healthwatch

IN ATTENDANCE:
Jo Mael  Corporate Governance Officer
Claire Pemberton  Head of Primary Care
Caroline Procter  Primary Care Commissioning Manager
Anna Sheldrake-Cochrane  Head of ICT and Informatics
Julie White  Primary Care Development Manager

19/25  APOLOGIES FOR ABSENCE

Apologies for absence were noted from:
David Brown  Deputy Chief Operating Officer
Dr Lorna Kerr  Secondary Care Doctor
Cllr James Reeder  Health and Wellbeing Board

19/26  DECLARATIONS OF INTEREST

Dr Mark Shenton declared an interest in the agenda as holder of a Personal Medical Services (PMS) contract and a specific personal interest in agenda item 07 (Primary Care Networks – Approval of Configuration) as his wife was identified as a Clinical Director of one of the proposed primary care networks. As a non-voting member he remained in the meeting when that item was discussed.

19/27  MINUTES OF PREVIOUS MEETING

The minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care
Commissioning Committee held on 27 March 2019 were approved as a correct record.

19/28 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.

19/29 GENERAL UPDATE

The Chief Operating Officer advised that all items to update were already highlighted within papers on the agenda.

19/30 PRIMARY CARE CONTRACTS AND PERFORMANCE REPORT

The Committee was in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices, together with actions taken.

The report provided information and outlined ongoing actions in respect of the following areas;

- Public Health
- Prescribing and medicines management
- Learning Disabilities (LD) health checks
- Severe mental illness physical health checks
- Use of NHS resources
- Quality Outcomes Framework reporting
- PMS Development Framework and Local Enhanced Services

Key points highlighted during discussion included;

- Severe mental illness physical health checks - at the end of Quarter 4 the number of SMI patients on the IESCCG register was 3337 and a total of 1233 patients (36.9%) had received all six checks in primary care. Although the target was 60%, the CCG remained above the regional and national average. Eight primary care workers had been recruited to facilitate uptake going forward and performance was expected to improve.

- Learning disabilities health checks - the CCG target was for 75% of health checks to be completed by the end of 2019/20. The final position for 2018/19 was 67.1% which was a 7.9% increase on last year figures.

- Quality Outcomes Framework exception reporting – exception reporting rates across the CCG indicated a lowest overall exception reporting rate of 4.76% and a highest of 12.14%. The CCG average was 8.63% with the regional average being 9.35%.

The Committee noted the content of the report and thanked CCG practices for their engagement and good performance.

19/31 PRIMARY CARE NETWORKS

The Committee received a report which provided an update on progress associated with the development of Primary Care Networks (PCNs). The report went on to seek approval of the proposed configurations and associated governance arrangements.
NHS England had recently introduced the concept of Primary Care Networks (PCN). The policy, which had been jointly developed with the BMA represented the most significant shift in how GP services were commissioned and organised since the inception of the NHS.

The key elements of the PCNs were outlined in Section 2 of the report.

All 40 practices within Ipswich and East Suffolk CCG had agreed to come together to form 11 PCNs. Appendix A to the report provided detail on each of the networks and evidenced that the applications in each case met the initial criteria; sensible geography, size, named clinical director and identified an organisation to hold the funds.

Assuming the configurations were approved by the Committee, the PCNs would be notified and start to develop and agree their final version of the network agreement, setting out the decision making process, financial arrangements and how they would govern themselves and relate to each other.

Details of the proposed configuration would also be considered by the STP Partnership Board on the 14 June 2019 and by the local Alliance Board on the 11 June 2019 to ensure that local partner organisations understood the agreed arrangements. The final agreed configuration would be notified to NHS England.

Primary Care Networks would be launched on the 1 July 2019 and would develop incrementally over the next five years.

Having queried why one of the proposed Networks had identified four named Clinical Directors it was explained that could be due to current uncertainty surrounding the level of commitment required for the role. It was pleasing to note that new GPs were stepping into leadership roles and that one of the Clinical Director roles was to be carried out by a Physician Associate.

It was noted that the Primary Care Networks provided good overlap with Integrated Neighbourhood Teams which should facilitate good collaborative working.

As a result of questioning in respect of potential issues surrounding the future ownership of practices, it was explained, that ownership was only applicable to those with specific personal medical services, general medical services or alternative provider medical services contracts.

Having been advised by the LMC representative that the LMC was supportive of the proposals, the Committee approved the proposed Primary Care Network configurations as presented.

19/32 INTEGRATED NEIGHBOURHOOD TEAMS (INTs)

The Committee was in receipt of a report which informed on the progress and involvement of GP practices with social care, community services and wider parties in Integrated Neighbourhood Teams.

In October 2018, the CCG had offered practices a Local Enhanced Services to provide protected time to meet with social care and community service leads in their area and together to (i) build working relationships, (ii) identify needs and (iii) agree priorities for action. The different INT areas and the projects they were working on were detailed in paragraph 2.1 of the report.
Next steps included;

- To review how Primary Care Networks would align and work with Integrated Neighbourhood Teams.
- To establish INT Core Leadership Teams to progress plan development and implementation.
- To provide additional transformation, project management and business support to each INT.
- To align social prescribing plans to each core INT. Social prescribing providers had now been appointed for each INT area.
- To provide local data packs to each INT including demographic, social economic, disease prevalence and current local performance data to inform further development of plans. Those were currently being prepared by Public Health and would be completed by September 2019.
- To consider whether additional resources were required to enable practice engagement with INTs.
- To develop local INT performance metrics.
- To continue the review and delivery of co-location opportunities.
- To support local organisational development.

It was suggested that the relationship between each INT and their patient participation groups might be further developed.

The Committee noted the content of the report.

19/33 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month 12.

At the end of month 12, the GP Delegated Budget spend was £659k over spent, with other primary care indicating an under spend of £878k as forecast due to NHS England core contract provision being less than required. Key variances and detail were set out in Section 2 of the report.

The Committee noted the financial performance at month 12.

19/34 CARE QUALITY COMMISSION (CQC)

The Committee was in receipt of a report which informed on the outcomes of Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions proposed to address issues, share good practice and facilitate improvement.

The CQC had changed the way it carried out inspections and was introducing an annual regulatory review. That meant that inspectors would formally review information held on practices to determine whether the quality of care might have changed since the last inspection or, in time, annual regulatory review. The CQC would contact the CCG prior to contacting practices via telephone to gather soft intelligence, although they would not share the date of the practice call.

Since the last report in March 2019 the following practices had been inspected and received a final report:

Walton Surgery Inspected 23/1/19 Rating was Inadequate
The practice had a very challenging visit. They received “Good” ratings for caring
and responsive and “inadequate” for the domains of safety, effectiveness and leadership. The key issues related to insufficient attention to safeguarding, patient correspondence not managed in a timely way, inadequate systems and processes to ensure appropriate monitoring was in place before medicines were reissued. A robust remediation was in place and a follow up inspection had taken place with the outcome, as yet, unknown.

**Saxmundham** Inspected 20/2/19 Rating was **Requires improvement**
The CQC had rated the practice as “requires improvement”, the areas highlighted for action were safety and leadership. In particular there were a number of patient notes not summarised. The governance processes for monitoring the completion of identified actions from the fire, health and safety risk assessments, infection control audit and significant events were not always effective. The practice had an action plan in place and the CCG was supporting the practice to rectify its summarising backlog.

**Stowhealth** Called 7/5/19 Rating was currently **Good**
The practice felt the call went well and was awaiting the outcome. The practice had also provided the CQC with feedback on its new process.

**Needham Market** Call was due however date unknown, their rating was currently **Good**

**Constable Country** The Committee was informed that since publication of the agenda it had been confirmed that the practice had received a ‘good’ rating.

**Leiston** Call was due however date unknown, their rating was currently **Good**

A briefing describing the CQC’s new process had been shared with practices and any learning about the new approach would be shared. The Head of Primary Care would also liaise with individual practices pre and post inspection.

Healthwatch reported that its GP report would be available for presentation to the next meeting and the **Committee requested** that it be included on the agenda.

**The Committee noted** the report.

**19/35 PRIMARY MEDICAL CARE POLICY AND GUIDANCE MANUAL (PGM (V2))**

The Committee received a report which provided notification of the existence of NHS England’s (NHSE) recently refreshed Primary Medical Care Policy and Guidance Manual (PGM) (v2).

In May 2018, the Committee had considered and reviewed NHS England’s revised Primary Medical Care Policy and Guidance Manual (PGM). In April 2019, NHSE had published a refreshed version of its PGM (v2), incorporating latest guidance and legislation. To remind the Committee, the PGM provided commissioners with the context, information and tools to commission and manage GP contracts. The PGM described mandatory functions (i.e. those proscribed in legislation) as well as guidance or best practice.

All the existing, new and revised policies therein exist to support the consistent and compliant commissioning and contract management of primary care; through which, local commissioners could respond to local issues. Without such policies, inconsistent and non-compliant approaches could jeopardise the quality of
services delivered to patients; and could increase fiscal and legal risks.

The Suffolk CCGs had fully delegated responsibility for the commissioning and contract monitoring of GP services in their localities; with NHSE having overall accountability. It was therefore important to confirm that the CCG’s Primary Care Commissioning Committee had reviewed and considered the refreshed PGM (v2) so that NHSE could be assured that the CCG was fulfilling its delegated responsibilities in a proper manner.

Key points to note were detailed in Section 2 of the report. The Committee was being asked to note and consider the content of the report and to comment and ask questions as appropriate. Members were also asked to indicate if they would welcome further training on any aspect of the PGM (v2) herein described.

The Committee noted the content of the report and requested that consideration be given to providing a briefing on the Primary Medical Care Policy and Guidance Manual to Committee members in respect of the type of decisions most likely to be presented.

19/36 WORKFORCE UPDATE

The Committee was in receipt of a report which provided an update on the work of the Primary Care Development Team in delivering the Suffolk and North East Essex workforce plan; and the Suffolk and North East Essex Training Hub and its impact on local workforce.

The NHS Long Term Plan, the GP Contract and the development of Primary Care Networks were all having an impact on the general practice workforce. NHS England and Health Education England were channelling resources into the ICS and CCGs to develop the workforce to deliver those strategies.

General Practice faced a major challenge created by an aging workforce. There were, however, some exciting new opportunities being created by the establishment of multi-disciplinary teams that were providing more appropriate, specialised patient care.

The development of collaborative working provided by Primary Care Networks was offering career development opportunities through training and upskilling programmes.

Delivery of the workforce plan was a key focus for the Primary Care Development Team which was leading on NHS England Primary Care Workforce Plan and HEE Training Hubs.

The Suffolk and North East Essex Workforce Plan provided the strategic framework to deliver the general practice workforce key projects as outlined in Section 4 of the report.

The Committee requested that it be presented with an indication of the number of vacancies that existed across practices to a future meeting.

To date, one international recruit had been employed at the Two Rivers practice. Language remained a key challenge to such recruitment and work was being carried out to explore whether language tuition could be provided in countries of origin prior to recruitment.

Six GPs had returned to work and the CCG was investigating the feasibility of
identifying another cohort. The Committee noted that 71% of trainees did not complete GP training and there were currently a large number of national nurse vacancies across primary care.

The need to promote new models of care, the benefits of general practice, team support and explore alternative ways of working such as remote working, was emphasized.

**The Committee noted** the content of the report and **welcomed** a further update to the next ‘in common’ meeting

### 19/37 INTEGRATED CARE SYSTEM UPDATE

The Chief Operating Officer reported that it was an NHS England requirement that Integrated Care Systems (ICS) wishing to access funding had a primary care strategy and established primary care programme board to facilitate the governance of funds.

Work was required by the CCG to explore options to take that work forward with one option being to utilise the CCG’s GP Forward View plans as the basis of a strategy. It was anticipated that the draft strategy would be presented to the ICS Board on 14 June 2019. In the meantime, the draft strategy would be circulated to the Local Medical Committee and primary care colleagues prior to presentation to the Primary Care Commissioning Committee in July 2019.

It was suggested that thought be given to the feasibility of holding an ‘in common’ meeting across the three CCG’s.

**The Committee noted** the update.

### 19/38 IT UPDATE FOR PRIMARY CARE

The Committee was in receipt of a report which set out IT primary care initiatives going forward.

Key points highlighted during discussion included;

- A new version of the NHS England GPIT Operating Model was expected within the coming weeks, and there was an expectation that more services would be devolved locally.
- There had been significant capital investment in GPIT within Suffolk and Estates and Technology Transformation Funding (ETTF) had been used to support infrastructure and general practice fast network services. Standard infrastructure was less than five years old across practices and good security measures had been established.
- The introduction of Primary Care Networks would bring challenges but the direction of travel was already being followed.

**The Committee noted** the update and **thanked** the team for its hard work and success in the acquisition of funding streams.

### 19/39 ANNUAL PLAN OF WORK

The Committee reviewed its annual plan of work and noted that it would be updated in line with today’s discussions.

### 19/40 DATE AND TIME OF NEXT MEETING
The next meeting was scheduled to take place from 2.00pm – 4.00pm, on Tuesday, 23 July 2019, Riverside Centre, Stratford St Andrew, Saxmundham, Suffolk

19/41 QUESTIONS FROM MEMBERS OF THE PUBLIC

A Patient Participation Group Chair highlighted that recent NHS changes in respect of the development of East Suffolk and North Essex NHS Foundation Trust, Primary Care Networks, Integrated Neighbourhood Teams, and the introduction of Care Navigators and Physician Associates, was very confusing for patients. The Committee was asked to consider the development of communications to explain the recent changes and initiatives.

The Committee requested that the CCG’s Chief Officer and Communications Teams consider the development of such communications.
<table>
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<tr>
<th>Date</th>
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<tr>
<td>25 September 2018</td>
<td>18/59 Primary Care Contracts and Performance Report</td>
<td>Having queried whether the CCG collected data on the number of vacancies that existed across practices, it was explained such information was gained via the NHS workforce portal that was updated by practices. There was concern at the quality and regularity of information put into the portal and it was requested that more detail be provided to the next meeting.</td>
<td>Julie White</td>
<td>21/05/19 - the Committee requested that it be presented with an indication of the number of vacancies that existed across practices to a future 'in common' meeting.</td>
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<td>27 November 2018</td>
<td>18/73 Primary Care Transformation Resources</td>
<td>At the Training and Education event to be held in April 2019 it was planned for each of the practice collaboratives to show case what they had been doing, lessons learned, issues identified etc to help disseminate some of the learning across all 40 practices. The Chief Operating Officer suggested it might be useful for Committee Members to attend the event, and agreed to extend an invitation when arrangements were finalised.</td>
<td>Maddie Baker-Woods</td>
<td>The collaborative showcase was deferred due to the need to brief practices about primary care networks. A new date is being sought - ongoing.</td>
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<td>22 January 2019</td>
<td>19/06 Annual Review of Terms of Reference</td>
<td>The Chair advised that due to differing versions of the terms of reference being in circulation, further work would be carried out prior to their presentation to the March 2019 meeting.</td>
<td>Maddie Baker-Woods</td>
<td>A new date is being sought - ongoing.</td>
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<td>21 May 2019</td>
<td>19/34 Care Quality Commission</td>
<td>Healthwatch reported that its GP report would be available for presentation to the next meeting and the Committee requested that it be included on the agenda.</td>
<td>Jo Mael</td>
<td>See agenda - Complete</td>
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<td>19/35 Primary Medical Care Policy and Guidance Manual</td>
<td>The Committee noted the content of the report and requested that consideration be given to providing a briefing on the Primary Medical Care Policy and Guidance Manual to Committee members in respect of the type of decisions most likely to be presented.</td>
<td>Stuart Quinton</td>
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<td>19/41</td>
<td>Public Questions</td>
<td>A Patient Participation Group Chair highlighted that recent NHS changes in respect of the development of East Suffolk and North Essex NHS Foundation Trust, Primary Care Networks, Integrated Neighbourhood Teams, and the introduction of Care Navigators and Physician Associates, was very confusing for patients. The Committee was asked to consider the development of communications to explain the recent changes and initiatives. The Committee requested that the CCG’s Chief Officer and Communications Teams consider the development of such communications.</td>
<td>Chief Officer Team</td>
<td>Communications Team (John Troup &amp; Isabel Cockayne) will take forward with Stakeholder Groups</td>
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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No. 06
Reference No. IESC CG PCCC 19-19
Date. 23 July 2019

Title Primary Care Contracts and Performance Report

Lead Officer Maddie Baker-Woods, Chief Operating Officer

Author(s) Caroline Procter, Primary Care Commissioning Manager

Purpose To provide the committee with an overview of primary care information and update on primary care contracts where relevant.

Applicable CCG Clinical Priorities:

1. To promote self care
2. To ensure high quality local services where possible X
3. To improve the health of those most in need
4. To improve health & educational attainment for children & young people
5. To improve access to mental health services
6. To improve outcomes for patients with diabetes to above national averages X
7. To improve care for frail elderly individuals
8. To allow patients to die with dignity & compassion & to choose their place of death
9. To ensure that the CCG operates within agreed budgets X

Action required by Primary Care Commissioning Committee:

To consider and discuss the information provided and agree any appropriate actions required.
1. **Purpose**

1.1 To update the Committee on contractual and performance related matters in respect of GP Practices and actions taken; to seek further recommendations and areas for consideration for the Primary Care team.

2. **Primary Care Networks (PCNs)**

2.1 PCNs officially formed on 1st July 2019. All 40 Ipswich and East Suffolk Practices are part of a Primary Care Network. There are 11 PCNs within the CCG area.

2.2 The first year of the new GP Contract is will focus largely on recruitment of new staff, ensuring Extended Hours provision and beginning to organise some internal fundamental processes such as; how the funding will flow, what the funds will be used for and how the role of the Clinical Director will develop. The CCG are supporting this process with a series of opportunities for practices to meet at Training and Educations events and Practice Manager Forums.

2.3 NHS England have made available recurrent funding to support a regional training programme to develop PCNs along the maturity index. The CCG have been asked by the regional NHS England team to advise on this offer to ensure that it meets the local needs of our PCNs but also potentially has the flexibility to be used for local development initiatives.

2.4 There are eight modules of support proposed, including a specific specification for PCN clinical director development support, they are (subject to change):

- Module 1: PCN set-up
- Module 2: Organisational development support
- Module 3: Change management quality and culture
- Module 4: Leadership development
- Module 5: Collaborative working (MDTs)
- Module 6: Social prescribing and asset-based community development
- Module 7: Population health management
- Module 8: PCN clinical director development support

2.5 A draft national prospectus has been developed to define each of these eight modules and it is understood that a local offer will be available by September. The exact funding available and the process in which PCNs access this training is still in discussion.

3. **Public health**

**Flu Vaccination**

NHS England held a Flu Stakeholder event on the 1st July 2019. The key messages from a review of 18/19 Season as follows:

- The infection profile was different to previous years– with more children and younger people contracting the virus than usual.
- Related hospital admissions were down with the Eastern region and below the England average.
- Good match of vaccine to virus, but there were supply issues
- Assurances were given that there would not be a repeat of the supply issues from the last season.
• Due to supply issues, providers were given permission to share stock last year. This has NOT been extend to the 19/20 season.
• All children between the ages of 2 and 10 are now in-scope.

Sexual Health

The CCG were invited to attend a Suffolk Sexual Health conference lead by Public Health. This conference discussed the changes and challenges in Suffolk and a range of transformation opportunities. Following this, workstreams have been setup in 3 specific areas, attendance includes the CCGs primary care team.

• Sexually transmitted infections (STIs)
• Health Promotion
• Women’s Health

4. Prescribing and Medicines Management

4.1 Prescribing budget: At the end of 2018/19, GP prescribing showed an under spend against budget of £1.7million (3%). Month one figures for 2019/20 show an over spend against budget of £17k (0.4%). However further research has identified that approximately £18k of March prescriptions were included in April’s data as a result of late submission of prescriptions to the NHSBSA.

4.2 A graph showing prescribing budget performance 18/19 by practice is included in Appendix 1.

4.3 There are still ongoing cost pressures from national stock shortages and Drug Tariff price increases, although the scale of the pressure has reduced compared to 2017/18. Not all practices however are meeting budget, individual meetings with each practice are now underway to review performance in 2018/19; explain the budget and reinvestment scheme for 2019/20 and to develop action plans.

4.4 Antibiotic prescribing: IESCCG met the NHSE quality premium targets and CCG Improvement and Assessment Framework (CCG IAF) targets for antibiotic prescribing in 2018/19. The national targets for 2019/20 have not yet been published, however antibiotic prescribing remains a key safety and quality focus for 2019/20.

4.5 QIPP delivery: At the end of 2018/19, GP prescribing delivered a total of £4.5million cost efficiency savings against a target of £3.7million.

4.6 Medicines Management team priorities: The team is prioritising work to help reduce antibiotic usage and encourage formulary adherence; reduce the use of medicines of low clinical value and medicines that can be purchased over the counter (as per NHSE guidance); and optimise the use of appliances.

Actions – Ongoing:

• Work with ICS primary care colleagues to align CCG guidelines and protocols to ensure a consistent message across primary care. Work is also underway to consolidate the shared care agreements to produce one ICS-wide agreement for each shared care drug.
• Work to align the medicines formularies across the ICS and promote the use of the formulary website and app.
• Discussion of practice antibiotic prescribing at practice visits and training events, including the quality premium metrics and use of broad spectrum antibiotics.
• Encouragement for practice level audits against the antibiotic formulary to be undertaken
• Individual meetings with all practices to introduce their aligned CCG pharmacist and discuss the new budget setting methodology

5. **Performance Targets**

5.1 **Severe Mental Illness Physical Health Checks**

The 2019/20 LES has been sent out to Practices and the data for Q1 will be available shortly.

5.2 **Learning Disabilities (LD) Health Checks**

The CCG has been working closely with practices to support them in delivering health checks for people living with Learning Disability in Ipswich and East Suffolk. Assurance calls have been made to practices who have carried out less than 50% of their LD population health checks at the end of Q4 (18/19).

LD nurses commissioned through NSFT across East and West Suffolk are working with practices to review their LD register to identify patients who are not appropriate for inclusion on the practice LD list.

The CCG target for health checks completed is 75% by the end of 2019/20. New data for Q1 is scheduled to be released in August 2019.

ACE Anglia (An Advocacy service for LD service users) commissioned by the CCG continues to support the CCG to produce Easy Read resources to support patients to attend their LD Annual Health check. ACE Anglia has also been delivering Peer Educator Training to strengthen support for people living in with LD in Suffolk to stay well and manage their wellbeing and health in their communities. The CCG is exploring working with practices to ensure they are LD friendly by autumn 2019.

5.3 **Dementia**

Dementia Together Care Navigators now in 3 practices in the East supporting practice to identify, engage and support those with a potential diagnosis of dementia and their carer or those who DNA at the memory assessment service.

The CCG is working with Alliances / Localities and INTs and operational groups will be formed to look at dementia and later life as a system. This will including hospitals, community services, housing, ACS, memory service, DIST and Dementia Together. Discussions from these operational groups will feed back into the Alliances as well as the Suffolk Dementia Forum where the voice of the individual living with dementia and their carer is key to service improvement and development”.

Dementia Together Younger Person’s Navigator in the East to support those 65 and younger living with dementia and their carer through their complex journey

Latest Dementia Prevalence metrics can be found in Appendix 2. The position is still positive and demonstrates achievement of the national target however the position has slipped slightly over the past few months. Work is underway to understand the reason for this reduction and how the position might be improved.
6. **Quality and Outcomes Framework (QOF) Changes**

6.1 There are a number of changes within the 2019/20 QoF. These are:

- 28 indicators have been retired, 15 new ones introduced.
- Exception reporting has been replaced by Personal Care Adjustment to better reflect individual clinical situations and patient wishes.
- A Quality Improvement Domain has been introduced.

6.2 These changes are in response to the Review of the Quality and Outcomes Framework in England, which published its findings in July 2018. The changes above reflect the three highest priority objectives detailed in the report, these being:

- Delivers better patient care, particularly by enabling more holistic person-centred care and incentivises on-going improvement.
- Supports stability and sustainability in general practice, by creating space for professionalism at a time when workload is high and the profession is reporting high levels of stress and de-motivation.
- Supports practices to move into a role in which they can better impact demand on the wider system and so optimises the use of limited NHS resources.

6.3 The addition of a Quality Improvement Domain is intended to provide support to practices to recognise areas of care that require improvement and takes steps to address them and share the learning. The subject area for this section will change from year to year but for 2019/20 the focus is on Prescribing Safety and End of Life Care.

7. **GP Patient Survey – July 2019 publication**

7.1 The data from the National Patient survey relates to January – April 2019 was released on 12th July 2019. There is a requirement for the practices to achieve the England average for a range of indicators.

7.2 The data indicates the following have been achieved:

- 29/40 practices achieved ‘Ease of getting through on telephone’. Compared to 32 last year.
- 30/40 practices achieved ‘helpfulness of reception’. Same as last year. Compared to 27 last year.
- 31/40 practices achieved ‘Experience of making an appointment’. Compared to 32 last year.
- 27/40 practices achieved ‘Satisfaction with appointment times available’. Compared to 28 last year.
- 27/40 practices achieved ‘Overall experience of GP Surgery’. Compared with 30 last year.

7.3 See Appendix 3 for details of the metrics at practice level.

7.4 The CCG continue to perform favorably compared to the national average for all areas despite a slight downward trend compared to last year.

