

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Wednesday 5th April 2006

at 10.00 am

in Committee Room B

**MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY
FORUM:**

Councillors Barker, Cambridge, Clouth, Cook, Griffin, Kennedy, Lauderdale, Lilley,
Sutheran, M Waller and Worthy

Resident Representatives:

Mary Green and Evelyn Leck

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 28th February 2006 (*attached*)

**4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE
COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items

**5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA
SCRUTINY CO-ORDINATING COMMITTEE**

No items

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY
FRAMEWORK DOCUMENTS**

No items

7. **ITEMS FOR DISCUSSION**

7.1 Access to GP Services

- (a) Evidence from Hartlepool Access Group – *Scrutiny Support Officer*
- (b) Evidence from Portfolio Holder for Adult and Community Services –
Scrutiny Support Officer
- (c) Evidence from Patient and Public Involvement Forum – *Scrutiny Support
Officer*

8. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

ITEMS FOR INFORMATION

- i) **Date of Next Meeting Tuesday 25th April 2006, commencing at 10.00am in
Committee Room B**

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

28th February 2006

Present:

Councillor: Harry Clouth (In the Chair)

Councillors: Caroline Barker, John Cambridge, Rob Cook,
Sheila Griffin, Jean Kennedy, Lilian Sutheran and Gladys
Worthy

In accordance with paragraph 4.2 (ii), of the Council's procedure rules,
Councillor Dennis Waller attended as a substitute for Councillor
Maureen Waller

Resident Representatives:

Evelyn Leck, Mary Green

Officers:

Sajda Banaras, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

Also Present:

Carol Johnson, Assistant Director Prime Care, Hartlepool PCT
Linda Bantoft, Access Project Facilitator, Hartlepool PCT
Louise Linighan, Hartlepool Access Group
Peter Wolfe, Hartlepool PPI Forum

54. Apologies for Absence

Apologies for absence were received from Councillors John Lauderdale, Geoff
Lilley and Maureen Waller.

55. Declarations of Interest by Members

Councillor Caroline Barker declared a private and personal interest.

56. Consultation on new Primary Care Trust Arrangements in Tees Valley *(Scrutiny Support Officer)*

The consultation exercise currently being undertaken on the new Primary

Care Trust arrangements in County Durham and the Tees Valley was referred to the Scrutiny Co-ordinating Committee on 24th February 2006. In order to avoid duplication, this was redirected to this Scrutiny Forum as part of its ongoing consideration of the new arrangements. As Council had referred this matter to the Scrutiny Co-ordinating Committee, the Chair of the Scrutiny Co-ordinating Committee and Councillor Gerald Wistow wished to be present during the discussions around this item, the Chair agreed to adjourn consideration of this item to later today when they could both attend.

During preliminary discussions Members felt that an overwhelming preference had been previously indicated for Hartlepool to retain its own PCT and local management board with full co-terminosity with the local authority boundary. However, there were still concerns regarding the current financial deficit of the PCT and where this debt would be funded. These views would be taken forward to the reconvened meeting later today.

Decision

Members noted the report and discussion which would be used to inform their recommendations at the meeting later today.

57. Scrutiny Investigation into Access to GP Services – “Our health, our care, our say” – White Paper (*Scrutiny Support Officer*)

The Scrutiny Support Officer indicated that an extract from the White Paper, ‘Our health, our care, our say’ was attached by way of an appendix to the report, which was to be used as background for the following item. This extract included the relevant issues for the current investigation being undertaken by this Forum into Access to GP Services. The White Paper’s main aim was to enable Health and Social Care Services to provide better prevention services with earlier intervention. This would mean closer working between GP Practices, the Primary Care Trust (PCT) and local government services.

The following mechanisms would be used to achieve this aim:

- Practice Based Commissioning
- Shifting Resources into Prevention
- More care undertaken outside hospital and in the home
- Better joining up of services at the local level
- Encouraging innovation
- Allowing different providers to compete for services

Decision

Members noted the report.

58. Scrutiny Investigation into Access to GP Services – Verbal Evidence from Hartlepool Primary Care Trust (PCT)

Representatives from Hartlepool PCT had been invited to the Forum to provide evidence for this investigation. They indicated that the primary medical care delivery and the range of primary care services were changing. General Practitioners no longer had 24 hour responsibility for their registered patients, this was now the responsibility of the PCT. The recent Tees Review carried out by Professor D'Arzi had emphasised the need for further development of primary care services in Hartlepool and the modernisation of services. Following extensive community engagement, the PCT together with partner organisations had agreed that Hartlepool's Vision for Care would provide the context within which services were developed and delivered within the financial constraints.

The new White Paper emphasised the importance of access to GP and other services to provide a greater diversity in service provision. In addition, Practice Based Commissioning involving GPs commissioning relevant services from hospitals would provide a powerful mechanism to achieve services that were more responsive to individual and community needs. The PCT submitted a document that detailed the current service provision of GPs, Nursing Services and the Pharmacy Practice and Minor Ailment Scheme. The current and future developments to support access to Primary Care Services were detailed in the paper and incorporated developing a new infrastructure including expansion of current premises and developing the workforce to build integrated health and social care teams. The Connected Care pilot project was launched today and had received national acclaim for allowing service users to directly influence the specification for a connected care service.

In conclusion, Hartlepool PCT had provided the Forum with information about the current service provision of primary care services in Hartlepool and those planned or in development that sought to provide greater access to care in the near future.

A discussion followed with the following points being raised.

How was the ratio of GPs to patients decided? The Assistant Director of Prime Care indicated that this was calculated on a formula based on the amount of GPs needed per 100,000 population. A table was attached by way of appendix to the report that indicated Hartlepool was in the bottom 10% of PCTs with the fewest doctors.

Was there criteria for how many appointments GPs were allowed to have per day? The only criteria for appointments was that all GPs needed to offer 10 minute appointments to at least 75% of their patients as part of the Quality

and Outcomes Framework. However, individual practices may operate different ways in order to implement this.

Was it true that the PCT had to fund missed appointments? It was indicated that this was the case, for example, if a patient registered for an appointment at a hospital out-patients and left before the appointment time, a bill would still be applied to the PCT.

