

# Health & Welfare

# 4



Part One of our Appraisal Report contained a short history of healthcare provision in our village and summarised the Appraisal responses to the relevant questions in our survey.

The primary responses are summarised in the adjacent panel.

It is clear that by far the majority of village residents (93% of households) use the Ashwell Surgery for contact with a GP, the next most popular NHS surgery being in Royston (4%). Worth noting is the fact that both these surgeries are in Hertfordshire, rather than Cambridgeshire, and are controlled by the North Herts NHS Trust.

The following matrix summarises opinion on the quality of service provided to patients who attend the Ashwell Surgery:

	Good or Satisfactory	Unsatisfactory
<b>Surgery hours</b>	248 (89%)	22 (8%)
<b>Availability of appointments</b>	176 (63%)	97 (35%)
<b>Admin/ Reception services</b>	244 (87%)	28 (10%)
<b>Home medical service</b>	108 (39%)	33 (12%)
<b>Medicine basket service *</b>	127 (46%)	8 (3%)

\* the Medicine Basket service has been withdrawn since the Appraisal was carried out.

## Surgery Hours

Although 89% of households responded that the hours of opening at Ashwell Surgery were good or satisfactory and 63% were satisfied with availability of appointments, a significant number (35%) stated that appointment availability was unsatisfactory for their needs. Some examples of comments made by the latter group were:

- ◊ Long telephone queues
- ◊ Delays of up to 2 weeks for an appointment
- ◊ Difficulty in accommodating patients who work full time

Broken appointments continue to be an ongoing problem for the Practice. The Surgery estimates that two whole surgeries are lost each month due to patients' failure to attend. They are trying to raise awareness of this issue and the problems that result, at a time when the proper and effective use of limited resources is essential.

## Admin/Reception Service

Again a high level of satisfaction (87%) was recorded.

### Which NHS surgery do village households usually use?

Ashwell	279 households	(93%)
Royston	12 households	(4%)
Bassingbourn	6 households	(2%)
Other	3 households	(1%)

### Do you have any concerns about the availability of a doctor or ambulance in the event of an emergency?

Yes	132 households	(44%)
No	61 households	(21%)
Don't know	104 households	(35%)

However, there were a number of comments that the Reception staff at Ashwell are not always friendly or helpful.

## Home Medical Services

The high number (49%) of households expressing no opinion on this issue is probably a reflection of the fact that they have been fortunate in not having had to use the service. However, there were many comments expressing dissatisfaction with home and emergency service outside of surgery hours. Examples of comments were:

- ◊ Can be 3 hours or more before doctor arrives
- ◊ Impersonal service and lack of information on patient
- ◊ One local doctor should always be on call

The response to the availability outside of normal hours question shown in the panel above indicates fairly widespread concern (44%) on this issue although this needs to be qualified by saying that this is a statement of perception, rather than of actual first-hand experience, due to the way in which the Appraisal question was worded.

New contractual arrangements between General Practitioners and the NHS have been concluded and are due to come into effect from April 2004. The principal change likely to affect patients is that doctors can opt out of responsibility for providing out of hours service for their patients. Should they decide to opt out, they will make an annual payment of £6,000 (approximately) to the Primary Care Trust (PCT). A recent survey of doctors, on behalf of the BBC, showed that 80% of doctors were likely to decide to opt out as the actual cost for them to provide out of hours service far exceeds £6,000. Where practices opt out of out-of-hours cover this will become the responsibility of the PCT. "Out-of-hours" is defined as 6.30 p.m. to 8 a.m. on weekdays plus weekends and bank holidays. It is not clear how this will be covered should the doctors opt out - probably by contracts between the PCT and individual doctors and/or groups of doctors (Co-Ops). While it is anticipated that the vast majority of practices will opt

out of the responsibility, the Appraisal Group has not been able to establish the intentions of local Surgeries in this regard.

This issue of out-of-hours cover must be a matter of local and national concern and there is a possibility that the apparent shortcomings in local out-of-hours service will worsen in the future. It is accepted that restricted investment has caused excessive strain on limited resources and that doctors and all other healthcare workers are entitled to, and require, reasonable time off. However, increasing investment in the NHS must improve the service in line with reducing the excessive hours required to be worked. Good and effective management is necessary at all levels of the service.

### Medicine Basket

The responses suggest that there was a high level of satisfaction with this service for those who used it. Of the total of 279 responses to this question, 135 offered an opinion on the service indicating a high level of usage in the village.

Unfortunately the service ceased in 2002 due to changes in the regulations following the Shipman Enquiry; these regulations require that prescriptions, if not collected by the patient, must be delivered directly to the address of the patient and signed-for by the recipient.

