



TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes an appendix which was marked 'to follow'.

NOTTINGHAM CITY COUNCIL HEALTH SCRUTINY COMMITTEE

Date: Thursday, 21 February 2019

Time: 1.30 pm

Place: Ground Floor Committee Room - Loxley House, Station Street

Governance Officer: Zena West **Direct Dial:** 0115 8764305

AGENDA

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Primary Care Services in Nottingham City

1. Introduction and Summary

This paper provides the Health Scrutiny Committee with an update on the national and local priorities for primary care, specifically primary care medical services delivered by General Practice, in Nottingham City. It provides an update on the initiatives to improve access and quality of services in Nottingham City.

Nottingham City CCG previously reported on this area to the Health Scrutiny Committee in November 2015, January 2016 and February 2018. This paper provides an update on the developments over the past 12 months and areas of focus for the future.

2. Primary Care Provision within Nottingham City

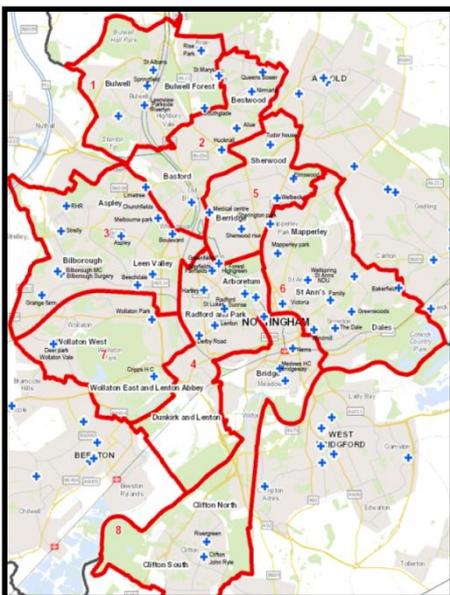
There are currently 53 GP practices in Nottingham City serving a total population of 388,745 registered patients. They consist of nine single handed practices, three practices are run by provider organisations / companies / Alliances with the remaining practices run through partnership arrangements. Six practices have branch surgeries; practice raw list sizes range from 1,903 to 13,184; the two university practices have the largest list sizes of 20,650 and 44,807.

In the last 12 months one GP practice has closed in the City;

- The Dale Surgery contractually merged with Greenwood & Sneinton Family Medical Centre in April 2018 creating the GreenDale Primary Care Centre. Primary care services are now provided from one location.

Further detail on upcoming changes to the number of GP practices is provided in section 4 below.

Figure 1: Primary Care Networks



Primary and Community commissioning activities continue to be focussed on a geographical locality basis within the new model, Primary Care Networks (PCN) (previously called Care Delivery Groups (CDG)). All 53 practices are organised into one of the eight PCNs as demonstrated in Figure 1 which are aligned to local authority wards.

The Nottingham City General Practice Alliance, formed in April 2016, continues to support and strengthen local general practice. The Alliance is led by a core group of GP leaders (who are not involved in the CCG as commissioners) and has a membership of 46 practices representing over 90% of the CCG's registered population. The Alliance is working on a range of projects to benefit its member practices in addition to supporting the CCG to deliver some of the General Practice Forward View initiatives. Further details are provided within this paper.

3. National and Local priorities

The General Practice Forward View (GPFV) published in April 2016 committed to an extra £2.4 billion a year to support general practice services by 2020/21. Details have been released on 14 initiatives to date of which 10 are led locally by CCGs and details of these are provided in this paper. Nottingham City is working with Nottingham North and East CCG, Nottingham West CCG and Rushcliffe CCG as part of the Greater

Nottinghamshire CCGs to support the delivery of the GPFV, sharing best practice and where possible delivering schemes at scale.

Primary Care also plays a vital role in the establishment of Primary Care Networks, following the recently published 'A five-year framework for GP contract reform to implement The NHS Long Term Plan'. These include requirements to increase the resilience and sustainability of primary care, including developing primary care at scale to support models of care within a Primary Care Network.

The four Greater Nottingham CCGs have aligned and have developed an integrated commissioning structure for Greater Nottingham. A Joint Committee for the CCGs with agreed responsibilities and membership has been established, the new arrangements started in April 2018. There is a single management structure for Greater Nottingham CCGs and discussions have started about alignment with Mid Nottinghamshire CCGs, which as before is a complex process.