7.5 The CCG results include:

**Overall experience of your GP surgery** - Very good/good – IESCCG 86%, WSCCG 86%, national average 83%

**How easy is it to get through to surgery by ‘phone?** – Easy – IESCCG 77%, WSCCG 76%, national average 68%
How helpful were the receptionists? – Helpful – IESCCG 92%, WSCCG 93%, national average 89%

Were you satisfied with the type of appointment you were offered? – Yes – IESCCG 80%, WSCCG 79%, national average 74%

How would you describe your experience of making an appointment? – Very good/good – IESCCG 74%, WSCCG 73%, national average 67%

Did you feel that your healthcare professional recognised and/or understood any mental health needs that you might have had? – Yes – IESCCG 88%, WSCCG 89%, national average 86%

7.6 The CCG continues to support practices in ensuring that access to services for patients remains high and that the national standards continue to be met and improved upon.

8. Recommendation

8.1 The Committee is invited to note the above information and consider any further appropriate actions.
Appendix 1 – 18/19 Prescribing Budget Performance by Practice
### Appendix 2 – Dementia Prevalence Performance

#### Dementia Coding - Target 66.7%

<table>
<thead>
<tr>
<th>Practice</th>
<th><em>Dementia Coding</em></th>
<th>Compared to Jun 18</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Coding Jun 19</td>
<td>CCG @ 67.3%</td>
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<tr>
<td>Mendlesham</td>
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<td>Constable Country</td>
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<td>5.93%</td>
</tr>
<tr>
<td>Barham &amp; Claydon</td>
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*Number of patients coded with Dementia as a percentage of estimated dementia prevalence*
## Appendix 3 – National Patient Survey July 2019 (compared to 2018 results)

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>2019</th>
<th>% Change</th>
<th>2019</th>
<th>% Change</th>
<th>Overall Experience of Making an Appointment</th>
<th>% Change</th>
<th>Overall Experience of GP Surgery</th>
<th>% Change</th>
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<td>67%</td>
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<td>75%</td>
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<td>78%</td>
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<td>1.4%</td>
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</table>
Title | Care Quality Commission (CQC) Update
--- | ---
Lead Chief Officer | Maddie Baker-Woods, Chief Operating Officer
Author(s) | Claire Pemberton, Head of Primary Care
Purpose | The purpose of this report is to inform the Committee about the outcomes of Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions which are proposed to address issues, share good practice and enable continuous improvement. The Committee is invited to review the report and to advise on any areas for action.

Applicable CCG Clinical Priorities:

<p>| | |</p>
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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>To promote self care</td>
</tr>
<tr>
<td>2.</td>
<td>To ensure high quality local services where possible</td>
</tr>
<tr>
<td>3.</td>
<td>To improve the health of those most in need</td>
</tr>
<tr>
<td>4.</td>
<td>To improve health &amp; educational attainment for children &amp; young people</td>
</tr>
<tr>
<td>5.</td>
<td>To improve access to mental health services</td>
</tr>
<tr>
<td>6.</td>
<td>To improve outcomes for patients with diabetes to above national averages</td>
</tr>
<tr>
<td>7.</td>
<td>To improve care for frail elderly individuals</td>
</tr>
<tr>
<td>8.</td>
<td>To allow patients to die with dignity &amp; compassion &amp; to choose their place of death</td>
</tr>
<tr>
<td>9.</td>
<td>To ensure that the CCG operates within agreed budgets</td>
</tr>
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Action required by Primary Care Commissioning Committee:

The Committee is invited to review the report and to advise on any areas for action.
1. **Purpose**

1.1 The purpose of this report is to inform the Committee about Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices.

2. **Background**

2.1 The CQC has changed the way it will carry out inspections. They are introducing an annual regulatory review. This means each year the inspectors will formally review all of the information that they hold on each practice and consider whether it indicates that the quality of care may have changed since the last inspection or, in time, annual regulatory review. This approach will help the CQC to prioritise their inspections where there has been most change, either deterioration or improvement. They can then continue to focus where risk is greatest while also supporting practices to improve. It will also enable the CQC to move to more focused inspections that concentrate on those areas of most change.

The CQC will contact the CCG prior to contacting the practice to gather soft intelligence however they do not share the date of the practice call.

2.2 Since the last report in March the following practices have been contacted:-

The CQC Annual Regulatory Reviews (ARR) planned for June were:-

The Peninsular Practice  
The Chesterfield Drive Surgery  
Norwich Road Surgery  
Holbrook Surgery

The CQC Annual Regulatory Reviews (ARR) planned for July were:-

Two Rivers  
Framfield House  
Dr Badcock & Partners (Felixstowe Road)  
Debenham Group Practice  
Little St John Street  
Mendlesham Medical Group

Martlesham Surgery had a revisit on 10th July 2019 due to a change in lead partner, the outcome of this visit is not yet known.

The ARR calls do not trigger a CQC team visit unless there is a concern raised or the practice have demonstrated they are outstanding in an area. This means the overall ratings have not changed.
### 3. Current Status

#### 3.1 The following table demonstrates the latest outcomes for Ipswich and East practices:

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<td>Are services safe?</td>
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<td>Are services caring?</td>
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<td>Are services responsive to people’s needs?</td>
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<td>Are services well-led?</td>
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<td><strong>The six population groups and what we found</strong></td>
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<td>Older people</td>
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<tr>
<td>Families, children and young people</td>
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<td>Working age people (inc those recently retired and students)</td>
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<td>People whose circumstances may make them vulnerable</td>
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<td>People experiencing poor mental health (inc people with dementia)</td>
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**Checked with report**

**Key**

- Outstanding
- Good
- Requires Improvement
- Inadequate
3.2 Overall it should be noted that Primary Care in Ipswich and East Suffolk remains good and above the national average for providing safe, high quality care for patients.

4. **Recommendation**

4.1 The Committee is invited to note the CQC’s findings and to consider any further actions for the CCG or NHS England at this stage.
<table>
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<tr>
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**Title**
Integrated Care System – Primary Medical Care Strategy

**Lead Officer**
Maddie Baker-Woods, Chief Operating Officer

**Author(s)**
Caroline Procter, Primary Care Commissioning Manager

**Purpose**
To provide the committee with an opportunity to review the draft strategy document,

**Applicable CCG Clinical Priorities:**

<table>
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<th>Description</th>
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<tr>
<td>1.</td>
<td>To promote self care</td>
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<td>2.</td>
<td>To ensure high quality local services where possible</td>
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<td>3.</td>
<td>To improve the health of those most in need</td>
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<td>4.</td>
<td>To improve health &amp; educational attainment for children &amp; young people</td>
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<td>5.</td>
<td>To improve access to mental health services</td>
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<td>6.</td>
<td>To improve outcomes for patients with diabetes to above national averages</td>
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<td>7.</td>
<td>To improve care for frail elderly individuals</td>
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<td>8.</td>
<td>To allow patients to die with dignity &amp; compassion &amp; to choose their place of death</td>
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<td>9.</td>
<td>To ensure that the CCG operates within agreed budgets</td>
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**Action required by Primary Care Commissioning Committee:**
To consider and discuss the draft strategy and agree any appropriate actions required.
1. **Purpose**

1.1 To provide the Committee with an opportunity to review the draft STP primary medical service strategy; to provide assurance as to how primary care will meet the objectives of the NHS Long Term Plan and continue to deliver the commitments of the General Practice Forward View (GPFV) whilst remaining consistent with local Alliance and primary medical care strategies.

2. **Background and Context**

2.1 General practice plays a pivotal role in delivering localised, high quality, safe and effective services to its population. There has been an increased focus on the role of primary care, how it is structured and how services are delivered. More recently as described in the document, Investment and evolution; a five-year framework for GP contract reform, to support the implementation of the NHS Long Term Plan.

2.2 The patients of Suffolk and North East Essex are generally served by high quality practices with care delivered by experienced and qualified professionals. There is some variation in access and performance. Almost all practices, nationally and locally are facing significant and increasing pressure due to a number of factors:

- Increasing population
- Aging population
- Recruitment and retention issues
- The increase in the delivery of care outside of hospitals
- Funding

2.3 NHS England recently wrote to the STP/ICSs requesting that joint primary care strategies were refreshed or developed in the context of the NHS Long Term plan and the new GP Contract which supports the formation of Primary Care Networks. A template – a hybrid between a strategy and a plan - was provided for this purpose by the regional NHS England office. It should be noted that this places significant focus on the role of primary care within the system.

2.4 A draft strategy has since been produced using existing primary care strategies that were locally co-produced between 2015-2017 by GPs, practice managers, patients and partner organisations. These documents are still very much relevant and align with the current priorities.

2.5 In 2017, the STP collectively submitted a GPFV submission which was rated ‘good’ by NHS England. Content from this, the three Alliance strategies and the ICS Operational plan also remain central to the development of the new joint strategy.

2.6 With the introduction of Primary Care Networks, the strategy goes further to support a ‘bottom up approach' that strengthens the role at neighbourhood level.

3. **Next Steps**

3.1 The draft document is focused on existing, agreed local plans and fulfils the requirements requested by NHS England for submission within the required timeframe, and sets out current programmes of action. It is recognised that action plans need go further to respond both to new national requirements and local need, and to articulate:

- Further local demand management measures including alignment of Alliance prevention and self-care strategies;
- Local support for Primary Care Networks, specifically including their Clinical Directors;
• workload management measures beyond national measures;
• further workforce plans (specifically but not limited to recruitment and retention issues);
• estates and digital integration;
• a local funding strategy for primary care.

3.2 The CCGs have received concise feedback from both Suffolk and Essex LMCs that this further definition is essential to secure primary care’s future role within the system and to supporting the strategy.

3.3 Therefore, the draft strategy document is intended to be part of an iterative process, with a strong commitment to work with the LMC, local GPs and partner organisations to ensure further development of the next stage of plans but also agreement that local implementation plans are co-produced for each CCG with primary care stakeholders and partners.

3.4 Further versions of this strategy and the subsequent implementation plans will be brought to the Committee for approval and to enable progress to be reviewed.

3.5 The draft strategy has been reviewed by the STP Partnership Board and subsequently submitted to NHS England for their review and comment.

4. **Recommendation**

4.1 The Committee is invited to review the proposed draft strategy document, attached, noting the commitment to the next steps outlined.
Suffolk and North East Essex
2019/20-2023/24 Primary Care Strategy
## Version Control

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1 Executive Summary

This document brings together our vision and practical plans to build vibrant, sustainable primary care at the heart of high quality, integrated health and care services for the people we serve. Many of our plans are ICS wide; some are CCG or Alliance-focused; and others are neighborhood or community based. This is determined by patient need, appropriate partnership relationships and economic viability.

Running through our whole plan and its delivery there are seven golden threads:

- New models of care - Enabling primary care collaboration; Delivering joined up care in localities and within Primary Care Networks
- Workload - Reducing workload; Optimising Patient Care
- Workforce - Caring for every Professional, caring for patients
- Access - Enhancing patient access to GP-led services; Promoting and supporting patients in self care
- Infrastructure - Creating environments for future care needs, Enabling digital connectivity for patients and professionals
- Investment - Stimulating transformation; Delivering High Impact Changes
- Leadership, governance and programme management - Co-producing strategy and plans with clinical leadership, patients, public and partners; Enabling excellence in delivery with management support
2 Vision

Our ambition is that every one of the one million people living in Suffolk and North East Essex:

- Is able to live as healthy a life as possible
- Has a good start in life
- Has a good experience of ageing
- Has the best possible experience at end of life
- Has access to the help and treatment they need at the right time and the right place, and good outcomes and experience of the care that they receive

Our vision for primary care is to deliver high quality care that is:

- **Accessible**: equal access for everyone who needs care and treatment, which is delivered as close to home as possible
- **Personalised**: people have information, choice and control to decide and to manage their own health and wellbeing
- **Safe**: care delivered by a skilled workforce in the community wherever possible, to achieve the best outcomes for the person
- **Seamless**: integration of community-based services and effective information-sharing
- **Local**: strategy and allocation of resources based on the local population’s health and care needs, with the flexibility to respond to changes in demand
- **Sustainable and cost effective**: collaboration in primary care networks and delivering multi-agency primary care at scale.
3 Introduction

3.1 Our ICS area and population

Fig.1: Map of Suffolk and North East Essex Footprint

As the map above shows, our ICS area serves a population of just over 1 million people. There are three larger conurbations, indicated on the map, where our acute hospitals are located. In between these larger towns are rural market towns and villages, where limited transport links can mean challenges for local people in accessing health and care services.

3.2 Our ICS Partners

The full spectrum of partners engaged in our ICS includes:

- **NHS Commissioners** – clinical commissioning groups and specialised commissioning
- **NHS Providers** – acute, mental health and community
- **Local government** – county councils, district and borough councils, parish councils
• **NHS regulators and other bodies** – NHS England, NHS Improvement, Care Quality Commission (CQC), Health Education England  
• **Primary care** – GPs, LMCs, GP Federations, Local Professional Networks (LPNs) (community pharmacists, optometrists and dentists)  
• **Independent sector providers** – private sector and CICs  
• **Community and voluntary sector** – community foundations and other funders, infrastructure organisations, hospices and other community or sector specific organisations  
• **Public representatives** – Healthwatch, patient and carer groups  
• **Education and research** – universities and academic health sciences networks  
• **Other sectors** – industry, police and crime, education, etc.

### 3.3 GP Practices and Emerging Primary Care Networks

As our map above shows, we have 102 GP practices in our ICS footprint. We have 24 emerging PCNs. These cover the full geography and provide 100% coverage of the ICS area. All PCNs have been established with Clinical Directors identified.

<table>
<thead>
<tr>
<th>PCN Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Barrack Lane and Ivry Street</td>
<td>Forest Heath</td>
</tr>
<tr>
<td>BBLMRW (Bluebell-Mill Road-Winstree Rd- Lawford) PCN</td>
<td>Haverhill</td>
</tr>
<tr>
<td>Blackbourne Rural</td>
<td>Mid Suffolk</td>
</tr>
<tr>
<td>Bury St Edmunds</td>
<td>North East Coastal</td>
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<tr>
<td>Clacton GP Alliance (CGPA) PCN</td>
<td>North East Ipswich</td>
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<tr>
<td>Colchester Medical Practice (CMP) PCN</td>
<td>North West Ipswich</td>
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<tr>
<td>COLTE PCN</td>
<td>North West Suffolk</td>
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<tr>
<td>Creffield Medical Group PCN</td>
<td>Orwell</td>
</tr>
<tr>
<td>DHG South</td>
<td>South Rural</td>
</tr>
<tr>
<td>East Hill &amp; Abbeyfields</td>
<td>Sudbury Rural</td>
</tr>
<tr>
<td>East Ipswich</td>
<td>Sudbury Town</td>
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<tr>
<td>Felixstowe</td>
<td>Tendring PCN</td>
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**Fig. 2: List of Primary Care Networks in Suffolk and North East Essex**

### 3.4 The Primary Care Workforce

With list sizes ranging from 2,800 to 36,700 registered patients per practice, workforce remains a challenge. Staff shortages represent one of the most significant risks facing the health service both locally and nationally.
Key statistics include:

- 581 GPs with 7.95% over the age of 60*
- 441 Nurses with 12.2% over the age of 60*
- 17 Paramedic Practitioners*
- Physician Associates*
- 22 Clinical Pharmacists*

### 3.5 ICS Funding

CCGs receive funding allocations from NHS England in three streams: programme, running costs (admin) and delegated primary care co-commissioning. Combined allocations for 2019/20 total £1.401bn. The chart shows the planned expenditure across the main expenditure areas, with the largest spend on acute services, followed by mental health and community. CCGs contract with providers to commission services population, therefore the majority of funding flows through CCG budgets on to providers.

The CCGs receive a core combined primary medical care budget of £142million (and a prescribing budget of £154 million).

![Fig. 3: Primary Care Budget 2019/10](image)
4 The case for change

4.1 Increasing demand

Demand for health and social care services is rising – a quarter of the population suffer from long-term conditions caused by stress, unhealthy eating, physical inactivity, drinking too much alcohol, smoking, air quality, poverty, isolation and poor housing. People with long-term conditions such as diabetes, COPD, arthritis and hypertension, account for around 50% of all GP appointments.

The population of Suffolk and North East Essex is increasing quickly with the overall population expected to increase by 6.9% by 2026 and reach 1,043,000 by 2041.

Suffolk and North East Essex includes not only the most deprived area in the country in North East Essex but also some of the wealthiest areas in Suffolk. The Slope Index of Inequality (SII) tells us the extent of difference in life expectancy between the most and least deprived groups in our population.

**Fig. 4:** Slope Index of Inequality at birth by gender (2014-2016) in Suffolk and North East Essex

Our local population is also older than the national average and ageing more quickly than other areas.

**Fig. 5:** Growth in ageing population in Suffolk and North Essex
The number of people living with dementia in the ICS is likely to almost double in the next 20 years; and most of these new cases will be women aged over 85.

![Anticipated growth in number of people living with dementia in Suffolk and North East Essex 2015-2035](image)

**Fig. 6: Anticipated growth in number of people living with dementia in Suffolk and North East Essex 2015-2035**

In comparison to other parts of the country, the population of Suffolk and North East Essex has a higher proportion of people who are either overweight or obese. While some areas in the ICS perform ‘better’ than the national average, 1 in 5 reception children and 1 in 3 year 6 children have excess weight – so better than average is not good. And yet access to the full treatment pathway for obesity is very difficult for many people.

![Child excess weight in 4-5 and 10-11 year olds](image)

**Fig. 7: Child excess weight in 4-5 and 10-11 year-olds by local council areas in Suffolk and North East Essex**
People living in Suffolk and North East Essex also face a range of challenges in mental health and wellbeing.

**Fig 8: Mental health and wellbeing challenges in Suffolk and North East Essex**

### 4.2 Quality of services

The quality of primary care services varies. Referral and prescribing vary in general practice across our footprint, and there are some opportunities to improve patient outcomes in a range of specialties. There are specific concerns about some care providers, such as mental health trust providers and a small number of GP practices.

**Fig. 9: CQC ratings of GP Practices in Suffolk and North East Essex**
4.3 Primary Care Workforce Challenges

Workloads for our health and care professionals are high and getting higher; and workforce, recruitment and retention challenges are deepening across the area. We face a number of specific workforce challenges:

- The increasing number of NHS vacancies
- Developing roles that meet candidates’ expectations
- Ageing workforce – imminent retirements/loss of experienced staff (NHS: 18% by 2021)
- Insufficient supply, especially adult, mental health and learning disabilities nurses, A&E doctors and GPs
- Over-reliance on international recruitment

We recognise that if we do not have the right skills and capacity in our workforce, we will be unable to meet local peoples’ needs both now and as demand increases over the coming years. We will address workforce needs by developing new roles, increasing capacity where it is needed, and ensuring local services have the right skills-mix to meet people’s needs safely. A long-term approach will reduce reliance on temporary staff and ensure we retain health and care professionals through housing policy and supporting their health and wellbeing.

We have already begun to identify opportunities for change. The Suffolk and North East Essex Local Workforce Action Board (LWAB) has been working collaboratively to map the changes required to our workforce to deliver the region’s vision and individual programmes within the plan. The LWAB has identified a number of workstreams:

- Workforce planning - Workforce intelligence, recruitment & retention, careers promotion
- Training and Education - Upskilling workforce, apprenticeship, Talent for Care, new roles, Advanced Care Practitioners upskilling
- Health and Wellbeing - Essential worker housing/disposal of NHS property; Suffolk & North East Essex health and wellbeing group
Specifically, for primary care we have delivered:

- Continuing development of recruitment strategies through Essex Primary Care Careers to assist practices and ensure a supply of workforce.
- ‘One Team’ and ‘One Clinical Community’ events held with primary and secondary care services in Suffolk;
- Working ‘at scale’ across practice bases, including dermatology, diabetes, minor surgery expertise and mental health;
- Delivering an ICS-wide primary care workforce strategy to attract and retain GPs and nurses;
- Working with Alliance groups and higher education institutions and medical schools where possible;
- Established GP and Nurse education and training programmes;
- Creation of a Training Hub available to all practices in Suffolk and North East Essex.
- Established leadership programme to develop the future leaders within general practice.

Our workforce plans will respond to the increasing demand in primary care in a range of ways. The introduction of new roles will create a flexible workforce, that can provide a responsive service to patients to meet their needs more effectively, and ensure we can deliver high quality care by the most appropriately trained clinician. New pathways are available for patients to have prompt access to the clinicians they need, such as direct access to physiotherapists, pharmacists and mental health therapists based in primary care settings. Training of staff in specific skills will help to support admission avoidance strategies. Clinicians such as paramedics and pharmacies signpost patients to appropriate community resources and Social Prescribers will signpost to appropriate social support services. All of these approaches significantly help to reduce GPs workload and allow them to focus on patients with the highest acuity.

4.4 Primary Care Estate Challenges

Our ICS Estates Plan provides the overarching vision of sustainable and affordable estate linking the delivery of agreed surplus land disposals, key worker housing targets and full optimisation of existing estate. The ICS has further priorities for future funding. In particular, the Suffolk estate strategies will provide an opportunity to develop community and primary care hubs and support the delivery of ‘Primary Care at Scale’. System wide Primary Care Transformation will support the improvement of existing GP premises, relocation of new buildings to meet the needs of an increasing
population. We are developing plans for Health and Wellbeing Hubs in Mildenhall, Haverhill and Newmarket Community Hospital in Suffolk; and in North East Essex, Colchester and Tendring Hub and Spoke Primary Care health centres. Larger community facilities will provide general practice services to the local population offering diagnostic and outpatient services alongside community and voluntary services.

The current primary care estate range from new purpose built surgeries such as Two Rivers which have capacity to accommodate additional growth through to some which are no longer fit for purpose and are over capacity although the vast majority of the estate requires some form of expansion, modernisation or adaptation in order to ensure it remains fit for purpose and/or tries to keep pace with the development of housing growth in the local area.

The CCGs, as statutory consultee’s for local plans, neighbourhood plans and general planning applications, we undertake reviews of the potential impact of housing growth and respond to local planning authorities, outlining what we believe the impact would be on primary care health provision and how we would look to mitigate this. Ultimately seeking funding from the developer for contributions towards the estate cost.

Increasingly, and particularly with new build facilities, we would endeavour to ensure that any remedial works accommodate the provision of services that meet the needs of the wider health and care team. For instance, clinical rooms are provisioned in a generic way that allows maximum efficiency for MDT working and future service integration and co-habited accommodation.

4.5 Funding challenges in primary care

The NHS allocates budgets using a formula to attempt to assess the health needs of patients in each area. These calculations fluctuate, which means some are over-resourced to meet the health needs of their populations (known as ‘over-capitation’), whilst others have less resource (‘under-capitation’). Over time, there is a desire to move systems towards their target allocation. The three commissioning organisations in Suffolk and North East Essex are all currently under capitation, by an average of 2.09% in 2019/20. Unusually, despite being under-capitation in 2018/19, the high population growth rates in Suffolk and North East Essex and changes to the funding formula mean that there is an increase in the extent of the under-capitation. The value of this movement away from target is £4m; moving the system to a position where it is £25.4m below capitation target in 2019/20, or in other words we are due to receive £25.4m less than our calculated share of the national resources.

Over 2019/20 we will continue on our financial recovery journey that has reduced the system deficit (after provider sustainability funding (PSF)) from £46.42m in 2017/18 to
£15.62m (planned) in 2019/20. Put simply, by achieving our 19/20 plan we will have improved the overall system position by £31m compared with 17/18, despite being £25.4m below our capitation target funding level. As a system, Suffolk and North East Essex has delivered its operational achievements against a backdrop of a rapidly improving financial position, with the planned deficit for 2019/20 representing less than 1% of NHS expenditure. The use of Guaranteed Income Contracts has ensured greater alignment of organisational plans, which means regulators assess that we are a low risk system. Reducing inefficiencies in our spend has allowed us to invest in other important areas to support those who are most vulnerable in our society.

The combined funding for Primary Care across the STP footprint is under capitation, by an average of 0.33% in 2019/20, with West Suffolk being over the target and Ipswich & East Suffolk and North East Essex being under target.

In Suffolk, Primary Care allocation for the CCG’s has increased by 3% in 2019-20. However, the financial uplifts to core GP contracts, increasing estate costs, practice resilience funding paid to practice struggling with workforce issues and the requirements to deliver the various elements of the five-year framework for the GP services contract, including the Primary Care Networks (PCN’s) causes a huge financial pressure on the budget as the growth in the allocation is not enough to cover the associated expenditure. Similar issues exist in North East Essex , however the historic baseline and current uplift should support the mitigations.

In addition to the cost pressures on the delegated GP budgets, primary care has also seen an increase in the prescribing costs due to NCSO (No Cheaper Stock Obtainable) and increase in Category M drug prices in the last few years.
5 Fulfilling the NHS Long Term Plan

5.1 How we intend to fulfil the ambitions of the NHS Long Term Plan for Primary Care

We will boost out of hospital care and dissolve the historic divide between primary and community health services by designing and delivering fully integrated services in our neighbourhoods, achieving high quality care and cost efficiencies through our emerging Primary Care Networks.

We will reduce pressure on emergency hospital services by promoting self-care, improving access to primary care, improving support to care homes, and providing effective out-of-hospital services that help prevent avoidable admissions and facilitate prompt discharge.

We will ensure people get more control over their own health and more personalised care when they need it by focusing on prevention and early diagnosis, and collaboration between statutory and voluntary sector resources to support people with ill-health, long term conditions and disability more effectively.

We will achieve mainstream digitally-enabled primary and outpatient care by developing digital solutions that improve access to primary care, enable new and more effective care pathways, and support the delivery of integrated care.

We will increase our focus on population health and progress our Integrated Care System by achieving the triple integration of health and social care, primary and secondary care, and physical and mental health at all levels of our system, using population health management tools to inform our strategy and monitor outcomes for local people.

