1.0 INTRODUCTION

1.1 Healthwatch Suffolk exists to find out what people in Suffolk think about their local health and social care services so that it can use those views to shape, influence and improve the services now and for the future. This includes primary care services.

1.2 Since October 2013, Healthwatch Suffolk has been working successfully in partnership with the Suffolk Health Scrutiny Committee. A formal working protocol is also in place.

1.3 As part of arrangements for intelligence sharing, Healthwatch Suffolk has devised this information paper as a briefing for the Committee to receive at its meeting on 20th January 2015 in respect of the county’s GP practices.

1.4 Healthwatch Suffolk currently utilises a variety of methods to collate views and experiences of health and social care services in the county. These include:

- Targeted surveys (e.g. Healthwatch Suffolk GP Survey)
- Direct contact with Healthwatch Suffolk Community Development Officers at events, groups and meetings
- The website feedback form
- Responses to the newsletter and electronic email updates
- Comment cards that are distributed across the county at various locations including voluntary organisations, libraries and health and care organisations including GP services
- Telephone

1.5 This briefing paper seeks to consolidate intelligence held (e.g. service user commentary) and work completed by Healthwatch Suffolk concerning the provision and delivery of GP services in Suffolk. This includes:

- Analysis of commentary logged onto the Healthwatch Suffolk database concerning GP services in Suffolk (key themes and typical comments).
- Targeted work and research
  - GP practices in Haverhill
- The Healthwatch Suffolk service user feedback process - Issues raised and outcomes with NHS England

1.6 It is important to note that this paper does not draw upon sources of intelligence and data that are external to Healthwatch Suffolk. This includes, for example, NHS Choices feedback or national and local GP survey data.

1.7 Furthermore it is acknowledged that practices will hold their own information regarding compliments and complaints to which Healthwatch Suffolk has not secured access and as such is not included within this paper.
1.8 For clarification, this paper does not claim to be a complete assessment of the state of GP services in Suffolk. Healthwatch Suffolk cannot provide statistical assurance that the data and themes presented are a true representation of public opinion regarding the services.

1.9 The data presented is an interpretation of comments provided to Healthwatch Suffolk by members of the public about their perceptions of accessing the county’s GP practices and should be considered as such.

2.0 RESEARCH PROJECT

Engagement Report: Public Experiences and Perceptions of GP Surgeries in Haverhill

2.1 Throughout May to July 2014, the public were invited to give views about GP practices in Haverhill through surveys and a focus group which was held at the town’s Leisure Centre. The project was initiated in response to local feedback regarding the services including information from the Town Council.

2.2 Many people consider health services to be an important topic in the town and 627 people responded in total. The survey found that:

- 43% of respondents were not happy with services provided by their GP surgery.
- 419 (68%) people said that they lacked confidence that they could obtain an appointment to see a doctor when they needed one.
- People found it easy to cancel appointments. Experience of this process was generally positive.
- Qualitative feedback about the services indicated that patients want access to extended opening hours and alternative services such as the popular walk-in centre that used to serve the town.
- People also expressed that there are not enough doctors or surgeries to meet the needs of Haverhill and that there needs to be an easier process through which people can book appointments to see a doctor.

2.3 Whilst this work has focused on GP services in Haverhill, we believe that the results are indicative of wider challenges faced by our local health and care system. Please see section three below.

2.4 During the research, information was received about plans to merge two of the practices into one surgery. It was therefore important to incorporate the views of local patients on these plans. Responses (52 in total) in this area showed that:

- 18 (40%) people who responded to this question were negative about the merger, 16 (37%) were positive and 4 (9%) were neutral.
- 6 people (14%) were unaware of the plans.
- Patient comments indicate that patients had a mixed understanding of what the merger would mean for them and indeed, 67% of 46 individuals said that they had concerns.
- A majority (29, 64%) of patients expressed the view that they would like the merged practice to run from two sites in the town as with existing arrangements.
2.5 A number of recommendations have been made for the practices and commissioners. This includes ensuring improved communication with patients about the merger. Healthwatch Suffolk plans to work with the practices and NHS England to take forward the findings of this report and to track improvements.

2.6 A meeting has been set up with partners from one of the practices to discuss the findings of the research in January 2015.