3.1 Access

One of the principal concerns raised by local people is access. The following projects have been implemented to improve access to primary care services in Nottingham City.

3.1.1 GP+ Extended GP Access services

NHS England provided funding for the CCG to commission an additional 182 hours of primary care services per week in the evenings and on weekends. This is equivalent to over 700 additional appointments per week. The Nottingham City General Practice Alliance has delivered this service, known locally as GP+ since March 2018. The service provides routine appointments with GPs, Practice Nurses, Clinical Pharmacists and Physiotherapists from their central hub located on Upper Parliament Street during the hours of 4pm-8pm Monday – Friday and 9am – 1pm Saturday and Sunday. Patients registered at any Nottingham City practice can access these additional appointments by booking through their reception team at their GP practice; it is not a walk-in service.

The Nottingham City General Practice Alliance has undertaken a considerable amount of promotion to raise awareness of the service through working with all 53 practices to promote the service on their websites, leaflets in waiting rooms; they have had media coverage and are advertising the service at tram stops. Patient survey results are excellent with many patients expressing a desire that if they could, they would register with GP+. As well as positive feedback about their appointment, patients are also very positive about the staff that work there and the environment.

3.1.2 Primary Care Patient Offer

The Primary Care Patient Offer, which was launched in 2016, has continued into 2018/19 with 40 of the 53 GP practices participating. The scheme consists of a set of minimum standards and expectations of good quality primary care service providers. The scheme includes a range of standards to be delivered by participating practices such as:

- Practices to be open with telephones switched on during the core hours of 8am – 6:30pm – this was introduced in recognition of the historical practice of Thursday afternoon closures in some GP practices;
- Same day urgent appointments to be provided;
- Pre-bookable appointments available with a nurse up to 4 weeks in advance;
- Routine appointments or other appropriate clinical contact to be provided within 3 days;
- Provision of services in-house such as phlebotomy, treatment room, ear irrigation and ECG;

- Quality standards in relation to MDT meetings, safeguarding, NICE and patient experience.

A range of monitoring methods is used to assess compliance against the standards including spot checks of access and mystery shopper. For the 13 practices that chose not to participate in the scheme Nottingham CityCare Partnership were awarded a contract to deliver the services to the patient population of these 13 practices.

3.1.3 Interpreter Assisted Appointments

Nottingham City has a diverse demographic, the number and complexity of consultations in primary care is increasing including those consultations that require an interpreter to be present, this can create additional pressure on a workforce which is facing unprecedented challenges. An Interpreter Assisted Appointments (IAA) Incentive Scheme was developed and rolled out across Nottingham City practices. There are 13 practices signed up to deliver this scheme which started in September 2017. The scheme is based on the current provision of double appointments that are booked by the GP practices to allow for the use of an Interpreter. Practices are required to demonstrate how the funding is being used to increase clinical appointments.

4. Primary Care Commissioning - Fully delegated co-commissioning

In 2017/18 the CCG has continued to deliver its responsibilities for delegated co-commissioning. Some recent decisions made by the CCG's Primary Care Commissioning Panel have included:

- **List closure** – in December 2018 the Wellspring Surgery located in St Ann's applied for its list to be temporarily closed to new patients due to recruitment difficulties within the practice. This was approved for six months from and during this time patients are still able to register with several other neighbouring practices.
- **Boundary changes** – The High Green Medical Practice and The Fairfields Practice located in Hyson Green both applied to reduce their practice boundaries in October 2018; both practices had large boundaries and they wished to focus on providing services to the populated Hyson Green area. The Primary Care Commissioning Panel approved these changes. As a result of us being an inner City patients still have ample choice of practice to register with.

5. Quality of primary care services

The CCG's Primary Care Performance and Quality Steering Group (PCPQSG) continue to operationally oversee the performance and quality monitoring of primary care services. Where issues are identified these are managed in line with the primary care quality and performance escalation process. This includes the gathering of both hard and soft intelligence and triangulation of findings. Issues are escalated to the appropriate sub-committee of the Governing Body depending upon the nature of the issue and the Primary Care Commissioning Panel for contractual issues.

Monthly reports are received by the PCPQSG on the 3 domains of quality (patient experience, patient safety and clinical effectiveness) in addition to specific reports such as Primary Care dashboard, QOF, outlying indicators on the national primary care web tool, performance dashboards and the national GP patient survey results. Deep dive reviews are undertaken where potential issues need to be explored further prior to formal action being taken.