We will achieve this transformation through integration and collaboration between primary and community health and care services.

As a system we will deliver a primary care plan focusing on key workforce challenges, to maximise our ability to recruit multidisciplinary workforce, including GPs and other professionals. We are working towards delivering fit-for-purpose premises supported by technological innovation. Technologies will support people to look after themselves and will include access to video consultations and apps for common conditions. We will have a coherent approach to integrating teams across organisations enabling genuine patient-centred care through our Alliances.
5.2 Primary Care Networks

We recognise that Primary Care Networks are crucial to the implementation of the Long Term Plan, both through more effective delivery of primary care in local neighbourhoods, and the integration of health and care services to better respond to the characteristics and needs of the local population. PCNs are key to addressing the wider ICS ambitions to improve population health and wellbeing, and to building lasting relationships between our partners.

We will develop PCNs, so that all GP member practices are part of a PCN by 30 June 2019. We will facilitate clinical leadership, continue to invest in primary care transformation and ensure that £1.50 per patient is allocated recurrently to support the maturity and successful maintenance of PCNs across the area. We will collaborate with patients, carers and partners including local councils and the voluntary and community sector, breaking down organisational and professional barriers to deliver personalised care in the way that best meets the needs of local people.

Within the PCN contract there will be seven service specifications introduced over the next few years that each PCN will be expected to deliver:

(i) Structured Medications Review and Optimisation;
(ii) Enhanced Health in Care Homes, to implement the vanguard model;
(iii) Anticipatory Care requirements for high need patients typically experiencing several long term conditions, joint with community services;
(iv) Personalised Care, to implement the NHS Comprehensive Model;
(v) Supporting Early Cancer Diagnosis;
(vi) CVD Prevention and Diagnosis; and
(vii) Tackling Neighbourhood Inequalities.

Each of these specifications are designed to contribute to delivery of the objectives of the Long Term Plan.

Our CCGs have committed £1.50 recurrently to the PCNs over the next 5 years for the enablement of the network contract. This is totally in line with local policy, moving primary care and community service towards integration and collaboration at neighbourhood level. In Suffolk the CCGs have funded local transformation schemes that have been the enabler of the practice collaborations, providing £3 per head to groups of practices whose combined population was over 30,000. These initial groups of practices have been the building block for PCNs in many areas.

In West Suffolk the CCG had made a one-off payment to practices totalling £60,000 to assist them in developing their PCNs before 1 July 2019. The focus of Alliances and neighbourhoods, including PCNs, is to progress against the maturity matrix so that all streams of activity are following the same broad developmental stages.
5.3 Integration to support patient-centred care

In Suffolk, 40/64 practices are contracted to provide services as described in The PMS Development Framework, this is an enhanced primary care contract that offers a range of quality, public health initiatives, prescribing, safety and GP access measures. To provide equity to those practices not signed up to the Framework, a range of Local Enhanced Services (LES) are available.

The local offer, which is very much aligned with the national objectives described in the Long Term plan, puts this area in a good position to be able to effectively deliver these national specifications. For example, practices already provide a Care Home LES which provides a proactive, ward-round in their ‘aligned’ care and residential homes. The aim is to reduce unnecessary hospital attendances, improve the care patients receives by ensuring that they receive the care when they need it most, provide a focus on end-of-life and ultimately reduce the impact on their local practice.

In Ipswich and East Suffolk, the CCG continues to fund the GP element of the Integrated Neighbourhood teams via a local enhanced service. Further investment and commitment to development will be required to ensure these become closer aligned.

Several schemes are underway to tackle High Intensity Users and to provide them with a structured care plan. This is collaborative approach with general practice, community, mental health and ambulance services.

The ICS has commissioned St Helena Hospice to provide the NHS England Medicines Optimisation in Care Homes programme. This project aims to integrate three pharmacists and three pharmacy technicians into existing primary care and social care teams to improve patient centred care and quality, reduce the risk of harm from medicines and release healthcare resources from elsewhere in the system. The team are working with patients, their families and carers to undertake medication reviews and optimise medication use by stopping inappropriate or unsafe medicines, and ensuring that any medicines being taken add value to the patient’s health and wellbeing. The pharmacy team are also supporting care home staff through the provision of training.

The three CCGs within the Suffolk and North East Essex ICS have aligned their medicines optimisation programmes with particular focus on reviewing the use of opioid analgesics and improving the prescribing of antibiotics. These aims are supported through Local Enhanced Services and the Suffolk PMS Development Framework.

CCGs monitor the performance of these locally commissioned services via a Dashboard, shared with its membership and the Primary Care Commissioning Committees regularly. See Appendix A for an example of the Suffolk Dashboard.
5.4 Realising our Higher Ambitions

To help achieve our ICS Higher Ambitions, we must enable those working in very local neighbourhoods to take action. This includes, in particular, the community and voluntary sector and primary care. Part of the additional support offered to Suffolk and North East Essex as a shadow Integrated Care System in 2018, was an allocation of funding of around £3 million to support the system to deliver local priorities. In December 2018 the STP Board agreed that this funding should be targeted to support local neighbourhood action by the community and voluntary sector and primary care to make progress towards delivery of:

- Development of the Primary Care Networks through the Alliances
- Development of Higher Ambitions
- Development of other primary care providers including community pharmacists, optometrists and dentists within the Networks

This funding initiative – known as ‘Realising Ambition’ - includes:

- £2m via the Essex and Suffolk Community Foundations who are working with our three local Alliances to determine local priorities and to manage dispersal of the funding to the small community and voluntary sector groups that we know make a real difference to people in local neighbourhoods. Working closely with both our social prescribing and prevention workstreams in which our Alliance partners are represented, criteria has been applied and applications from grass root organisations through to large local VCSE organisations have been encouraged to apply for grant funding. There are three levels of funding; up to £1,000, up to £50,000 and up to £70,000.

- £1m to primary care to support several initiatives across the Alliances. Including:
  - **Healthy living pharmacies.** In order to release the potential of the sector and to harness it to support ICS priorities, Suffolk LPC have proposed a model to enable them to work with the Alliances to develop a framework that would promote integration of community pharmacies into local Primary Care Networks (PCNs). Community pharmacies are a fundamental part of Primary Care capacity which to date has been underutilised and if supported could assist with the delivery of a significant number of the specific local priorities agreed. The Healthy Living Pharmacy (HLP) is a tiered framework (Levels 1 to 3) aimed at achieving consistent delivery of a broad range of health improvement interventions through community pharmacies to meet local needs, improve the health and wellbeing of the local population and help to reduce health inequalities. Around 94% of pharmacies across Suffolk have achieved Level 1 of the framework and the funding will support implementing level 2 across all of the local pharmacies in the West and East Suffolk Alliance.
• **Locality based Health Care Assistants.** In West Suffolk, a scheme to up skill HCA’s in Long term conditions comparable to primary care. Housebound patients (residential home, nursing home & patients confined to their own homes) are often exempted from national targets (including QOF) for long term condition (LTC) management due to difficulties in reviewing and investigating patients in their own homes. The resources in primary care and community care are not currently aligned adequately meet their needs. It has been agreed that this approach should be rolled out to improve working across primary and community services and provide additional capacity to allow the care model to be developed for each locality.

• **Integrated Neighbourhood Teams.** Management and co-ordination of the existing core Integrated Neighbourhood Teams of social care, community, GP practice and mental health teams to drive forward individual area and strategic plans.

• **Organisation Development and Leadership.** Development and delivery of joint Training and Education for all Primary Care Providers within the East Suffolk localities. Topics for consideration include: mental health and wellbeing; diabetes; and frail elderly care. It will broaden the current One Clinical Community beyond medical, nursing and therapy professions.

• **Accelerate the development of the leaders** of the Primary Care Networks in North East Essex. This will be via GP Primary Choice (federation). A set of proposals will be drawn up to support the development of the primary care leadership.

• **‘Making every contact count’.** Development of a single shared mission and ‘Every Contact Counts’ campaign in each locality of East Suffolk and possibly across all localities with wider Alliance partners. The topic will be determined through the joint education and training events.

• **Further opportunity to engage the LPC and Pharmacy leaders in the emerging localities and development of pharmacy integration in North East Essex within the neighbourhoods and PCNs.**
5.5 Governance

Whilst collaboration and the effective delivery of integrated care takes place primarily at local neighbourhood level, the responsibility for partnership working across organisational boundaries to develop the integration of care lies at ‘place’ level. In Suffolk and North East Essex ICS we have three ‘place-based’ systems of care called Alliances, in North East Essex, West Suffolk and Ipswich and East Suffolk. The Alliances provide the focus for planning and delivering meaningful integrated care and services to the local population with partners working closely with the voluntary and community sector, independent sector organisations and communities. By building and managing relationships across the local network, the Alliance partners work together to align and integrate service delivery across sectors to create efficiencies in practice and improve outcomes for the local population.

In tandem with integration of care services, Alliances will tackle health inequalities, using population health management and drawing on best practice to reduce inequalities and improve quality of life and life expectancy for everyone. The Alliances will also involve patients, carers and local people in planning and monitoring services. The Alliances work as part of the ICS to inform and deliver the system-wide ambitions, and oversight of integration therefore takes place at system level.

Our CCGs are working increasingly closely in commissioning and will continue to evolve their governance to drive integrated care in the localities, alliances and at the ICS level. CCGs will create new forms of shared decision making with providers and partners in pursuit of a vision of integrated care delivery within the context of legal duties. Both clinical and managerial leadership will support these integrated care models in the context of the health of the population and support transformation on a collective scale.

Governance for our workforce transformation will take place at system level, through our Local Workforce Action Board (LWAB). At Alliance level we are developing three Local Workforce Action Groups who will work in a consistent way to implement the workforce plan, but with the flexibility to adapt to local population needs and challenges. These Groups will report to the LWAB, where oversight, monitoring and any system-wide activities will take place, The LWAB will also be able to achieve any economies of scale from system-wide activities.

5.6 Patient and public involvement

We are clear in our duties to involve the people, communities and carers in developing and supporting services, and wish to make everyone part of those decisions. Working closely with Patient Participation Groups and our efforts to involve people as a matter of course, ensures that people have a say in our plans, with particular emphasis on co-production. We are committed to taking forward learning and applying it to the whole range of work including strategic and delivery partners.
Our CCGs support our practice-based patient participation groups (PPGs), and commissioning has been significantly enhanced by PPG members’ involvement and advice. For example, in Ipswich and East Suffolk, PPGs have the opportunity to submit applications for PPG grants of £1,000 to support the growth and development of their PPG, improve the health, wellbeing and knowledge of patients to develop self-care and prevention for the practice population; or support innovation and the development of new ideas.

This strategy has been scrutinised, and its further development and implementation will be overseen, by the Suffolk and North East Essex ICS Board, which includes representation from patients/carers and the community and voluntary sector. We will involve patient and carer groups and local communities in devising and implementing specific plans to deliver this strategy, through engagement and co-production.
6 Key element 1 - We will boost ‘out-of-hospital’ care, and finally dissolve the historic divide between primary and community health services

6.1 What we have achieved so far

Primary Care Networks focus on quality improvement across a range of services, addressing local population needs. In Suffolk and North East Essex work has already begun and there are some well-established organisational collaborations of GP practices beginning to address many of the expectations of the NHS Long Term Plan; delivering ‘at scale’ services such as home visiting and ‘on the day’ services and extended access. Many groups of practices have already identified shared resource such as mental health link workers, physiotherapists and health care assistants and are working together to share additional functions such as administration and management. These networks and practice groupings will also provide the leadership to support the infrastructure at neighbourhood level and will be key to addressing local challenges that relate to the wider ICS ambitions.

There are many initiatives underway with an aim to address some of the wider social issues facing patients that present in primary care, and GP practices continue to make significant progress towards delivering the outcomes described in the General Practice Forward View.

Our Integrated Neighbourhood Teams and Care Closer to Home teams bring together physical, mental health and social care practitioners that work with General Practices within a locality to provide a single coordinated care response for people, underpinned by prevention, self-care, early intervention, reablement and rehabilitation, (including people living in nursing and care homes).

These teams have four main objectives:

1. Fewer people need unplanned care and support (reduction in crisis situations).
2. Greater numbers of people have access to and are supported by activity outside of statutory services.
3. Resources in the delivery of community-based health and care support are used more efficiently.
4. The ongoing costs of supporting people are reduced as people’s independence is increased.

In Suffolk, there is a focus on the Integrated Neighbourhood Teams identifying local issues that relate to their specific populations, and developing a joint plan as to how they, as a system, can begin to address these, with support of the Clinical Commissioning Group (CCG).
The Integrated Neighbourhood Teams are supported by the wider Connect Programme. The Connect Programme is supported by the CCG, county and district council teams who provide data analysis, performance information, administrative and other support to help the Core Management Group and Integrated Neighbourhood Team practitioners focus on delivery.

6.2 How we will integrate primary and community health service

Our plans between 2019/20 – 2023/24 to integrate primary and community healthcare in local neighbourhoods will include:

- Reviewing and approve local estates development to ensure sustainability.
- Enabling primary care to improve health in care homes with development of Care Home Enhanced Service.
- Developing local incentive and quality improvement schemes.
- Reviewing and expanding public and stakeholder engagement plans to help shape primary care services.
- Developing a coherent plan to underpin the development of Integrated Neighbourhood Teams, the Alliances and Primary Care Networks.
- Developing an approach to balance increased patient care within communities whilst also ensuring the development of a more resilient Primary Care system.
- Continuing to build existing local Primary Care Networks to be strong, meaningful and effective to meet the June 2019 target. This will include a named clinician on the ICS board.
- Working across the ICS to ensure Pharmacists, Opticians, Dentists, GPs and other partners are involved within the Integrated Neighbourhood Teams.
- Supporting the integration of mental health services into PCNs.

6.3 Service delivery

A key element of integration is digital access for healthcare professionals and the sharing of healthcare records. Our system is a Global Digital Exemplar, and we are leading on the Local Health and Care Record programme this year. We aim to transform the way that technology is used across health and care services so that:

- We ensure health and care staff receive the right support to deliver care, with technology enhancing their working lives and not adding unnecessary difficulties, duplication or distractions;
- We make the best use of existing digital resources and skills to ensure our population can receive joined-up health and care from a system which works closely together
- We ensure safe, high quality and sustainable digital services are delivered, regardless of location, organisation or care setting
Our plans for 2019/20 – 2023/24 to use digital technology to support integration include:

- Assessment of digital maturity of providers using the national index.
- Implementation and delivery of IT strategy including ICS plans to support improved strategic and operational use of technology, ensuring contractual commissioning is aligned.
- Continuing to increase uptake of patient online services, including rollout of Digital First services for Primary Care, Outpatients & other high priority areas.
- Development of strategic approach towards single consistent patient identifier to support improved pathways for our patients.
- Supporting providers to increase access to and use of the electronic health record.
- Working towards standard technical architecture, where possible, to simplify access for clinicians.

To develop our primary care estate, our ICS has been successful in achieving funding for capital schemes across the system. These include:

- Primary care transformation in Colchester and Tendring
- Improved services and premises for Clacton Hospital and Kennedy Way Surgery in Clacton
- Relocation of a GP surgery into Newmarket Hospital as part of the proposed future hub

In addition, by working closely with the Government initiative One Public Estate (across all public sector bodies), projects are underway in both Mildenhall and Bury St Edmunds to create Hubs where services across the system can be delivered together.
7 Key element 2 - The NHS will reduce pressure on emergency hospital services

7.1 What we have achieved so far

We have the largest Primary Care Collaborative in the East of England (Suffolk Primary Care and Colte covering over 120,000 population respectively). Extended hours for access to GPs was rolled out in advance of most areas of the country. More patients are being seen by a GP on the hospital premises. Lead clinicians from the hospital and GP services constantly review the criteria used for diverting patients to see GPs instead of emergency doctors, and new pathways implemented.

Significant investment and focus on further developing admissions avoidance services and implementing Discharge to Assess in both West Suffolk and Ipswich and East Suffolk with consequent reduction in demand within the acute hospitals.

7.2 How primary care will support reducing pressure on emergency services

Our model of care will shift care away from hospitals and into community locations. This will include the creation of neighbourhood or locality hubs that are fully integrated with community and social care. Hubs will be designed to enable access to a holistic approach for self-help as well as Primary Care and Out of Hospital Care facilities, positioned in a logical safe patient pathway. Extended GP practice hours will support the changes in pathways to promote care in community settings.

We have programmes in place that support the delivery of care in the community wherever possible, including both preventing avoidable admissions and facilitating prompt discharge, supported by primary care services. In North East Essex the Care Closer to Home Strategy provides a single point of access to co-ordinate care, preventing admission by delivering care in people’s homes through a virtual ward, and reablement on discharge to avoid delayed transfers of care. In Suffolk, in addition to admission avoidance and reablement strategies, the new Halfway to Home pilot provides care home-based therapy and reablement to patients who are likely to need long term care, aimed at reducing dependence on long term care services; daily GP-led ward rounds are a key element of support to the service.

Our plans between 2019/20 – 2023/24 to reduce pressure on emergency hospital services will include:

- Mobilise the out-of-hospital urgent care services model to reduce attendances to emergency departments in October 2019.
- Improve out of hours access to primary care services via GP + and NHS111.
- Extended access – ensure 85% utilisation of extended access slots by March 2020.
- Work with practices to ensure that 75% of practices are offering online consultations to their patients by March 2021.
Enable primary care to improve health in care homes through the Care Home Enhanced Service.

Improve the uptake of physical health checks, in particular for people with severe mental illness, learning disabilities and autism, to identify issues at an early stage.

Improving access to psychological therapies in primary care and community support to help prevent crises leading to attendance at A&E.

Better co-ordination to prevent unnecessary hospital stays at end of life.

Funded Care Home Enhanced Service’s in Suffolk to provide proactive ward rounds in Care and Residential Homes; providing fall assessments, pharmacists and End of Life yellow folders.

High Intensity MDT user schemes working successfully to reduce burden on all statutory service whilst providing holistic care for the patient.

Establishing a proactive Frailty Base to ensure patients are cared for closer to home.

Development and implementation of a Frailty Clinic in Felixstowe as part of Frailty Offer to support frail elderly population and reduce demand on acute services.

Joint health and social care approach to manage demand for responsive on the day homecare to keep people well at home and support admission avoidance.

Recurrent investment secured for new posts as part of Care Home Managing demand programme to proactively support care home residents and support admission avoidance.

Enhancing ‘One Call’ 24 hour advice line during 2018/19 for EOL patients, families and professionals to include clinical assessment, response and co-ordination functions to support admission avoidance.

10 Care Homes in Suffolk accredited during 2018/19 in End of Life Care and Management to support proactive care and support admission avoidance.

Recurrent investment secured for new primary care based posts to support Family Carers and funding for a respite scheme to support family carers so they are able to access healthcare for their own healthcare needs.

Additional investment secured for REACT service and team to support admission avoidance linked to demand forecasting.

Funding secured to extend strength and balance training classes in primary/community setting for a further year to support frailty and falls prevention.

7.3 Service delivery

We will use digital technology, in particular emerging technologies, to improve access to information so that people can better understand their health and wellbeing, and to alert carers and clinicians to any deterioration. This will help to enable care and treatment to be delivered promptly to avoid unnecessary hospital admission.
Sharing of care records will support admission avoidance crisis services to deliver the right care so that people can remain in their own homes rather than go to hospital. NHS 111 will be developed to enable patients to book directly out-of-hours primary care. We will develop online consultations to so that accessing support is easier for patients.

By using our existing buildings and facilities more efficiently, disposing of unnecessary land and investing in new buildings that will meet our needs for the future, local people will have improved access to care and treatment as close to home as possible.
8  Key element 3 - People will get more control over their own health and more personalised care when they need it

8.1 What we have achieved so far

**Mental health:** Increased funding for IAPT will enable the recruitment of 43 new staff including cognitive behavioural therapists and psychological wellbeing practitioners. They will be based in a range of primary care and hospital settings, and support patients with long term conditions experiencing depression or anxiety.

**Dementia:** A targeted campaign across Primary Care focuses on the stigma of dementia and the importance of early diagnosis. In North East Essex, a system-wide approach is being taken to improve diagnosis rates, and in West Suffolk Community Navigators support patients and families living with dementia. In West Suffolk a dedicated nurse post working with 42 care homes to identify patients who may have dementia and supporting the GP practices to review these patients. It is also funding medicines management technicians reviewing GP lists of patients at risk.

**Diabetes:** The ICS-wide NHS Diabetes Prevention Programme has seen a large improvement in the number of referrals from primary care.

**Falls:** In Felixstowe patient representatives and clinicians have helped develop a falls prevention scheme linked to the Minor Injuries Unit, and this framework will be used in other Integrated Neighbourhood Teams to improve support to those at risk.

**Obesity:** Age appropriate local weight management services are well established across our footprint with tailored offers for primary school aged children and their families and for older children and their families. Adult weight management services are offered across the system at tiers 1 (brief intervention), 2 (weight management support) and 2+ (with added psychosocial support) using a variety of partners delivering across community settings to maximise reach.

**Cancer:** Primary care professionals have received training to improve recognition of symptoms so that patients are referred at an early stage; and to increase knowledge of cancer symptoms, the consequences of cancer treatment and neutropenic sepsis. Learning from a quality check of GP referrals to secondary care will inform next steps to improve quality of referrals. GPs now have access to FIT Faecal immunochemical test to enable patients who have a positive test to be referred more quickly to secondary. Your Urgent 2 Week Appointment and information leaflet – to support better communications within the GP.
Self care and prevention: Prevention and self care are golden threads which run through each of the CCG’s workstreams. In primary care, our emphasis remains on screening programmes, health checks, immunisations and wider public health campaigns led often by our Patient Participation Groups. We are consistently encouraging our practices to become Park Run practices, encouraging people to walk or run with other local people. A dedicated CCG prevention workstream oversees programmes, working closely with Public Health colleagues and Alliance Partners to evolve underpinning efforts which focus on a health weight, alcohol and exercise. To address some of the wider social issues facing patients that present in primary care, Social Prescribing schemes are currently established in many areas with a further investment expected in 2019.

8.2 How primary care will support personalising healthcare services

Prevention: Promote the national immunisation programmes, in particular the seasonal flu and measles, mumps and rubella (MMR) immunisation, as well as the screening programmes. Improve flu immunisation programme for 2019/20 following review of 2018/19. Prevention support will become a standard part of clinical management in primary care and a feature of all clinical pathways. Establish a clinical lead to broaden the links between clinical services and providers supporting healthy lifestyles, particularly stop smoking services and weight management. Roll out of Winter Warmth funding to vulnerable groups

Mental health: Working with Primary Care and Norfolk and Suffolk NHS Foundation Trust to increase the number of physical health checks completed for patients with a severe mental illness.

Learning Disability: LD health checks in practices continues to be a high priority for the CCGs. The CCGs have been working closely with practices to understand the performance figures and to identify where additional support could be provided, offer support and assist with further training requirements where needed. LD nurses commissioned by Norfolk and Suffolk NHS Foundation Trust across East and West Suffolk continue to provide invaluable support to patients and practices. With transformation funds, ACE has been commissioned to work proactively with individuals and provider organisations to create an awareness of the benefits of LD health checks. They will also create peer education networks and make case study films. The Primary Care team regularly attends Learning Difficulties Mortality Review (LeDeR) meetings, Mental Health Provider Performance Panel meetings and Suffolk Local Disability Partnership Board meetings. Future plans are in place to set up an LD Network meeting across the CCG and external organisations e.g. Suffolk County Council, ACE Anglia, Voluntary organisations to ensure continued collaboration, consistency and a forum to share best practice and resources.
Dementia: Expansion of existing pre- and post-diagnosis service in Suffolk to include primary care navigation and system support through the voluntary care sector.

Obesity: Training for professionals to improve interactions with children and adults who have excess weight so that health and care professionals are confidently and sensitively able to interact with individuals about their weight. Improve weight management pathways so there is increased capacity and access to tier 3 and 4 services and clearer pathways for professionals to refer through.

Cancer: Continued implementation of the timed diagnostic pathways for lung, prostate and colorectal cancers. Implementation of Faecal Immunochemical Test (FIT) in primary care. Collaboration between primary care and East of England Cancer Alliance to improve cancer care reviews. Primary Care Networks will help to identify people at risk of cancer; recognise cancer symptoms and patterns of presentation; and make appropriate timely referrals for those with suspected cancer. Primary care will work to improve diagnosis at stage 1 and 2, as progress towards the ambition of 75% cancers diagnosed at stage 1 and 2 by 2028/29, and to reduce the number of cancers diagnosed following an emergency presentation.

Diabetes: Use all local capacity in the National Diabetes Prevention Programme. Extend Hospital Alcohol Liaison Nurse services.

Respiratory: Develop schemes that ensure patients receive and use respiratory medications. For example in Suffolk we will roll out the MyCOPD app to patients to support them manage their condition with their primary care clinicians.

End of life: Embed Gold Standard Framework principles in primary care practice in Essex. Anticipatory care services will be commissioned by the CCGs from their Primary Care Networks.

Social prescribing: PCNs will receive additional funding for the recruitment of additional Social Prescribers into their core teams. Over time it is envisaged that the networks will evolve even further to include other provider and voluntary sector organisations. It is intended to continue to support these networks and groupings of practices, as combined, will provide complete geographical coverage and ultimately better outcomes for patients.