2.7 For information, since the publication of the research results, Dr Selby and Partners of The Christmas Maltings Surgery and Dr Sule of The Stourview Medical Centre have announced that the forthcoming merger will be taking place at the beginning of April 2015 and that both premises will continue to be used for medical services. The proposed new name of the merged practice will be The Haverhill Family Practice.

2.8 All comments from this piece of work are included within our analysis of commentary presented below.

3.0 SUMMARY OF PATIENT FEEDBACK LOGGED

3.1 In November 2013, Healthwatch Suffolk installed a database onto which it logs feedback received from individuals and organisations across the county about health and social care services.

3.2 All feedback is logged anonymously and great care is taken to ensure that comments do not include information that might make the commentator identifiable to providers or commissioners of health and care services.

3.3 The database uses a matrix of over 500 individual codes and nearly 100 topics (e.g. “Booking”, “Staff attitude” or “Environment”) recorded against sentiment (e.g. negative, neutral and positive) to establish trends in the feedback logged.

3.4 It is important to note that “sentiment” should be considered subjective because it requires Healthwatch staff to interpret and make a judgment as to whether a particular comment is negative, neutral or positive. It is entirely possible that any given individual may interpret the same comment in differing ways.

3.5 Healthwatch Suffolk has taken steps to ensure that individual differences in data interpretation are kept to a minimum where possible with appropriate quality assurance processes and staff training.

3.6 Figure 1 shows the number of comments received from within each of the counties postcode regions. For information, “IP” postcodes are coloured green, “NR” postcodes are coloured red, “CB” postcodes are coloured orange and “CO” postcodes are coloured purple. Please note, this map only includes data from those individuals that have chosen to provide postcode information to Healthwatch Suffolk when submitting their comment.
3.7 To date, a total of 5,659 individual records have been logged onto the Healthwatch Suffolk information database. Of those, 2,566 (45.3%) are attributed to the service type “Primary Care Service, GP Surgery/Health Centre”. It is important to note that some comments may have been duplicated in order to recode them to other services or topics.

**Figure 1:** Map of commentators by postcode area.

**Figure 2:** Sentiment of all comments including those extracted from our targeted project in Haverhill (above) and the sentiment of all comments excluding those extracted from our targeted project in Haverhill (below).
The pie charts above indicate that comments recorded onto our internal database about GP practices in the county have been predominantly recorded as negative in sentiment.

Healthwatch Suffolk GP survey

Since mid-October 2014, Healthwatch Suffolk has been obtaining views on GP practices across the county by promoting responses to a short survey. The initial intention was to provide intelligence that would inform Care Quality Commission (CQC) inspections in the west of the county however it has proven a useful tool for obtaining views on local practices and so a decision was taken to extend the survey for a longer period.

In total 422 people have responded from across the county. Figure 3 shows the distribution of responses by district.

Figure 3: Responses to the ongoing Healthwatch Suffolk GP survey by district locality.
3.12 All comments from the surveys have been logged onto the database and are included within the analysis below together with comments from all sources as listed under 1.4 above.

3.13 Healthwatch Suffolk is pleased to report high levels of positivity in the survey from patients about the overall service provided by practices. Out of 422 survey respondents, 348 (85%) individuals said that they were happy with the overall service provided by their GP Surgery. 57 (14%) respondents were not. It is clear that there are elements of the services that patients would like to see improved and these are listed within the themes below.

Analysis

3.14 Analysis of all feedback logged onto the Healthwatch Suffolk database of service user feedback has highlighted the following themes with positive and negative commentary attributed to each:

- Booking and waiting for appointments
- Local economy and accessing services
- Opening times
- Continuity of care
- Patient triage
- Staffing

Booking and Waiting for Appointments

3.15 Overall, our feedback suggests that the first point of contact with practices in Suffolk is a key issue for many patients, although a proportion of people express positivity in this area.

3.16 In our ongoing GP survey, 145 (35%) individuals have told us that they were not confident they could get an appointment at their GP surgery when they need one.

3.17 238 (57%) told us that they either strongly agree or agree with the statement “When booking an appointment to see a GP, I feel like I am able to see a doctor as quickly as I would like to.” 112 (27%) either disagreed or strongly disagreed.

3.18 The full response to this statement is highlighted in figure 4 below.

When booking an appointment to see a GP, I feel like I am able to see a doctor as quickly as I would like to.

