

# Aligning GP's with Older People's Care Homes in Halton

Public Consultation

27<sup>th</sup> February 2017 – 22<sup>nd</sup> May 2017

## Outcome of Consultation



## **1. Executive Summary**

NHS Halton CCG has carried out a period of consultation in relation to the proposal to align GP Practice with Older People's Care Homes in the borough.

In addition to support locally within GP Practices, Care Homes and the Local Authority, the proposal to align was reinforced by the Local Medical Committee at a meeting on 6<sup>th</sup> February 2017. Subsequently the Health Policy and Performance Board (PPB) agreed that the proposal amounted to substantial variation and supported the CCGs approach to consultation at presentation on 7<sup>th</sup> February 2017.

This report will be shared with the June 2017 Health PPB, NHS Halton CCGs Governing Body and the Local Authority Care Home Project Development Group.

The aims and objectives of the consultation were to:

- Ensure interested parties have the opportunity to provide feedback on the proposals
- Ensure all those potentially impacted by the change are aware of and understand the proposals and have the opportunity to provide feedback
- To provide sufficient information to enable people to understand the implications of the proposals
- Support the CCG Governing Body to reach a final decision following the consultation

## **2. Methodology**

The Project Team designed a flyer to support discussions with stakeholders about the project and developed a survey which could be completed online via Survey Monkey or by hard copy.

The flyer and link to survey was distributed by the CCG and through partners to key stakeholders which included but not exclusively:

- Care Home residents/families/carers
- Care Home Providers
- GP Practices
- Patient Participation Group (PPG) Plus
- General population
- Halton Borough Council
- HealthWatch Halton and Voluntary Community Action
- Halton OPEN (Older People's Empowerment Network)
- Age Concern
- Age UK
- Carers Network

- Carers Centre
- Warrington and Halton Hospitals NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust (*now North West Boroughs Healthcare NHS Foundation Trust*)
- St Helens & Knowsley Teaching Hospital NHS Trust

The Project Team have engaged through various routes including:

- Care Home Visits
- Patient Participation Group (PPG) Plus
- Joint CCG and Carers Centre Event
- Halton Community Radio
- NHS Halton CCG Website
- Twitter

There has been interest from one Care Home to have the Project Leads attend a Resident and Families meeting, this unfortunately could not be concluded during the consultation time period due to prior arrangements of the Home. The Project Leads will ensure that this visit is conducted as requested; it is anticipated this will be within June 2017.

The Project Team have actively engaged with the appropriate Forums/Groups as required within the reporting structure of the CCG and the Local Authority.

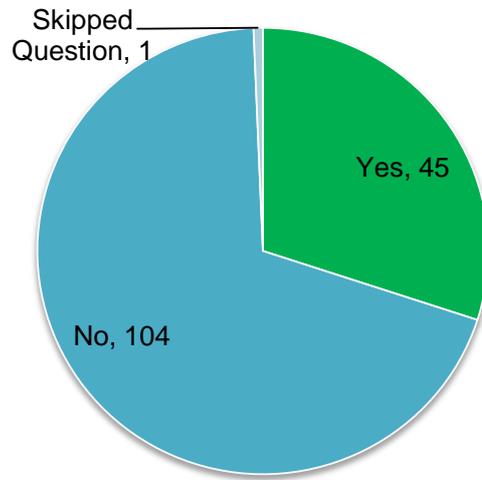
### 3. Analysis

In total 150 responses to the survey were received. The results of the survey can be seen below (*please note that answers are written as supplied*):