8.3 Service delivery

We will continue to collaborate at all levels of the ICS to:

- Enable patients to interact with health and care services digitally, for example by booking appointments online
- Accelerate work on shared care records so that every organisation can support people to lead healthier, happier lives, while making sure we involve our patients in their development
• Champion innovative solutions to improve the health and wellbeing of local people, and to support sustainable care
• Continue work with patients to improve awareness of health care records and their choices around information sharing
9 Key element 4 - Digitally-enabled primary and outpatient care will go mainstream across the NHS

9.1 What we have achieved so far

Within Suffolk and North East Essex, there has been a huge focus on collaboration across the system to maximise the opportunities to support patients and healthcare staff with ‘digital first’ solutions.

The region is leading the Longitudinal Health Care Record (LHCR) programme on behalf of six STPs/ICS in the East of England, and within the region West Suffolk Foundation NHS Trust (WSFT) is a ‘global digital exemplar’ having pioneered the rollout of the Health Information Exchange across the region.

WSFT is additionally piloting a video conferencing solution for paediatric migraine, adult inflammatory bowel disease and gestational diabetes, to enable patients to have an appointment remotely and East Suffolk and North Essex NHS Foundation Trust (ESNEFT) has invested in robotic capabilities to deliver standard processes, freeing up time to redirect towards supporting patients.

Health and social care partners have worked together to implement a framework to implement a ground breaking Wide Area Network contract which will support the integration of network services, with higher quality data connections at a lower cost.

A significant public information campaign has improved awareness around sharing of the primary care record with other health and care providers and consent rates have risen to over 60% in some areas of the ICS. Our sharing of additional information to people’s Summary Care Record is currently at over 20% in Suffolk and rising (the national target is 15%).

In North East Essex, the NHS is working closely with our counterparts in the local Borough and District councils to increase the sign-up of online services in Primary Care using the new online consolation product. This has included providing training on a 1-2-1 basis to increase the populations digital access skills. This is also being used as an opportunity to increase the sharing of additional information to people’s Summary Care Record which currently sits at 10%.

In Suffolk, community services, Out-of-Hours providers, GP+ (Improving Access provider) and the Frailty Assessment Base all use TPP SystmOne; with access to this system via the Clinical record Viewer (CRV) available throughout the hospitals.
9.2 How primary care will support delivering digitally enabled healthcare

Building on the joined up local planning of the infrastructure needed to support the ICS and national priorities, the move towards ‘digital first’ healthcare for Suffolk and North East Essex practices is well underway. All practices use electronic patient records and all Practices are enabled to support the new NHS App.

The clinically rich primary care record is at the heart of sharing information appropriately across health settings to support the best patient care. This is currently achieved utilising the nationally available Summary Care Record (SCR) and Summary Care Record with additional information (SCRai), along with the Medical Information Gateway, (MIG), SystmOne (S1) EPR Core, HIE, or direct connection. As the LHCR work develops, this landscape will change with more seamless connections between disparate systems.

Providers are in place providing practice decision support, online consultation and signposting support for patients across our footprint.

The vision for primary care services are aligned with those across the ICS, to work in partnership; supporting commonalities, maximising use of existing and new technologies and implementing new models of care to support best patient care. For primary care this means we will:

- Continue to increase uptake of patient online services, including rollout of ‘digital first’ schemes.
- Support providers to increase access to and use of the electronic health record as it continues to develop as a LHCR.
- Continue to work with patients to improve awareness of health care records and their choices around information sharing.
- Work towards standard technical architecture, where possible, to simplify access for clinicians.
- Enable 111 direct booking to primary care out of hours and GP practices
- Ensure every patient with a long-term condition will have access to their SCR (via the NHS App)
- Ensure faxes will no longer used to communicate with other NHS organisations or patients
- Ensure 100% compliance with mandated cyber security standards across all NHS organisations (by Sept 2021)
- Introducing different means of consultation such as Video Consultation
- Achieve the ‘digital first’ ambition for primary care
- Develop Enhanced GP Support including:
  - Redesigned clinical pathways
  - Easy access to referral decision trees, referral templates and direct access to investigations that reflect evidence-based best practice
  - Universal access to 'one click away' specialist advice and guidance for GPs.
CCG governance around digital primary care will be closely linked to our emerging Alliances, and in line with STP/ICS strategic plans, while ensuring these plans remain clinically led and co-designed.

9.3 Service delivery

Our digital strategies will support primary care professionals in the following ways:

- Enable patients to interact with health and care services digitally, for example by booking appointments online
- Continue the journey to become paper-free at the point of care, helping to ensure clinicians have the right information and so people receive safe, timely and high quality care
- Accelerate work on shared care records so that every organisation can support people to lead healthier, happier lives, while making sure we involve our patients in their development
- Champion innovative solutions to improve the health and wellbeing of local people, and to support sustainable care
- Implement My Care Record to allow health and care professionals directly involved in an individual's care, access to information about patients
- Continue work with patients to improve awareness of health care records and their choices around information sharing
10 Key element 5 - Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere

10.1 What we have achieved so far

We are currently in the process of progressing from an STP to an Integrated Care System, having operated as a shadow ICS during 2018/19. As an ICS, our collective accountability to improve population health outcomes will require us to deliver against a combination of national and local priorities focusing on not just health and care service delivery and improvements in operational and financial performance, but also addressing health inequalities and the wider social determinants of health. To achieve our aims we are adopting an evidence based methodology to ensure discipline in how we work together around complex issues going forward. Outcomes Based Accountability (OBA) is a tool that has been demonstrated to work elsewhere and within our ICS will help us to create a common language that clearly defines core concepts such as ‘outcome, provides a structured approach that brings stakeholders together and provides a framework for more effective discussions about how to improve outcomes and manage performance. At the heart of an OBA approach is a focus on achieving true population outcomes, which because of their breadth and complexity, can only be delivered through effective partnership working across key stakeholders.

We want to avoid a hierarchical approach to our ICS so that it can work more as an ecosystem that can adapt and flex to meet the needs of the population. The ICS, as a coalition of the willing, will exist through a conscious decision of locality Alliances, neighbourhood working and sovereign organisations to pool resources and efforts to achieve common goals when it makes sense to do so in the interests of the local population. This way of working will enable communities to shape their priorities and release the assets which contribute to their wellbeing, care and health, within a common set of standards which reduce unnecessary variations in performance and outcomes. By working with people in our communities we can develop trust and understanding with stakeholders about what matters. Consequently, they will own and deliver good outcomes.

10.2 How primary care will support the aims of the ICS and patients’ physical and mental health

Through our ICS we will collaborate to deliver the ‘triple integration’ of primary and specialist care, physical and mental health, and health and social care. In primary care we are already embedding mental health professionals into General Practice and into our INTs, so that we can treat patients holistically.
Our Alliances prioritise the provision of co-designed, high quality, outcomes-focused, cost effective and transformational physical and mental health services. The Alliances will collaborate with primary care, and specifically PCNs to:

- Increase mental health home treatment options to treat people in the least restrictive settings possible.
- Continue to promote health, independence, resilience and wellbeing.
- Meet national targets for improving access to, and outcomes of IAPT and early intervention in psychosis.
- Address the health inequalities that people with learning disabilities and/or autism continue to experience.
- Increase the uptake of annual health checks and health action plans for people with learning disabilities, autism and severe mental illness.
- Ensure that people with learning disabilities are not being prescribed psychotropic medication inappropriately.
- Prevent premature mortality and reduce the prevalence gap in people with long term conditions.
- Improve quality of care and patients’ experience of care; and reduce unwarranted variations in care.
- Reduce outpatient referrals, need for unplanned care, re-admission rates, and lengths of stay.
- Minimise the number of people developing diabetes and ensure those diagnosed with it receive the best possible care.

10.3 Service delivery

The Suffolk Public Health Knowledge and Intelligence Team are producing Place Based Needs Assessments (PBNA) for each Integrated Neighbourhood Team (INT) in the East and West Suffolk Alliance areas.

The PBNA profiles will provide an overview of the demography of each INT and to help understand the health needs and the wider determinants of health for an area. These profiles should help to identify inequalities and variation, as well as enabling effective prioritisation and targeting of resources.

We will continue to develop our Primary Care & Community Mental Health Service, a community-based mental health service model wrapped around primary care within localities and integrated as part of our Integrated Neighbourhood Teams. Increased specialist mental health support and expertise will be delivered into primary care and the community to improve timely access and intervention.
11 Developing the workforce

11.1 System-wide planning

We are committed to changing the shape of health and social care services by shifting the centre of care away from hospitals into local communities, supporting people to take control of their own health and wellbeing. This shift also contributes to returning to financial balance through transforming care pathways to offer alternatives away from high cost hospital settings into the community and developing extended roles to offer care/treatment from different health professionals instead of consultants or GPs.

It is clear from workforce intelligence, that simply plugging the gap in supply will not be sufficient to deliver the plans of the ICS and service changes planned. The change in workforce requires a transformation to the approaches to use of current roles, establishment and embedding of new roles and skilling the workforce to be ready for change and working in new ways.

The training and education delivery for learners through university curricula will also need to move from the traditional models into system approaches. This may include new roles, dual roles, and extension of existing modes of delivery including work-based learning opportunities. In particular, the model of rotating paramedics builds on the achievements of the Paramedic Evidence Based Education Project (PEEP), enabling the development of the paramedic profession, in particular to fully utilise the skill set of specialist and advanced paramedics.

The Suffolk and North East Essex LWAB has identified a series of workstreams to develop the workforce, which will directly link to the integration agenda. Our Workforce Planning and Intelligence workstream will enable a more detailed, accurate and agreed assessment of current supply estimates in primary care based on intelligence gathered, future need in terms of volume and skill mix, and role development / substitution. This, in turn, will inform the development of new career pathways and training and education initiatives in primary care.

We will aim to establish a system-wide workforce planning tool to help inform better workforce plans, and a shared and transparent approach to workforce planning to facilitate innovative outcomes based around the needs of the ICS population. Recruitment and retention is a significant challenge, so we will focus on inclusion, retention, flexibility and rotation in primary care. We recognise this will also require culture change, so that organisations can collaborate to find new ways of working to meet the demands of the local population.

By increasing training, employment and retention of healthcare professionals, and by developing new roles and professional capabilities, our local people can:

- Access professionals with the right mix of skills and expertise to deliver safe and high quality care, in the right way, at the right time, and in the right place
Know that staff are well supported and have the time and resources they need to care for and support them

Have services locally that are commissioned and provided by organisations with the values and positive culture to put the patient first in everything they do

11.2 Recruitment strategies

The Suffolk GP Federation is leading a Suffolk wide workforce development programme including GP recruitment and retention programmes, support for salaried and locum GPs, practice managers, nurse, administration staffs and allied health professionals. Essex Primary Care Careers (EPCC) is driving recruitment and retention in primary care across Essex. Its key role is in supporting practices in finding suitable candidates to fill their vacancies and also to make it easy for candidates to find roles within local practices. EPCC also takes a lead role in increasing awareness of career opportunities in primary care among healthcare professionals and the wider general public.

We are promoting primary care careers locally by attending recruitment events, through the internet and social media, and supporting national campaigns including Next Generation GP, #AssociateYourself #GPReturn #ChooseGP and #WeAreTheNHS. We are collaborating with local practices to improve recruitment outcomes, and have engaged with National Association of Sessional GPs to work through a programme of support for our locum GP workforce and develop strategies to convert Locum GPs to employed GPs. Retention strategies are being developed locally to understand what will make a difference to our local GPs and wider practice community currently in post.

We are currently applying for funding for two projects that will to enhance workforce recruitment across the ICS footprint. Firstly, a system wide virtual Talent Academy for Suffolk and North East Essex, to aid recruitment and skills development of our current and future workforce, whilst also ensuring the portability and integration of skills across our health and social care system. This Academy will aim to develop a collaborative approach to apprenticeships and the engagement, recruitment and development of talent within our ICS. Secondly, the Workforce Intelligence Tool project seeks to plan and develop the staged introduction of a system wide workforce planning tool to help ensure all partners have a clearer understanding of our system wide workforce analytics and use this intelligence to ensure we can all make informed, comprehensive and collaborative workforce planning decisions across our ICS.

11.3 Developing new and existing roles

The development of new roles will contribute to this strategy. One example is physician associates, trained to perform specific roles under the supervision of a doctor, will release additional time for GPs to focus on more complex patient issues.
The development of nursing role is key to providing appropriate patient care in particular for with complex long term medical conditions. The opportunities created by the new Nursing Associate role and apprenticeships will support the growth of the workforce to support patients and their families.

In mental health, we will develop a skilled mental health workforce that is focussed on resilience and recovery approaches, and develop the mental health therapist workforce.

11.4 Training and development strategies

We are developing a community-based Training Hub to meet the educational needs of the multi-disciplinary primary care team, including NHS organisations, community providers and local authorities. This will provide a much broader education experience, and deliver learning in a consistent way to all relevant professionals. It will also support our workforce planning by enabling us to develop the right mix of clinical knowledge and skills to meet the health and care needs of our local populations.

Our Training Hub will provide relevant training for local health and care professionals in new digital technology, and to support developments such as shared care records. By delivering training through the Hub, we will ensure that all relevant staff receive high quality, consistent training, to ensure that new digital technology is used in a safe, legally compliant and consistent way.

In Ipswich and East Suffolk three nurse educators have been appointed to develop staff training for Practice Nurses, support return to practice, student nurses and develop new routes into nursing. Our practice nurse forum brings together Nurses and HCAs together to support, workshops and training on a bi monthly basis. The forum allows opportunities for staff to train together or gain skills that are valuable in the changing face of healthcare but not necessarily part of the formal curriculum. A regular bi-monthly Practice Nurse newsletter is circulated with a regular “blog” feature and sharing good practice information.

We have an ambitious strategy for transformational change. We know we work in a system full of talented individuals, who understand the local context and needs of patients and are committed to ensuring the services we offer are of excellent quality, located based on patient need and are fit for the future. Our strategy has been co-created by leaders in the area and must continue to be rooted in the clinical reality of the care we give.

We know and understand that clinical leaders have a key role to play. We also know that clinicians, whilst experts in their clinical field, may not have had the opportunity to focus their development as a clinical leader, so we have developed programmes to enable clinical leaders to build their skills in engaging teams, releasing innovation, building networks and bringing people together to improve care.
We support primary care staff in both clinical and non-clinical roles to deliver high quality patient care. We have expanded these to include a wide range of other clinicians such as practice pharmacists, nurses, emergency care practitioners and care navigators.
12 Measurement

12.1 Outcomes of patient and carer feedback

We will gather and analyse feedback from patients obtained from the GP patient survey, CQC and other regulators’ inspections and audits, complaints and compliments, local engagement by primary care providers and commissioners. We will use this feedback to share good practice and success in innovation and support those providers or areas of service in need of improvement. We will monitor our successes in improving quality and outcomes of care through oversight and governance mechanisms at PCN, Alliance or ICS level as appropriate.

12.2 Monitoring the primary care Workforce Plan

We will continue to monitor the number of doctors, nurses, associate and allied health professionals, and non-clinical staff within primary care. We will monitor the effectiveness of our plans in ensuring that our recruitment, retention, training and support plans generate a net increase in staff resources that will meet the future increases in demand identified by our population health data analytics.

12.3 Monitoring through the GPFV survey

We currently monitor the required elements of the GPFV survey concerning access to GP services, use of technology to enhance access, staffing and health inequalities through our Alliances and Local Workforce Action Board. Once the PCNs are in place we will monitor the criteria within the GPFV survey on a monthly basis at PCN level with regular oversight by the Alliances; any issues requiring system-wide action will be coordinated and monitored at ICS level.

12.4 Monitoring through the primary care annual statements and technical definitions

We are already working towards achieving the standards set within the primary care annual statements and technical definitions. These are monitored through our Alliances with oversight from the ICS Partnership Board. When our PCNs are fully established they will form an integral part of the monitoring process, by providing data on performance against the statements and definitions, and supporting planning at Alliance level to both progress our transformation plans and address any risks and issues that arise.

12.5 Learning from GPFV MoU reviews to influence future plans

Our MoU with NHS England has recently been finalised. We will implement the MoU and any learning will inform future planning in collaboration with NHS England.
12.6 Involvement of Patient Participation Groups and other groups and communities

Our strategy is to involve Patient Participation Groups, as well as other patient and carer forums, VCS groups and people from seldom-heard communities, wherever possible within all levels of the ICS. We inform, engage, involve and co-produce with local people and communities, working to ensure that their voices are heard. Our Patient Participation Groups, and other local patient and carer groups, will be involved in both developing our PCNs, and monitoring their effectiveness through their feedback and involvement in planning and decision-making.

12.7 Primary care commissioning systems

Commissioning, including planning, procurement and monitoring of performance is the responsibility of the Primary care Commissioning Committee. Oversight is provided by CCGs, who are integrated partners within our Alliances at ‘place’ level of the ICS.

As an ICS we will work towards collective commissioning, with an emphasis on working predominantly at Alliance level. Our current commitment has three strands. Firstly, we will continue to operate with three CCGs each working increasingly as integrated partners within Alliances with local CCG governance to support local decision making. Secondly, we will continue to integrate the management function across the three CCGs with a single Accountable Officer and executive team as a contribution to the reduction in running costs for CCGs set out in the NHS Long Term Plan; Thirdly, we will establish joint governance across the three CCGs able to support decision making where it is needed across the whole ICS footprint.

12.8 Population data to support PCNs to understand population health needs

We will develop a baseline of population health data at GP practice and PCN level to inform local strategies and decision-making:

- Identify the health and wellbeing needs of sub-populations to enable better targeting of existing resources
- Highlight changes in demographics to support our future planning
- Monitor trends in demand such as uptake of screening, early cancer diagnosis and presentations to emergency care departments, to measure performance and support measurement of population health outcomes.

This data will be extended and updated, and we will use analytics to identify trends and future needs. This will be shared with not only Alliances and PCNs but also with the public, to show transparency and accountability in our planning and decision-making.
13 Finance

13.1 Current levels of expenditure

<table>
<thead>
<tr>
<th>Current Levels of Expenditure</th>
<th>2018/19 £m</th>
<th>2019/20 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Co-commissioning</td>
<td>137.862</td>
<td>141.736</td>
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<tr>
<td>Primary Care Services</td>
<td>184.318</td>
<td>186.186</td>
</tr>
</tbody>
</table>

Source: ICS 2019/20 System Financial Plan (DEAT)

*Fig.11: Current levels of expenditure in Suffolk and North East Essex 2018/19 and 2019/20*

13.2 Forecast expenditure using new models of care

<table>
<thead>
<tr>
<th>Forecast Expenditure</th>
<th>NEECCG £m</th>
<th>IESCCG £m</th>
<th>WSCCG £m</th>
<th>Total £m</th>
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</thead>
<tbody>
<tr>
<td>Primary Care Co-commissioning</td>
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<td>58.111</td>
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<tr>
<td>Primary Care Services</td>
<td>68.914</td>
<td>71.329</td>
<td>45.943</td>
<td>186.186</td>
</tr>
</tbody>
</table>

*Fig.12: Forecast expenditure using new models of care*

13.3 Overall ICS position with breakdown by CCG

<table>
<thead>
<tr>
<th>Primary Care Services</th>
<th>NEECCG £m</th>
<th>IESCCG £m</th>
<th>WSCCG £m</th>
<th>Total £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing</td>
<td>61.247</td>
<td>60.231</td>
<td>39.650</td>
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<tr>
<td>Community Based Services</td>
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<tr>
<td>Out of Hours</td>
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<td>3.151</td>
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<td>Practice Transformation Support/PCN</td>
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<td>1.526</td>
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<td>Primary Care</td>
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<td>2.387</td>
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<td>GP IT Costs</td>
<td>1.531</td>
<td>1.372</td>
<td>0.729</td>
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<tr>
<td>Total</td>
<td>68.914</td>
<td>71.329</td>
<td>45.943</td>
<td>186.186</td>
</tr>
</tbody>
</table>

*Fig.13: Overall ICS position for primary care services by CCG in Suffolk and North East Essex 2019/20*
### 13.4 Risks and mitigations

The main risks to the Primary Care Co-Commissioning budget are the additional payments to GP practices in relation to Primary Care Networks as the growth in the allocation does not fully cover the associated expenditure. Any slippage in these costs will help mitigate the cost pressure. Otherwise, these risks will have to be covered from the main CCG programme contingency or any year end flexibilities.
### 14 Useful Data Sources

The table below includes data sources that may be useful in completing the plan. [This section may be removed or amended in the final version of the plan].

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>National general practice profile from PHE can be useful source of demographics info and mapping solutions.</td>
<td><a href="https://fingertips.phe.org.uk/profile/general-practice/data#page/8">https://fingertips.phe.org.uk/profile/general-practice/data#page/8</a></td>
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<tr>
<td>Weighted populations and allocations</td>
<td><a href="https://www.england.nhs.uk/allocations/">https://www.england.nhs.uk/allocations/</a></td>
</tr>
<tr>
<td>Workforce data</td>
<td><a href="https://www.nwrs.nhs.uk/">https://www.nwrs.nhs.uk/</a></td>
</tr>
<tr>
<td>GP Patients survey</td>
<td><a href="http://www.gp-patient.co.uk/">http://www.gp-patient.co.uk/</a></td>
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</table>
### 15.1 Appendix 1: A Selection of Measures from the Ipswich and East Suffolk CCG Primary Care Dashboard

#### MEDICINES MANAGEMENT

<table>
<thead>
<tr>
<th>Practice</th>
<th>Usual size (actual)</th>
<th>Unit level measure (YTD/18-19)</th>
<th>Statement of Change</th>
<th>Actual level measure (YTD/19-20)</th>
<th>Change since previous year (%)</th>
<th>Source</th>
</tr>
</thead>
</table>
| Practice 1 | Yes | YES 77.46 | Yes, reduction in the number of antibiotics prescribed to patients aged 70 years or greater | YES 80.80 | 4.77 | SOURCE: Practice 1.2.
| Practice 2 | Yes | YES 77.46 | Yes, reduction in the number of antibiotics prescribed to patients aged 70 years or greater | YES 80.80 | 4.77 | SOURCE: Practice 1.2.
| Practice 3 | Yes | YES 77.46 | Yes, reduction in the number of antibiotics prescribed to patients aged 70 years or greater | YES 80.80 | 4.77 | SOURCE: Practice 1.2.

#### DATA SOURCES:

- **"Exeter"** system via NHSE Finance Team
- Extracted from CCG’s Practice Information Support Pack (PISP) - Mar 2018
- Extracted from CCG’s Practice Information Support Pack (PISP) - Mar 2019 YTD

#### ACCESS (CORE)

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#### DATA SOURCES:

- **"Exeter"** system via NHSE Finance Team
- Extracted from latest Patient Survey data - Dated July 2018
- From practice declaration forms 18/19
- From practice declaration forms 18/19
- Subject to end of year validation
- Extracted from transformation for clinical indicator CCG0001
- Extracted from transformation for clinical indicator CCG0001
- Extracted from transformation for clinical indicator CCG0001
## 15.2 Appendix 2: Risks and Mitigations

<table>
<thead>
<tr>
<th>Risks</th>
<th>Mitigations</th>
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</table>
| Insufficient capacity and/or capability within PCNs to fulfil their roles effectively. | • Integration of primary and community care, health and social care, and physical and mental health, will create efficiencies and create the capability to effectively deliver the objectives of the PCNs.  
• Alliances and the wider ICS system will support the new models of care by identifying gaps and developing plans to increase capacity and capability.  
• Clinical leadership within PCNs will promote the sharing of best practice and innovation in primary care. |
| Demand does not shift from hospital to out-of-hospital care as anticipated. | • PCNs will collaborate with Alliances and the ICS system to ensure there is sufficient capacity in primary and community care services to manage increased demand.  
• Integrated pathways will enable effective response to crises and enable people to remain within the community with the right care and support wherever possible.  
• Savings from hospital-based care will be re-invested into community-based services, in both statutory and voluntary sectors.  
• Digital innovations will support people to look after their own, and their families’ health and wellbeing more effectively, to reduce demand on health and care services |
| Improvements in the effectiveness of pathways into secondary care are not achieved as planned. | • PCNs will collaborate with secondary care services with the support of Alliances and the wider ICS system, to improve access to secondary care, to ensure patients receive the right care in the right place in a timely way.  
• Integrated team working will enable the gathering and sharing of information on the whole person’s health and wellbeing to facilitate effective decision-making.  
• Digital solutions will enable simpler referral systems to improve speed and quality of referrals into secondary care. |
| Workforce does not meet level of, or complexity of local demand. | • Recruitment, retention and development strategies will be linked to projections of future demand.  
• New roles and digital resources will provide a flexible workforce to meet changing population needs and demands.  
• Integrated working will enable staff to understand and respond effectively to people’s needs. |
| Estates do not meet the needs of the PCNs’ integrated working models. | • Estates strategies will continue to be aligned to primary and community care services’ clinical priorities and anticipated changes in demand. |
# PRIMARY CARE COMMISSIONING COMMITTEE

<table>
<thead>
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<th>Agenda Item No.</th>
<th>09</th>
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<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG PCCC 19-22</td>
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<tr>
<td>Date.</td>
<td>23 July 2019</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Primary Care Delegated Commissioning- Finance Report</th>
</tr>
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<tr>
<td>Lead Officer</td>
<td>Jane Payling, Chief Finance Officer</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Wendy Cooper, Finance Manager, NHS England</td>
</tr>
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**Purpose**

To provide the committee with an overview of the M3 Primary Care Delegated Commissioning Budget.

