

JOINT QUALITY COMMITTEE MEETING OF SOUTHPORT & FORMBY CCG AND SOUTH SEFTON CCG September 2018

Agenda Item: 18/146	Author of the Paper: Brendan Prescott, Deputy Chief Nurse, South Sefton CCG, Brendan.prescott@southseftonccg.nhs.uk Telephone : 0151 317 8361		
Report date: September 2018			
Title: Quality and Commissioning Visit : Go To Doc Out of hours GP service – Southport site.			
Summary: This paper presents a summary of the visit to the GP out of hours (OOH) Southport site on Tuesday 31 st July 2018.			
<table style="width: 100%;"> <tr> <td style="width: 70%;"> Recommendation The Committee is asked to receive this report </td> <td style="width: 30%; text-align: right;"> Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/> </td> </tr> </table>		Recommendation The Committee is asked to receive this report	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
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Links to Corporate Objectives (<i>X those that apply</i>)	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complimentary primary care quality contract
	To advance integration of in-hospital and community services in support of the CCG locality model of care
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board

Process	Yes	No	N/A	Comments/Detail (<i>X those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees		x		

Links to National Outcomes Framework (<i>X those that apply</i>)	
	Preventing people from dying prematurely.
	Enhancing quality of life for people with long-term conditions.
	Helping people to recover from episodes of ill health or following injury.
x	Ensuring that people have a positive experience of care.
	Treating and caring for people in a safe environment and protecting them from avoidable harm.

Report to the Joint Quality Committee September 2018

1. Executive Summary

This paper presents a summary of the visit to the GP out of hours (OOH) Southport site on Tuesday 31st July 2018.

The visit was undertaken jointly by the Deputy Chief Nurse and the Deputy Director of Commissioning and Redesign.

The aims of the visit were to speak to patients accessing the service about their overall experience of care with a focus on privacy and dignity; to speak to staff regarding the current model of working and a review of the estate.

2. Introduction and Background

The OOH GP service is provided by Go To Doc (GTD) across two sites at Southport and Ormskirk NHS Trust and at Litherland Town Hall Health Centre.

Issues had been raised regarding the service as the Southport site relating to patient privacy and models of working.

It was agreed at Joint Quality Committee to undertake an unannounced site visit by Committee members.

3. Findings from Site Visit

The centre did not have any patients when the visit began. Talked to receptionist and advised doctor was free. Service had received 3 patients so far since opening for the out of hours period.

Environment. The waiting room was clean and well lit. Chairs in the waiting room were facing the 2 consulting rooms and lined against the walls. There are 2 consulting rooms although only 1 room was occupied. The consultation room was small but clean and well equipped. There had been IT problems over the last 4 weeks and the GP was using a laptop to access the Adastra system. The GP reported that he had not received any complaints from patients since working at GTD in terms of the consulting environment being unsuitable in relation to noise and privacy.

Work Practice. The OOH GP service covers the Southport area until switching to Philips Lane, Formby for the overnight period. Patients are reviewed at the Southport site after contacting service having first contacted 111. Patients are triaged at the GTD main office in Denton, Manchester site and receive a consultation via doctor or nurse accordingly and if appropriate are booked into the service at Southport. If the patient requires a home visit, appointment time will be booked to allow for the GP to be driven to the patient's home. If the service is busy, there is mobile cover based at the Litherland site to allow for home visits. The GP felt the service provided and model used was appropriate given the system pressures. After speaking with the GP, the receptionist and driver, all reported they enjoyed their jobs and had no issues with GTD as an employer. Relationships appeared to be good and one driver had recently retired from the acute trust and now worked at his own convenience and was very satisfied with his role. All felt the service provided was of a good standard and the extra driver cover provided further reassurance in meeting need.

Patient experience. 1 patient attended the service during the visit. The patient had attended the service 4 times in the previous month and had a positive experience on each occasion. The patient reported the process as being straightforward and the patient did not have to wait long to be

assessed. The patient was registered with a local practice and stated it was sometimes difficult to arrange an appointment. The patient's son was registered at the same practice and stated there had been issues with practice phone lines but the problems had been resolved and appointments were usually available. The patient's son had also used the service and had a positive experience of care. Both patient and son did have issues with being seen by nurse practitioners as they felt the service in terms of diagnosis and treatment was not as good as the service provided by the doctor. Both patient and son felt the environment for the review was good with no issues on privacy or dignity. The patient was offered a friend and family card on arrival by staff but declined to complete the test.

4. Recommendations

The joint Quality Committee is asked to receive the report.

Brendan Prescott
Deputy Chief Nurse
September 2018