![Figure 4: Ease of booking an appointment to see a doctor in Suffolk.](image-url)
3.19 The conclusion that first contact with the practice is a key issue is also drawn on the basis of negative comments attributed to codes concerning booking and waiting for appointments on the database. Indeed 778 comments have been attributed to “waiting” and “booking”, 590 of which are negative in sentiment.

3.20 Examples of such comments include:

“Waiting for appointments up to four weeks unacceptable. Had to wait 8 days for a call from the doctor (loading information onto system) not good enough these days. Stop concentrating on the extra things when they want to see you, but when you need them can’t see anyone.”

“It takes up to 2 months to get an appointment with a named dr - 3 weeks for any dr unless I claim it is urgent. I always say it is urgent. This wasn’t a problem when the drop in centre was open.”

“I have been trying to book an appointment with my doctor to hear the results of tests that have been done. The earliest appointment is in two weeks’ time which is not acceptable. They won’t discuss the results on the phone and I am worried about the results and don’t think I should have to wait for 2 weeks.”

3.21 It is important to recognise that there are positive comments within our data concerning the experience of booking appointments to see a doctor. The “waiting” and “booking” codes have been positively attributed to comments a total of 100 times, suggesting that some patients in the county are not experiencing these issues. Examples include:

“I needed to see a GP because I had a problem with my eye. My doctor was able to see me the same morning.”

“I’ve been registered with xxxx for 9 years and have always had good treatment from the staff. I can always get an appointment when I need one.”

“Very happy with the GP service, booking appointments is easy and they are always available within 2/3 days”

3.22 There appear to be differences caused because practices use different triage and appointment systems. Examples include:

“Always been v pleased with xxxx. No problem re appts. Can get appt on day even when not an emergency. System is for people to ring on day for appt. Pre booked appts are done by GP (ie ‘need to see you in a weeks’ time).”

“xxxx surgery have a system whereby open surgery in am ticket system first come first served then appoints in the afternoon. I never had to wait for an appointment.”

3.23 Once an appointment has been secured, patients also expressed frustration waiting within the surgery setting. Some commented that doctors are “always running late”. Examples include:

“Having to wait over 1hr 15mins for allocated appointment. I appreciate doctors are busy but 1hr 15mins late for appointments is not good enough. This happens at every visit.”
Local economy and accessing services

3.24 There are some suggestions that patients struggle to access services from their GP surgery (e.g. securing a home visit), even when a recommendation has been made by a health professional.

“We visited a lady to complete an assessment for service. When we arrived we noted she had a nasty sore on her leg. We contacted her GP for a home visit as she was unable to get to the GP. They were really reluctant to come out to her. It was only because we pushed the issue they came.”

“Drs won’t come out to see my husband and he is disabled.”

3.25 Patients in Haverhill particularly consider that growth in the town is not accounted for in the provision of local services leading to problems with accessing care. Indeed, many people reminisce about the health centre that used to service the population. Examples include:

“Gone downhill since walk in centre closed & new houses built with no extra infrastructure”

“There is not enough cover for the town and out of hour & emergency cover is at a dangerous level.”

3.26 There is evidence that patients from a practice in Suffolk Coastal are dissatisfied with an apparent imbalance in GP time provision between its site and its partner site. Examples include:

“Purpose built surgery that is still only part time, in spite of a larger population than xxxx. It is not easy for people to get to xxxx without transport, and having to wait over a week for an appointment at xxxx is not conclusive to the welfare of the village population, many whom are elderly or young families.”

“We are very happy with the Doctors and Nurses. But unhappy about the time to get an appointment at xxxx. Sometimes you have to wait 2 weeks, while if you go to xxxx surgery you can get in within 2 days. There is no direct Bus so if you don't drive it is almost impossible to get to xxxx.”

“There are 3800 people living in xxxx, to see a doctor you cannot get the same day appointment at xxxx as there is only 1 doctor on. We have to travel to xxxx, or wait a week or so. xxxx is not an easy place to get to if you do not drive as the bus service is terrible. We would like to move doctors at xxxx every day.”

3.27 Some commentators consider that access issues may be impacting on the capacity of other services. This is apparent in the following examples:
“Misuse of A&E has been an issue for years, I have recently retired having worked at a GP surgery in central Ipswich for many years and patients who weren’t able to see the GP on that day would simply walk down to A&E and wait to be seen there. So no wonder there is an issue.”