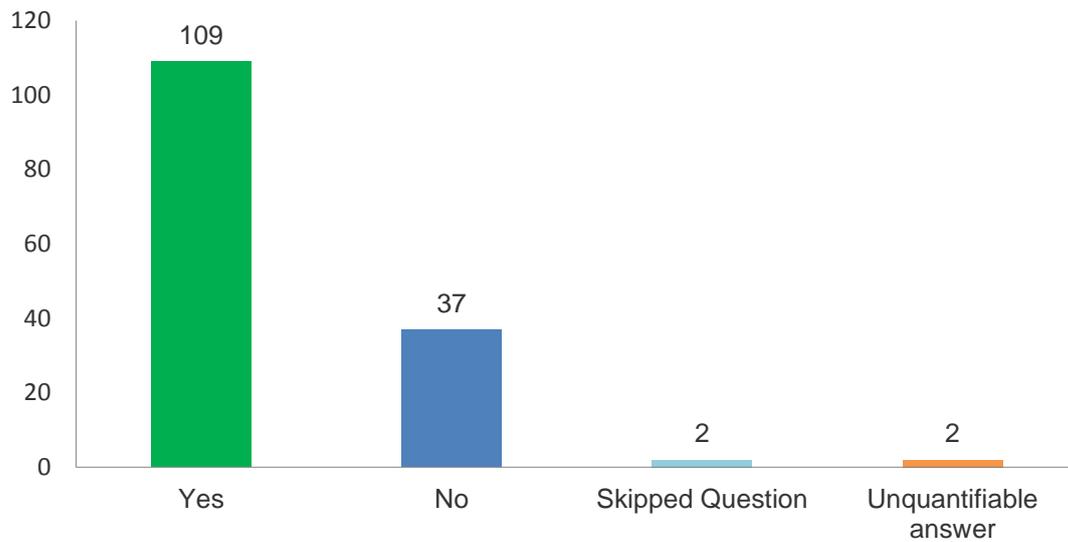
#### Q1.

Are you currently a resident in or visit family/friends in a Care Home in Halton?		
Answer Options	Response Percent	Response Count
Yes	41.6%	62
No	58.4%	87
<i>answered question</i>		<b>149</b>
<i>skipped question</i>		<b>1</b>

Q2. Do you work or have you worked in a Care Home in Halton (in any capacity)?



Q3. Do you agree with the proposal to align GP services with Care Homes in Halton?



Q3 - Please supply more information here if you wish

Yes

Yes. I think it is a good idea but the care home should be allowed to choose their surgery
Yes. <i>Comment removed as it contained identifiable information.</i>
Yes. it would create a regular team for residents and staff. time beneficial for GP not moving from care home to care home
Yes. Provided that each patient have the chance to keep their choice of keeping own doctor - or use another doctor of their choice, so no regimentation
Yes. If patients could keep there own GP if they wanted

Yes. Would like to be kept informed of health issues and support provided. GP ( <i>text ineligible</i> ) family members
Yes. Personal supervision with eating for those who cannot and meals soon get cold. Volunteers to talk to them on a daily basis. They like to talk about there past.
Yes. Makes sense
Yes. Hopefully this would help to ensure care home standards are kept constant, and help patients receive a more regular and relevant contact with their GP
Yes. Think communication and care would improve this way.
Yes. In proposal and professionally I think it is a good idea, however speaking from personal experience my father in law, who has advanced vascular dementia and is resident in ( <i>Home name removed</i> ) has had a long relationship with his own GP who understands him and has years of experience managing him and his condition. I would be concerned if my father in law was suddenly allocated a new unfamiliar GP, his health may suffer.
Yes. It makes sense for provision of care. It would also mean that a practice could allocate time in a home looking at treatment , medication issues of a few rather than dashing from home to home. Consistency of care
Yes. It sounds a logical idea and if it saves money for the NHS and the Medical Practice, then it's the way ahead. However, we are dealing with the older generation and they may have been with one Doctor for many years and have complete confidence in that person. Change will not come easy.
Yes. I believe this proposal will save time and money (for both patient and GP) and provide a more person centred approach to the patient.
Yes. Logical step to centralise care home and GP services
Yes. Sensible Idea, but would it be a possibility to trial one central GP service in the town, such as from the Health Resource Centre - where MSK services etc are located (Salford Scheme)
Yes. Think its a good model
Yes. It will be a huge benefit to the residents as the surgery might be able to do a "ward round" and visit the care home more often. It should also improve the relationships between care home staff and surgery staff. It should be a safer and more time effective way of working for everybody involved. Where is has happened in other areas it has been positive outcomes
Yes. however, it MUST be a GP who is prepared to work with the home and visit. Some GPs in area sadly very reluctant to attend, and regularly prescribe anti-biotics and even repeat courses over the phone. This is not best practice and not what my residents deserve.
Yes. brilliant idea