**Applicable CCG Clinical Priorities:**

1. To promote self care
2. To ensure high quality local services where possible
3. To improve the health of those most in need
4. To improve health & educational attainment for children & young people
5. To improve access to mental health services
6. To improve outcomes for patients with diabetes to above national averages
7. To improve care for frail elderly individuals
8. To allow patients to die with dignity & compassion & to choose their place of death
9. To ensure that the CCG operates within agreed budgets

**Action required by Primary Care Commissioning Committee:**

To note the report.
1. **Purpose**

1.1 To provide the Committee with an overview of the month 3 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

2. **Key Points**

2.1 In M3 the CCG received a non-recurrent allocation of £313k in respect of dispensing doctors. At the end of M3, the GP Delegated Budget spend was £283k over spent – please see the table below for a summary of key variances:

<table>
<thead>
<tr>
<th>Budget Actual Variance</th>
<th>Full Year Budget Forecast Variance</th>
<th>Variance Analysis</th>
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</thead>
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<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>General Practice - GMS</td>
<td>2,421</td>
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<tr>
<td>General Practice - PMS</td>
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<td>7,758</td>
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<tr>
<td>Other List-Based Services (APMS incl.)</td>
<td>1,230</td>
<td>1,296</td>
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<tr>
<td>Enhanced services</td>
<td>285</td>
<td>251</td>
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<tr>
<td>GOF</td>
<td>1,389</td>
<td>1,238</td>
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<tr>
<td>Premium cost reimbursements</td>
<td>1,168</td>
<td>1,178</td>
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<td>Other - premises costs</td>
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<td>27</td>
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<td>Primary Care Network</td>
<td>48</td>
<td>0</td>
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<tr>
<td>Other - GP Services</td>
<td>21</td>
<td>571</td>
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<tr>
<td></td>
<td>14,259</td>
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YTD Full Year Application of Funds

Other Primary Care shows an under spend of £617k at the end of M3, as summarised in the table below:

<table>
<thead>
<tr>
<th>Budget Actual Variance</th>
<th>Full Year Budget Forecast Variance</th>
<th>Variance Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Local Enhanced Services</td>
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<td>589</td>
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<td>Primary Care Contingency</td>
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<td>GPV</td>
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<tr>
<td>Practice Support</td>
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<td>PCN Development</td>
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<tr>
<td>Other Primary Care</td>
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</table>

3. **Risks**

3.1 Other risks not reflected in the above full year forecasts are further increases to list size and rent reimbursement and additional practice management support.

4. **Recommendation**

4.1 The Committee is asked to note the financial performance at month 3.
## PRIMARY CARE COMMISSIONING COMMITTEE

<table>
<thead>
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<th>Agenda Item No.</th>
<th>11</th>
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<tbody>
<tr>
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### Title

### Lead Chief Officer
Andy Yacoub, Healthwatch

### Author(s)
Healthwatch

### Purpose
The purpose of this report is to inform the Committee about the recent report on the patient perspective of West Suffolk GP practices.

### Applicable CCG Priorities

<table>
<thead>
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<th>1. To promote self care</th>
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<tbody>
<tr>
<td></td>
<td>2. To ensure high quality local services where possible</td>
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<tr>
<td></td>
<td>3. To improve the health of those most in need</td>
<td>X</td>
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<tr>
<td></td>
<td>4. To improve health &amp; educational attainment for children &amp; young people</td>
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<tr>
<td></td>
<td>5. To improve access to mental health services</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>6. To improve outcomes for patients with diabetes to above national averages</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>7. To improve care for frail elderly individuals</td>
<td></td>
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<tr>
<td></td>
<td>8. To allow patients to die with dignity &amp; compassion &amp; to choose their place of death</td>
<td>X</td>
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<tr>
<td></td>
<td>9. To ensure that the CCG operates within agreed budgets</td>
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### Action required by the Primary Care Commissioning Committee:
The Committee is invited to note the Healthwatch report findings.
GP practices in Suffolk
A summary of patient feedback March 2018 - March 2019

Published June 2019
If you need this document in an alternative format, please contact 01449 703949 or email info@healthwatchsuffolk.co.uk
## Contents

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   Page four

2. This report
   Page four

3. Clinical Commissioning Group Statements
   Page eight

4. Patient experience summary (All practices)
   Page ten
   - At a glance
   - Analysis of themes
   - A Very Different Conversation (mental health)
   - LGBTQ*+ peoples experiences
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     - Pg. 30

4. What do we think?
   Page thirty-two

5. Interpreting the tables
   Page thirty-five

6. Practice breakdowns
   Page thirty-six
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     - Pg. 36
   - NHS West Suffolk CCG area
     - Pg. 50
   - NHS Great Yarmouth and Waveney CCG area
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About Healthwatch Suffolk...

Health and social care services work best when people are involved in shaping or making decisions about their treatment and care.

Our job is to find out what matters to you and to help make sure your views are used to shape services now and for the future.

We make sure that the people responsible for planning, delivering or regulating your services are made aware of your experiences. We encourage them to involve you when they are planning changes to local care.

We can also help you, or someone you know, to find out about local care and where to find support.

For more information about Healthwatch Suffolk, including our statutory powers and how we are making a difference to local services, please visit our website: www.healthwatchsuffolk.co.uk/services

Any questions about the content of this report can be directed to the Healthwatch Suffolk Communication and Information Services team. Email info@healthwatchsuffolk.co.uk or call 01449 703949.

This report...

In 2018, we published our first comprehensive report about people’s experiences of GP practices in east and west Suffolk.

The purpose of that report was specifically to support the Care Quality Commission in planning and prioritising its inspections of local practices. Importantly, we know that the report has been used by the regulator to inform its decision making and to challenge practices to improve, where improvements have been deemed necessary.

Following the publication of the report, we received positive feedback from other networks and bodies concerned with the planning of primary care services, such as the Suffolk Clinical Commissioning Group Primary Care Commissioning Committees.

With the above in mind, and following requests from professionals working within our local health and social care system, we have committed to compiling this report for a second time.

We will make this report available to the public so that people can compare their practice with others in the county. We will also make it available to the Care Quality Commission, local commissioners and also to all GP practices in the county.

What have we included?

This report is a summary of all feedback shared with Healthwatch Suffolk about Suffolk GP practices within the period March 2018 to March 2019.

We have included patient experience data recorded onto the Healthwatch Suffolk Feedback Centre (www.healthwatchsuffolk.co.uk/services) and also the NHS website.

As in our previous report, we have also incorporated some data from the national
GP Patient Survey commissioned by NHS England and managed by Ipsos MORI (an independent research agency). This data is available to access from www.gp-patient.co.uk.

**Please note:** This briefing is not a full assessment of the performance of all GP practices in Suffolk. It is intended as a statement of patient experience data recorded by Healthwatch Suffolk within the period March 2018 to March 2019.

The quantities of feedback reported are not sufficient to claim that the opinions expressed are representative of the entire Suffolk population. We do however feel that the feedback provided is nonetheless important and is likely to be a fair reflection of patient experience.

**How do we record feedback about GP practices?**

People can feedback to us about any health or social care service in Suffolk by using our Feedback Centre (available on the Healthwatch Suffolk website). All feedback submitted to us is moderated to ensure it is based upon a genuine experience of using local services.

Providers of care have the opportunity to respond to patient comments listed on the Feedback Centre. A number of practices are proactive in doing so, sometimes highlighting things they will action or do differently to improve people’s experiences of their services.

Since the publication of our last report, we have continued to engage GP practices about the value of listening to people’s experiences. This, coupled with the continued support of the CQC, has led to an increased uptake in the use of our website ‘widget’.

Practices can place our ‘widget’ onto the front end of their website as a means to encourage people to feedback about their service. This has helped to boost the amount of feedback we have recorded about practices, thus ensuring a balanced representation of people’s experiences.

It is positive that practices are supporting us to collate more feedback. We view the use of our widget as an important component of demonstrating a clear commitment to being open to the views of patients and also to transparency about the issues people may be facing.

A significant proportion of the feedback recorded by Healthwatch Suffolk is obtained by our Community Development Team (CD team).

Throughout the period, our team has continued to maintain and establish positive relationships with GP practices.

“CQC have continued to have an effective working relationship with Healthwatch Suffolk. CQC have made use of the Healthwatch Suffolk report (April 2018) ‘GP practices in Suffolk. What people told us February 2017 to February 2018.’ This has been used in GP practice inspection reports to evidence feedback from patients. Future versions of the report will be used to help support inspection planning through the use of GP practice Annual Regulatory Reviews.”

Anna Gleadell (CQC Inspector)
across the county. We note that there has been a continued positive trend in the willingness of practices to engage with us.

During our visits, the CD team have the opportunity to talk to patients and family members about their views on the practice but also about their use of other services (e.g. acute hospitals or care homes etc).

We also dedicate time to sharing information with patients that is helpful to the practice. This might include signposting people to alternative sources of support or helping people to understand more about the way their local practice is working.

Enquiries regarding the Healthwatch Suffolk widget or visits by our CD team can be directed to info@healthwatchsuffolk.co.uk.

“Suffolk GP Federation has worked closely with Healthwatch Suffolk. As pressure on our local NHS services intensifies it is vital the patient voice is fully heard, particularly when changes are proposed. Healthwatch play this role and are an invaluable source of advice to the Federation as we seek to deliver services. It can be hard to get balanced objective patient feedback in healthcare. Healthwatch Suffolk are able to provide this and we appreciate them as a "critical friend".”

David Pannell
Chief Executive (Suffolk GP Federation)

“High Street Surgery has really appreciated the support we have received from Healthwatch Suffolk. It has allowed us to listen to the views of our patients through communicating with them on our behalf.

“Healthwatch Suffolk allows patients to give an honest opinion about local healthcare, allowing us to take into account patient viewpoints and concerns. We would like say thank you for their help in encouraging our patients to understand data sharing and the positive effect it has on the patient journey.”

Tracy Neave
Practice Manager (High Street Surgery, Lowestoft)
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The findings for East and West Suffolk are positive overall.

There appears to be a strong correlation between national survey data and Healthwatch’s local data. It is good to see the growing number of practices using or planning to use the Healthwatch feedback widget. We will encourage this further.

The report includes a very helpful account of experiences of the changes within primary medical care currently including care navigation, the introduction of new clinical roles and range of consultation types.

The report clearly highlights excellent practice as well as areas in which we need to support improvement; within individual practices to reduce unwarranted variation and more broadly through further training and education, including:

- Continuously improving knowledge about mental health and wellbeing (an evening training and education programme is supporting this currently, using Alliance transformation funds)
- Developing knowledge and consultation skills with LGBTQ patients including younger people
- Customer service and care navigation skills

Some telephone systems do remain under strain at specific times of the day and, as you rightly indicate, we need to support appropriate improvements and encourage use of alternatives.

Clinical Commissioning Group Statements

Clinical Commissioning Groups are the bodies responsible for planning local NHS services and this includes responsibility for commissioning primary care across the county.

We asked the NHS Ipswich and East Suffolk, West Suffolk and Great Yarmouth and Waveney Clinical Commissioning Groups to respond to this report. You can read their statements below.
We would like to thank Healthwatch Suffolk for this report which highlights some really positive comments about staff within general practice but does also show some areas for improvement. Healthwatch is a member of the Great Yarmouth and Waveney Local Delivery Group and the Primary Care Commissioning Committee and supports us in the development of general practice locally.

It is good to see that the majority of the comments about GP surgery staff were positive with most referring to staff attitudes being polite or friendly. Most made general positive comments about GPs, including that they were friendly, efficient or provided them with good support.

We were concerned to see that we received a greater proportion of negative comments about accessing appointments in Waveney and we also received a higher proportion of negative comments about waiting times than either Ipswich or East Suffolk. We are aware of these issues and are working with practices and emerging Primary Care Networks to support improvements in resilience and sustainability.

We will share the report with our practices and Primary Care Networks and will continue to work with them to support improvements to access to primary care services, such as through initiatives like the improved access service which now offers an additional 2,400 appointments per month.
Summary of themes
(All practices)
At a glance...

This section outlines key themes identified within all of the feedback about GP practices in east and west Suffolk and Waveney. We have included examples of comments attributed to each. CQC ratings are as available on its website at publication.

Ratings

People have rated their overall experience within GP practices in Suffolk as an encouraging four out of a possible five stars (3.94) based on 2,619 individual ratings.

Ratings by the Care Quality Commission are as follows:

- Inadequate: 4%
- Requires improvement: 9%
- Good: 79%
- Outstanding: 8%

These figures are based on practices featured within this briefing. Practices are featured if Healthwatch Suffolk has obtained or recorded feedback about them.

Top themes

The graphics below show the top six themes within people’s feedback and how positive, neutral or negative they were about them.

- **Quality of care**
  Based on 351 references

- **Ease of access**
  Based on 1,546 references

- **Triage and care navigation**
  Based on 194 references

- **Phone system**
  Based on 278 references

- **Staff**
  Based on 1,117 references

- **Waiting at appointments**
  Based on 245 references
Analysis of themes (All practices)

The following section describes the most common themes in the combined data for all three CCG areas: Ipswich and East Suffolk, West Suffolk and Great Yarmouth and Waveney. It is not related to any particular practice.

What have people told us?

There was a combined total of 2,619 comments recorded onto the Healthwatch Suffolk Feedback Centre and NHS website about 77 different services between March 2018 and March 2019. Overall, people rated Suffolk practices an average of 3.96 out of five stars. Last year, the average star rating for combined NHS and HWS data was 3.94.

In comparison, 2018 Ipsos Mori GP Patient Survey data showed that 85% of people in a Suffolk CCG area said that their GP practice was “good” or “very good”. Fifty-nine percent of the 2,619 comments were overall positive in sentiment. Twenty-three percent were negative, and 18% were mixed.

Accessing an appointment

There were 1,546 references to access in the comments.

People referred to the ease of booking appointments (943) and waiting times (496). A small number felt there was a lack of access to appointments or treatment from their GP surgery (107).

41% of references to accessing appointments were negative about the ease of accessing their GP surgery. 48% of references were positive and 11% were mixed.

In both Ipswich and East and West Suffolk CCGs, there were more positive or neutral references to accessing an appointment than negative ones. In Great Yarmouth and Waveney CCG, there was a greater proportion of negative comments about accessing appointments. This suggests that difficulty in accessing a GP appointment may affect a greater number of Waveney residents.

Accessing an appointment: Booking appointments

There were 943 references to booking an appointment. The majority (533) made positive comments about booking appointments, 307 negative and 103 neutral.

Positive comments about booking an appointment generally referred to being able to book an appointment easily and receiving that appointment promptly when needed.

Examples of positive feedback include:

‘Always able to get an appointment with a doctor when needed. Never have any problems, good staff too.’

‘Can usually get a same day appointment’

In focus: GP Patient Survey 2018

In the GP Patient Survey, there were 10,970 responses across all three Suffolk CCG areas to the question “Overall, how would you describe your experience of making an appointment?”

On average, 73% said their experience was either “very good” or “fairly good”. 12% rated their experience as “fairly poor” or “very poor” and 15% said “neither good nor poor.”
and you normally get to see the same doctor who is very good. They are especially good at getting appointments for my child.’

The majority of negative comments about booking appointments refer to problems with phone systems, or difficulty accessing an appointment at all.

Examples of negative comments about booking an appointment:

‘I can never get an appointment. It isn’t possible to book in advance and if I phone and all appointments are gone the phone cuts off.’

‘Really struggle to get appointments at the surgery. There are long queues on the phone which is frustrating. I don’t like being asked the reason for the appointment and at times reception staff can be a bit curt and unfriendly.’

‘It’s very difficult to get appointments, even to get a baby’s vaccination done has taken about a month. It’s difficult at each of the sites and I’ve taken the first available appointment. Once you do see someone they are all very good.’

Accessing an appointment: Waiting times

There were 496 references to waiting for an appointment.

In focus: Waiting at appointments

245 comments referred to the amount of time people had spent in the waiting room for an appointment. 63% were negative in sentiment.

‘I find the surgery mixed in my experience. Sometimes you wait 10 minutes past your appointment, which is ok, but more than 20 minutes is pretty bad. I was in at 10 am and it is more than 30 minutes today, yet no one tells you this is the case when you turn up.’

‘I have had mixed experiences here. In general I feel that there is no longer the ‘time to care’, you feel rushed although most of the time the surgery runs late (at least 20 minutes).’

People’s experiences of waiting times were mixed in sentiment. There were 223 negative references to waiting times for an appointment.

213 were positive and 60 were neutral or mixed. Like comments about booking appointments, NHS Great Yarmouth and Waveney CCG received a higher proportion of negative comments about waiting times than either Ipswich and East Suffolk CCG.

Chart: Negativity about access to appointments by Clinical Commissioning group.
or West Suffolk CCG. Negative comments about waiting times for appointments most commonly referred to general long waits for an appointment, or a wait to see a named GP or other healthcare professional.

Examples of negative comments about waiting times include:

‘I was told by the nurse that I had something quite seriously wrong and that I would need to see the GP and have a blood test. Appointments to see the GP were not available for 10 days and the blood test would be 20 days which meant that I’ve had no information about what I should be doing or how serious it is.’

‘On the day’ are limited and there is only 1 GP accessible for this. Advanced for a GP you have to wait about 6 weeks, so it is quite a difficult situation. The care is amazing. It is just capacity.’

‘Staff extremely friendly - reception staff in particular go the extra mile! However, waiting times long - told 5 - 6 week wait for a regular appointment although was offered the chance to ring in on the day. This may be difficult as I work full time!’

Positive comments about waiting times overlapped with those that were positive about booking appointments. Generally, positive comments about waiting times referred to being able to access a GP appointment when they needed one.

Many of these focused on being able to get an appointment “on the day”. Some mentioned that, although they could not see their named GP, their surgery could find them an appointment with another GP. Comments about this were mixed, with some preferring continuity and others being happy to see another GP or other healthcare professional.

‘Can always get an appointment when you need one and the staff are all very good, flexible and accommodating.

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In focus: GP Patient Survey 2018

There were 10,239 responses about Suffolk GP surgeries in the GP Patient Survey 2018 to the question ‘how long after initially trying to book [your last] appointment did the appointment take place?’.

The average responses across the three Suffolk CCG areas were:

- On the same day (40%)
- On the next day (11%)
- A few days later (24%)
- A week or more later (19%)
- Can’t remember (6%)

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Chart: Negativity about waiting by Clinical Commissioning group.
Nothing needs to change.'

'I can get an appointment on the day I need one, I do mainly see the nurse practitioner and have a good relationship with her. Generally, I feel the system works well and nothing needs to change.'

'You can always get appointments, usually with the doctor you want but if it's an emergency you may not - which is absolutely fine. They are very accommodating for my needs.'

'Normally never have delays getting an appointment within 48 hours. It would be nice if patients had some involvement when they are allocated a doctor. Care has also been very good.'

'You don't have to wait as you will get to see someone on the day. I tend to use the morning sessions more but do have afternoon appointments too.'

Staff are really good, they are polite and listen to you and give you time. I do try to see the same GP.'

Accessing an appointment: Lack of access

There were 106 comments in which people felt that they had been unable to or had difficulty accessing an appointment or treatment through their GP surgery. Reasons given for this include long wait times to access an appointment, being unable to get an appointment when it was needed or a lack of capacity.

Some people were unable to book an appointment over the phone, including not being able to call in to the surgery in the morning because of work or other commitments. Some felt that the reception staff had not handled their call well or had spoken to them rudely.
Thirty-two of the references to a lack of access were about practices in Ipswich and East Suffolk, 47 were about practices in Great Yarmouth and Waveney and 27 were about practices in West Suffolk. All 106 comments about a lack of access to a GP surgery were negative in sentiment.

‘I have called this surgery every day, twice a day, for the last 2 weeks. I am still yet to get an appointment as every time I finally manage to get through to speak to someone I am told my problem is ‘not urgent’ enough…’

‘Doctor told me to come back in two weeks. Receptionist says unless I call Monday morning at 8.30 for emergency appointment, she can’t help!!! Explained I’m at work this is not possible so she said, “OK then goodbye!”’

‘This feedback concerns my adult daughter but I was involved. There was poor communication with GP practice and a duty on call GP was dismissive and did not return a call when promised. The incident then required an emergency admission to hospital via A&E as no support was provided.’

Communication: Phone systems

Of the 278 references to phone systems in the comments, 61% (170) were negative. There were 69 positive comments, and 39 neutral. The majority of the comments about phone systems were negative in all three CCG areas.

Negative comments about phone systems often centred around long waits in a queue to book appointments over the phone, appointments not being made available over the phone and having to call in the morning for an appointment.

‘Find the booking system difficult to get through on at the busy time of 8am. However, if you leave it later, all appointments are gone and you get told to ring at 8am again.’

‘Very busy and even getting through on the phone is extremely difficult. Throughout the day the phone isn’t answered, this morning it took nearly 40 minutes to get through but I did get a doctor’s appointment. To have to wait three days for an appointment when you’re not well isn’t great and I wasn’t offered a GP+ appointment or call back from the doctor. Staff can be a little sharp or unfriendly, once you’ve been told there are no appointments available they just finish the call.’

‘Rang 46 times one morning from 8am to get an appointment. By 8.25 when I eventually got through none left, happened the following day. They will not allow you to pre book an appointment i.e. if matter is ‘non-urgent’ cannot book an appointment for next week - only do appointments that day and nothing else. No help on the phone, called in and was told if I couldn’t ring by 8.10 I had no chance (I usually drive to work that time of day).’

In focus: GP Patient Survey 2018

In the GP patient survey, 11,881 people in the three Suffolk CCG areas answered the question ‘Generally, how easy is it to get through to someone at your GP practice on the phone?’

In contrast to Healthwatch Suffolk and NHS website data, an average of 76% said that it was very easy or fairly easy to get through to someone on the phone.
Positive comments about phone systems referred to responsive communication or calls back from staff. A number of people indicated that they had liked phone systems which told them where they were in the queue.

‘Never been any problems with the surgery, it’s good. The staff have been very good and can I can get appointments when I need them. Having the call waiting on the phones in the queue it does at least mean you can get on with things while you’re waiting.’

‘The new phone system at least tells you where you are in the queue and you can do other things while waiting which is an improvement. Generally everything works well and I see my own GP most of the time.’

‘I can get appointments when I need them. The phone system is an improvement from the previous one and I like using the online system for booking advanced appointments. Staff are all quite good too.’

There were 11,860 responses from the three Suffolk CCG areas in the GP patient survey to the question ‘In the past 12 months, have you booked general practice appointments in any of the following ways?’

The majority (79%) of respondents across all three Suffolk CCG areas had booked an appointment by telephone. Only 7% on average across all three CCG areas had used online booking or an app.

Positive comments about phone systems were more evenly split in sentiment than those about phone systems.

Of 72 comments that referred to online booking systems, 47% were positive and 43% were negative. 10% of comments were mixed or neutral.

Positive comments included those about being able to order repeat prescriptions and book appointments through an online service. Two respondents said that the e-consultation service at their surgery was useful, but that it needed to be better communicated about to ensure that patients were aware of it.

‘I can get appointments when I need them. The phone system is an improvement from the previous one and I like using the online system for booking advanced appointments. Staff are all quite good too.’

‘I was aware of this new service only because a friend told me about it, so I feel they need to communicate it better to their patients for those who can access the internet. I have always found getting appointments difficult and so felt that this new assessment online, may be a good way to get a response.’

‘Do use the online system to order prescriptions and book afternoon appointments which works well.’

‘I do use online system for prescriptions which is good too and medications are available when needed.’

Negative comments about online systems mostly referred to respondents feeling that there were a limited number of appointments available through online booking or poor access to appointments.
Some reported that the online system did not work or contained incorrect information.

‘It’s difficult to get an appointment, so I come to the surgery to get them now. The online booking is pointless as appointments aren’t available whenever you go on the system.’

‘Online appointments aren’t very good as you can’t get next day appointments and they’re limited.’

‘There is an online booking system, but I can’t remember my user number which is long and complicated so I phone in. My lower overall marks reflect the issues with getting through and securing an appointment. Clinically they are fine.’

**Staff**

The wider theme of staff included general references to “staff”, doctors/ GPs, nurses, reception staff and any other staff members in the comments e.g physiotherapists and pharmacists.

The majority of the comments about GP surgery staff were positive (76%). There were more positive comments than neutral or negative comments in all three CCG areas.

**Staff: General**

There were 343 references to GP surgery “staff” in general.

These comments appeared to refer to either clinical and reception staff together, or the reception and administration staff alone. Most of these referred to staff attitudes being polite or friendly, or talked in general about how the surgery staff had approached them.

Examples of general comments about staff include:

‘My late wife and myself have been with this practice for well over 40 yrs. I have nothing but praise for all the doctors nurses and backroom staff the treatment and help given to my dear wife towards the end was nothing but fantastic and for myself I had a phone call from a well-respected doctor at 8:15 PM one evening to give me the results of an outpatients test I had. That is service, thank you.’

‘There was a delay in being seen and we were informed it was a locum who wasn’t as familiar with the surgery. I didn’t mind at all, the doctor we saw was brilliant. She was thorough, caring and explained everything so well.’

Within comments about staff, there were 317 references to GPs.

Like other comments about staff, the majority of these (75%) were positive in sentiment. Most made general positive comments about GPs, including that they were friendly, efficient or provided them with good support.

Examples of positive comments about GPs include:

‘Shockling service with rude and unhelpful staff. I am still waiting on test results almost 5 months later.’

‘In the last 4 years of being a patient at the surgery I could not praise all the staff enough.’

‘I’m really happy with the surgery, you don’t have to wait too long for an appointment or to be seen at the surgery. Staff really listen to what you are saying and they are incredibly friendly and helpful.’

**Staff: GPs**

There were 60 negative comments about GPs. Most of these referred to GP
attitudes, including feeling like the GP had not listened to the patient or had not taken their concerns seriously. Negative comments about GPs include:

‘I have struggled to get appointments after the birth of my child and had postnatal depression and felt like they talked down to me. They made me feel worse when I left instead of better. There are a couple of GPs that I refuse to see now.’