“I was in an emergency situation and was told on the phone no appointments were available. I drove to the DR and was told the same thing. I then asked for my medical notes so that I could take myself to A+E miraculously an appointment was available 15 minutes later!!”

“The surgery needs enough funds to employ more doctors, whatever hours they work. It will stop people feeling the need to go to A+E when no other choice is available. You need appointment with a regular Dr. to get continuous care for a given illness and not have to continually repeat yourself and delay treatment.”

3.28 A number of patients agree that there is a need to increase the numbers of doctors to address capacity and meet demand. Examples include:

“Not enough Dr’s too many on holiday, sick or unavailable”

“Understaffed - Too many patients!”

“There aren’t any doctors there on a Tuesday until 4pm until 6pm and since the takeover in October all the staff have received training every Tuesday afternoon. I am really concerned about this surgery & the health of its patients. There are four doctors listed but only one doctor is at the practice at any time. The surgery needs a doctor to be present during the working week and a minimum of two doctors to ensure continuity of care”

Opening times

3.29 One of the predominant barriers to access concerns practice opening times, particularly for those patients that are working. 120 comments are listed against the “opening times” code. Examples include:

“Provide more doctors and extend surgery hours so that people who work can get later appointments”

“Lack of hours that suit my working in Cambridge, as only Thursday evenings or Saturday mornings are possible. Therefore, if I need a general appointment, I often have to add at least 2 weeks on the wait time!”

“Open over the lunch so prescriptions can be picked up. Most people hope to pop out of work to pick up medication. You used to be able to do this at the surgery”

3.30 Whilst opening hours are a concern for many, there may be variations in opinion caused by apparent differences in the provision of services. The following example is a comment from a patient that has expressed positivity about the opening hours of their particular practice:

“Drs in xxxx particularly good, appointments are always available in 2/3 days people have no concerns about the service and liked the fact that a later appointment session is available. (poss 5-7pm)”
Continuity of care

3.31 There are 71 individual comments that refer to issues related to what we have classified as “continuity of care”, indicating that this is a concern for patients. Only five of the comments are positive in sentiment.

3.32 For the most part, issues associated with continuity of care correlate with a desire to see the same doctor on each contact. 52 comments specifically make reference to this and examples include:

“I would like to see my own doctor who knows my history”

“Would like to be able to see ‘own’ named doctor. Having an ongoing illness don’t wish to have to repeat personal story over and over.”

“Too many patients to Doctors. Locum Doctors that are very good but you can never follow anything up with them - and surgery never knows when they are working. Not enough Doctors located in surgery”

3.33 There are examples of cases where a lack of care continuity has impacted on the treatment and recovery of the patient. Examples include:

“I visited the doctor (a locum) and was prescribed some medication but because the doctor doesn’t know me they prescribed a medication that was not suitable for me to have with my other medications. I had a reaction went back to see my normal doctor to get a different tablet I was told I should not have been given the medication in the first place.”

“I get a lot of chest infections and when I got my latest one I went to the doctors and was given antibiotics. Knowing how bad I can get & my history I knew I needed a certain antibiotic but I was given a lesser one. It didn’t help in anyway so I had go back to the doctors for a different type which I was given. These also didn’t work so I had to go back again. The problem is that because you don’t have one doctor you see a different person each time. So they are unable to compare with the last time you visited. On the 3rd visit they did a sputum sample and I was then offered stronger antibiotics. If I’d had these initially I wouldn’t have spent so long being unwell. Hopefully when it happens again I won’t have to go through it all again.”

3.34 There are some comments expressing positivity about the continuity of care received from practices in Suffolk and these include:

“Fantastic facility and never struggled to get an appointment, something that the she loved and felt should be the way across all the services in Suffolk is that her GP knew both her and her husband by name and knew their health history…”

“I went to see my nurse at the surgery ten days ago to have a check-up. She carried out a number of tests and everything was fine. When I see my doctor xxxx she is really good. I get to see her most of the time I need to and on occasions I do have home visits which is very useful/helpful. If my family couldn’t take me to my appointments, attending would be very difficult. My doctor is marvellous and I am really happy with her.”