How did the Out of Hours Service operate? It was reported that the Out of Hours Service was commissioned from Prime Care across the Tees-wide area. It was operated from a call centre in Stockton where a call handler would assess the call and pass it onto a nurse or appropriate medical professional. The patient and health professional would then discuss what the next appropriate step would be, for example either to visit a clinic or having a home visit.

A patient may never see their GP if referred to a health professional at every visit? The Assistant Director of Prime Care indicated that it was highly unlikely that a patient would never see their GP, although specialised health care professionals may be able to offer a more appropriate service for certain conditions/illnesses.

A Member indicated that the Forum may find it useful to visit the new GP surgery/medical centre on the Headland to see how the PCT were helping develop health services in Hartlepool.

The representatives from the PCT were thanked for their informative discussions.

Decision

- i) Members noted the content of the report and discussions with the PCT.
- ii) A site visit be arranged to the new Headland Medical Centre of Drs Omer and Thakur.

59. Health Scrutiny Support Programme – Building Links with Hartlepool PPI (*Scrutiny Support Officer*)

The Health Scrutiny Support Programme was a three year programme of support for local authority overview and scrutiny committees with powers to scrutinise health as established by the Health and Social Care Act 2001. It had three main elements which included the Health Scrutiny Support Programme (HSSP) which offered five free days of support, free of charge to Health Scrutiny Committees. Support for this Forum had been secured to assist in both the conduct of the Access to GP Services inquiry and pre-dominantly to develop a working relationship between Scrutiny and the Patient and Public Involvement Forums (PPIF).

As Members were aware, our HSSP Advisor had attended a previous meeting of this Forum and had prepared a series of questions that Members could have asked of the witness in relation to evidence presented and these were attached by way of appendix. The PCT had been provided with a copy of these questions and a copy of their response would be circulated to all Members of this Forum.

The remainder of the support would be utilised at the following:

- The Forum's meeting in March – the HSSP advisor would facilitate the collation of evidence between the PPIF and Scrutiny
- An April Workshop – to develop effective working relationships between PPIF and Scrutiny

Decision

Members noted the report.

60. Tees Valley Joint Health Scrutiny Committee – Update Report (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that the Joint Committee had reviewed in detail the Acute Services Proposals and their final report had now been published. The Executive Summary of this report was attached by way of an appendix for Members consideration. A full copy of the Final Report had been placed in the Members' Library and it could also be accessed online.

Decision

Members noted the report.

61. Suggested Additional Scrutiny Work Programme Item – Adult Learning (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that earlier this year the Children's Services Scrutiny Forum (previously Culture and Learning Scrutiny Forum) had conducted an investigation into the Adult Learning Inspection. The Portfolio Holder for Adult and Public Health Services had responded to the Forum's recommendations and during discussions around this report, a number of suggestions were made for future scrutiny. With the remits of the Scrutiny Forum's changing in July 2005, the responsibility for Adult Learning is now within the remit of this Forum.

Consequently, it was agreed to pass the following issues onto this Forum for consideration:

- The Learning and Skills Council (LSC) funding allocation to Hartlepool Adult Learning Service.
- The way in which funding was allocated to Adult Learning – to be included in the 2006/07 work programme.

The Scrutiny Support Officer indicated that because of the level of work currently being undertaken by this Forum, any additional work would necessitate extra meetings being scheduled. Members agreed to schedule one extra meeting to examine the first issue. However, the second issue would be forwarded for consideration for inclusion in the 2006/07 work programme for this Forum.

Decision

- i) An extra meeting be scheduled before the end of this municipal year to consider the Learning and Skills Council (LSC) funding allocation to Hartlepool Adult Learning Service.
- ii) The way in which funding was allocated to Adult Learning would be included in the discussions to form the work programme for 2006/07 for this Forum.

62. Minutes of meetings held on 31st January and 14th February 2006

Confirmed.

It was agreed that the meeting be adjourned until 4.30 to allow full consideration of item 7.1 to take place.

On reconvening the meeting, the following members were present:-

Councillor: Harry Clouth (In the Chair)

Councillors: Caroline Barker, Rob Cook, Sheila Griffin, Jean Kennedy, Maureen Waller and Gladys Worthy

Resident Representatives:

Mary Green and Evelyn Leck

Also Present:

Paul Walker, Chief Executive
Ian Parker, Director of Neighbourhood Services
Adrienne Simcock, Director of Adult and Community Services
Sajda Banaras, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

63. Apologies for Absence

Apologies for absence were received from Councillors John Cambridge, John Lauderdale, Geoff Lilley, Lilian Sutheran and Gladys Worthy and The Mayor, Stuart Drummond.

64. Consultation on new Primary Care Trust Arrangements in Tees Valley (Scrutiny Support Officer)

The Scrutiny Support Officer indicated that this item had been adjourned from a meeting of this Forum earlier today where Members had echoed previous discussions that Hartlepool should retain its own PCT and management board and be co-terminus with the Local Authority boundaries.

The Strategic Health Authority had provided the following two options:

- 1) The creation of two new PCTs across County Durham and Tees Valley by merging the ten which currently exist
- 2) The reduction of the number of PCTs across County Durham and Tees Valley from ten to six.

The Chief Executive circulated a summary response to the consultation undertaken by the Strategic Health Authority. The response indicated that Members of this Forum believed that the consultation process was flawed for the following reasons:

- The Secretary of State required the SHA to consult on two options, the second of which was to retain the five Tees Valley unitary authority PCTs. This was not the second option presented for consultation by the SHA. Option 2 was for the retention of the four “unitary” PCT Boards and Professional Executive Committees (PECs), with centralised management and administration for the (now defunct) Teesside area. It was also proposed that management and administration for Darlington PCT, part of the Tees Valley City Region, be centralised within the proposed County Durham PCT.
- The consultation document stated: *“There had been previous experience of sharing director posts across two PCTs in the area and this proved unworkable. The existing PCT Chief Executive community does not believe that it would be possible to work effectively in this way”*. This effectively dismisses Option 2 as being a viable option.
- The above comments from the consultation document refer to management working practices which would be the same under both options. Consequently, if Option 2 was not viable neither was Option 1, thus there was no viable option.

It also indicated that both options were felt to be unworkable under the new White Paper discussed earlier in this meeting with regard to integration of health and social care services. The consultation document implied that Option 1 was favoured due to the fact that it did not require reductions in

employee costs to achieve the levels of savings proposed. However, no alternative options were considered to achieve this proposed level of savings.