‘Dr was very rude and abrupt during an appointment and my daughter left in tears about how she had been treated. We did speak to the practice manager and received a call from the doctor to apologise which was appreciated.’

“I’m not saying this to attack the doctors or to be rude, but whenever my family or myself go they just don’t seem to really care about our issues. They mostly just brush us off. Its thanks to this that I haven’t gone when I really need to.”

‘The GP criticised me for not feeding my child by breast. Asked me why and I told him to look at my notes. Then told me ‘you didn’t try hard enough’. Made me feel awful, as I wanted to breast feed but due to the way in which my child was born I had found it impossible.’

Staff: Nurses

People were very positive about their experience with nurses at their GP surgery. Of 145 comments about nurses, only eleven were negative and three were mixed. Most comments about nurses were quite general, but referred to the nurses as being caring, friendly and communicating with them well. A few comments talked about nurses having more time to care than GPs.

‘First time I have ever visited, can’t say enough about nurse ‘name’. She was so sympathetic and didn’t feel like I had wasted their time.’

‘I usually see the nurse practitioner and she is very thorough and listens carefully to me when I describe my symptoms.’

‘Nurses are better than GPs in treatment explanations. GPs tend to be in a hurry. I’d like them to listen more. The nurses listened and I felt she was really interested in what I said and helping me. GPs should be better listeners and get better idea of bigger picture.’

‘The nursing team were excellent - always patient and reassuring and I am so grateful to them all for helping me through this challenging time. Particular thanks to one lovely nurse who always greeted me with a smile and reassured me greatly.’

Staff: Reception

There were 277 references to reception staff in the comments. Of these, 50% (138) were positive. There were 114 negative comments, and 25 neutral or mixed ones.

Most positive references to reception staff were quite general. For example, that they were polite, professional or efficient. Others commented that reception staff went out of their way to help them obtain an appointment.

Some people have balanced positive comments about reception staff with negative references to the availability of appointments, or the capacity of the surgery.

Examples of positive comments about reception staff include:

‘When I have rang up anxious,
receptionists have been very kind and also called my local pharmacist so I can then pop in there and get some information for some reassurance.

‘The receptionists are all so helpful and try to fit you in. It has gotten busier and busier over the years but they manage well.’

‘I have a chronic pain condition and need to speak to a GP about ongoing pain relief, but every time I call, I am told unless it is an extreme emergency, I cannot speak to a doctor for 12 days. I do feel sorry for the receptionists, they try to help, but there is always nothing they can do. I am sure their job satisfaction must be zero at the moment with so many disgruntled patients, and they are the first line.’

Similarly to feedback about GPs, most of the 114 negative comments about receptionists referred to the perception that a receptionist at their surgery had been rude, unfriendly or had a poor attitude. A number also referred to feeling that receptionists asked too many questions, had too much authority on medical issues, or were trying to prevent them from accessing an appointment. Examples of negative comments about receptions staff include:

‘Absolute nightmare now to get appointment have to book weeks ahead to see a doctor. Receptionist makes you feel very uncomfortable and ask too many questions you are made to feel uncomfortable when trying to get an appointment.’

‘Very difficult to get regular blood tests especially when results are needed for other services. The initial response from reception can be a little defensive and almost makes you feel like you’re not allowed to have the appointment being offered.’

In focus: Care navigation

Fifty-five percent of the 58 references to care navigation were negative. A further 22% were mixed, and 23% were positive. Respondents who gave negative comments referred to not wanting to be asked questions about their condition by a receptionist or that this should be personal or confidential. Some reported feeling receptionists were trying to prevent them from getting an appointment.

‘Really struggle to get appointments at the surgery. There are long queues on the phone which is frustrating. I don’t like being asked the reason for the appointment and at times reception staff can be a bit curt and unfriendly.’

‘Overall a good surgery but it’s gone downhill in recent years as patients can no longer choose to see a doctor themselves as they have to explain symptoms etc to receptionists who are not health care professionals. I know the receptionists are told to do this by
the doctors but this still means that patient choice has been taken away and now doctors and administrators decide if you can see a doctor - this is wrong!

‘When I phone for an appointment the receptionists ask a lot of intrusive questions and their attitude can be “miserable”. I understand the idea of triage to most appropriate services but from my experience when my son was unwell with tonsillitis, we didn’t get an on the day appointment so he deteriorated and ended up in hospital very unwell with quinsy which I believe was due to a decision by a medically untrained receptionist.’

‘To get any appointment takes time, especially getting through on the phone. I’ve been asked to call back the next day which did result in an appointment. I don’t particularly like being asked why I need the appointment which in some cases is asked a bit abruptly. Since they started care navigation it does seem to have got a bit more difficult to get an appointment.

‘Receptionists are mostly nice women and helpful, but I do object to having to tell them what I want to see doctor for. Surely this is private. I have tried saying it’s personal but they won’t accept this now, most embarrassing if it really is personal.’

Some commenters reported that they were happy to discuss their health needs with a care navigator. Positive comments about care navigation included:

‘Easy to get an appointment or have a call back with a doctor and the staff are friendly. The phone message about care navigation was clear and easy to understand and I’m not worried by the receptionists asking the reason for the appointment.’

‘I had personal concerns about my condition following time spent in the emergency department. I was very grateful for the receptionist’s and care navigator’s decision to offer me the GP of my choice for the follow-up appointment when I rang after discharge. The appointment has helped me to have a more balanced approach to any future needs.’

‘I like that I can speak to and see my GP in a reasonable amount of time. Quite happy with the idea of care navigation.’

Quality of Care

There were 351 references to patient experience and the quality of treatment in GP surgeries.

The vast majority of these were positive (84%). These included comments about the way GPs had handled ongoing health issues or difficult events in the respondent’s life, as well as a number of general comments about good care people had received.

Many described being able to access treatment promptly and easily.

‘Having registered with the practice
late last year after a move from the London area I was impressed with the approach of both the lady who took my initial call - friendly and helpful - and the doctor who subsequently called me. The doctor immediately made two suggestions, one of which had been explicitly rejected when I asked about it at my previous practice. Overall a very positive experience that came as a pleasant surprise.’

‘As a new patient my husband was looked after very well and the review was in depth which was really great. This meant that the doctors picked up on issues that needed addressing and quickly investigated things further. Really impressed with the attention to detail.’

‘Exemplary care in community and compassionate in a situation around EoL [End of life]. Good sense of humour and fun.’

‘Very well cared for and conditions are well managed by staff. I see whoever is available and I’m happy with everyone. The diabetic nurse is wonderful, lots of information is provided. I can get blood tests for INRs when I need them and the results come in online. I’ve had a couple of telephone consultations which have been great.’

‘Cannot speak highly enough of my treatment here. I have a number of health conditions and they see me for them when I feel I am concerned about something particular.’

The small number of negative comments about the experience of treatment included references to not receiving the appropriate treatment and comments about staff attitudes and communication.

‘One particular GP working at this surgery has not only been dismissive toward my menstrual health related issues but also gives off the impression that he has something better he’d rather pay attention to. I feel let down and utterly lost about this kind of treatment as I have come to the surgery seeking help and I am left with this feeling of depression from this behaviour. I have been made to feel as though I am a burden and have even been compared to other patients when I told the doctor the medication, I had been given felt too strong for me.’

‘Been complaining for over 2 years of worsening condition. No investigation, no referral to specialist, nothing. All I'm told is to carry on taking the same medication which clearly isn't doing anything. Complete disregard to patient care, health and impact on daily living. Assuming they're more worried about the budget.’

‘I didn’t have a tremendous issue with what the nurse said to me, it was more the way in which she chose to convey her words that I am unhappy with. Her approach and demeanour seemed at stark odds with the warm, caring environment that is promoted by the practice. If she had only taken the time to listen to me and not become verbally combative, I probably would not have reacted by getting annoyed and frustrated. The experience could have been so much better.’

‘On a Friday, I called the surgery as I could barely move. GP called back and told me just to take my current prescribed painkillers. Saturday, I was unable to move at all out of bed and so called 999... I did not know about GP+ and so wonder why on the Friday I did not get sent there, as I believe the scenario on the Saturday could have been avoided.’

‘My GP took 5 months to sort a referral
for rheumatology! When I called for an update, he denied all knowledge and insisted he didn’t say that, until I confirmed me and my partner were witness to this! He magically found the references in my notes and I received an appointment not 4 hours later.’

‘At 6 months review they diagnosed HBP [High Blood Pressure] so tablet strength was increased considerably. This produced a ‘Zombie’ like reaction. I was told to stop (taking the tablets) over the phone but this didn’t help so I went to the emergency doctor. They were shocked at the strength and said that the tablets should never have been prescribed. So, all the tablets were taken away and I was told to get another appointment with my own doctor. However, that has proved impossible, so I have self-prescribed myself the original dose. I have had to ring 111 twice now as the lethargy has continued. I feel insecure and uncared for.’

Other themes: Explanations and advice

There were 87 comments about the explanations and advice about treatment given by GP surgeries.

These comments were mostly positive (86%). Positive comments usually indicate people have received information relevant to their needs and at the right time.

Negative comments related to both not being given the relevant information in an appointment or in other communications (e.g. test results) as well as inconsistencies in the advice and explanations provided by different staff members.

‘Very responsive when you call, they organised a home visit really quickly. The queue system on the phone is an improvement and care navigation has been great and ensures the right person sees me. The staff are all kind and the emergency care practitioner I saw discussed the care needed very well and really listened to what the problems were, really great.’

‘Care provided is excellent, you feel you can talk to staff. Explanations about care and next steps are good the only thing is that the carpark isn’t big enough for patients.’

‘A good surgery where treatment is explained well and the quality of care is good.’

‘I came in for a review of severe muscular aches. Had blood tests taken and a scan. The results were sent to an old address which was somewhat 70miles away from the surgery. This distance from the surgery should have prompted the GP to verify my address. I waited weeks for the results while my condition worsened to the stage I was bedbound. When I did get my blood tests they just handed me a printed version with no explanation and I had to wait a total of 4 weeks to have an explanation of my results. In this time I had to call 111 for advice as I couldn’t eat or drink or walk as I had worsened more so. Extremely disappointed in the service.’

‘I called later in the day and was given an appointment who didn’t really want to see me as it was getting late in the day. By the way I had to wait for 30mins. He didn’t mention any side affects of the medication I was given so I had no idea how these would affect me so needless to say I had very nasty side affects that kept me in bed for 2 days.’

‘It would be nice to have a bit more continuity with the doctor you see as it can feel a bit disjointed and can mean explanations differ.’
'My husband has had a diagnosis of diabetes for some years and he was only recently told unequivocally that it was important for him to lose weight. He had never been told that directly before and it did have an impact. Previously it was almost as if clinicians were too nice to tell him outright. Also, when I accompany him to appointments his diabetes often isn’t taken into consideration when he presents for other issues—this must waste resources.'

**Other themes: Time to care**

Of 83 comments about time to care, 33% were negative and 64% were positive.

Positive comments about time to care referred to GPs taking the time to listen, discuss and explain things to the patient. People valued the time given to them by their GP. Many said that their GP did not make them feel “rushed”. Some described GPs giving them additional time on top of their 10-minute consultation. However, some offset this by saying that this meant that appointments could sometimes run late.

‘I have a preferred doctor who I see if I possibly can. He is an ‘old fashioned doctor’ who really listens to me and knows me. He often runs a bit late but I don’t mind the wait because he finds a few extra minutes for me when I need it. The locums also run late but not for that same reason! I think that in this new, bigger surgery staff have lost the personal touch—I was known before and it doesn’t feel like that now.’

‘It’s great to get medications, I’ve had no problems and they deliver them which is great. Doctors and nurses are very good and helpful. You never feel rushed in appointments and they don’t mind if you go over your 10 minutes.

 Negative comments about time to care included references to wanting to be able to talk about more than one issue in a single appointment. Some related to feeling rushed in appointments to the surgery running behind schedule. A minority felt that they were not given the appropriate amount of time for their appointment.

‘I have had mixed experiences here. In general, I feel that there is no longer the ‘time to care’, you feel rushed although most of the time the surgery runs late (at least 20 minutes).’

‘The appointment was 15 minutes late which is fine, but I felt slightly rushed in the appointment so that I forgot to

In focus: GP Patient Survey 2018

The GP Patient Survey recorded 11,170 responses from the three Suffolk CCG areas to the question ‘last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?’

On average across all three CCG areas, eighty-seven percent said that they felt that the healthcare professional was either “very good” or “good” at giving them enough time. Only three percent said that they felt that the professional was poor or very poor at this. Eight percent said the professional was neither good nor poor.

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mention everything.’

‘Most doctors are good, you don’t get to see your own GP though and with some locums it can feel you are being rushed out.’

‘I find that the nurses don’t demonstrate compassion—I have been in and out in less than five minutes—that’s not long enough to get all my needs articulated. I don’t feel that I am properly listened to and it has delayed my medical progress. I have had to escalate myself to a GP to get sorted.’

‘I don’t like the 10-minute, one illness rule which means I have to book another appointment.’

‘Appointments run really behind so when you have your appointment, they rush you through and have a strict one issue per appointment rule.’

‘There is no time for personal care here. Our appointment was running 40 minutes late and we had all of 3 minutes with the GP. It is continually like this. They say you can only talk about one thing. When the 2nd thing we needed to tell him is important as it relates to the first thing. My partner has breathing problems and he was not allowed to talk about that. We dread calling this place but what choice do we have. This place needs a big shake up.’

Other themes: Consistency of care

There were 50 comments about the consistency of care from the respondents’ GP surgery. There were 20 positive comments, 20 negative and 10 mixed.

Positive comments about consistency related to building up a continued relationship with a single member of staff. It was clear that many valued this type of relationship. Some also said that they were happy to see any member of staff at the surgery.

‘Both the doctors and nurses listen and do their best to help. All staff members are unfailingly kind and helpful’

‘We went from one nurse to the other for a while as they had ‘differences of opinion’ about the treatment. Now we see the same nurse it is really good, and she books us in regularly with her, so she knows where we are at with the treatment’

‘I have been a patient here for some years and over time I have come to value a particular GP. I have been to others but this one suits me very well. I sometimes have to wait up to three weeks for an appointment, but I am happy with this as I know I could see another doctor more quickly in an emergency’

‘I was a bit reticent about the size of the surgery and that one didn’t necessarily have control of who were would see each time. However, my fear was very much unfounded. One doctor has taken the lead for me and one doctor for my son. They have been excellent!’

‘Get to see doctors quickly and happy to attend any of the sites. I’ll also see any of the doctors available and staff are friendly and helpful. What they are doing now is working well. Asthma reviews monitor my condition well.’

‘I’ve used this surgery for over 40 years and feel so lucky to be registered with them. Doctors are excellent, always taking time to listen properly. You always feel as if you are involved in decisions about your treatment. There are so many horror stories from other areas of the county, it’s a blessing to be here.’
Negative comments about consistency mostly related to inconsistent attitudes, advice or quality of treatment between GPs or other healthcare staff. One reported receiving inconsistent information from receptionists. Some referred to feeling that they had to repeat their story multiple times to different GPs or professionals.

“There is no consistency of staff and so every time you need to see a doctor you have to see somebody different and then go through the whole of your medical history each time.’

‘The reception staff all do their jobs differently. I am constantly told different things on the telephone, well once a month when I have called for a prescription. I’ve been told twice my prescription was being sent directly to the pharmacy and it hadn’t. Trust me this is highly irritating when you have to stand in their poor queuing system or trying to keep three children behaved.’

‘There are some brilliant staff at the surgery but also some that are not so good, it can be a little hit and miss.’

‘Depending who you see it can feel like you’re concerns are being dismissed. Some of the newer doctors are better. There is often a gradual decline in interest from doctors over the years.’

‘Some GPs are more patient than others. Also, they will only talk about one problem at a time and one would need to book another appointment for any extra issues. Triage system for appointment isn’t great. GPs need to listen to their patients.’

Mental Health

There were a total of 30 comments about experiences related to mental health in the comments about GP surgeries.

In focus: GP Patient Survey 2018

In the GP Patient Survey 2018, 11,029 people in Suffolk responded to the question ‘During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?’

On average, 60% of people reported that they either did not have any mental health needs, or that this did not apply to their last appointment. Twenty-two percent said that their health professional had “definitely” recognised and understood their needs, and 12% said “to some extent”.

Of these, 21 were negative, 8 were positive and two were mixed. All of the comments related to experiences of either anxiety, depression or suicidal ideation, apart from one, which related to psychosis.

Most of the positive comments which made reference to mental health treatment from a GP surgery related either generally to the practice as a whole or were positive about their experience with a specific GP.

‘This is a really good practice. Really, really good with mental health problems. Couldn’t have helped me more—I don’t think I would be alive without them.’

‘This practice has been so supportive of us as a family. My child’s need for assessments around her mental health have always been thorough. They leave no stone unturned.’
'I have been seeing [my GP] due to mental health issues that have been ongoing for most of my life. He is the first doctor that has really been able to help me. He has a good bedside manner and actually listens to me patiently. And doesn't rush me. He is very careful when prescribing medications and very knowledgeable, he referred me to a mindfulness course and it has changed my life. I now feel because of this I have complete control over my life and am finally ready to start reducing my medication. I don't know why one of my previous doctors couldn't do this for me, it was so simple... Cannot praise this doctor highly enough he really improved the quality of my life.'

Negative references to support for mental health from GP surgeries included comments about poor links or communication with mental health services or not being able to access mental health support, feeling that their GP had a poor attitude to their mental health or did not treat them with empathy. Two respondents felt that they had been asked about their medications inappropriately discussed or taken away by a GP when attending another appointment. The one mixed comment said that their surgeries support for mental health was hit and miss.

'I have struggled to get appointments after birth of my child and had postnatal depression and felt like they talked down to me. They made me feel worse when I left instead of better. There are a couple of GP's that I refuse to see now.'

'The doctor I saw for a medication review was one of the rudest people I have come across. The doctor took me off two of my medications which I have been taking for a long time to stabilize my health and questioned me on why I take anti-depressants. I felt humiliated that my mental health was treated like a joke, especially considering my circumstances, clearly noted on my medical file.'

'Mental health support is a little hit and miss at times, they don't always understand how bad it can be.'
During 2018, a partnership between Suffolk User Forum, Suffolk Parent Carer Network, Suffolk Family Carers, Healthwatch Suffolk, Ipswich and East Suffolk and NHS West Suffolk Clinical Commissioning Groups, the Norfolk & Suffolk NHS Foundation Trust and Suffolk County Council carried out engagement about mental health services in Suffolk as part of #averydifferentconversation.

These conversations took place across Suffolk using an online survey and at engagement events with the public, service users, carers, teachers, mental health service staff and professionals. As a result of this engagement, a Mental Health and Emotional Wellbeing Strategy for east and west Suffolk was published which set out a vision for the transformation of mental health services in Suffolk.

Three separate in-depth qualitative surveys were coproduced by the partnership and distributed online and at engagement events. There was one survey for service users, one for carers and one for professionals.

There were 768 responses to the surveys. 444 were from service users and members of the public, 169 were from carers and 155 were from professionals and staff.

In these surveys, service users and members of the public, carers and staff and professionals were asked what could be improved about GP surgeries support for mental health.

Out of 1,502 responses about GPs there were:

- 89 negative mentions of the waiting times, both in accessing an initial appointment (57) and the waiting times for secondary services (32). The majority of these comments were from service users and members of the public (67).

'It takes so long to get an appointment that by the time I get one the crisis has passed.' (Service user or member of the public)

'I can talk to my doctor if I feel depressed and I have a prescription for anti-depressants. Unfortunately, my own doctor works part time, and it is usually very difficult to get a quick appointment.' (Carer)

'I think there is a good level of awareness but frustration in not being able to access services promptly.' (Professional)

- 59 people, including 43 service users and members of the public, 9 carers and 7 professionals, felt that GP surgeries should have dedicated mental health staff.

‘Have regular mental health nurse clinics at practice’ (Service user or member of the public)

‘Provide counselling services on site’ (Service user or member of the public)

- 46 people made reference to difficulty accessing mental health services through a GP. Most of these comments refer to the limited availability of secondary services.

‘There is one G.P at my surgery who is very understanding but they are frustrated at the lack of services and it is difficult to see them regularly’ (Service user or member of the public)
‘With little mental health support we are at a loss to how else to help other than trouble shoot and prescribe’ (Professional)

- 22 service users and members of the public, 7 carers and 5 professionals felt that there was an over-reliance on medication to treat mental health. Fourteen people said that they would like to access talking therapy through their GP.

‘The impact of living with mental health issues are not talked about enough. Treatment seems to be mostly medication not therapy like counselling’ (Service users and public)

‘Understanding the huge importance of therapies, including talking therapies, rather than solely medication’ (Service users and public)

- Fifty-eight people made a negative comment or suggested that the information and signposting about mental health from GPs needed to be improved.

‘Maybe if they could send information out in a format that I understand e.g. large print/easy read. I have looked at the website and it is not accessible to my needs.’ (Service user or member of the public)

‘Improve the GP knowledge of mental health and what is available locally.’ (Service user or member of the public)

‘Signposting from my GP practice was abysmal and I was incorrectly signposted to start with. This resulted in a number of doors being closed to me for accessing the appropriate professionals.’ (Service user or member of the public)
We submitted evidence to the House of Commons Women and Equalities Select Committee about LGBTQ+ people’s experiences of health and care provision.

This submission included evidence from our “My Health, Our Future” project exploring the views of almost 14,000 children and young people about their mental health and wellbeing. Our data indicates that, when compared to their non-LGBTQ+ peers, LGBTQ+ young people:

- experience lower levels of wellbeing
- worry more about their body image
- are more likely to have self-harmed
- experience more online bullying
- spend more time using electronic screens & social media
- are more likely to have tried drugs or alcohol

Our findings have implications for the commissioning of services and also the way in which services interact with LGBTQ+ people to ensure care is meeting their needs and that people feel able to access support.

In addition to our “My Health, Our Future” data, findings from our LGBTQ+ survey relevant to this paper include:

- Feedback from a local Trans Support Group indicated that many GPs are not equipped to support young transgender individuals. Children and young people who are questioning their gender or going through a transition, need access to a GP trained specifically to support them.
- Although many people had positive experiences of interaction with local services, it is evident that many have experienced inequality, hostility, stigma and heteronormativity within services. This has been a barrier to receiving care that meets their needs.
- Access to appropriate care that is specific to the needs of LGBTQ+ people is an issue and there is variation between services (e.g. GP approaches to the management of hormone levels).

Examples of feedback from LGBTQ+ people about their experiences of GP practices include:

- “I am lucky enough to be able to say that my GP has no issues with my being gay, and when it is relevant I can discuss related matters with him…”
- “My GP has bibles in the waiting room and a large sign in his consulting room inviting patients to ‘Pray with me if it’s bad news’. As a gay man I feel very anxious my doctor is a practising Christian. I feel inhibited and frightened to discuss health issues concerned with my sexuality.”
- “It can be awkward to get past the sexually active but not using contraception. Doctors and nurses tend to assume you’re straight.”
- “…I’ve met with doctors and nurses who assume that male homosexuality is about promiscuity and that we are all accepting of open discussion of sexual practices. So many misunderstandings…”
- “Assumption that your sexual partners are of the opposite sex… Loses trust straight away.”
- “…When seeing a locum with our son but without my wife, he asked what...”
my 'husband' did for work. I stated that my 'wife' did... He then said 'oh so you are the husband'. Then proceeded to tell me that our son could legally find his father when he is older. He knew nothing about us. It was a very horrible situation...

“...Many GPs still won’t refer to GIC on first presentation... General treatment is highly variable... In terms of hormone monitoring, my doctors listened and were receptive to my needs. Doctors at a different practice would not accept that I had experience and knowledge about my own treatment and refused any alteration to hormone prescriptions (if required by blood tests) without GIC approval, despite the result being the same - raise/lower dose as needed, check bloods in 8 weeks (which I had in writing from the GIC).”

“Over the years I have met with open hostility and clear prejudice especially from GPs and GP practice staff. Questions like “are you a homo?” and “I suppose you go to gay saunas?”... Sent by a GP to a sexual health clinic because of a verucca... They gave me a prescription for bazuka (yes, seriously. I had already purchased it but I think they felt compelled to do something)... There is no chance of discussing any concerns with a GP - mine cannot talk about sex without getting so flustered that he has to resort to crude remarks or shuffles around in his chair...”
What do we think?

We note that the majority of people’s experiences are positive overall. Indeed, the overall star rating of the services (based on Healthwatch Suffolk and NHS website data) has increased from 3.84 to 3.94 stars.

Despite the rise in overall star ratings within the period, there remains too much variation in people’s experiences across all aspects of provision (e.g. waiting times, access, treatment and staff attitude).

The reasons for this are both complicated and varied. They can also be highly localised and population specific. However, it continues to be our view that the NHS needs to make booking and cancelling appointments much simpler across the county.

It is hoped that the use of new technology such as the NHS App, may go some way to improving this. However, this cannot be relied upon as a single solution (it will not be suited to everyone) and must be coupled with other efforts to better manage access to appointments.

Where problems with access exist, it is our view that improvements can be made. This might include:

- Better promotion of alternative services such as GP+, which we know is not pro-actively offered to patients by all local practices.
- Improved knowledge about signposting and the availability of other services that can meet the needs of patients.
- Better communication with patients about practice procedures and care navigation. Healthwatch Suffolk can support practices to engage patients about this, whilst also obtaining feedback to support service planning.
- Encouraging patients to sign-up to digital access solutions (e.g. the NHS App) where possible and having conversations with people about sharing their full health record.
- When patients are calling to book an appointment, people prefer a system that provides information about where they are in the call queue.
- Ensure there is a trusted voice on the automated telephone line, perhaps allocating a known GP to be the voice of the practice.
- Making use of dedicated means through which people can cancel appointments (e.g. digital or telephone based).