“xxxx surgery has been great. As I’ve had a number of emergency admissions to hospital I now have a care package set up and I see the one doctor each time I need assistance. This means there is consistency and helps me get the correct treatment and avoid emergency situations developing.”
Patient triage

3.35 There is a collection of comments (20 in total) that concern issues related to the triage of patients.

3.36 Some patients express particular frustration with the use of telephone triage, which they consider may be detrimental to people who find it difficult to communicate effectively on the telephone. Examples include:

“To be able to make an apt without having to phone - I have hearing loss + although I am not comfortable using the phone I was told that it was the only way. I'm not sure that I hear or understand telephone consultations.”

“Diagnosis over the phone. The surgery has a system that almost triages and decides if and who you need to see. I don’t feel that I get across what I want/need to say and therefore do not feel happy being diagnosed over the phone.”

“Booking system. A problem I have is with the call back triage system + diagnosis over the phone. It means you have to wait around for the doctor to call you back. I feel that this system is not great for people who do not communicate well on the phone and how can a doctor accurately diagnose over the phone without seeing you.”

3.37 Whilst the majority of comments are negative in sentiment, there are several positive comments about GP triage, two of which concern booking appointments for children in particular.

“Since the surgery has started getting doctor to call back, and decide if an urgent appointment is needed it has made it easier to get a sick child looked at.”

“I have always found triage works well for the children. I can only get an appointment when I need one because I work part-time.”

Staffing

3.38 From responses provided in our ongoing GP survey across the county, it is pleasing to report that it is clear many people are happy with the manner in which they are treated by practice staff.

3.39 This is strongly evident in figure 5 below. 344 (82%) individuals in our ongoing GP Survey considered that staff (receptionists, practice nurses and GPs) have “always” or “often” treated them with compassion, kindness, dignity and respect.
3.40 This positivity is reflected in many comments from patients submitted about practices across the county, indicating that patients are often happy about contact with staff in their surgery.

“Had to wait 15 minutes to be seen. Staff were polite. Solved my problems that I went for.”

“Very friendly, respectful, helpful from entrance of the building, GP and post appointment.”

“The doctor and nurses are very polite. They helped me a lot so far with my health problems so there is nothing bad I will say about them.”

“I’ve been registered with combs ford for 9 years and have always had good treatment from the staff. I can always get an appointment when I need one.”

“Very happy with the outcome of GP consult. Felt that he listened and tried to help with my concerns. Pleased with results.”

3.41 Healthwatch Suffolk is always keen to encourage NHS England (the commissioner) to share such positive comments with practices to encourage continued high standard of care in the areas identified.

3.42 Whilst most people are happy with their treatment from staff, a small number of patients report problems. Examples include:

“I often find the reception staff rude & unhelpful. They do NOT need to know the precise details of why I wish to see a doctor that is between me & my GP. God help you if you become ill outside of practice hours!”

“To train the receptionist’s up better so they are not difficult and more helpful to patients.”
4.0 The Healthwatch Suffolk Information System and Service User Feedback Process

4.1 In 2013/14 a Service User Feedback Group was established to work with the Healthwatch Suffolk Information Team on the consideration and review of service user feedback reports for providers and commissioners of health and social care services in Suffolk with a view to improving care provision in the county.

4.2 The group is comprised of Healthwatch Suffolk staff and volunteers.

4.3 With reference to GP practices, formal letters are written to NHS England requesting responses to feedback logged onto our database bi-monthly. It has a duty to respond to our letters within 20 working days and must have regard to our views and recommendations. They should respond to explain what action they will take, or why they are not taking action.

4.4 NHS England uses reports from Healthwatch Suffolk to inform contractual meetings and discussions with practices across the county. Issues are discussed and Healthwatch Suffolk is informed about what will be done to improve the services. This has included:

- Issues regarding disability awareness have been discussed with a practice.
- A practice manager has adjusted the timing of first appointment as the ‘window’ of time is not achievable for patients.
- A practice has adjusted the current layout of a room to avoid problems with patient examinations.
- NHS England plan to consider the rationale for GP time provision across two surgery sites because people told us current arrangements are not working.
- NHS England are taking advice about issues relating to GP surgeries triage systems. It will report back to Healthwatch Suffolk thereafter. It will also follow up with a particular practice regarding issues, which appear to be related to lack of communication, resulting in an untoward pathway of care for a patient.