The Chief Executive indicated that as the North East was unique in having such a high proportion of unitary councils, a special case could be made so far as the level of financial savings were concerned so that a “true coterminosity” option could be considered on a level playing field with other regions of the country.

A discussion followed where the following issues were raised.

Local Services for Local People – A Member felt it was contradictory to create one large PCT when people wanted quality services provided locally with practice based commissioning and care providing financial savings.

Strategic Health Authority Proposed Options - Members felt that the SHA had not provided two genuine alternatives and that both options were slightly different versions of the same thing.

Health Authority Functions – Pilot Idea - A Member suggested that it may be beneficial to pilot the idea of strategic health authority functions being directly administered by the Government Office rather than being a free-standing organisation.

How were other local PCTs responding to this consultation – The Chief Executive indicated that the draft joint response circulated at this meeting from all five Tees Valley local authorities, was the likely response, but this had not yet been adopted by the individual authorities.

Decision

Members approved the response to be sent to the Strategic Health Authority.

HARRY CLOUTH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

5 April 2006



Report of: Scrutiny Support Officer

Subject: EVIDENCE FROM HARTLEPOOL ACCESS GROUP

1. PURPOSE OF REPORT

- 1.1 To introduce representatives of Hartlepool Access Group to the Health Scrutiny Forum.
- 1.2 To invite the Access Group to submit its views in relation to the Access to GP Services Investigation.

2. INVESTIGATION INTO ACCESS TO GP SERVICES

- 2.1 The Adult and Community Services and Health Scrutiny Forum embarked upon an investigation into Access to GP Services in December 2005. Given the reasonably tight time constraints on the inquiry the Forum opted to undertake a joint investigation with Hartlepool Primary Care PPI.
- 2.2 Hartlepool Access Group is a registered charitable organisation striving to ensure that “everyone is afforded equal access to all services, facilities and opportunities.... Regardless of abilities”
- 2.3 Their mission is to improve services and conditions for people with disabilities who live, work or visit Hartlepool by:
 - Empowering individuals;
 - Effecting and influencing change to strategy planning;
 - Raising awareness on disability issues to all levels;
- 2.4 Representatives of the Access Group have attended a number of Scrutiny meetings around the Access to GP Services review and indicated their wish to present evidence to the Forum to present the problems associated with access for the groups they represent.

- 2.5 Following the presentation of the Access Groups views, Members of the Forum are invited to ask any questions felt appropriate to assist in evidence gathering, with a view to such information contributing to the final report of the Forum.

3. RECOMMENDATIONS

- 3.1 That Members note the views of the Access Group in relation to the Access to GP Services Inquiry.
- 3.2 That Members ask any questions felt appropriate in relation to the evidence received in order to incorporate the information gathered into the Forums final report.

BACKGROUND PAPERS

Please see the attached briefing paper supplied by the Access Group.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer

Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
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PRESENTATION BACKGROUND INFORMATION

HEALTH SCRUTINY FORUM

5th APRIL 2006

**Presented By:
Steve Langley
Hartlepool Access Group**

Issues Affecting Access for All

The following is intended as a guideline specifically to service providers in regard to the legislation presently in place.

- **Disability Discrimination Act (DDA) 1995**
- **BS8300:2001**
- **Part M of the Building Regulations**
- **Disability Rights Commission (DRC)**

Who is a Disabled Person

Under the Disability Discrimination Act a “disabled person” is legally defined as someone with “a physical or mental impairment that has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities”.

Normal-day-to-day activities include:

- Mobility – e.g. being able to walk to the local shop.
- Manual dexterity – e.g. typing.
- Physical co-ordination.
- Continence.
- Ability to lift, carry or otherwise move everyday objects.
- Speaking, hearing or seeing.
- Memory or ability to concentrate, learn or understand.
- Perception of the risk of physical danger.

The Disability Discrimination Act (DDA)

Introduction

The Disability Discrimination Act 1995 was put in place to make it unlawful to discriminate against disabled people by refusing them service, providing the service on worse terms or providing a lower standard of service. Part III of the Act states that where a service provider has a practice, policy or procedure which makes it impossible or unreasonably difficult for disabled persons to make use of a service which they provide, necessary changes must be made in order to make the service more accessible. Part III of the act came into force on 1st October 2004 and concerns the adjustment of physical barriers in all buildings with public access.

Duty of Service Providers to Make Adjustments

Service providers have an obligation to make reasonable adjustments to the features of their premises which (for example, the design or construction of a building or the approach or access to premises) make it impossible or unreasonably difficult for disabled persons to use the service.

They must take steps to:

- Remove the feature.
- Alter it so that it no longer has that effect.
- Provide a reasonable means of avoiding the feature; or
- Provide a reasonable alternative method of making the service in question available to disabled persons.

Businesses Affected

Businesses affected by the legislation include all providers of services, goods and facilities, and those selling, letting or managing premises. All other buildings with public access must also comply.

The Part III Code of Practice gives some examples of service providers:

- Hotels, guest houses and hostels.
- Hospitals, doctors surgeries and clinics.
- Charities and voluntary organisations.
- The emergency services.
- Local councils and governments.
- Leisure and sports facilities.
- Schools, colleges and universities.
- Offices.
- Shops, public houses and restaurants.

Consequences of Non-Compliance

The DDA will not be subject to a formal inspection regime. However, there will be an investigation if a complaint is made by a person who feels they have been discriminated against. The Disability Rights Commission will support disabled people in securing their rights under the DDA if a complaint is made to them and penalties may be decided by a Civil Action in a County Court for damages such as injury to feelings.

BS8300:2001 “The Design of Buildings and their approaches to meet the needs of Disabled People – Code of Practice”

Issued in 2002, and the basis for extended Code of Practice for DDA, and altered Part M.

This document covers the physical elements of an access audit.

Part M of the Building Regulations

Revised document, effective from 1st May 2004 for extension and amendments based on recommendations of BS8300:2001. Note these regulations set down certain minimum standards, and relate to new buildings, as well as extensions, material alterations and changes of use. The new document raises previous outdated standards, and introduces reasonableness, dovetailing with the requirements and duties under DDA and promoting universal accessibility in new projects.