5.1 CQC

All 53 GP practices have been inspected by the CQC. There are 4 practices with 'outstanding' rating, 42 with 'good' rating, 6 with 'requires improvement' and 1 with an 'inadequate' rating. Full copies of the inspection reports can be reviewed at <http://www.cqc.org.uk/>

CQC plan to re-inspect a percentage of good and outstanding practices every year. Those practices placed in special measures (following an inadequate or requires improvement rating) will be followed up six months after the publication of the inspection report. Those practices with requirements will be re-inspected. Where a practice receives an overall rating of 'requires improvement' or 'inadequate' actions have been put in place by the practice to improve performance and the practices will receive another inspection by the CQC to check on progress. The CCG also holds monthly contract review meetings with these practices to oversee their improvement and the CCGs Quality Team undertakes a Quality visit. The CCG also holds quarterly meetings with the CQC to oversee progress.

5.2 Patient Experience

5.2.1 Complaints

Complaints about GPs are investigated either by the practice or by NHS England. The only exception to this is where there is a primary care element in a complaint covering a number of services which the CCG coordinates. In these circumstances the CCG liaises directly with the practice and responds to the complainant. All other primary care complaints are passed onto NHS England to investigate with the complainant's consent (verbal consent is sufficient).

The highest category reported NHS England is attitude of staff. Every complaint is shared with the fitness to practice team for either information or for action. Each complaint has a clinical review and a report is written.

5.2.2 Enquiries received

Enquiries about primary care are handled by the CCG team whenever possible under the policy of 'no wrong door'.

5.2.3 Satisfaction Surveys

Based on feedback patients tell us that their experience of care matters as much as clinical effectiveness and safety. They want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as a person not a number and they value efficient processes.

The [GP Patient Survey \(GPPS\)](#) is an England-wide survey, providing practice level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England. An action plan has been produced by the Primary Care Performance and Quality Steering Group following review of the GP patient survey results. The results were also discussed with practices during their annual practice visit by the CCG. It was acknowledged that satisfaction and confidence in GPs and nurses remains high and in many questions the CCG results are in line with the England average. Actions will be focussed on improving uptake of the survey in those areas where the CCG is significantly below the England average. Response rate by practice varies and for a high number of practices the response rate is a very small proportion of their total

practice population. There is a need to explore how to increase the uptake of this survey so that more representative responses are received and to consider the role of patient participation groups.

Awareness of online services is an area where most Nottingham City practices performed below national average, although as a CCG the % uptake has been met. It is nationally recognised that the uptake of online services within Nottingham City is lower. A Project Board was established consisting of NHS Improvement, CCG and NHSE representation with responsibility for increasing uptake. Engagement focussed on practice staff promoting the online access and we continue to monitor uptake.

5.2.4 Friends and Family Test

Since December 2014 it has been a contractual requirement that primary care implements the NHS Friends and Family Test (FFT).

In summary although not directly comparable the results of the patient survey and the friends and family test indicate patients are generally satisfied with or would recommend their GP practice.

6. Workload and variation

There are several initiatives driven both nationally and locally, to support primary care with its increasing workload and to ensure primary care remains a successful key enabler for the CCG's strategic priorities.

6.1 Clinical variation

RightCare data has identified opportunities to improve patient outcomes and make better use of the CCG's limited resources when we compare ourselves to our peer CCGs. Our annual Practice Visit programme was adapted to support this. The programme helps to improve quality by ensuring patients access the right care, first time across all clinical pathways. It supports continuous improvement in GP services with the aim of encouraging consistency of patient experience and outcomes. GP Practices are supported to review their management and referral of patients and work in localities to share learning and best practice.

6.2 Care Co-ordination

The CCG, through the GPFV, has supported the training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. These are identified by NHS England as one of their "10 High Impact Actions for Practices" to release capacity in general practice. The innovations free up GP time, therefore increasing access to primary care services as well as making more appropriate use of the practice team members' skills and job satisfaction.

A total of 265 administration and clerical staff have been trained as "sign posters" across practices with each practice having a Signposting Champion to lead the initiative locally within the practice. The "sign posters" help patients get the right help first time and empowering patients to find services and self-care information for themselves in the future. To support this Nottingham City GP Alliance has also developed a website with a directory of services and self-care information. This [website](#) also links to other local health and social care service directorates produced by Nottingham City Council, CityCare and NHS Choices to avoid duplication and confusion for patients.