## No

No. I don't believe peoples choice of GP should be taken away from them + have a new GP forced onto them
No. Most people, my mum included have been with the same GP most of their lives, GP's who know them and their ways as well. Which is especially important to somebody suffering with dementia. I am very much against this proposed change.
No. I would not agree as I don't think residents would be given choices which would affect their long term care
No. People have the right to choose. I wish my father to remain with his long standing GP.
No. Services should be left as they are present
No. No choice of surgery for care home
No. <i>Comment withheld at responders request</i>
No. Don't think it would be right because the residents have been used to their surgery all their lives.
No. I cannot agree - my father is 94 and his trust in his surgery is most important as far as I am concerned. To change GP's would cause distress to him and I'm sure many other older people will feel the same. What guarantee is there a new GP would see the same people at all times - the doctors in our surgery travel all over the borough visiting patients. I see this 'aligning GP's' as a cost cutting exercise and not caring. Rember one size does not fit all.
No. <i>Comment removed as the information was patient identifiable.</i> However, it included an objection on the grounds of changing GP.
No. I think everyone should have the right to choose
No. My mother has had the same GP for over 50 years, and I know if she still had mental capacity she

would choose to stay with her own GP. That choice shouldn't be taken from her, her wishes should be respected. She shouldn't just become a number to a GP that doesn't know her or her family.
No. In some cases maybe, but not in our case. If mum had the capacity I feel she would say no
No. I don't think matching care homes with one nearby GP practice would improve care for residents. I believe residents should be cared for by the GP practice they know, that they are familiar with and that they would still choose to stay.
No. I believe residents should have choice to keep own GP and I believe future residents should be allowed to remain with their own GP if local. I do not believe residents should be forced to be with a new GP.
No. Very biased proposal - lack of citing of the evidence base. Targeting a dis empowered group of Halton residents. A 'done deal' it seems people (residents) exercised their choice when they chose their GP's in the first place
No. Happy with mums current GP
No. No I don't agree with the proposal as it should be discussed with the people concerned
No. Doctors get to know their patients and their medical history so the patient is confident that the doctor know what they are talking about.
No. Would not want my mother to move to a different doctor - especially if that practice is not as good as the current one
No. I think the continuation of allowing the patient to remain with the GP practice they have always known is more important
No. <i>Partial comment removed as it contained identifiable information. However, it contained the following remark - A change of GP at this time would be detrimental to her wellbeing and I don't believe it is her 'patient choice' for this to take place.</i>
No. NHS keep changing things and getting them wrong
No. It would depend on the persons illness. My mum has parkinsons/dementia and gets incredibly anxious with new people, so having a new GP that she has never met before could be upsetting for her
No. When an elderly person moves to a care home it can sometimes be bewildering in new surroundings. They have usually known. And trust their family GP for many years - to remove this familiarity and a person who they trust with their health can add to their distress. The Gp will also be familiar with them and their needs and a new GP will need to familiarise themselves. This would also remove the patient choice. A patient should be able to choose who provides their health care especially in their later years

### Unquantifiable answer

H
I have carried out enter and view surveys for ( <i>organisation removed</i> ) at about 12 care homes in ( <i>area removed</i> ) during the last 4 years. One of the questions we usually ask is about the GP service. Firstly, no-one can keep his or her own GP if that GP was on the other side of the Mersey. Care home managers or deputies have consistently told us that when a GP practice has several registered residents at a care home, one doctor can make regular visits and see all those registered with the practice, if appropriate. In the past, people may have seen one individual doctor. I am ( <i>age removed</i> ) and fortunately rarely see a GP. I do not know which person is my doctor although I am told there is someone. It is only likely to be a problem if someone has seen an individual for many years. However that person could retire or move to another practice.