It is possible to Fax repeat prescriptions to the Surgery, but most people in the village do not have access to a fax. If a publicly-accessible fax service was made available, the problem of collecting the prescriptions would still remain.

Ashwell Surgery has proposed a 3-month trial whereby, on completion by the patient of an application form issued by the Surgery, the Practice will determine if there is a requirement for the delivery of prescriptions to individual patients. Those to whom the new arrangement will be targeted are patients with transport difficulties, the elderly, those who are housebound and anyone recently discharged from hospital. A member of Surgery staff will make the deliveries or the Surgery will consider the appointment of a responsible resident who is willing to make the deliveries. We understand that the Surgery is prepared to meet the cost of such deliveries and we await the outcome of this trial with interest.

The Appraisal Group is aware also that the Mobile Care Warden does collect prescriptions for those residents who are registered with the scheme.

### Communication

For those connected to the Internet, the Ashwell Surgery has its own website [www.ashwellsurgery.freeserve.co.uk](http://www.ashwellsurgery.freeserve.co.uk) containing essential and useful information. Similar information is available at the Surgery itself. The Appraisal Group suggest that it would be helpful if the information was distributed to households in hard copy and updated periodically, as many residents do not have access to the Internet or do not frequent the surgery.

The Ashwell surgery contact numbers are:

General and emergencies: 01462 742230  
Appointments: 01462 742891  
Fax for repeat prescriptions: 01462 742764

### Other Surgery Services

Health promotion activities and advice are provided at the surgery for the following:

- ◇ HRT
- ◇ Well Person
- ◇ Weight Reduction
- ◇ Acne
- ◇ Smoke Stop
- ◇ Blood Pressure

Asthma and Diabetes management is provided with the help of specially trained nursing staff.

The Surgery is committed to providing the best service to its patients at all times. The Appraisal Group recognises that this must be delivered against a difficult political background and at a time of great changes within the NHS where additional targets and performance measurements are being imposed. However, residents must be continually vigilant and report to the Surgery any shortcomings or dissatisfaction and obtain a response or action.

### Hospital Services

The main hospitals that Ashwell Surgery refers to are the Lister Hospital in Stevenage and Addenbrookes Hospital in Cambridge. If patients express a preference for either of these hospitals, the surgery will endeavour to meet their wishes. However the length of the waiting list, the specialism of the particular consultant and the clinical nature of the patient's illness or injury are all taken into account and the GP, in consultation with the patient, will choose the option which affords the best service. The greatest frustration experienced by the GP surgery is the hospital waiting times, both inpatients and outpatients, and the difficulty in promoting urgent cases for treatment.

### Dental Services

Whilst there were no specific Appraisal questions on this service, there were many comments expressing strong satisfaction with the fact that there continues to be a dental practice in the village offering NHS treatment with good service and availability of appointments. The policy of the practice is to prioritise admission of patients for NHS treatment who reside in the village and surrounding area. In order to ensure that this policy continues, the practice is planning to take on an associate in the near future and is investing in new advanced equipment.

### Voluntary Services

There are a number of voluntary and charitable services provided locally that relate to Health & Welfare, including:

- ◇ **Mobile Warden Service** – regular, friendly contact and weekly visits for the elderly and housebound for a minimal charge. The scheme is a collaborative

venture between Steeple Morden, Guiden Morden and Litlington and has proved a great success. It continues to expand and provide an excellent service for elderly people in the three villages.

- ◊ **Meals on Wheels** – monthly delivery of frozen, prepared meals.
- ◊ **Heron Scheme** – transports the elderly and disabled to local medical, hospital and other essential appointments. This service is covered in more detail in the Public Transport Section of this Report.
- ◊ **Wheels for Martin's Friends** – a local charity assisting local residents with limited means to obtain a wheelchair and other necessary mobility aids.

Those local people who give their time and resources to these important—and greatly valued—services should be commended and others encouraged to support them.

### **Care of the Elderly**

With people living longer as a result of advancement of medical science, the care of the elderly and related policies are demanding more attention both locally and nationally. There is an increasing dependency by Local Authorities, who are responsible for Social Services, on the private sector to provide the infrastructure for residential care. Social Services purchase their requirements from the private sector where they do not have sufficient capacity themselves.

For Guiden Morden residents, applications for services such as sheltered housing, residential care, etc., are assessed and administered by the Social Services department of Cambridgeshire County Council. Access in the first instance is gained via the GP surgery. Information on the services can be obtained directly from the South Cambridgeshire Social Services, Comberton Road, Toft, CB3 7RY Tel. 01223 264466.