6.3 Management of clinical correspondence

The Nottingham City GP Alliance has also supported the city-wide roll-out of 'Workflow Optimisation' product developed by HERE. This is a system by which practice administration staff are trained and

supported to read, code and action incoming clinical correspondence. The training allows clerical staff to become skilled and confident in making decisions about how to code letters and their contents and using an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency. The scheme started in West Wakefield and has been rolled out in other areas across the UK, including Nottingham City. It has resulted in up to 80% of the patient correspondence being processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP and often allows the practice to take speedier action on some issues.

7. Investment and workforce

One of the main aims of the GPFV is to reverse historic underinvestment in general practice and increase the workforce by 2020/21. A number of schemes are being rolled out under the GPFV to deliver these aims.

7.1 Improving the sustainability and resilience of general practice

NHS England developed two national programs to offer turnaround support to improve sustainability and resilience of general practice.

Over the course of the schemes all practices in Nottingham City have been offered a menu of support, ranging from support to stabilise practice operations where there is a risk of closure, through to more transformational support that will secure resilience in to the future. The Nottingham City GP Alliance worked with the 53 practices to identify areas of need and arrange the support needed to address these. This included business planning and leadership development, HCA training, practice manager training, finance, HR and management consultancy. A further round of support at scale is being developed.

In addition CCGs are tasked to support the delivery of the 10 'high impact actions' to stimulate development of at scale providers, secure sustainability in primary care and free up GP time.

7.2 Workforce

The GPFV recognised the pressures within primary care around difficulties in workforce recruitment and expansion. NHS England and Health Education England (HEE) have set ambitious targets to expand the workforce, backed with additional funding as part of the Sustainability and Transformation package.

The Nottinghamshire Vocational Training Scheme continues to be well utilised with more trainees currently going through the recruitment process and the GP fellowship programme also continues to be a success.

In addition the GPFV included a commitment to deliver a major international recruitment drive to attract appropriately trained and qualified GPs from overseas by 2020. NHS England has established a GP International Recruitment Office to organise and run a scaled up international recruitment programme. This office coordinates the recruitment, provides support for and relocation of recruited doctors, working closely with regional and local colleagues and partner organisations. A local framework of approved recruitment, relocation and training companies to support the programme has been developed. The Greater Nottingham CCGs successfully applied to be in wave 3 and aimed to recruit 24 GPs through this scheme.

A workforce plan has been developed which outlines gaps in provision of clinical staff and how, across the STP, we can bridge these gaps and recruit to ensure practices have the staff needed to deliver primary care services. It is key that with a reduced future supply of GPs there is a need to introduce skill mix into the clinical workforce and ensure that GPs caseload is appropriate. There are also skill gaps in the wider primary

care workforce and therefore a need to improve recruitment, retention and training for the current primary care workforce. A programme to employ clinical pharmacists in primary care is already taking place; Nottingham City was a pilot site and has continued to participate in each annual wave of the programme.

8. Practice infrastructures

8.1 Estates

The CCG continues to implement the CCG's Estates Strategy.

There are challenges with the existing estate due to the Department of Health directing NHS Property Services (NHS PS) to move to market rent. This has affected a number of practices in Nottingham City who have seen increases in their charges and are in dispute with NHS PS. The CCG have and continue to facilitate discussions with NHS PS, the practices and NHS England in a bid to come to a resolution. The move to market rent by the Department of Health is being challenged nationally by Local Medical Committees and the British Medical Association.

9. Next steps

Key focuses are to:

- Continue to deliver the requirements outlined in the General Practice Forward View to improve access, quality and the sustainability of primary care in Nottingham City.
- Support the move to Primary Care Networks to increase resilience and sustainability of primary care.
- Support the requirements in the 'Five-year framework for GP contract reform to implement the NHS Long Term Plan'.

10. Conclusion

The initiatives put in place to date continue to improve access to primary care and are showing signs of improvement across a number of areas and intelligence sources; however, there is still much further work to be done. This is alongside the increasing challenges faced with the recruitment of GPs and financial costs of locums.

The CCG has robust mechanisms in place to monitor the quality and performance in primary care, and our close working relationships with stakeholders to deliver the responsibilities of our delegated functions will continue.

Lynette Daws, Head of Primary Care – Nottingham City Locality
February 2019

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