Doctors who have a n understanding of dementia and experience of working with old people.
Treating residents as individuals. Respecting their choice of GP and not just aligning them to the nearest GP practice to save time and money. If these residents were happy to be with a certain practice that they choose before they were admitted into a care home I don't find it beneficial to anyone but the council to change their GP. The better service, the better communication between surgeries and care home staff, residents and family shouldn't be a benefit. This should be a standard that is met by every residents individual chosen GP surgery. Yes a person may become a resident of a care home but this shouldn't automatically change their GP.
Choice. Being listened to.
Everyone being treated right with the right care
happy, safe, well kempt, nice smell of food
active, happy residents
Happy staff. More activities.
More staff, especially at night
Continuity of care good communication between staff and health care providers Pro active care and anticipatory care before crisis point
Clean, fresh, bright place for people to live & lots of activities & things to do to keep their mind & bodies as active as physically possible. Welcoming & helpful, caring & patient staff.
Regular attention. Thinking on the future & planning
GP who has a wide knowledge and understanding of elderly patients and their needs. Don't need GPs who just ( <i>text ineligible</i> ) elderly population. They should have the same consideration as younger people.
Listening to what patients want from their care and having clear care plans reviewed every 6 months at least. All medicines to be reviewed when a patient goes into a care home as situation likely to be very different from home situation. PATIENT CHOICE IS MOST IMPORTANT HERE
Well I agree with this as the care would be within the same healthcare profession, which means clinical staff can then work with each other to give the best care.
Choice collaboration, co production and co-creation with people who use the service and families/significant others. And listening to the staff in the homes who also know the residents well. Good healthcare - autonomy verses risk and choice
Doctors who understand dementia, regular visits to residence, experience of work with people
To keep own Doctor
Understanding each persons problems and that each one has different needs according to their problem
Healthcare need treating as a priority, and prompt and efficient service given to the individual, whilst maintaining dignity and respect
To me its people who are happy with the environment and look happy in them selves.
A system that allowed a balance between personal continuous care for the people living in the care home and a rational use of resources that supported the care home and the residents
looked after properly
Ryancare is the best
Continuity of care
patients feeling well supported, clean environment and ability to access excellent nursing care.
Plenty of activities for the residents to participate in clean friendly environment, good food
Good medicine managment, effective treatment and easily accesible information for all staff to ensure changes are made quickly if required. Urgent attendance to the care home by a Medical professional if the care home staff or patient have any concerns. Stop using ambulances to take patients to hospital when it would be more appropriate to treat in the care home.
Compassion, Dignity, Confidentiality, Efficient
Friendly, kind, dignified
Not sure
More staff, more encouragement to mingle in the communal areas. There is an issue over continence pads with limits to the number that can be used.
Caring, compassionate staff
Streamlined working with GPs & nurses, all healthcare professionals together.
quick access via a visit to a GP when needed.

Understanding of the clients history Regular reviews: include nutrition, health y skin, maximum mobility
Timely medications. Clean surroundings. Efficient & well-trained staff. happy residents
Don't know
Regular visits by District Nurses. Easy access to GPs. Good carers
Healthy & active.
Don't know
being looked after properly with a good care plan & they are listened to. Wishes to be taken into consideration.
Communal spaces with plenty of activities. Respectful staff. Decent food.
Don't know
Caring environment.
Continuity of care is important.
I think doctors going in to ( <i>Home name removed</i> ) to look after my dad is a good thing
More proactive health care, reduction of unnecessary medication, good advanced care planning
For care home staff to undergo training as advised by GP practice staff to help them clarify areas of uncertainty and to work more closely with the practice to ensure care is delivered efficiently.
I think aligning GP practices would improve continuity for residents, improve communication between staff and GPs and improve the coordination and planning of palliative care (when required).
Regular check ups.
Compassionate care delivered in a timely and effective way.
I would like to see care homes have more responsibility and confidence to manage a person's condition in the home rather than call an ambulance or even a GP. Lots of people are being taken from care homes to hospital for minor things that could and should be treated at the care home.
Regular contact with the same GP/ practice. Regular medication reviews.
Consistent, responsive, caring, high quality, timely, accessible, joined-up, delivered in the care home. Residents will take more responsibility for their own care and will be healthier, live longer with a better quality of life. Residents will have a better experience of healthcare.
More clinical input, additional support, nutritional support, activities family engagement
To keep own doctor
Regular check ups from medical staff with plenty of staff available to take care of residents needs, compassion and understanding. qualities needed by all
A service that puts the patient at the centre and one where all different aspects of the service talk to each other
For patients with dementia who aren't always able to articulate when anything is wrong perhaps there should be more regular checks
My mother lives at ( <i>Home name removed</i> ) and has done for over 2 years, at the moment the healthcare is excellent. I dont want this to change. The staff are quick to notice any health problems and act accordingly
If it's not broken don't fix it. My mum is getting good medical care, I am happy with the beeches comfortable environment for resident's regular faces spending time and knowing patient's
Well trained, caring staff. A team of professionals, including doctors, nurses & social care, around the home.
Attention regular updates and assesments
Peace of mind to know they are well cared for
Family
More accessiable
Patient, understanding
Seeing people clean and with a smile on their faces. Something to keep them occupied during the day if they are fit for it.
Good care
Regular check up on patients health ( <i>text ineligible</i> )
To be fit and get around
That they after well and provided for
To look and feel healthy with good food. Someone to take them round the garden in home for exercise.
To see the same GP / Nurse each visit
Speed of service