Our data shows that some patients continue to indicate a reticence to engage with new ways of working (e.g. care navigation). We believe this is, in part, due to a lack of understanding about the way in which practices operate and the extent to which various professionals can respond to patient need.

The reality is that practices have been forced to operate in this way because of workforce pressures and directives from NHS England. The concept of care navigation is still new to the public and within the history of primary care provision. It will take time, culturally, to embed these new ways of working and to make people feel more comfortable about speaking with non-clinicians about their health.

Healthwatch Suffolk is currently working with the Suffolk GP Federation to produce a series of short videos that will help to explain more about the range of professionals people may be referred to within their local practice. We are hopeful that local practices and commissioners may be able to use these videos to support patient education.

It is to be commended that people’s
experiences of treatment at their practice is highly positive, once they have obtained an appointment. Where there is negativity about staff or experience of treatment, this tends to be related to the nature of people’s interaction with professionals and the perception of poor staff attitude.

It is absolutely right to expect a zero tolerance approach to poor patient behaviour but we must not forget that this should be reciprocated by staff at all times. There simply cannot be a place for dismissive or rude attitudes by GPs or staff toward patients.

Data obtained as part of the efforts to inform future strategies for mental health provision in Waveney and east and west Suffolk indicates that mental health support from GP practices is too varied. There is a lack of consistency in approach and knowledge that means patients report very different experiences across the county.

Some patients report very good experiences and these are often attributed to particular individual GPs or other professionals. Others report a lack of understanding by their GP, or that they had not been referred to the support or treatment they need. This is compounded by a severe lack of access to mental health provision in the county.

The new mental health strategies that were agreed in February and March 2019 are an opportunity to address these concerns.

We know that GP’s spend significant amounts of their time treating mental health concerns and that they are not always best placed to address people’s concerns. We do feel, however, that practices could do more to support people’s mental health. This could include training for professionals, partnership working with other services and ensuring a consistent offer of information about local support (NHS or otherwise) both within the practice and on the practice website.

Feedback highlighted within this paper shows that there is a need for greater awareness about the issues faced by LGBTQ*+ people when accessing health and care services. This could be improved with better training for all staff and perhaps better links with external specialist organisations or support networks.

We know that LGBTQ*+ young people are particularly vulnerable to issues that may impact upon their wellbeing. It is imperative that GP practices do everything they can to ensure that every patient feels safe and fully able to discuss health issues, including sexual health issues, without fear of judgment or inappropriate questioning.

Looking ahead, Healthwatch Suffolk is aware of the intentions of NHS England, local commissioners and providers to bring about Primary Care Networks, which will be in addition to existing Integrated neighbourhood Teams.

A core concept in the latest NHS long-term plan, Primary Care Networks aim to formally gather general practices in order to work together and offer patients a wider range of services. This includes services that individual practices may have previously been unable to provide (such as first contact physiotherapy or social prescribing), while also easing any ongoing local staffing issues or financial pressures.

The expectation from NHS England is that the vast majority of these networks will be geographically-based, each covering a minimum population of 30,000. Integrated community-based teams will be developed around these areas, while mental health and community services will be expected to form around these designated boundaries.

Although Wales, Scotland and Northern
Ireland have already implemented similar models, collaboration has been most successful historically when established in an organic manner, and it is accepted that an investment in both time and energy is required in order to nurture relationships between newly-linked practices.

Initiatives, such as Primary Care Networks, are necessary in a climate where patients and family carers would wish for more joined up health and care services and best use of resources. It will be important however, that there is adequate information for people about this developing work and opportunities for people to influence their work locally wherever possible.
Interpreting the practice tables

The practice tables highlighted within the following sections combine data from the Healthwatch Suffolk website, NHS website, national GP Patient Survey 2018 and the Care Quality Commission.

The tables are sorted by Healthwatch Suffolk and NHS website feedback quantity and no other measure.

It is important to note that star ratings alone can be misleading if feedback quantity is low. That is why we have included a new column called “Overall experience good”.

The figure recorded within the “Overall experience good” column is the combined percentage of people that either:

- Rated their practice as four or five stars on the Healthwatch Suffolk website.
- Rated their practice as four or five stars on the NHS website.
- Rated their practice as “good” or “very good” overall within their responses to the GP Patient Survey 2018.

The figure recorded next to the percentage figure in brackets is the total combined responses from any of the above sources, which should be higher than the total star ratings recorded by Healthwatch Suffolk or the NHS website alone.

We have included indicators within the tables that aim to show how the data differs from that reported in our last report (published in February 2018) and how the practice compares with the average figures for their particular CCG area.

Please refer to the top of the tables for more information about these indicators.
Practice breakdown
(Ipswich and East Suffolk Clinical Commissioning Group)
Within this section, you will find information about member practices of the NHS Ipswich and East Suffolk Clinical Commissioning Group.

We have included a table that brings information together from multiple sources for the purposes of comparison. Practices are only listed if Healthwatch Suffolk has recorded feedback about them.

The data shown includes:

- Amalgamated feedback recorded by Healthwatch Suffolk and the NHS website. This feedback has been jointly interpreted to determine sentiment.
- Care Quality Commission ratings as listed on the regulators website at the time of publication.
- Figures from the National GP Survey 2018 (Published by Ipsos Mori).
**NHS Ipswich and East CCG practice table**

**Important note:** GP Patient Survey 2018 data is January to April 2018. NHS and Healthwatch data is March 2018 to March 2019. Tables are sorted by Healthwatch Suffolk and NHS website feedback quantity.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Comments</th>
<th>Star rating</th>
<th>All feedback (% Positive)</th>
<th>HWS Link</th>
</tr>
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<tbody>
<tr>
<td>Constable Country Rural Medical Practice (All sites)</td>
<td>138</td>
<td>3.8</td>
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<tr>
<td>Debenham Group Practice (All sites)</td>
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</tr>
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<td>65% (+3%)</td>
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<tr>
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<td>81% (+19%)</td>
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<td>3.8</td>
<td>62% (=)</td>
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<tr>
<td>Bilstedon Health Centre</td>
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<td>4.7</td>
<td>84% (+22%)</td>
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<td>Framfield House Surgery</td>
<td>49</td>
<td>4.0</td>
<td>51% (-11%)</td>
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</tbody>
</table>
**Comparison from previous report published February 2018**

- Same
- Improved
- Poorer

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**GP Patient survey and combined data**

*Note:*

- Overall experience good" is the combination of those who rated their practice as four or five star on the NHS/Healthwatch Suffolk website and people that rated their practice as “good” or “Very good” overall within the GP survey 2018. The figure in brackets is the total number of combined responses from these sources.

- (+) = Higher than this CCG area average
- (-) = Less than this CCG area average
- (=) = Same as this CCG area average

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<tr>
<th>Overall experience “good”</th>
<th>National GP Surveys completed</th>
<th>Booking appointments (Good)</th>
<th>Got an appointment last time tried</th>
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<td>63% (278)</td>
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<td>81% (+)</td>
<td>Good</td>
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<td>79% (151)</td>
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<td>64% (=)</td>
<td>Good</td>
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<td>78% (178)</td>
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<td>66% (+)</td>
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<td>97% (142)</td>
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<td>83% (212)</td>
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<td>78% (+)</td>
<td>66% (+)</td>
<td>Good</td>
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**The Care Quality Commission**

*Note:*

Colour icons indicate whether the rating has changed since our report published February 2018.

Ratings are as available on the CQC website at time of publication.
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<th>Comments</th>
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<td>4.8</td>
<td>▲ 86% (+24%)</td>
<td></td>
</tr>
<tr>
<td>Little St John Street Surgery</td>
<td>14</td>
<td>4.4</td>
<td>▼ 57% (-5%)</td>
<td></td>
</tr>
<tr>
<td>The Leiston Surgery*</td>
<td>14</td>
<td>4.1</td>
<td>▼ 64% (+2%)</td>
<td></td>
</tr>
<tr>
<td>Overall experience &quot;good&quot;</td>
<td>National GP Surveys completed</td>
<td>Booking appointments (Good)</td>
<td>Got an appointment last time tried</td>
<td>CQC rating</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>76% (370)</td>
<td>100</td>
<td>66% (-)</td>
<td>48% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>98% (118)</td>
<td>139</td>
<td>94% (+)</td>
<td>84% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>73% (240)</td>
<td>117</td>
<td>62% (-)</td>
<td>45% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>77% (91)</td>
<td>108</td>
<td>83% (-)</td>
<td>84% (-)</td>
<td>Inadequate</td>
</tr>
<tr>
<td>66% (248)</td>
<td>110</td>
<td>64% (-)</td>
<td>46% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>91% (112)</td>
<td>119</td>
<td>90% (+)</td>
<td>78% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>87% (155)</td>
<td>134</td>
<td>86% (+)</td>
<td>84% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>92% (130)</td>
<td>104</td>
<td>86% (+)</td>
<td>68% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>91% (82)</td>
<td>112</td>
<td>93% (+)</td>
<td>87% (+)</td>
<td>Outstanding</td>
</tr>
<tr>
<td>81% (110)</td>
<td>127</td>
<td>72% (-)</td>
<td>62% (-)</td>
<td>Archived (Good)</td>
</tr>
<tr>
<td>85% (130)</td>
<td>131</td>
<td>77% (+)</td>
<td>57% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>68% (77)</td>
<td>111</td>
<td>47% (-)</td>
<td>32% (-)</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>95% (78)</td>
<td>128</td>
<td>82% (+)</td>
<td>68% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>84% (235)</td>
<td>104</td>
<td>74% (-)</td>
<td>59% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>99% (213)</td>
<td>132</td>
<td>92% (+)</td>
<td>83% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>91% (148)</td>
<td>118</td>
<td>86% (+)</td>
<td>82% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>96% (211)</td>
<td>126</td>
<td>85% (-)</td>
<td>77% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>98% (105)</td>
<td>127</td>
<td>93% (+)</td>
<td>80% (+)</td>
<td>Outstanding</td>
</tr>
<tr>
<td>90% (107)</td>
<td>127</td>
<td>83% (+)</td>
<td>73% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>Practice</td>
<td>Comments</td>
<td>Star rating</td>
<td>All feedback (% Positive)</td>
<td>HWS Link</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------</td>
<td>-------------</td>
<td>---------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>The Norwich Road Surgery</td>
<td>13</td>
<td>2.5</td>
<td>23% (-39%)</td>
<td></td>
</tr>
<tr>
<td>Felixstowe Road Medical Practice</td>
<td>11</td>
<td>2.0</td>
<td>27% (-35%)</td>
<td></td>
</tr>
<tr>
<td>Hawthorn Drive Surgery</td>
<td>9</td>
<td>3.2</td>
<td>44% (-18%)</td>
<td></td>
</tr>
<tr>
<td>Orchard Street Medical Practice*</td>
<td>9</td>
<td>4.3</td>
<td>56% (-6%)</td>
<td></td>
</tr>
<tr>
<td>Barrack Lane Medical Centre</td>
<td>6</td>
<td>4.3</td>
<td>83% (+21%)</td>
<td></td>
</tr>
<tr>
<td>Grove Medical Centre*</td>
<td>6</td>
<td>4.0</td>
<td>67% (+5%)</td>
<td></td>
</tr>
<tr>
<td>Ivry Street Medical Practice</td>
<td>5</td>
<td>4.4</td>
<td>80% (+18%)</td>
<td></td>
</tr>
<tr>
<td>The Barham &amp; Claydon Surgery</td>
<td>1</td>
<td>4</td>
<td>100% (+38%)</td>
<td></td>
</tr>
<tr>
<td>Overall experience “good”</td>
<td>National GP Surveys completed</td>
<td>Booking appointments (Good)</td>
<td>Got an appointment last time tried</td>
<td>CQC rating</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>68% (147)</td>
<td>103</td>
<td>↓ 56% (-)</td>
<td>↓ 56% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>85% (153)</td>
<td>115</td>
<td>↑ 63% (-)</td>
<td>↑ 46% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>77% (112)</td>
<td>109</td>
<td>↑ 73% (-)</td>
<td>↓ 63% (-)</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>90% (198)</td>
<td>115</td>
<td>↓ 90% (+)</td>
<td>↓ 88% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>83% (233)</td>
<td>110</td>
<td>↑ 78% (+)</td>
<td>↓ 65% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>88% (204)</td>
<td>109</td>
<td>↑ 76% (=)</td>
<td>↓ 57% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>95% (160)</td>
<td>114</td>
<td>↓ 84% (+)</td>
<td>↑ 68% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>89% (36)</td>
<td>114</td>
<td>↓ 79% (+)</td>
<td>↓ 66% (+)</td>
<td>Good</td>
</tr>
</tbody>
</table>
NHS Ipswich and East Suffolk CCG practice theme table

Important note: Tables are sorted by Healthwatch Suffolk and NHS website feedback quantity. Only practices with 30 or more responses are included. Feedback quantity is an important factor in determining the validity of a theme and be misleading if not accounted for.

Please note the following information regarding our themes:

- **Ease of access**: Includes references to people’s experience of booking appointments, waiting times and lack of access.
- **Staff**: Includes any mention of a member of the practice staff team.
- **Quality and experience**: Includes references where people have commented about their experience of treatment.

We have also included an example positive quote for each practice.

<table>
<thead>
<tr>
<th>Positive comments</th>
<th>Total comments</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constable Country Medical Practice (138 comments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of access</td>
<td>41</td>
<td>81</td>
</tr>
<tr>
<td>Staff</td>
<td>58</td>
<td>78</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>14</td>
<td>21</td>
</tr>
</tbody>
</table>

“I don’t like going to see doctors if I can help it but the staff at this surgery are so wonderful that they put me at ease immediately. The reception staff are open, welcoming and helpful. The pharmacy staff are outstanding and the doctor I saw today was particularly wonderful - empathetic, attentive, astute, professional and kind. I feel very lucky to have a centre like this as my local surgery.”

| Debenham Group Practice (138 comments) | | |
| Ease of access                        | 74             | 125        | 59%  |
| Staff                                 | 44             | 45         | 98%  |
| Quality and experience                | 13             | 15         | 87%  |

“They are absolutely wonderful. No trouble getting an appointment, it realy is fantastic care that we’ve had. The attention and information give has always been very good.”
### Combs Ford Surgery (126 comments)

<table>
<thead>
<tr>
<th></th>
<th>50</th>
<th>95</th>
<th>53%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>50</td>
<td>95</td>
<td>53%</td>
</tr>
<tr>
<td>Staff</td>
<td>53</td>
<td>62</td>
<td>85%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>15</td>
<td>16</td>
<td>94%</td>
</tr>
</tbody>
</table>

“Very responsive when you call, they organised a home visit really quickly. The queue system on the phone is an improvement and care navigation has been great and ensures the right person sees me. The staff are all kind and the emergency care practitioner I saw discussed the care needed very well and really listened to what the problems were, really great.”

### Stowhealth (96 comments)

<table>
<thead>
<tr>
<th></th>
<th>47</th>
<th>57</th>
<th>82%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>47</td>
<td>57</td>
<td>82%</td>
</tr>
<tr>
<td>Staff</td>
<td>30</td>
<td>33</td>
<td>91%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

“I cannot praise the surgery highly enough for their help and support following my recent surgery. The nursing team were excellent - always patient and reassuring and I am so grateful to them all for helping me through this challenging time. Particular thanks to one lovely nurse who always greeted me with a smile and reassured me greatly. Thanks to everyone, from the kind reception staff to the excellent nursing team.”

### Needham Market Country Practice (65 comments)

<table>
<thead>
<tr>
<th></th>
<th>19</th>
<th>53</th>
<th>36%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>19</td>
<td>53</td>
<td>36%</td>
</tr>
<tr>
<td>Staff</td>
<td>29</td>
<td>31</td>
<td>94%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>9</td>
<td>9</td>
<td>100%</td>
</tr>
</tbody>
</table>

“Like the appointment system, its always better to be able to book in advance but I don’t have difficulties normally. Staff are pleasant and the surgery is nice, light and airy. The dispensary staff are helpful and will sort issues out quickly. I do like to see my own GP as he knows me and what’s going on. Having the call backs from my GP works very well too.”
Mendlesham Medical Group (63 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>Quality and experience</th>
<th>Staff</th>
<th>Quality and experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43</td>
<td></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>48</td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td></td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>

“I really like my doctors as they listen to your concerns and really try to help. Appointments are easy enough to get and I don’t have any issues getting to see someone. They explain things well and it’s great to have the pharmacy on site.”

Deben Road Surgery (56 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>Quality and experience</th>
<th>Staff</th>
<th>Quality and experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20</td>
<td></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td></td>
<td>44%</td>
<td></td>
</tr>
</tbody>
</table>

“I would highly recommend this surgery. The reception staff in particular have always been so helpful and friendly and will always go out of their way to help. Myself and my family have been highly impressed with all the staff and are saddened to be moving out of this surgery’s catchment area. Thank you to all the staff.”

The Chesterfield Drive Practice (55 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>Quality and experience</th>
<th>Staff</th>
<th>Quality and experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td></td>
<td>76%</td>
<td></td>
</tr>
</tbody>
</table>

“I don’t go very often (which suits me well!) however the few contacts that I have had with the surgery have been superb.”

Saxmundham Health Centre (54 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>Quality and experience</th>
<th>Staff</th>
<th>Quality and experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27%</td>
<td></td>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

“Treatment from a particular doctor who is classed as the locum is fantastic and knowledgeable. His clinical expertise is fantastic! I find that he listens and also answers your questions when you need further clarification and also keeps you informed via written official doctors letter and telephone consultation if requested. Extremely polite and well mannered professional.”
<table>
<thead>
<tr>
<th>Bildeston Health Centre (50 comments)</th>
<th>Ease of access</th>
<th>13</th>
<th>21</th>
<th>62%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>28</td>
<td>29</td>
<td></td>
<td>97%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>4</td>
<td>4</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

“They are lovely, you can get appointments when you need them and I use both the morning and afternoon sessions. Everything works well and the staff are all helpful and the GPs are great.”

<table>
<thead>
<tr>
<th>Framfield House Surgery (49 comments)</th>
<th>Ease of access</th>
<th>15</th>
<th>29</th>
<th>52%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>9</td>
<td>16</td>
<td></td>
<td>56%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>4</td>
<td>5</td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

“This is a great practice as far as we are concerned. Always able to get an appointment when we need one. The nursing staff are particularly caring. We feel very lucky.”

<table>
<thead>
<tr>
<th>Two Rivers Medical Centre (47 comments)</th>
<th>Ease of access</th>
<th>10</th>
<th>31</th>
<th>32%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>16</td>
<td>21</td>
<td></td>
<td>76%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>8</td>
<td>9</td>
<td></td>
<td>89%</td>
</tr>
</tbody>
</table>

“Great experience good initial phone assessment then offered appointment 40 mins later - understanding GP who took time to listen and ease concerns.”

<table>
<thead>
<tr>
<th>Fressingfield Medical Centre (45 comments)</th>
<th>Ease of access</th>
<th>19</th>
<th>22</th>
<th>86%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>20</td>
<td>23</td>
<td></td>
<td>87%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>14</td>
<td>14</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

“Good, staff were very friendly caring and understanding in all departments. Doctors all great, I have every confidence in them and my own doctor is wonderful with my elderly parents.”
| Ravenswood Medical Practice (43 comments) | Ease of access | 3 | 30 | 10% |
| | Staff | 3 | 11 | 27% |
| | Quality and experience | 2 | 3 | 67% |

“At first I wasn’t sure about having to speak to a GP on the phone before having an actual appointment but I’m really impressed with the range of issues that have been dealt with over the phone without the need for me to come in. I’ve seen a few different GP’s and nurses and I’ve been impressed with all of them.”

| Walton Surgery (34 comments) | Ease of access | 6 | 18 | 33% |
| | Staff | 4 | 8 | 50% |
| | Quality and experience | 3 | 3 | 100% |

“Had a blood test today and as usual was treated very well by the HCA. I have had no problem accessing the service.”

| Burlington Primary Care (33 comments) | Ease of access | 3 | 20 | 15% |
| | Staff | 6 | 15 | 40% |
| | Quality and experience | 2 | 3 | 67% |

“Have an outstanding and supportive service from the practice. They do try to make sure that my son sees the same GP all the time.”

| Eye Health Centre (31 comments) | Ease of access | 15 | 20 | 75% |
| | Staff | 4 | 7 | 57% |
| | Quality and experience | 3 | 3 | 100% |

“Seen quickly and the staff are friendly. In particular, the reception staff are really good. Medical staff are very good at explaining issues and absolutely nothing needs to change.”
### Framlingham Medical Practice (31 comments)

<table>
<thead>
<tr>
<th></th>
<th>Rating 1</th>
<th>Rating 2</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>6</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>Staff</td>
<td>11</td>
<td>14</td>
<td>79%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>8</td>
<td>8</td>
<td>100%</td>
</tr>
</tbody>
</table>

“Thank you for the excellent service that Framlingham Medical Practice has provided me. I read some of the past feedback received by your surgery and wanted the staff to be aware that my personal experience has been always very positive. You have provided a great service for my family and I wanted to publicly thank you.”

### Haven Health (31 comments)

<table>
<thead>
<tr>
<th></th>
<th>Rating 1</th>
<th>Rating 2</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>15</td>
<td>18</td>
<td>83%</td>
</tr>
<tr>
<td>Staff</td>
<td>7</td>
<td>10</td>
<td>70%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
</tbody>
</table>

“I called the doctors at 8am this morning for a problem I had, I spoke to the receptionist who could not have been more helpful and gave me a same day appointment at 10.10 am, I saw a doctor who was very caring and helpful, well done Haven Health, thank you very much a wonderful service.”
Practice breakdown
(NHS West Suffolk Clinical Commissioning Group)
Within this section, you will find information about member practices of the NHS West Suffolk Clinical Commissioning Group.

We have included a table that brings information together from multiple sources for the purposes of comparison. Practices are only listed if Healthwatch Suffolk has recorded feedback about them.

The data shown includes:

- Amalgamated feedback recorded by Healthwatch Suffolk and the NHS website. This feedback has been jointly interpreted to determine sentiment.
- Care Quality Commission ratings as listed on the regulator’s website at the time of publication.
- Figures from the National GP Survey 2018 (Published by Ipsos Mori).
### NHS West Suffolk CCG practice table

**Important note:** GP patient Survey 2018 data is January to April 2018. NHS and Healthwatch data is March 2018 to March 2019. Tables are sorted by Healthwatch Suffolk and NHS website feedback quantity.

#### Healthwatch Suffolk and NHS website feedback

**Note:**
- (+%) = Higher than this CCG area average
- (-%) = Less than this CCG area average
- (=) = Same as this CCG area average

Colour icons indicate if overall sentiment has changed since our report published February 2018.

*Practice is using the Healthwatch Suffolk widget to invite feedback from the public.
*Practice has requested the Healthwatch Suffolk widget but has not yet launched it.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Comments</th>
<th>Star rating</th>
<th>All feedback % Positive</th>
<th>HWS Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Guildhall and Barrow Surgery*</td>
<td>91</td>
<td>4.5</td>
<td>74% (+8%)</td>
<td></td>
</tr>
<tr>
<td>Siam Surgery</td>
<td>78</td>
<td>4.5</td>
<td>69% (+3%)</td>
<td></td>
</tr>
<tr>
<td>Christmas Maltings and Clements Surgery</td>
<td>77</td>
<td>2.9</td>
<td>38% (-28%)</td>
<td></td>
</tr>
<tr>
<td>Swan Surgery*</td>
<td>76</td>
<td>4.5</td>
<td>69% (+3%)</td>
<td></td>
</tr>
<tr>
<td>Forest Group Practice</td>
<td>60</td>
<td>4.2</td>
<td>70% (+4%)</td>
<td></td>
</tr>
<tr>
<td>The Long Melford Practice</td>
<td>60</td>
<td>3.6</td>
<td>60% (-6%)</td>
<td></td>
</tr>
<tr>
<td>Giemsford Surgery</td>
<td>54</td>
<td>4.6</td>
<td>89% (+23%)</td>
<td></td>
</tr>
<tr>
<td>Brandon Medical Practice</td>
<td>38</td>
<td>4.1</td>
<td>76% (+10%)</td>
<td></td>
</tr>
<tr>
<td>Botesdale Health Centre</td>
<td>37</td>
<td>4.6</td>
<td>73% (+7%)</td>
<td></td>
</tr>
<tr>
<td>Market Cross Surgery</td>
<td>31</td>
<td>4.6</td>
<td>68% (+2%)</td>
<td></td>
</tr>
<tr>
<td>Rookery Medical Partnership</td>
<td>30</td>
<td>4.1</td>
<td>60% (-6%)</td>
<td></td>
</tr>
</tbody>
</table>
### GP Patient Survey and combined data

Note:
"Overall experience good" is the combination of those who rated their practice as four or five star on the NHS/Healthwatch Suffolk website and people that rated their practice as “good” or “Very good” overall within the GP survey 2018. The figure in brackets is the total number of combined responses from these sources.

