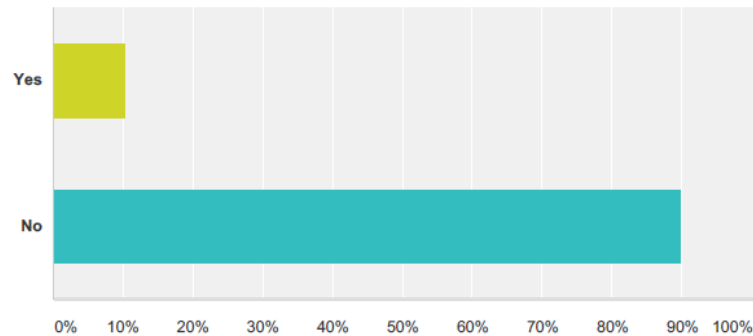


**Sunderland**  
**Clinical Commissioning Group**  
General Practice Strategy TITO Analysis –  
Confirmation of Key Themes

**Q1** In terms of the long list of key themes,  
do you feel that there is anything missing?  
If so, please provide details...

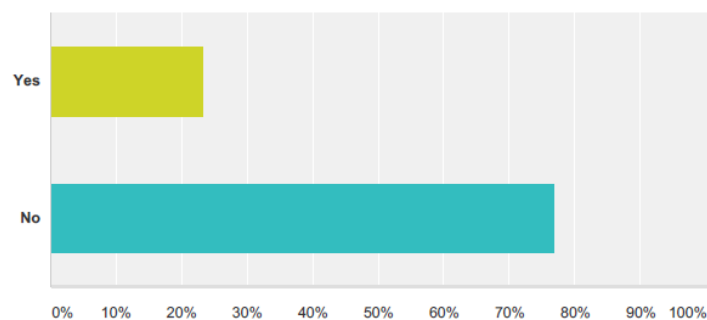
Answered: 39 Skipped: 0



Answer Choices	Responses
Yes	10.26% 4
No	89.74% 35
Total Respondents: 39	

**Q2** Are there any other comments you wish  
to make in relation to the strategy for  
general practice?

Answered: 39 Skipped: 0



Answer Choices	Responses
Yes	23.08% 9
No	76.92% 30
Total Respondents: 39	

#2



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Monday, July 20, 2015 6:56:21 PM

**Last Modified:** Monday, July 20, 2015 6:57:10 PM

**Time Spent:** 00:00:48

**IP Address:** 86.181.138.175

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

No

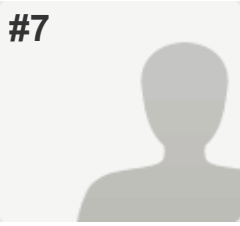
**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

We must keep our member practices involved each step.

#7



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Tuesday, July 28, 2015 12:19:20 PM

**Last Modified:** Tuesday, July 28, 2015 12:24:48 PM

**Time Spent:** 00:05:28

**IP Address:** 194.176.105.6

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

No

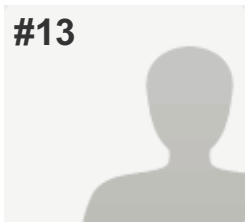
**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

It is a bit strange that SCCG was asking general questions about how we want general practice to go forward in the first few question then there was a specific question about federation in question 5. This implies that the SCCG has already made up its minds regarding this option and I wonder if this was just a paper exercise and the decision about federations has already been made. Thanks

#13



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Tuesday, July 28, 2015 12:45:58 PM

**Last Modified:** Tuesday, July 28, 2015 1:11:01 PM

**Time Spent:** 00:25:03

**IP Address:** 194.176.105.6

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

Yes,

Comments

What tangible incentives can the CCG provide to support practice collaboration/merging

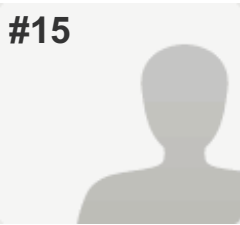
**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

What plans does the CCG have for practices which will end up in 'special measures' or cannot recruit any GPs?

#15



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Tuesday, July 28, 2015 1:59:08 PM

**Last Modified:** Tuesday, July 28, 2015 2:08:35 PM

**Time Spent:** 00:09:27

**IP Address:** 194.176.105.6

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

No

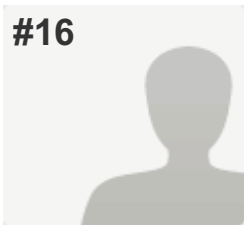
**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

We all know resources are limited and so more than ever, we have to use them efficiently. That means that the right person (with the right qualification and hence appropriate resource attached to them) sees the right patients at the right time - for example, GPs see patients with complex issues, multiple co-morbidity; NPs see patients with less complex issues; PNs see patients with chronic diseases; community pharmacists see patients with minor ailments and so on. Most importantly, patients have to be educated to utilize the various services appropriately. Then the services have to be set up so that there is less confusion, less duplication and hence achieving more efficiency. What is the point of having GP-led WICs, OOH services, extended access services etc all doing more or less the same thing but each needing to be commissioned in thousands and thousands of public money?

#16



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Tuesday, July 28, 2015 2:13:33 PM

**Last Modified:** Tuesday, July 28, 2015 2:20:41 PM

**Time Spent:** 00:07:07

**IP Address:** 194.176.105.6

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

No

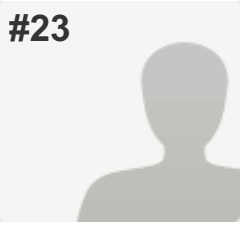
**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

Strategy is one thing but living in the real world is another. I've been in this business for nearly 30 years and have seen many changes and adapted but this is different. i understand the need for change and working smarter but without bodies on the ground and with moral at at all time low I'm really not sure if it can be achieved. Although I feel guilty for considering abandoning a sinking ship, I'm personally looking at an exit strategy in the next few years. on another note a member of my family applied for the Northern GP scheme and was rejected twice. he has now been offered jobs to fill in posts not filled as the scheme has only recruited half the places!. it makes absolutely no sense at all. if i were him I'd go back to Australia where he was treated with respect.