Disability Rights Commission

The Disability Rights Commission (DRC) is an independent body, established by Act of Parliament to eliminate the discrimination faced by disabled people and promote equality of opportunity. When disabled people participate – as citizens, customers and employees – everyone benefits. So we have set ourselves the goal of “a society where all disabled people and their organisations, the business community, Government and public sector agencies to achieve practical solutions that are effective for employers, service providers and disabled people alike. There are 8.5 million disabled people in Britain – one in seven of the population. This covers people with epilepsy, cancer, schizophrenia, Down’s syndrome and many other types of impairment. Under the Disability Discrimination Act (1995), many legal rights and obligations affecting disabled people’s access to services and employment are already in force. Others became law in 2004. Many people are still not aware that they have many new rights. And employers and service providers are often unsure how to implement “best practice” to make it easier for disabled people to use their services or gain employment.

DRC Practice Development Team Dec 2001

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

5th April 2006



Report of: Scrutiny Support Officer

Subject: EVIDENCE FROM PORTFOLIO HOLDER FOR
ADULT AND COMMUNITY SERVICES

1. PURPOSE OF REPORT

- 1.1 To invite the portfolio holder to submit its views in relation to the Access to GP Services Investigation.

2. INVESTIGATION INTO ACCESS TO GP SERVICES

- 2.1 The Adult and Community Services and Health Scrutiny Forum embarked upon an investigation into Access to GP Services in December 2005. Given the reasonably tight time constraints on the inquiry the Forum opted to undertake a joint investigation with Hartlepool Primary Care PPI. As part of the evidence gathering process, the portfolio holder has been invited today to submit its view in relation to Access.
- 2.2 Following the presentation of the Portfolio Holder's views, Members of the Forum are invited to ask any questions felt appropriate to assist in evidence gathering, with a view to such information contributing to the final report of the Forum.

3. RECOMMENDATIONS

- 3.1 That Members note the views of the Portfolio Holder in relation to the Access to GP Services Inquiry.
- 3.2 That Members ask any questions felt appropriate in relation to the evidence received in order to incorporate the information gathered into the Forums final report.

BACKGROUND PAPERS

None Attached.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer

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ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

5 April 2006



Report of: Scrutiny Support Officer

Subject: EVIDENCE FROM PATIENT AND PUBLIC
INVOLVEMENT FORUM

1. PURPOSE OF REPORT

- 1.1 To introduce the Advanced Access report produced by Hartlepool Primary Care Patient and Public Involvement Forum (PPI) to the Health Scrutiny Forum.

2. INVESTIGATION INTO ACCESS TO GP SERVICES

- 2.1 The Adult and Community Services and Health Scrutiny Forum embarked upon an investigation into Access to GP Services in December 2005. Given the over-lap between this Scrutiny inquiry and work being undertaken by the PPI Forum, and the reasonably tight time constraints on the inquiry, the Forum agreed to undertake a joint investigation with Hartlepool Primary Care PPI.
- 2.2 The PPI is a statutory independent body comprised of patients and other people from the local community. It has a role in promoting the public in decisions and matters affecting their health and putting forward the views of the public to key local decision-makers.
- 2.3 The PPI Forum having been approached in the summer of 2005 by a number of patients who had problems accessing their doctor, had decided to review the situation. At the August 22nd meeting of the PPI Forum it was decided to place a bid for funding to gather evidence to place before the Hartlepool Primary Care Trust, The Strategic Health Authority and to share with the Adult and Community Services and Health Scrutiny Forum.

3. RECOMMENDATIONS

- 3.1** That Members note the views of the PPI Forum in relation to the Access to GP Services Inquiry.

BACKGROUND PAPERS

Please see the attached briefing paper supplied by the PPI Forum.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
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Having trouble getting in touch with your doctor?



**A report by the Hartlepool Primary Care
Patient and Public Involvement Forum**

Contents

1. Introduction
2. The Background
3. The Bid
4. The Questionnaire
5. Distribution
6. Patient's Comments
7. Results
8. Summary
9. Thanks

Introduction

The Patient and Public Involvement Forum were approached in the summer of 2005 by a number of patients who had problems accessing their doctor. Stories of long queues outside of surgeries were becoming more and more common.

The Forum decided that they needed to take a look at the situation for themselves. The Forum was aware that gathering evidence on their monitoring visits could take many months and that anecdotal evidence alone was not sufficient to bring about change.

At the August 22nd meeting of the Forum it was decided to place a bid for funding to gather evidence to place before the Hartlepool Primary Care Trust, The Strategic Health Authority and the Hartlepool Overview Scrutiny Committee.

Forum Members:

Ron Foreman (Chair)

Calverley Carruthers-Watt (Vice Chair)

Margaret Wrenn

Margaret Goulding

Peter Wolfe

Dr. David Oldroyd

Alison Lilley

Elizabeth Fletcher

Ruby Marshall

Michael Ward

Sue Ainslie

Sheila Sutherland (Development Officer)

The background

Advanced Access is a system brought in by the government to prevent long delays in obtaining an appointment to see a doctor. The scheme was intended to improve access to healthcare provision for patients.

Out of Hours Services take care of patients in Hartlepool between 6pm and 9am and at weekends following the introduction of the new GP's contracts.

The two systems have been introduced with the intention of improving patient care. The Forum needed to gather evidence on whether things have in fact improved for the ordinary patient or whether they have substantially deteriorated.

The first step was to take a look at the queues for themselves



This photograph was taken on Monday 12th September 2005 at 8.25 at Kendal Road Hartlepool.

The Forum feels that the most important part of this document is the patient's comments. Please find the time to read those comments or at least those highlighted **!●!**.

The bid

The Forum prepared a bid to the Regional Development Fund of the Commission for Patient and Public Involvement in Health for funds to produce a questionnaire with prepaid envelopes to enable them to gather evidence.

All bids have to be for projects that are part of a Forum's overall work plan.

Initially the forum were going to distribute the questionnaires through the GP's surgeries but this was later changed because the Forum had concerns that the surgeries would not actively encourage patients to take part.

It was therefore decided to distribute the questionnaires through community/user groups throughout Hartlepool.

Forum members identified suitable groups and forum members and the Development Officer distributed the questionnaires.

Once the money was awarded and the Forum could proceed the questionnaires and envelopes were printed. The longest delay incurred during this process was the amount of time it took to get the prepaid envelopes passed by the Royal Mail.