The plan as above seems reasonable
Better service
Timely and comprehensive
Continuity of care, good communication between staff and relatives. Taking on board the thoughts and feelings of the family members who know the person best
Regular contact facility with GP/Carer/Care home. Correctly qualified and regularly trained nurses, compassionate to peoples needs and requirements medically and mentally
Having the go they registered with before they went in the home.
Advanced Nurse Practitioner dedicated to care homes to work as a link between GPs. The role could have scheduled visits for reviews which could include staff education
team approach with dedicated staff.
Holistic approach with continuity
Care and medical support whenever needed.
I think that due to the nature and complexity of many peoples co-morbidities both within residential and nursing care homes in the borough, a GP who knows them and has developed a relationship with them, in lots of cases over many years is well placed to manage their ongoing care needs.
Regular visits from medics & other specialists. Lots of activities & stimulating events. A nice social buzz. Caring staff
GP's would have knowledge of their clients enabling them to build up a relationship with the clients and home staff
Having staff who treat you properly and with care who will respond to your requests and report illnesses immediately. Doctors who will treat cases without delay.
Choice, person centred approach, good pathways and information provided on where to go, who to see - this will all contribute to better and quicker diagnosis and hence, better health outcomes.
Firstly a review of health issues, medication, diet, allergies and suitable exercise regime of all new residents would take place on, or ideally before, arrival. In addition to relevant care home staff, a meeting should include the resident, a relative/ carer and the person in the GP practice who would have GP responsibility for the new resident. If the GP is not available, another GP in the practice.  A member of the care home staff would be assigned take personal care of the resident. Although the actual care would be shared with others, that person would check the resident's activity and ensure that the diet is suitable and meets the resident's reasonable requirements. Mental and physical stimulation should be appropriate to their needs and wishes. When possible, this carer should meet the resident's friends and relatives to obtain their views on the wellbeing of the resident. The named GP should review medication on a regular basis and advise the resident if any long term medication is no longer needed.
Regular access to the same GP's who get to know the patients and their history. Regular health reviews and medication reviews. Regular ward rounds each week.
good support from Gp surgery. home visits when needed
One stop shop principal
Include wellbeing and assess quality of life and ensure a good geriatric consultant is involved at least once/year per patient
seam less system, improved communciations. access timely to care and resources.
Well trained front line carers in homes and appropriate calls from care staff to all other agencies
The GP knowing their residents The residents receiving medicine reviews MDT to discuss Best Interest when a resident lacks capacity to make decisions. Residents personal preferences respected Always being care for to a high standard for physical and mental health Being supported to remain independent for as long as possible Being supported to attend out of home activities and see friends and family Quality of life
drop in / ward round type visit each week for the none urgent bits and bobs. Regular health screening and checks by practice nurses or GPs Formal written medication reviews every six months.
consistent quality care from practice
Continuity of care with a GP that they know and trust