The extent to which the recipient is required to contribute to the cost of whatever service is provided, and the level of financial assistance (if any) that may be available, is subject to means testing. Levels of income and savings are taken into account. The criteria applied can greatly penalise elderly people with personal savings or whose only real asset is their home, which they may be forced to sell in order to pay for their care. This contrasts with people living in Scotland where, as a result of devolution of power to the Scottish Parliament, care of the elderly in nursing homes or sheltered accommodation is paid entirely from public funds. There are far reaching social and economic issues to be considered in the extension of public funding for the care of the elderly. In the view of the Appraisal Group, central government should implement changes to the system which will reduce the increasing social and economic hardships being experienced by many people.

With the exception of one residential home - Etheldred House in Histon - all Social Services accommodation in Cambridgeshire is purchased from the private sector, and a full list of homes is available from the County Council. Information is also given on the Council's website [www.camcnty.gov.uk](http://www.camcnty.gov.uk). If desired, care and accommodation can be arranged and funded privately without Social Services assessment and relevant information can be obtained from the GP surgery or Social Services.

### **CONCLUSIONS & RECOMMENDATIONS**

- Most residents are satisfied with the Reception and service available at the Ashwell Surgery.
- There is a high level of concern about response time and quality of out-of-hours and home medical care.
- Loss of the "medicine basket" service for prescriptions is widely regretted and much missed in the village.
- The new contract between doctors and the NHS is likely to result in most doctors opting-out of responsibility for out-of-hours service. Local PCTs will then be responsible for this service, which will be subcontracted to doctors' co-operatives. There is likely to be a funding shortfall in properly meeting demand for the service.
- There is a high level of satisfaction with the availability of NHS treatment at the local dental surgery in the village.
- Local voluntary services need to be maintained and increased in order to ensure that the elderly and housebound in the village receive the proper level of care.
- There is increasing concern about the shortage of affordable care for people needing nursing home care, sheltered housing and care in the home.

## RECOMMENDATIONS

- We recommend that the availability of surgery appointments at Ashwell Surgery is extended to cater for residents who work full time outside the locality – for example 1 or 2 evenings per week from 7 p.m. to 9.30 p.m.
- We recommend that the telephone system and resources at the Ashwell Surgery are upgraded in order to reduce queuing time on the main Appointments number.
- We would like to see increased emphasis on training and monitoring to ensure patients are received by administrative staff at the Ashwell Surgery in an understanding and sympathetic manner.
- We see it as important that Surgery information is communicated effectively, regularly updated and made available to all village residents.
- We invite the local Primary Care Trust to make a clear statement of changes in policy on provision of out-of-hours service and how relevant patient records will be made available to the doctor on call and reciprocally to the patient's doctor.
- We believe that Social Services (Cambridgeshire County Council) should publish the action being taken to ensure proper care and accommodation for the growing elderly population in the area.
- We recommend that the Parish Council, local churches and other responsible organisations aim to foster increased community awareness of the need to look out for and help elderly and housebound residents.
- We recommend action by community groups, organisations and other interested parties to encourage a responsible attitude and approach to, in the first place, assessment of the need (or not) to visit a GP surgery for medical consultation and treatment and, secondly, to attend or notify cancellation of appointments and so ensure that scarce resources are deployed in the most effective manner.

### SOME FACTS ABOUT THE N.H.S.

1. The Department of Health is responsible, on behalf of the Government, for delivering health and social care services within England through the National Health Service (NHS).
2. Strategic Health Authorities are responsible for planning health services on a county-wide basis; e.g. Hertfordshire Health Authority has overall responsibility for planning health services in Hertfordshire.
3. Primary Care Trusts (PCTs) are the cornerstone of the NHS, being responsible for the provision or procurement of health services and improving the health of the local population. There are over 300 PCT's in England (8 in Hertfordshire).
4. PCTs are also responsible for integrating health and social care in local communities.
5. The practice at Ashwell Surgery contracts with Hertfordshire Health Authority via North Hertfordshire and Stevenage PCT for the provision of services in the locality.
6. NHS Trusts are responsible for specialised hospital services.
7. NHS Direct (0845 4647) and NHS Walk-in Centres are staffed by nurses and offer free access to health advice and treatment. The nearest Walk-in Centres are at Luton, Harlow and Peterborough.
8. South Cambridgeshire PCT provides some community health services and purchases others from other PCTs. These services are accessed through local GPs and include childcare, nursing and chiropody services.
9. Dental practices contract with the NHS through the Dental Practice Board or the local PCT for the provision of dental care in the area. There are NHS dental practices in Guilden Morden, in Ashwell and in Bassingbourn.
10. Cambridgeshire County Council is responsible for Social Services provision in the area, including the care of the elderly. Their services are accessed through local GPs.