Money was also awarded to include a prize draw to encourage patients to return the forms.

When the Forum was ready to commence distribution of the questionnaires the site of the original queue was revisited to ascertain if there had been any improvement. There had been no change and the queue was again photographed. Verbal permission was sought and obtained from the queue on for both occasions.

The Questionnaire

A sub group of the Forum met to put together the questionnaire. The full forum was kept informed of progress throughout.

Colin Cooling, Graphics Designer, Medical Illustration, The James Cook University Hospital, Middlesbrough produced the questionnaire and envelopes.

Questions were included on telephone providers because patients had reported problems increased for customers of NTL who do not have “call back”. Patients queuing outside and BT customers were accessing all the available appointments.

Questionnaire

The Hartlepool Primary Care Patient and Public Involvement Forum exists to improve services for patients by finding out what people think about healthcare locally and taking action to bring about change.

We would like to know if you are happy with the current Appointments System and the Out of Hours Service.

Please take a few moments to fill in our questionnaire and post it back to us in the envelope provided. No postage is necessary.

Do not put your name but please put your postcode. Your postcode will enable us to use a representative sample when preparing our report.

Postcode

Advanced Access is a government scheme brought in to prevent long delays in obtaining an appointment to see your doctor.

1..Does your surgery use the Advanced Access System Yes No
(Calling at 8.30 for appointments on the same day)?

2.. Have you had any problems with this service?

If so, describe the problem

.....

3.. Do you have a problem contacting your surgery by telephone?

4. Are you a customer of BT?
a customer of NTL?
a customer of any other provider?

5.. Does your service have “ring back”?

6.. Can you get a non-urgent appointment with your doctor at **your** convenience?

7.. Does your surgery provide open sessions where you can attend without making an appointment?

8.. Have you ever attended the surgery in person because you could not get through by telephone?

9.. If so – did you have to queue?

Thank you for answering the questions about appointments now please turn over to answer a few questions about the Out of Hours Service.

Primecare is the current provider of Out of Hours Services and takes care of patients in Hartlepool between 6pm and 9am and at weekends.

1.. Have you used the out of hours services?.

Within the last week

Within the last month

Within the last six months

Yes No

2.. Did you find it easy to contact the out of hours services?

3.. As a result of your call did you.....

a) receive advice only.

b) receive a home visit.

c) attend a Health Centre.

d) attend Accident and Emergency.

e) get collected by a Primecare vehicle

4. How long did it take to receive assistance?

5.. Were you satisfied with the outcome?

6.. If not why not?.

To help us in our other work would you please answer the following questions.

Are you a blood donor?

Do you carry an organ donor card?

Many thanks for helping us with our survey.

Copies of our finished report will go to:

Hartlepool Primary Care Trust

The Strategic Health Authority

The Overview and Scrutiny Committee

Primecare

Clinical Governance Committee PCT

The Commission for Patient and Public Involvement in Health Regional Office

The Commission for Patient and Public Involvement in Health Regional Development Fund Committee

and will be available to the public on request.

Distribution

20 to Shopmobility - for the All Ability Forum including 1 at 20 point.
30 to Mary Diver- Hartlepool Carers 31.1.06
40 to Cal- 50+ Forum and for local deliveries 31.1.06
30 to Ron- Access Group and Patients Forum at G.P.'s Forum 31.1.06
20 to Salaam Resource Centre 1.2.06
2-further copies and 2 Braille copies to Louise Liningham All Ability Forum 1.2.06
40 to Alzheimer's Day Centre Heather Grave 1.2.06
50 to Belle Vue Community Centre 2.2.06
20 to Manor Residents Community Resource Centre 2.2.06
20 to The Stranton Centre Southburn Terrace 2.2.06
20 to the Owton Manor Community Centre 2.2.06
40 to Peter for Seaton Carew and general distribution 2.2.06+ 3.2.06
30 to Ron for Wynyard Community Centre 3.2.06
20 further copies requested for Shopmobility 3.2.06
20 further copies to Peter (Supermarkets) 3.2.06
30 to Ruby- general distribution and libraries 3.2.06
20 to McKenzie House queue 6.2.06
20 to Michael for Sure Start South Rossmere Way 6.2.06
10 to NT+HH Forum
12 to Elizabeth 9.2.06
12 to McKenzie House queue 9.2.06

Some questionnaires were photocopied because the Forum were unable to keep up with the demand for questionnaires but for the purpose of collating the results the original total of 500 will be used.

A total of 217 responses were received. All the original responses from which the information was taken for this report are held at the Forum Support Office, 46, Lister Street.

Patient's Comments

Advanced Access

Question 2

Have you had any problems with this service?

If so, describe the problem

1. Difficulty getting through and when you do no appointments left for that day and have to try next day as not many pre bookable appointments available.
2. If you ring after 8.30am the line is engaged. You then think that to catch a bus to the surgery you are too late for that day.
3. If ill during night need to get ready early (by 8.30) in case one gets an appointment very soon and need to attend immediately. If can – get to work and ring about a family member but am driving to work at this time.
4. I visited my doctor who gave me a prescription and said to come back in 7 days.
Before leaving the surgery I tried to make the return appointment. The receptionist said that I had to phone on the day. I did so only to be told that there are no appointments and the first appointment I can give you is a further 10 days away.
So it was eventually 17 days before I saw the doctor again. The receptionist overruled the doctor's instructions.
5. No appointments available. Please try again tomorrow at 8.30am.
6. Don't go to GP often but when I need to visit I am better off standing in queue at 8'oclock on a morning for an appointment.
7. Yes because phone lines are always engaged.
8. No problem but many friends are with practices that use the Advanced Access scheme and they experience great problems. Trying repeatedly to get through at 8.30 without success and going at 8.30 and queuing in the cold the next day hoping to see someone. It seems a ridiculous practice to me.
9. Lines always busy. Cannot get through.

10. **101** It's impossible to get through at this time of the day as I am taking my children to school. As a single parent this situation gives no scope for obtaining appointments.

11. When eventually we get through there are no appointments left. Also if a specific doctor starts on your case I cannot get a follow up to see him or her and I get a different doctor's viewpoint on my case.

12. Very difficult to get through by phone. To get an appointment for that day we have to stand outside of surgery at about 8.10am for it opening that morning to get an appointment for that day. By phone no appointments left at 8.45am that day.