4.5 NHS England has noted that the service user feedback reports are of immense value in providing information against which it can gain an understanding of services provided and experiences of these services.

5.0 SUMMARY

5.1 It is important to acknowledge that this paper is intended as a summary of data recorded directly by Healthwatch Suffolk only. It is not a full or scientific assessment of the state of GP practices in Suffolk and does not account for other external sources of intelligence such as NHS Choices, the friends and family test or compliments and complaints recorded by the practices.

5.2 Healthwatch Suffolk is investing in information systems that will enable it to obtain and analyse feedback from more sources. It is hoped that this will enable it to provide easy
access to live data about the health of the counties services that will enable patients and service users to make informed choices about their care or the care for their friends and families.

5.3 It is considered that the Committee might assist Healthwatch Suffolk to encourage GP practices, local commissioners and other service providers to share patient experience comments and intelligence with Healthwatch Suffolk to ensure that it is able to consistently report holistically on services and provide a balanced view.

5.4 The factors influencing the delivery of primary care in Suffolk (e.g. GP contracts, capacity in services, staffing, patient triage, legislation and service reviews) are numerous and complex.

5.5 Our comments suggest that patients in some areas may be experiencing problems accessing GP services. Such issues have also been recognised in a recent briefing published by The Nuffield Trust entitled “Is General Practice in Crisis?”

5.6 It provides an evidence-based overview of the current state of general practice in England, and offers some potential solutions. It warns that, with a looming staffing crunch and significant funding cuts in the last year, general practice in England must innovate or struggle to survive.

5.7 Healthwatch Suffolk asks the committee to note the views expressed by patients, their carers and families. It is important to consider this feedback within the context of ongoing service reviews and legislative changes including:

- The Suffolk Health and Social Care Review
- The Care Act 2014
- The Primary Medical Services Review (GP contracts review)

The Care Act

5.8 Whilst the remit to deliver against the requirements of the Care Act 2014 is predominantly a responsibility of the local authority, there is a requirement to improve integration with NHS services.

5.9 Careful consideration is needed to ascertain how becoming a Care Act compliant county may impact on the role of GP practices, particularly with regard to preventing people from developing care and support needs.

NHS England Primary Medical Services Review

5.10 Many practices nationally provide care under a contract called General Medical Services (GMS). In Suffolk there has been higher than average investment in general practice services than in many other parts of England through an enhanced contract called Personal Medical Services (PMS).
5.11 PMS is a local agreement between the practice and NHS England as an alternative to General Medical Service (GMS). It offers local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services that may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract).

5.12 Essentially, it enables GPs to provide services outside the scope of GMS which meet the needs of our local population.

5.13 NHS England has reviewed general practice funding to get best value from investment. It will be important to monitor the impact (if any) of new contract arrangements with NHS England.

The Suffolk Health and Social Care Review

5.14 In February 2014 the System Leaders Partnership Board approved the creation of two sister programmes called Health and Independence, and Urgent Care. The collective name for these programmes is the Health and Social Care Review.

5.15 Both programmes have conducted engagement with service users, general public, front-line staff, public sector and voluntary sector leaders.

5.16 Healthwatch Suffolk recently published, in collaboration with Suffolk County Council, NHS Ipswich and East Suffolk Clinical Commissioning Group and NHS West Suffolk Clinical Commissioning Group (the CCGs), a report on the results of this engagement work. It was based on a series of 37 public engagement events across east and west Suffolk where the thoughts and ideas of local people were gathered.

5.17 This public feedback will be used to help shape the future design of more effective joined-up health and social care services, which will enable the delivery of improved services and provide better patient outcomes. The information will also play a role in determining the future commissioning of the NHS 111, out of hours GP and community health services.

5.18 The new model for health and care delivery in Suffolk will be reliant on effective services working together to maintain peoples independence and respond to system challenges including the counties ageing population, an increase in long-term conditions and significant financial constraints.

5.19 GP practices will play a key role within the model as a part of local neighbourhood networks that will keep people happy and healthy in their own homes with appropriate support in the community. Primary care will also have a greater role in and out of hours to assess and treat people presenting with minor injuries and illness.

5.20 It is clear that consideration is needed as to how the new model for health and care in Suffolk may impact on GP service provision in the county.
6.0 RECOMMENDATION

6.1 The Committee is asked to note the contents of this paper and use it to inform discussions as appropriate.