#23



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Tuesday, July 28, 2015 11:29:14 PM

**Last Modified:** Tuesday, July 28, 2015 11:31:28 PM

**Time Spent:** 00:02:14

**IP Address:** 86.180.212.90

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

No,

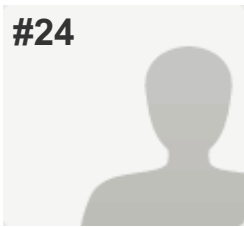
Comments

I think everything was covered and there appears to have been similar opinions expressed in the different localities.

**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

No

#24



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Tuesday, July 28, 2015 11:43:50 PM

**Last Modified:** Wednesday, July 29, 2015 12:15:43 AM

**Time Spent:** 00:31:52

**IP Address:** 86.130.57.54

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

Yes,

Comments

1) Capacity needs to be increased, not reviewed. The huge reduction in primary care funding over the last five years is at the heart of this problem. We need a local funding solution for Sunderland. Only then can real change in the way services are delivered take place. 2) All other workforce elements are irrelevant to the current crisis.

**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

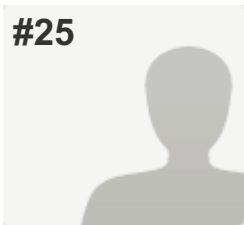
Yes,

Other (please specify)

1) There is absolutely no capacity currently or in the foreseeable future for any further shift of services from secondary care. 2) 93% of patients in Sunderland expressed satisfaction with access to appointments. Why is this listed as a major issue. 3) Successful change requires leadership, and above all else, vision. There has been a complete absence of this since the inception of the CCG. CCG leaders need to tell us what, if any, is their vision for the future of general practice in Sunderland, specifically how they intend to deal with the workforce crisis, how to deal with the funding crisis in primary care, how to resource the huge shift of secondary care services that has taken place over the last five years and how to reduce the explosion of bureaucracy that has swamped practices. So far the silence has been deafening and this document just adds white noise.



#25



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Wednesday, July 29, 2015 7:32:53 AM

**Last Modified:** Wednesday, July 29, 2015 7:37:13 AM

**Time Spent:** 00:04:19

**IP Address:** 84.43.103.150

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

Yes,

Comments

You mention activity based contract. This is controversial and i think the majority of gps and the national bodies are in favor of outcome based contract . would you please clarify as this may have significant implications. We maybe a combination of both to reward practices with high activity for various reasons but ensure those who have worked hard to be effective and educate patients are also rewarded

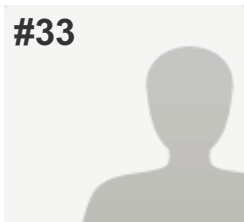
**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

Succession planning and enabling the forward thinking gps to take us forward. We have had enough of the old negative thinking generation who has driven us to the ground. We need energy innovation and new ideas without the baggage !

#33



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Wednesday, July 29, 2015 7:01:40 PM

**Last Modified:** Wednesday, July 29, 2015 7:03:32 PM

**Time Spent:** 00:01:51

**IP Address:** 194.176.105.6

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

Yes,

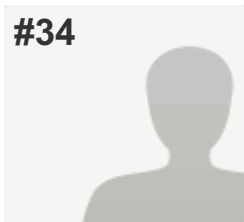
Comments

How would you want the future CCG should be shaped? What are the steps to be taken to question CCG board?

**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

No

#34



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Thursday, July 30, 2015 7:30:35 AM

**Last Modified:** Thursday, July 30, 2015 7:34:16 AM

**Time Spent:** 00:03:41

**IP Address:** 194.176.105.6

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

No

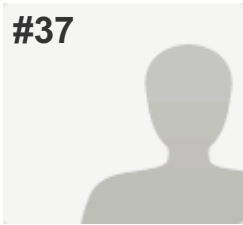
**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

We need to continue highlighting how unacceptable political attitudes are towards general practice.

#37



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Thursday, July 30, 2015 11:42:53 PM

**Last Modified:** Friday, July 31, 2015 12:42:55 AM

**Time Spent:** 01:00:02

**IP Address:** 2.97.144.151

PAGE 1

**Q1: In terms of the long list of key themes, do you feel that there is anything missing? If so, please provide details...**

No

**Q2: Are there any other comments you wish to make in relation to the strategy for general practice?**

Yes,

Other (please specify)

The strategy discussions at TITO were very good. This comment is about priority. Comparison of international health systems shows how excellent the NHS is at solving problems, how poor at achieving healthy living and preventing lifestyle related problems. Most of our health care already deals with the consequences of unhealthy choices and inequity in health is huge. With massive local authority public health cuts and a government not focusing on inequity it needs a change in direction to prevent our NHS from smothering under increasing care needs. Sunderland is at the receiving end of this issue. Only one in five of our citizens have a healthy weight and our children are the most obese in England. We are amongst the England binge drinking champions and my impression is that depression rates are also soaring. I don't want to sound pessimistic, as much is preventable, GPs are aware, our CCG is well placed to buck the trends, we're vanguard, we've got the vision and spirit for this journey and there are lots of opportunities. GPs and schools seem to be at the heart of potential solutions as they relate to virtually all citizens - but this is preluding. We do need to invest into developing the methodology, identifying opportunities and learning to use the principles the best we can, in our (joint) commissioning as well as our primary care and general practice development.