13. Always fully booked for appointments plus it takes them longer to answer the phone.

14. Usually when you ring you can't see a doctor just a nurse. She may then tell you you need to make an appointment to see the doctor. So you have to have time off work twice.

15. **101** Queued in the cold and rain for twenty five minutes to get an appointment also have to queue for my daughter who can't get time off work. Can't book an appointment for the next day thus no continuity with the same doctor.

16. Telephone engaged. By the time you get through there are no appointments left.

17. **101** Waiting outside in the cold from 8.0am till 8.30am and still can't see the doctor you want. Told PALS about this complaint. You have to queue otherwise no appointments.

18. **101** Waited outside in cold and no appointments. Had to get PALS to get appointment.

19. Not being able to get through at 8.30am and when I finally get through, being told that there are no appointments left for that day even though the time I finally get through is before 9am.

20. Telephoning all morning and when I do get through I'm very lucky to get an appointment. If I do it's never with the doctor of my choice.

Queued from 8 o'clock and when I finally arrive at the receptionists window I am told there are no appointments left.

21. Nobody answers the phone and by the time I get through there are no appointments left therefore having to go through the same thing the following day.

Queued and by the time I get to the front there are no appointments left.

22. Only appointment left for that day (calling into the surgery) was to see the nurse at 6pm. When I got there the nurse said that I would have to see a doctor for the problem concerned. I had already explained the problem to the reception staff and the nurse seemed to think that they should have known better because the appointment was wasted. Then I was not given an appointment to see the doctor that day – when I had followed their system.

23. I work full time. I cannot spend time on the phone or waiting outside the surgery. I also cannot expect my employer to give me the day off on the off chance I might get an appointment.

24. Unable to get through. All appointments taken. Unable to see my own GP.

25. I travel to work between 8.30am and 9.0am. Obvious problems getting through as lines are busy early week. May need special permission to fit in planned appointments.

26. Can't get an appointment.

27. You phone at 8.30 but you don't get through for a while and when you do get through you can't get an appointment because they have gone. Sometimes queue.

28. Have phoned 8.30 for appointment did not get through till 9.00 then no appointments for that day.


29. Can't get through and when you do there are no appointments suitable available (I work).

30. Not always able to get through on phone. When I do no appointments left.


31. Because if you want to make an appointment in advance they tell you to ring in the morning.

32. When phoning up can't get an appointment the same day unless you are there at 8.30 in the morning.

33. By the time you manage to get through by telephone the appointments are gone.

34.  Unable to get through on phone until 9am or after. All appointments gone. Ring after 1.30pm got through at 2.10pm all appointments gone again. Queued but sent home and told to ring.

35. The phone is always busy then when you get through you are dismissed unless you are willing to tell the receptionist private matters – then they may fit you in.

36.  Can't get through on phone need to get to surgery and queue. No good when you are really ill, have children, are elderly or disabled.

37. Can't get through.

38. It is usually difficult to get through and sometimes there are no appointments and you are told to ring the next day.

39. Can't get through on the phone. In the end I go to the surgery to make appointments which is time consuming.

40. Impossible to get through. Once can get an answer all appointments are booked up on the day. Have queued 25 minutes before opening hours.

41. Cannot get through on phone therefore cannot get an appointment. I work full time and would prefer to make an appointment to fit around this. The surgery does not allow this. Queued for 20 minutes.

42. Never answer the phone. If you phone later than 10am you have to ring back the next day before 9am to get an appointment.

43. Phone lines constantly engaged. When lines are free all appointments are taken. None are available.

44. Not able to get an appointment in advance for the next day or week.

45. Phone engaged all the time. When I do get through many a time all that days appointments have gone. Try again tomorrow. Have queued because like everyone else the phone was engaged all the time.

46. As a full time worker I would like to book an appointment to fit into work commitments.

47. On more than one occasion I repeatedly rang from 8.30 onwards and found the line engaged. When eventually getting through all appointments had been taken and I was told to ring again in the afternoon after 1pm or the next day.

48. By the time I eventually get through appointments are taken.

49. Unable to get appointment same day. Phone engaged from 8.30 onwards. Queued outside of surgery when ill.

50. I work full time and cannot take time off at short notice due to required staffing levels. The surgery makes it very hard to plan for non urgent appointments which my ongoing health problems require.

51. Have trouble getting through.

52. It is impossible to make an appointment by phone. It means going to the surgery and queuing up at 830am.

53. Hardly ever seeing your own doctor.
Having to be outside the surgery by 8.15 to be sure of seeing a doctor.
Rarely being able to get through on the phone. Frequently queue.

54. The phone is engaged all the time and when you do finally get through there are no appointments left.

55. I Can never get through and when you do be it just early morning they tell you all appointments are gone. This goes on every time. A terrible situation. Have queued from 8 o'clock till surgery opened at 8.30am on bitter cold mornings.


56. Impossible to get an appointment even when requested by the surgery to make one.

57. Cannot get through. Line always engaged until after nine then I get to try again tomorrow because I have missed out.

58. Not being able to get contact. Phone engaged all the time.

59. The problem I have is trying to arrange a sitter for my wife because I am a full time carer. It is very awkward trying to match this together.

60. Having to queue outside from 8am to get an appointment or a certain doctor after enquiring if he/she is available.


61.  Cannot get through to make an appointment. Telephone is always busy. This must be very difficult for people with young children having to decide whether to take them to school or visit surgery to queue. Difficult for people working out of town also. Queued but still did not get an appointment as I was late queuing because I had to take one child to school first.

62. Called at 8.30. Constant redialling until 8.50 as line engaged. Got through to be told no appointments available. Queued but more than 20 people in front of me in the queue.

63. Not able to get an appointment. Have queued.

64. Unable to make contact by phone.



65. Queuing in cold for 20 minutes and then being told no appointments possible for my doctor. I've been down 8 times to get results of blood test since Jan 6th which were urgent. Have just been able to get them Feb 6th. Queue every single time.

66.  I don't have good access to a telephone, no home phone, didn't have to queue when went down to the surgery but didn't get an appointment.

67. Difficult to get through (to surgery on the phone).

68. Unable to get a line into surgery. Engaged for the first ten to fifteen minutes then no more appointments for that day.