Safe and consistent across the borough

### Q5. Is there anything that you would specifically like to see changed?

I would like to see care home involved in this decision making RE single alignment. As to date they haven't been asked their opinions and the impact this may have on their future survival.
To stop the alignment of GP's to car homes.
Beter paid & properly trained staff
More pay. Clean homes
Care homes given choice of preferred GP.
Don't know why you wish to change things when they are not broken
Shorter waiting times for residents.
Shorter waiting times for residents
<i>Comment withheld at responders request</i>
Less waiting for appointments
Needs to be more emphasis on support for dementia & better nursing care. Staff need more better long-term support & more of them.
Can't think of anything
Only an increase in salary to the staff in 'homes' and when problems do occur on major scale they are dealt with speedily - perhaps an 'ombudsman' type person checking ad-hoc - also a table of quality in each city/town showing standards - similar to stars awarded to hotels.
No
For GP's to come and see residents when ill instead of a telephone consultation
No, I am happy with leaving things as they are.
I would like regular checks for all patients
No I don't find the need to align a GP practice with care homes. GP's should still treat their patients not just discard them as they become a care home resident.
A regular person to visit
Proper food, pets.
All carers should have qualifications & be better paid. Right type of people properly trained.
More activities
Better pay
Improved communication and as above
More time to be spend with residents which means more staff employed.
More better paid staff
I would like to see more consultation with care homes about how they would like to be aligned with not just information that powers that be. Very unfair and not in the residents best interest.
Just a better one to one service all round.
Yes a move away from old fashioned high-handed attitudes. Have a bottom up, evidence based approach
Yes care homes to be involved in choosing which GP to align with
Laundry facilities, clothes go missing or put in other residents rooms event though they are labelled. Sometimes clothes go missing or never seen again.
No not that I can think of
more support for the care home staff to deliver good health care in liaison with gps and other existing community services
more staffr
More staff senior enough to manage things like medications. More time for the residents & to listen to what the problems are.
the price should be a lot lower and subsidised by the government, it should be either free or cheaper
Stop unnecessary admissions to hospital. Reduction in pressure ulcers and falls.
More training for staff & support for them.
More trained & more staff
Better well-trained staff.
Staff better paid. They aren't respected enough
More communication between the care homes and GPs

Don't know
More staff. Better training.
Staff to be more organised. Cleaner homes.
More social activities. Better décor. More staff.
A lot more caring people. There's a lot that don't seem to care. Better pay. More activities for the residents to keep them stimulated.
I don't feel there are enough people looking after the residents. My relative just sits most of the day & those who have no family just look sad.
Better all round really.
Cheaper. Taken over by the government. Not-for-profit
More money should be put in for activities
They need to be a bit more organised.
No
No
For staff handover to be more efficient so that GO visits which may be needed are requested in a timely manner and not as urgent afternoon visits when in fact they could have been done earlier in an elective manner.
I would like more knowledgeable staff, a closer more personal care.
Ward rounds. MDT's.
Yes care homes to be involved in choosing which GP to align with
Activities at the weekend to stimulate brain power would be a bonus
I would like people who do the work to be asked about changes before they are made.
Living alone old age problems. Help in the home with tablets etc
I think care homes should have music sessions and also pet visits, makes them feel happier
Control the smell
A registered nurse in every care home. ensure tablets can be taken
No
remember ANPs they could be a real asset for this staff retention.
Regular checkups & not just doctors or nurses. More fun
In my opinion, the carers are not paid sufficient to attract quality people into their employment. There should be an immediate pay freeze and reduction in pay on the top cats in the NHS this would allow the workers at the lower end of the pay scale to be rewarded
Better information provided by GP's practices once a diagnosis has been made
<i>(Identifiable information withdrawn)</i> I am not a doctor, but I have a diploma in health and safety and learned about the dangers of many substances. I personally think that some people take too much medication. I raised this issue with the NICE Board when they visited <i>(area removed)</i> about 2 years ago. The people who responded doubted whether more than 4 or 5 drugs taken concurrently are helpful.
Consistent approach for all patients
all gps working and supporting care homes at the same level of good health care.
PPG presence in a care home if possible. e.g. surveys, complaints, problems, or how could a PPG help?
Reviews of social workers should be more frequent
Ensuring residents are reviewed regularly including GP and Pharmacist for medicines reviews to improve quality of life and reduce tablet burden.
formal medication reviews to evidence inline with NICE guidelines.
reg gp wardrounds
Weekly GP ward rounds - demonstrated better care, better outcomes, reduced hospital admissions, reassurance for care staff that they can get their resident seen.