- (+) = Higher than this CCG area average
- (-) = Less than this CCG area average
- (=) = Same as this CCG area average

<table>
<thead>
<tr>
<th>Overall experience “good”</th>
<th>National GP Surveys completed</th>
<th>Booking appointments (Good)</th>
<th>Choice of appointment last time tried</th>
<th>CQC rating</th>
<th>CQC link</th>
</tr>
</thead>
<tbody>
<tr>
<td>93% (254)</td>
<td>112</td>
<td>↑ 90% (+)</td>
<td>↓ 80% (+)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>82% (205)</td>
<td>121</td>
<td>↑ 82% (+)</td>
<td>↓ 73% (+)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>53% (304)</td>
<td>116</td>
<td>↓ 35% (-)</td>
<td>↓ 31% (-)</td>
<td>Inadequate</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>88% (229)</td>
<td>103</td>
<td>↓ 78% (+)</td>
<td>↓ 80% (+)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>87% (162)</td>
<td>118</td>
<td>↓ 76% (+)</td>
<td>↓ 65% (-)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>80% (191)</td>
<td>136</td>
<td>↓ 69% (-)</td>
<td>↓ 54% (-)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>93% (120)</td>
<td>132</td>
<td>↓ 88% (+)</td>
<td>↓ 82% (+)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>85% (110)</td>
<td>115</td>
<td>↑ 78% (+)</td>
<td>↓ 57% (-)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>94% (161)</td>
<td>129</td>
<td>↑ 88% (+)</td>
<td>↓ 83% (+)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>97% (148)</td>
<td>117</td>
<td>↓ 76% (+)</td>
<td>↓ 70% (+)</td>
<td>Outstanding</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
<tr>
<td>90% (218)</td>
<td>98</td>
<td>↑ 77% (+)</td>
<td>↓ 73% (+)</td>
<td>Good</td>
<td><img src="#" alt="CQC link" /></td>
</tr>
</tbody>
</table>

### The Care Quality Commission

Note:
Colour icons indicate whether the rating has changed since our report published February 2018.

Ratings are as available on the CQC website at time of publication.
<table>
<thead>
<tr>
<th>Practice</th>
<th>Comments</th>
<th>Star rating</th>
<th>All feedback % Positive</th>
<th>HWS Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angel Hill Surgery*</td>
<td>8</td>
<td>3.5</td>
<td>50% (+16%)</td>
<td></td>
</tr>
<tr>
<td>Woolpit Health Centre</td>
<td>8</td>
<td>3.5</td>
<td>63% (-3%)</td>
<td></td>
</tr>
<tr>
<td>Haverhill Family Practice</td>
<td>6</td>
<td>5.0</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Oakfield Surgery*</td>
<td>6</td>
<td>4.3</td>
<td>67% (+1%)</td>
<td></td>
</tr>
<tr>
<td>Victoria Surgery</td>
<td>6</td>
<td>3.7</td>
<td>67% (+1%)</td>
<td></td>
</tr>
<tr>
<td>Lakenheath Surgery</td>
<td>5</td>
<td>2.0</td>
<td>20% (-46%)</td>
<td></td>
</tr>
<tr>
<td>Hardwicke House Group Practice*</td>
<td>4</td>
<td>4.2</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Wickhambrook Surgery</td>
<td>3</td>
<td>4.5</td>
<td>67% (+1%)</td>
<td></td>
</tr>
<tr>
<td>Orchard House Surgery*</td>
<td>2</td>
<td>4.0</td>
<td>50% (-16%)</td>
<td></td>
</tr>
<tr>
<td>Reynard Surgery and White House Surgery</td>
<td>2</td>
<td>4.0</td>
<td>50% (-16%)</td>
<td></td>
</tr>
<tr>
<td>Practice Name</td>
<td>Overall experience</td>
<td>National GP Surveys completed</td>
<td>Booking appointments (Good)</td>
<td>Choice of appointment last time tried</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Angel Hill Surgery</td>
<td>87% (195)</td>
<td>111</td>
<td>➔ 72 (-)</td>
<td>➔ 67 (+)</td>
</tr>
<tr>
<td>Woolpit Health Centre</td>
<td>90% (194)</td>
<td>133</td>
<td>➑ 75 (+)</td>
<td>➑ 65 (-)</td>
</tr>
<tr>
<td>Haverhill Family Practice</td>
<td>72% (199)</td>
<td>111</td>
<td>➖ 48 (-)</td>
<td>➖ 38 (-)</td>
</tr>
<tr>
<td>Oakfield Surgery</td>
<td>93% (100)</td>
<td>101</td>
<td>➔ 82 (+)</td>
<td>➔ 72 (+)</td>
</tr>
<tr>
<td>Victoria Surgery</td>
<td>93% (151)</td>
<td>119</td>
<td>➖ 72 (-)</td>
<td>➖ 60 (-)</td>
</tr>
<tr>
<td>Lakenheath Surgery</td>
<td>67% (76)</td>
<td>103</td>
<td>➖ 62 (-)</td>
<td>➖ 55 (-)</td>
</tr>
<tr>
<td>Hardwicke House Group Practice</td>
<td>91% (310)</td>
<td>116</td>
<td>➔ 76 (+)</td>
<td>➔ 68 (+)</td>
</tr>
<tr>
<td>Wickhambrook Surgery</td>
<td>91% (67)</td>
<td>120</td>
<td>➖ 85 (+)</td>
<td>➖ 76 (+)</td>
</tr>
<tr>
<td>Reynard Surgery and White House</td>
<td>87% (76)</td>
<td>117</td>
<td>➖ 90 (+)</td>
<td>➖ 83 (+)</td>
</tr>
<tr>
<td>Orchard House Surgery</td>
<td>90% (104)</td>
<td>113</td>
<td>➖ 87 (+)</td>
<td>➖ 85 (+)</td>
</tr>
</tbody>
</table>
### NHS West Suffolk CCG Practice theme table

**Important note:** Tables are sorted by Healthwatch Suffolk and NHS website feedback quantity. Only practices with 30 or more responses are included. Feedback quantity is an important factor in determining the validity of a theme and be misleading if not accounted for.

Please note the following information regarding our themes:

- **Ease of access:** Includes references to people’s experience of booking appointments, waiting times and lack of access.
- **Staff:** Includes any mention of a member of the practice staff team.
- **Quality and experience:** Includes references where people have commented about their experience of treatment.

We have also included an example positive quote for each practice.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Positive comments</th>
<th>Total comments</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Guildhall and Barrow Surgery (91 comments)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of access</td>
<td>21</td>
<td>38</td>
<td>55%</td>
</tr>
<tr>
<td>Staff</td>
<td>27</td>
<td>34</td>
<td>79%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>16</td>
<td>18</td>
<td>89%</td>
</tr>
</tbody>
</table>

*“Friendly and professional surgery, always looked after me. I can get advanced appointments when needed or on the day. I was ill this winter and I was very well cared for.”*

<table>
<thead>
<tr>
<th>Practice</th>
<th>Positive comments</th>
<th>Total comments</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Siam Surgery (Sudbury Community Health Centre) (78 comments)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of access</td>
<td>37</td>
<td>47</td>
<td>79%</td>
</tr>
<tr>
<td>Staff</td>
<td>28</td>
<td>39</td>
<td>72%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>5</td>
<td>7</td>
<td>71%</td>
</tr>
</tbody>
</table>

*“Very efficient, you can get appointments when they are needed and staff are very very good, they have a caring nature. There’s nothing that needs improving at this time.”*

<table>
<thead>
<tr>
<th>Practice</th>
<th>Positive comments</th>
<th>Total comments</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clements And Christmas Maltings Surgery (77 comments)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of access</td>
<td>17</td>
<td>62</td>
<td>27%</td>
</tr>
<tr>
<td>Staff</td>
<td>11</td>
<td>20</td>
<td>55%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>2</td>
<td>3</td>
<td>67%</td>
</tr>
</tbody>
</table>
"I have had nothing but excellent service from this doctor’s surgery. Yes, it can take a while on the phone - but new systems are in place to help with this. Every time I have needed to see or speak to a doctor, I have been given access. The doctors, nurses, support staff all are working in very difficult situations, with little finding and time. They are all providing the best care they can, and are doing an excellent job."

Swan Surgery (76 comments)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>29</td>
<td>45</td>
<td>64%</td>
</tr>
<tr>
<td>Staff</td>
<td>28</td>
<td>37</td>
<td>76%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

“This practice suits me very well - it is absolutely brilliant! I transferred here because I felt I wasn’t listened to at my previous practice. Every single person I have seen here has been great."

Forest Group Practice (60 comments)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>16</td>
<td>36</td>
<td>44%</td>
</tr>
<tr>
<td>Staff</td>
<td>18</td>
<td>22</td>
<td>82%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

“I feel much better looked after here than I did a few years ago. I can now get a (timely) appointment and the doctors seem better. The reception staff are great."

The Long Melford Practice (60 comments)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>18</td>
<td>56</td>
<td>32%</td>
</tr>
<tr>
<td>Staff</td>
<td>23</td>
<td>24</td>
<td>96%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>5</td>
<td>9</td>
<td>56%</td>
</tr>
</tbody>
</table>

“I personally find this surgery to be excellent. Can always get through to reception who usually get the duty doctor to phone back to discuss - and then book an appointment if necessary. Have no complaints about the care received staff are always smiling and helpful and waiting times are minimal.”
### Glemsford Surgery (54 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>29</th>
<th>38</th>
<th>76%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff</td>
<td>40</td>
<td>41</td>
<td>98%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>4</td>
<td>4</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

It’s a good service. I have a good relationship with the GPs I see and I’m happy to see different doctors. Staff are helpful and will try to do all they can to get you fitted in.

### Brandon Medical Practice (38 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>9</th>
<th>19</th>
<th>47%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff</td>
<td>24</td>
<td>27</td>
<td>89%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>6</td>
<td>6</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

“Today I visited Brandon Medical Practice and had a consultation with one of the partners, it was exceptionally thorough, comprehensive and compassionate. I have never received such a high standard of care in any other practice. I feel that my health concerns are in the best hands possible and that gives me a sense of optimism with regards to the future.”

### Botesdale Health Centre (37 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>9</th>
<th>13</th>
<th>69%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff</td>
<td>9</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>8</td>
<td>8</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

“Excellent, every one of the doctors is lovely. They really know me well and they are all very nice. It's a very homely surgery and this is important to me. They always give plenty of time to discuss things with them. I never have any problems getting prescriptions and it all works very well for me.”

### Market Cross Surgery (31 comments)

<table>
<thead>
<tr>
<th></th>
<th>Ease of access</th>
<th>7</th>
<th>7</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff</td>
<td>5</td>
<td>7</td>
<td>71%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>5</td>
<td>5</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
"This is a rural practice and I have previous experience of a large urban practice. They are like chalk and cheese! This is a very personal place, I have only had good experiences. I can get a routine appointment with my favourite clinician within a couple of weeks. On the day consultations/appointments are available for emergencies. I have always thought my consultations have been thorough and the advice/treatment reassuring."

The Rookery Medical Centre (30 comments)

<table>
<thead>
<tr>
<th></th>
<th>11</th>
<th>24</th>
<th>46%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>15</td>
<td>15</td>
<td>100%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>8</td>
<td>9</td>
<td>89%</td>
</tr>
</tbody>
</table>

"This is a really good practice. Really, really good with mental health problems. Couldn’t have helped me more - I don’t think I would be alive without them."
Practice breakdown
(NHS Great Yarmouth and Waveney Clinical Commissioning Group)
Within this section, you will find information about member practices of the NHS Great Yarmouth and Waveney Clinical Commissioning Group.

We have included a table that brings information together from multiple sources for the purposes of comparison. Practices are only listed if Healthwatch Suffolk has recorded feedback about them.

The data shown includes:

- Amalgamated feedback recorded by Healthwatch Suffolk and the NHS website. This feedback has been jointly interpreted to determine sentiment.
- Care Quality Commission ratings as listed on the regulators website at the time of publication.
- Figures from the National GP Survey 2018 (Published by Ipsos Mori).
NHS Great Yarmouth and Waveney CCG practice table

**Important note:** GP patient Survey 2018 data is January to April 2018. NHS and Healthwatch data is March 2018 to March 2019. Tables are sorted by Healthwatch Suffolk and NHS website feedback quantity.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Comments</th>
<th>Star rating</th>
<th>All feedback % Positive</th>
<th>HWS Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra and Crestview Surgeries*</td>
<td>75</td>
<td>3.3</td>
<td>24% (-13%)</td>
<td></td>
</tr>
<tr>
<td>Bridge Road Surgery*</td>
<td>58</td>
<td>2.9</td>
<td>24% (-13%)</td>
<td></td>
</tr>
<tr>
<td>Rosedale Surgery*</td>
<td>50</td>
<td>3.9</td>
<td>44% (+7%)</td>
<td></td>
</tr>
<tr>
<td>Beccles Medical Centre</td>
<td>47</td>
<td>3.0</td>
<td>30% (-7%)</td>
<td></td>
</tr>
<tr>
<td>Andaman Surgery</td>
<td>38</td>
<td>4.2</td>
<td>45% (+8%)</td>
<td></td>
</tr>
<tr>
<td>Victoria Road Surgery</td>
<td>31</td>
<td>4.3</td>
<td>42% (+5%)</td>
<td></td>
</tr>
<tr>
<td>Longshore Surgeries</td>
<td>31</td>
<td>4.2</td>
<td>59% (+22%)</td>
<td></td>
</tr>
<tr>
<td>Bungay Medical practice*</td>
<td>30</td>
<td>3.2</td>
<td>30% (-7%)</td>
<td></td>
</tr>
<tr>
<td>Cutlers Hill Surgery</td>
<td>22</td>
<td>3.8</td>
<td>59% (+22%)</td>
<td></td>
</tr>
<tr>
<td>Kirkley Mill Surgery</td>
<td>21</td>
<td>3.3</td>
<td>48% (+11%)</td>
<td></td>
</tr>
</tbody>
</table>
**Healthwatch Suffolk and NHS website feedback**

Note:

- (+%) = Higher than this CCG area average
- (-%) = Less than this CCG area average
- (=) = Same as this CCG area average

Practice is using the Healthwatch Suffolk widget to invite feedback from the public.

Practice has requested the Healthwatch Suffolk widget but has not yet launched it.

---

**Note:**

“Overall experience good” is the combination of those who rated their practice as four or five star on the NHS/Healthwatch Suffolk website and people that rated their practice as “Fairly good” or “Very good” overall within the GP survey 2018. The figure in brackets is the total number of combined responses from these sources.

- (+) = Higher than this CCG area average
- (-) = Less than this CCG area average
- (=) = Same as this CCG area average

---

### GP Patient Survey and combined data

<table>
<thead>
<tr>
<th>Overall experience “good”</th>
<th>National GP Surveys completed</th>
<th>Booking appointments (Good)</th>
<th>Got an appointment last time tried</th>
<th>CQC rating</th>
<th>CQC link</th>
</tr>
</thead>
<tbody>
<tr>
<td>72% (274)</td>
<td>112</td>
<td>59% (-)</td>
<td>56% (-)</td>
<td>Requires improvement</td>
<td></td>
</tr>
<tr>
<td>72% (229)</td>
<td>134</td>
<td>63% (-)</td>
<td>51% (-)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>83% (221)</td>
<td>114</td>
<td>75% (+)</td>
<td>57% (-)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>81% (315)</td>
<td>123</td>
<td>63% (-)</td>
<td>51% (-)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>86% (124)</td>
<td>101</td>
<td>75% (+)</td>
<td>59% (+)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>92% (178)</td>
<td>117</td>
<td>81% (+)</td>
<td>53% (-)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>88% (120)</td>
<td>129</td>
<td>66% (-)</td>
<td>51% (-)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>77% (176)</td>
<td>104</td>
<td>67% (-)</td>
<td>38% (-)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>85% (167)</td>
<td>131</td>
<td>68% (-)</td>
<td>52% (-)</td>
<td>Good</td>
<td>🌟</td>
</tr>
<tr>
<td>65% (101)</td>
<td>93</td>
<td>62% (-)</td>
<td>59% (+)</td>
<td>Requires improvement</td>
<td>🌟</td>
</tr>
</tbody>
</table>

---

**The Care Quality Commission**

Ratings are as available on the CQC website at time of publication.

Comparable data is unavailable because this CCG area was not included within the last Healthwatch Suffolk analysis (published February 2018).
<table>
<thead>
<tr>
<th>Practice</th>
<th>Comments</th>
<th>Star rating</th>
<th>All feedback % Positive</th>
<th>HWS Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sole Bay Health Centre*</td>
<td>18</td>
<td>4.6</td>
<td>56% (+9%)</td>
<td></td>
</tr>
<tr>
<td>The Millwood Partnership</td>
<td>10</td>
<td>2.1</td>
<td>10% (-27%)</td>
<td>Not listed</td>
</tr>
<tr>
<td>East Norfolk Medical Practice</td>
<td>9</td>
<td>3.8</td>
<td>44% (+7%)</td>
<td>Not listed</td>
</tr>
<tr>
<td>High Street Surgery*</td>
<td>6</td>
<td>4.5</td>
<td>67% (+30%)</td>
<td></td>
</tr>
<tr>
<td>The Beaches Medical Centre</td>
<td>5</td>
<td>1.2</td>
<td>0% (-37%)</td>
<td>Not listed</td>
</tr>
<tr>
<td>Coastal Villages Practice</td>
<td>1</td>
<td>5</td>
<td>100% (+63%)</td>
<td></td>
</tr>
<tr>
<td>The Park Surgery</td>
<td>1</td>
<td>5</td>
<td>0% (-37%)</td>
<td></td>
</tr>
<tr>
<td>Overall experience “good”</td>
<td>National GP Surveys completed</td>
<td>Booking appointments (Good)</td>
<td>Got an appointment last time tried</td>
<td>CQC rating</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>93% (87)</td>
<td>120</td>
<td>77% (+)</td>
<td>61% (+)</td>
<td>Outstanding</td>
</tr>
<tr>
<td>80% (167)</td>
<td>107</td>
<td>67% (-)</td>
<td>50% (-)</td>
<td>Good</td>
</tr>
<tr>
<td>84% (336)</td>
<td>96</td>
<td>73% (+)</td>
<td>70% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>90% (109)</td>
<td>113</td>
<td>72% (+)</td>
<td>44% (-)</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>78% (115)</td>
<td>Unavailable</td>
<td>Unavailable</td>
<td>Unavailable</td>
<td>Inadequate</td>
</tr>
<tr>
<td>87% (243)</td>
<td>122</td>
<td>81% (+)</td>
<td>64% (+)</td>
<td>Good</td>
</tr>
<tr>
<td>76% (37)</td>
<td>114</td>
<td>98% (+)</td>
<td>94% (+)</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>
**NHS Great Yarmouth and Waveney CCG practice theme table**

**Important note:** Tables are sorted by Healthwatch Suffolk and NHS website feedback quantity. Only practices with 30 or more responses are included. Feedback quantity is an important factor in determining the validity of a theme and be misleading if not accounted for.

Please note the following information regarding our themes:

- **Ease of access:** Includes references to people’s experience of booking appointments, waiting times and lack of access.
- **Staff:** Includes any mention of a member of the practice staff team.
- **Quality and experience:** Includes references where people have commented about their experience of treatment.

We have also included an example positive quote for each practice.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Positive comments</th>
<th>Total comments</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alexandra &amp; Crestview Surgeries (75 comments)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of access</td>
<td>7</td>
<td>51</td>
<td>14%</td>
</tr>
<tr>
<td>Staff</td>
<td>6</td>
<td>23</td>
<td>26%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>2</td>
<td>7</td>
<td>29%</td>
</tr>
<tr>
<td>&quot;Compared to my last practice I cannot fault the surgery... We have also found receptionists to be empathetic and helpful. Glad we found you.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bridge Road Surgery (58 comments)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of access</td>
<td>12</td>
<td>51</td>
<td>24%</td>
</tr>
<tr>
<td>Staff</td>
<td>10</td>
<td>16</td>
<td>63%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>2</td>
<td>6</td>
<td>33%</td>
</tr>
<tr>
<td>&quot;I find the surgery excellent. Very caring and the staff that I see are nice. Nothing is too much trouble.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rosedale Surgery (50 comments)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of access</td>
<td>9</td>
<td>28</td>
<td>32%</td>
</tr>
<tr>
<td>Staff</td>
<td>12</td>
<td>15</td>
<td>80%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>7</td>
<td>8</td>
<td>88%</td>
</tr>
</tbody>
</table>
“I really like my registered doctor. He is the friendliest and most caring doctor I have ever met. He’s helped me and my children numerous times and I feel like he’s always there to hear my problems.”

Beccles Medical Centre (47 comments)

<table>
<thead>
<tr>
<th>Ease of access</th>
<th>1</th>
<th>16</th>
<th>6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>10</td>
<td>15</td>
<td>67%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
</tbody>
</table>

“The lovely receptionist was patient and kind with my mum. We saw a wonderful nurse who was just great with my mum. She listened carefully to what my mum had to say and examined her thoroughly. As we left the surgery the receptionist asked if mum was ok which was very sweet of her.”

Andaman Surgery (38 comments)

<table>
<thead>
<tr>
<th>Ease of access</th>
<th>10</th>
<th>13</th>
<th>77%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>9</td>
<td>15</td>
<td>60%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>3</td>
<td>6</td>
<td>50%</td>
</tr>
</tbody>
</table>

“I have always found this surgery excellent. The doctors and staff are friendly and polite and receptionists will always try to make me an appointment when convenient to me. Emergency appointments are available when necessary but it may not always be for my own doctor which is understandable. I have not found anything to complain about up till now and I have been with surgery for approx. 7 years.”

Longshore Surgeries (31 comments)

<table>
<thead>
<tr>
<th>Ease of access</th>
<th>3</th>
<th>21</th>
<th>14%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>12</td>
<td>13</td>
<td>92%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>5</td>
<td>6</td>
<td>83%</td>
</tr>
</tbody>
</table>

“I am so grateful for the care and treatment received from The Longshore group of practices. I appreciate how hard it is becoming for the NHS staff to cope with the increasing pressure of more and more patients needing treatment and yet they do manage to keep going. My doctor is indeed a lovely lady which makes seeing her a pleasure. 10/10 all round!”

Victoria Road Surgery (31 comments)

<table>
<thead>
<tr>
<th>Ease of access</th>
<th>9</th>
<th>19</th>
<th>47%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>3</td>
<td>4</td>
<td>75%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>6</td>
<td>9</td>
<td>67%</td>
</tr>
</tbody>
</table>
"We have been with the practice for many years. We are always so pleased with the care and treatment we receive. All the staff are professional and kind. Nothing is ever too much trouble. Receptionists are always helpful and polite. We are so lucky to have such a superb GP Surgery."

**Bungay Medical Practice (30 comments)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access</td>
<td>3</td>
<td>17</td>
<td>18%</td>
</tr>
<tr>
<td>Staff</td>
<td>3</td>
<td>11</td>
<td>27%</td>
</tr>
<tr>
<td>Quality and experience</td>
<td>1</td>
<td>2</td>
<td>50%</td>
</tr>
</tbody>
</table>

"Appointment choice is so much better than my old practice. Trained nurses are lovely and receptionists are helpful. Thank you all."
This page is intentionally blank
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<thead>
<tr>
<th>Month</th>
<th>Meeting 'in common' with IESCCG</th>
<th>February</th>
<th>March – meeting ‘in common’ with WSCCG</th>
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<tr>
<td>January</td>
<td>General Update</td>
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<td>General Update</td>
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<td></td>
<td>Primary Care Contracts and Performance Report</td>
<td></td>
<td>Primary Care Contracts and Performance Report</td>
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<td></td>
<td>Finance Report</td>
<td></td>
<td>Finance Report</td>
</tr>
<tr>
<td></td>
<td>CQC Report</td>
<td></td>
<td>CQC Report</td>
</tr>
<tr>
<td></td>
<td>Annual Plan of Work</td>
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<td>Annual Plan of Work</td>
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<tr>
<td></td>
<td>Estates Paper as per action log</td>
<td></td>
<td>GP5YFV and 10 year plan</td>
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<td>April</td>
<td>General Update</td>
<td></td>
<td>Estate update Special Allocation Service - procurement options</td>
</tr>
<tr>
<td></td>
<td>Primary Care Contracts and Performance Report</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Finance Report</td>
<td></td>
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<tr>
<td></td>
<td>CQC Report</td>
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<td></td>
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<tr>
<td></td>
<td>Annual Plan of Work</td>
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<td>Terms of Reference Annual Review</td>
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<td>PCN Verification</td>
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<td>Workforce</td>
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<td></td>
<td>IT Update</td>
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<td></td>
<td>Quality Practice Reviews</td>
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<td>Integrated Neighbourhood Teams</td>
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<td>July</td>
<td>General Update</td>
<td></td>
<td>General Update</td>
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<tr>
<td></td>
<td>Primary Care Contracts and Performance Report</td>
<td></td>
<td>Primary Care Contracts and Performance Report</td>
</tr>
<tr>
<td></td>
<td>Finance Report</td>
<td></td>
<td>Finance Report</td>
</tr>
<tr>
<td></td>
<td>CQC Report</td>
<td></td>
<td>CQC Report</td>
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<tr>
<td></td>
<td>Annual Plan of Work</td>
<td></td>
<td>Annual Plan of Work</td>
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<tr>
<td></td>
<td>Healthwatch GP Report</td>
<td></td>
<td>Workforce Report</td>
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<tr>
<td></td>
<td>ICS Draft Primary Care Strategy</td>
<td></td>
<td>Terms of Reference</td>
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<tr>
<td>August</td>
<td>Healthwatch GP Report</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Terms of Reference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>November</td>
<td>December</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>----------</td>
<td></td>
</tr>
</tbody>
</table>
|         | • General Update  
|         | • Primary Care Contracts and Performance Report  
|         | • Finance Report  
|         | • CQC Report  
|         | • Annual Plan of Work |