69. Can't get through (to surgery).

70. Difficulty in getting appointment for others.
71. Sometimes lucky, sometimes not.
72. Cannot get the surgery to answer the phone-one day it took 2 hours to get in touch.
73. (Problem was) only when trying to get through at 8.30 am and 13.30 pm.
74. Have to ring and ring and ring, its no good for patients.
75. (The surgery) never answer telephone.
76. Cannot get through-20 minutes-kids are late for school.
77. No appointments available. Told to turn up and wait. Waited for 1hr and 45minutes for appointment. If I wasn't ill before I was when I left.
78. Phone is engaged for the first 1 and ½ hours each day.
79. The phone is always engaged, when eventually got through at 9 am all the appointments are gone. You have to queue outside from 8.15 am in order to guarantee a same day appointment. Today 9th February I arrived at the surgery at 9.05 am and was informed there were no appointments left for today. The system is an absolute disgrace. Having to stand outside in all weathers from 8.15 am to get to see a doctor is an insult to patients.
80. Sometimes cannot get same day appointment. Even if one queues up at 8. 25 are not guaranteed an appointment.
81. Can't get an appointment, have to take son to school, its impossible to be there for 8.30 am. It's the worse system ever.
82. The phone lines are full. People waiting outside the surgery are given appointment before phone lines. Had a long wait.
83. Have to queue sometimes for appointments.
84. Not being able to get through on line until after 9 and then been told no appointments left.

85. Can never get through on phone, constantly engaged from opening then when eventually get through all the appointments have been taken, only emergency ones available.
86. Actually getting to see a doctor after ringing day after day.
87. (The surgery was) busy or not answering the phone.
88. January was disastrous, waited for 4 days for an appointment, offered one 7 days later. November was disastrous, had to wait for 3 days, had to ask to speak to a doctor. Didn't have to queue when went down to the surgery but was told there were no appointments available with a doctor or a nurse. Told to ring back tomorrow.
89. Phone was engaged for about ½ hour, then when you get through there are no appointments left.
90. Cannot get through on the phone. Have to go down to surgery for appointment between 8 and 9.
91. Very difficult to get through on the telephone between 8.30 and 9.15 am, when you eventually get through all the appointments for that day are full, all you can do is start the process again the next day, and so on. Had to queue from 8.10 am, I was sixth in the queue, by the time the doors opened at 8.30 approx 20 people queuing.
92. Cannot get through to surgery very often. If I do its usually because all the appointments have gone.
93. Limited appointments available.
94. I have got through on phone at 8.34 no appointments left for my G.P who is Dr S. Ardelect? I have heart problems and back problems. I am on mobility. No pre book appointments. This is disgraceful. I hope you can help me and other people like me. When phone doctors to see doctor get through 34 mins past 8, no appointments, doctors open 8.30, to see a certain doctor who knows problems. Have to queue, can't see doctor you want, who knows your problems. Say can't make appointments.
95. Difficult when you are in full time employment to 'drop' everything for appointment that day. Difficult when you work out of town 5 days per week.

96. By the time the line is free no appointments left and hard to get appointments around working times.

10 people were in front by 8.15 am (when queued).

97. Can't get through and when you do appointments are gone by 9am so have to stand outside queuing at 8 am to get an appointment.

Every time our queues are long.


98. Lines are always engaged. When you get through no appointments left for that day.

I arrived at surgery at 8.15am. Surgery doors open at 8.30 am. I was 24th in queue and did not get an appointment until late afternoon. I work out of the area and lost pay having to make two surgery visits in a day.

99. The phone line is busy and by 9 o'clock there are no appointments left.

100. You can never get through. Line is always busy. Result - no appointment when needed. Reception staff not always helpful and will deter home visit. (Queued) but did not get an appointment for that day.

101. Cannot get an appointment without queuing outside. By the time phones picked up appointments are gone for the day.


102.  Yes can't get through or have to phone next day and keep trying till get one. Also when get through for doctor to come out he or she sends tablets out over phone.




Yes (had to queue) and make arrangement with ring and ride to get there to be told can't see doctor.

103. Cannot always get through on telephone.

104. Difficulty getting through on telephone. Often there are no appointments left when you eventually make contact.

(Had to queue) sometimes.

105.  4-week-old baby with rash. Was told no appointments available and to ring the next morning. Called again the next day and the following without success. Ended up at A and E as rash had gotten worse and baby was poorly.

106. Only trying to get through at 8.30 am and 13.30 pm.
107. Only trying to get through on the phone.
108. Phones always engaged from 8.30 onwards.
(queued) from 8.00
109. Difficulty in getting through on the phone.
110. It usually takes approximately ½ hour to get through by telephone. By then all the appointments have frequently been booked by people who are able to queue at the door. Also it is necessary to have a clear day to take any appointment offered.
111.  When you are ill, the last thing you need is to have to start dialling from 8.30 am. It can take a long time to get through. If you manage to get an appointment, it is with any doctor. I couldn't queue if I was very ill.
I once queued 3 days in a row to try to get an appointment with a particular doctor and still didn't. In frustration, I have queued and simultaneously phoned on a mobile as the queue was so long. Stress!!!!
112.  I have to make appointments for my 85 year old mother-she would be unable to cope with the frustration trying to get a ringing tone rather than an engaged tone- and sometimes there are no appointments left when she does get through, so the exercise has to be repeated the next day. Also, there is no continuity-we never see the same doctor twice in a row.
(Queued?) yes and people must start to queue very early as even after 8 am the queue is well established. My mother could not do this herself.
113. Queuing from after 8 am (and still unable to see Dr ?); have dialled continuously from 8.30 am for about ½ hour-sometimes to be told no appointments left.
114. Never get through on the phone.
115.  Having to be at the surgery before 8.30 am and queuing, to see the doctor that day, which is very hard when you are old and unwell.
116. Difficulty getting phone answered.
Often, when answered, quota of appointments filled.


(NB my doctors surgery is not in this answered.)

117. Trying to get through is a problem (redialling every few seconds only to find after 30 minutes that all appointments had gone for that day- luckily it has never been an emergency.

(queued) Yes at least 6 people

118. Being able to get through at 8.30, not being answered till 9 am, by then there is appointments left.

119. There have been occasions when there have been no appointments available on the day.

120.  You never get to see the doctor of your choice. If you ring the surgery its always engaged. For best results you need to queue outside the surgery at 8 am in all types of weather without shelter.