**Q6. Thank you for your time, if there is anything else you would like to add, please comment below.**

Older people like to keep to their own GP and practices as not many like change
I feel this will be a step back if this change occurs. I cannot see a way of it cut down being beneficial to the patient at all.
Only thanks to all the carers - be they in 'homes' or visiting peoples own homes. In my opinion worth their weight in gold and undervalued by present system.
Most residents no longer have a voice so you need to respect the decisions that they choose whilst they had mental capacity.
Please realise that this change is not beneficial to the main people that matter in this proposal, care home residents
I don't think the GP matters any more.
Employing the right people with the right attitude towards the elderly. After all one day it could be them on the receiving end!!
Read the mental capacity act (2005) about best interests, lasting powers of attorney and about who knows the patients best.
Residents must have a choice
When new resident come into our home they may require their own GP
My husband is in a local nursing home with excellent nursing care. The staff are excellent but feel the shifts are far too long for them. Laundry is the only problem
I personally think this is a very good idea. It will be time saving & a good opportunity for the family to speak to the doctors. Splendid.
Holistic treatments should be used more in care homes, to make the experience more enjoyable.
Should be free
They need more staff for a start.
Seems a very sensible, pragmatic approach which will enhance the lives of residents and support care homes and practices to deliver the best possible healthcare.
Is there any evidence for the alleged benefits outlined on the information sheet? people have doctors now so how will changing to another Dr bring about these supposed benefits?
I don't think the fact that the practice is near to the home means it will be better - where is the evidence for this statement? I strongly disagree with the bullet points on the info sheet provided apart from the last one! these statement seem like wild claims to me - this is purely about saving money
Someone supervising them while eating, to make make sure they finish their main mail and then a 10 minute walk a day. Supervised showers.
Not all GPs have a good bedside manner that needs work
Stop trying to cut costs with the elderly. They are the most vulnerable and cannot always voice their concerns
I just hope that I am never sent to a care home
Identify key workers for each care home resident
When speaking to other areas who have made the move to align care homes and surgeries I have heard very positive feedback/outcomes for residents, family/friends, surgery staff, pharmacy staff and care home staff.
just please ensure the 'allocated' GP is fully engaged and willing to be proactive and work with us. Doing it just for the money will not help.

#### **4. Discussions**

All but one respondent agreed to have their comments used for the purpose of service improvement. As described in section 1, this report will be shared with the Care Home Project Development Group which acts as the Programme Board for Care Homes in Halton, chaired by Halton Borough Council's Assistant Director of Adults Social Care and any resulting action will be directed by that Group.

22 of the respondents saying 'no' explained that the reason was to do with patient choice around registered GP. However, the proposal always maintained that patient choice is paramount. Existing residents in Care Homes will not have to change registered GP.

All 15 Practices are in agreement with the proposal, although one did query the Care Home they had been aligned to.

Of the 15 Care Homes, there have been 3 that have raised issues. One queried the capacity of the Practice they had been aligned to. The size of the Practice does match the aligned Care Home well and they have already recruited extra permanent staff. One Home had a relationship problem that the Practice concerned is addressing. The third had concerns about ordering repeat prescriptions which is exactly the sort of issue that the alignment is designed to solve.

This consultation has been very useful. It has helped us to plan out the introduction of the new arrangement and flesh out the details of the Enhanced Service for Practices. In particular, the practices will be expected to field a regular member of their clinical team to conduct ward rounds.

## **5. Conclusions**

Overall there has been an overwhelming support for the project; it is therefore the Project Teams intention to ask NHS Halton CCGs Governing Body for support to progress to align General Practice to Older People's Care Homes in the Borough.

Report compiled by:  
Natalie Vinton  
Commissioning Manager  
25<sup>th</sup> May 2017