

Survey of Hounslow and Richmond GPs 2013 - Trust response

Earlier in the year, the trust commissioned a survey of local GPs, which was carried out by a team of independent academics including Professor David Colin-Thomé and Professor David Taylor. The survey covered nearly 20 practices, evenly spread across the two boroughs, who generously gave their time to offer their opinions. Here is a summary of the comments emerging from the survey, and an outline of how the trust plans to respond.

If you would like a trust director to discuss the response to the survey with your practice, please contact gpcontact@hrch.nhs.uk or call 020 8973 3143

You commented	Our response
<p>There was an awareness of some of the successes of HRCH in such areas as reducing waiting times for MSK, improving the Single Point of Access (SPA) and establishing the Urgent Care Centre but there were also a number of responses that showed that GPs were only weakly aware of the activities and successes of the trust as a whole.</p>	<p>We will produce a quarterly GP newsletter. This will inform GPs of trust developments that are likely to be of interest and we will develop a web page for GPs</p>
<p>There is a feeling that the middle managers within HRCH need to manage services with greater sensitivity and creativity.</p>	<p>We have established a Transformation Programme that will, as part of its remit, empower front-line and middle managers to more effectively and efficiently manage services. A programme aimed at middle managers will enable us to share best practice across this group of key staff and provide them with additional skills.</p>
<p>There is a lack of consistency in support provided by Community Matrons to individual practices across the patch covered by HRCH. There was also reported by some GPs that they had little understanding of the role of Community Matrons or little contact with Community Matrons.</p>	<p>We propose that every Practice will have an allocated named Community Matron who will act as a point of first contact. We will produce a short service summary to explain the role of Community Matrons and how they interface between GPs, District Nurses, Practice Nurses and other professionals. We are looking at how Community Matrons can work more effectively with the wider District Nursing service to improve coordination of care. We will provide case studies to show how the Community Matrons have ‘added value’</p>

<p>GPs were very keen to develop better coordinated medical, nursing and social care for older people at risk of admission to hospital or a nursing home. However there is also a concern that an ICO will draw money from GP budgets to cope with any overspends.</p>	<p>Plans for the Integrated Care Organisation include the specific aim of breaking down boundaries and reducing the number of inappropriate or avoidable admissions into secondary care. This will also improve the services available for patients.</p> <p>The full business case for the ICO, considered by CCG Governing Bodies in July, considers financial issues in detail and identifies a range of opportunities for efficiencies that can be achieved with the integrated care model</p>
<p>There were concerns expressed that the differences in commissioning policies and objectives between Richmond and Hounslow may cause HRCH a major strategic challenge.</p>	<p>By having resources dedicated to specific locality based contracts HRCH is able to ensure compliance with local policies and objectives, whilst having oversight of both areas allows us to share best practice and also work with commissioners to inform future commissioning intentions more effectively.</p>
<p>GPs stated that they valued close working relationships with the professionals involved in the support of their patients and were concerned that they were not informed about changes that affected (or might affect) these relationships that in many cases had built up over a sustained period of times.</p>	<p>To provide a complete interface with each GP practice HRCH propose to provide a named 'Practice Lead Contact' who will be at either Band 7 or Band 8a level and who will be the first point of contact for any concerns or issues that need to be raised by individual GPs and who will also be responsible for proactively informing GPs of up-coming changes that will affect their practice.</p> <p>HRCH will produce a dedicated communication aimed at practices. We will allocate a named Community Matron to each GP practice as the first point of contact for this service.</p>
<p>It was reported that there was inconsistency in the frequency with which District Nurses update GPs on patients and also there were variations in the quality of information provided.</p>	<p>Part of HRCH's Transformation Programme is to introduce consistent practices across all 11 District Nursing teams and this includes the way in which they work with and communicate with the practices that they work with. Over time, this will fundamentally change the quality of relationship between HRCH and individual GP practices.</p>
<p>GPs highlighted opportunities to reduce the administrative burden for both HRCH and practices themselves particularly in streamlining lengthy forms and procedures.</p>	<p>HRCH will strive to reduce the administrative burden on GPs and streamline our processes accordingly. We have listened to what you had to say and are currently developing a single point of access referral system with a referral form designed to work with your IT systems. We will keep you informed through our GP newsletter.</p>
<p>GPs expressed concerns about aspects of Health Visiting services.</p>	<p>Over the last 18 months, along with other community healthcare organisations, HRCH have struggled to recruit Health Visitors. However, we have seen real improvements in the way health visiting teams work. For example, we have improved the number of new birth visits within 14 days to almost 100% over the last year. Further improvements are expected to follow in the next 12 months.</p>

<p>The Urgent Care Centre (UCC) has been generally seen as a success but may not have had the impact it was expected to achieve in terms of reducing admissions to more acute care.</p>	<p>We have seen rising numbers of people attending the UCC and reducing admissions to acute care is part of the developing work we are doing with CCGs and the acute hospitals. We will keep you informed of progress and new initiatives.</p>
<p>Concerns were expressed about the proliferation of computer systems that HRCH has to interface with.</p>	<p>HRCH have developed a highly competent Information Management team who are tasked with ensuring that we are capable of working across the wide range of platforms used by our partners and stakeholders. We are also tracking closely the technological decisions being made by CCGs and our other partners about future developments in this area so we are able to ensure efficient migration of data between systems and effective communication between systems.</p>
<p>There was some concerns that resources from one borough might be being used to bridge gaps in service provision in another borough.</p>	<p>HRCH maintain processes to avoid this issue occurring. Discussions with commissioners are framed in terms of a reduction in spend for one borough and an increase in spend for the other borough rather than any form of cross-funding.</p>