121. (Have had to queue) only for very short period if at all

122. Most of the time the appointments are gone for the day by 9.00 am.

123. Not being able to get an appointment by phone, and turning up on the same day.

124. Getting an answer on telephone between 8.30 and 9.00. After 9.00 no appointments available.

(queued?) yes from 8.30 am

125. Rang from 8.30am till 10.30 am. Once answered no appointments for that day available.

126. Have constant difficulties contacting my surgery as the answer machine is on for a lot of the time. .ie. Some lunchtimes from 11am— 1.30pm. The opening times advertised are not always adhered to. Dr. Dawson's Surgery, Medical Centre, Surgery Lane.

127. Can't get answer. Always being used by other patients wanting an appointment.

Patient's Comments

Out of Hours Services

Question 5/6

Were you satisfied with the outcome?

If not ...why not?

1. Only phone NHS Direct they are really helpful and advise you on the best advice.
2. Would not have been if it had been life threatening. Too long to wait. In future I will call the paramedics
3. I was told to give my Mam 2 paracetamol. She went to A+E and received 10mls of morphine.
4. It felt rushed and that we were wasting peoples time.
5. Give me back the old days when a doctor came to your house.
6. After hours of stress and worry Doctor came and gave prescription. Being late Saturday night couldn't find a local chemist and couldn't get a Taxi. Had to ask a neighbour to take me to Tesco as he needed the medication at once.
7. All the time I was uncomfortable with Bronchial asthma – having had 10 days antibiotics I felt that the need of steroids. From Friday evening until Monday morning I tried all numbers with no reply or engaged signals. My own doctor finally did a house call on the Monday.
8. I think 5 hours is a long time in an emergency especially as it takes at least an hour to get through to requesting a doctor.
9. Just don't know anything about Out of Hours Services. Bad enough trying to get normal services.
10. My son was complaining of aching limbs. The doctor would not come out to see him. After 4 phone calls because I could not get an answer the doctor eventually phoned me back asking me to take my son to see him. He gave him nothing – said it was a virus.
11. I phoned and was told if the patient didn't improve to call back. When I phoned back I was told a doctor would ring back. 1.5 hours later no call so I phoned again and was advised to take baby to Health Centre.

12. Call out service very busy and cover a very large area. We gave up at 10.30pm after waiting 7 hours and decided to survive until Monday and contact our own doctor. This service is not adequate and does not provide the same service as calling out one's own doctor.

13. Was referred to GP but could not get an appointment.

14. Was told to treat 4 week old baby with rash as Eczema without being seen. Ended up at A&E and child had Stepplecocyll.

Results

Postcodes:	TS24	31
	TS25	90
	TS26	51
	TS27	8
	Other	5

Advanced Access**Question 1**

Does your surgery use the Advanced Access System?

YES	158
NO	36

Question 2

Have you had any problems with this service?

If so describe the problem.

YES	92
NO	61

See Patient's Comments.

Question 3

Do you have a problem contacting your surgery by telephone?

YES	100
NO	70

Question 4

Are you a customer of BT?

A customer of NTL?

A customer of any other provider?

BT	84
NTL	94
OTHER	6

Question 5

Does your service have "ring back"?

YES	51
NO	109

Question 6

Can you get a non- urgent appointment with your Doctor at **your** convenience?

YES	68
NO	107

Question 7

Does your surgery provide open sessions where you can attend without making an appointment?

YES	31
NO	143

Question 8

Have you ever attended the surgery in person because you could not get through on the telephone?

YES	123
NO	72

Question 9

If so - did you have to queue?

YES	91
NO	16

Out of Hours Services**Question 1**

Have you used the out of hours services?

Within the last week	3
Within the last month	10
Within the last six months	42

Question 2

Did you find it easy to contact the out of hours services?

YES	38
NO	12

Question 3

As a result of your call did you....

a) receive advice only	14
b) receive a home visit	16
c) attend a Health centre	16
d) attend Accident and emergency	7
e) get collected by a Primecare vehicle	0

Question 4

How long did it take to receive assistance?

Up to 1 hour	17
1 hour-2 hours	10
More than 2 hours	16

Question 5

Were you satisfied with the outcome?

YES	30
NO	9

Question 6

If not ...why not?

See Patient's Comments.

Of those who responded **26 were blood donors**
and **59 carried an organ donor card.**

Summary

The Forum's minutes show that as long ago as February 28th 2005 concerns about queues were beginning to surface. The role of the Forum is to identify patterns and highlight problems. The Forum is the patient's voice and we hope that this report has given many patients the opportunity to be heard.

The results show that Advanced Access appears to work well in some surgeries but is a disaster in others. It seems to be a matter of interpretation and flexibility.

It is the Forum's fervent wish that action be taken to put an end to queues outside of surgeries. The winter of 2005 / 2006 has been long and hard and the sick, the elderly, and mothers with children, have been forced to stand outside in all weathers. It is clearly an unacceptable state of affairs and the Forum calls on all the stakeholders involved to work to rectify the situation before the next winter.



This photograph was taken in February 2006 at 8.25am

Chair's Comments

Problems with Out of Hours Services are being monitored by the Forum but have not reached significant levels to date. This may be because relatively few patients access this service. The Government wants the NHS to be patient led and in the future patients will make greater use of Primary Care Services. This will include many services which were in the past were provided by hospital.

The feedback from patients in this report proves that many patients have a quality of health service, which is unacceptable. We are aware that most receive excellent service from their GPs surgery but feedback from patients proves that far too many do not. We are concerned about Out of Hours services because, doctors are

based at Teesdale house in Thornaby after midnight. The feedback on this also shows that patients are having problems.

As the NHS is patient led we should see changes to meet the needs of the people who gave us this feed back.

Thanks

Our thanks to all who helped distribute the questionnaires. To the Forum sub group who worked on the questionnaire and collated the results. Thanks also to Stockton Blind People's Voice for providing 2 braille copies and to Amanda (student placement) for helping to type up the patient's comments.

There will be a prize of a box of fruit and cash for the winner of the draw. The winners name will be drawn at the March 27th 2006 meeting of the Hartlepool Primary Care PPI Forum at the Belle Vue Community Centre, Kendal Road, Hartlepool, which is open to the public.

Special thanks to all those patients who took the time to fill in the questionnaire and post it back to us.