

Primary Care Services in Nottingham City

1. Introduction and Summary

This paper provides the Health Scrutiny Committee with an update on the delivery of The General Practice Forward View (GPFV) in Nottingham City. It provides an update on the initiatives to improve access and quality of services in Nottingham City.

Nottingham City CCG previously included progress with the GPFV in papers to the Health Scrutiny Committee in November 2015, January 2016, February 2018 and February 2019.

2. Primary Care Provision within Nottingham City

There are 50 GP practices in Nottingham City serving a total population of 386,429 registered patients. In the last 6 months three GP practices have closed in the City;

- Strelley Health Centre, part of the Beechdale Medical Group, closed May 2019 following a CQC inspection on 14 and 20 May 2019. CQC identified serious concerns during the inspection and took Urgent Enforcement Action to close the GP practice. Patients have been notified and are registering with other practices. A copy of the published report is available at <https://www.cqc.org.uk/location/1-3169167802>
- Mapperley Park Medical Centre closed June 2019 following the retirement of the single handed GP. Patients have been notified and are registering with other practices.
- Boulevard Medical Centre, part of the Beechdale Medical Group, closed July 2019 following a CQC inspection on 28 June 2019. CQC identified serious concerns during the inspection and took Urgent Enforcement Action to vary the registration of the Beechdale Medical Group to prevent further services being delivered at the Boulevard Medical Centre premise. Patients have been notified of this change and have transferred to Beechdale Surgery, although patients can choose to register with another practice. A copy of the published report is available at <https://www.cqc.org.uk/location/1-3169167634>

3. National and Local priorities

The GPFV was published in April 2016 with a commitment to invest money to support general practice services. Nottingham City has been 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.

Through the GPFV, projects have been implemented to improve patient care and access, address workforce and workload challenges, primary care infrastructure and service redesign.

3.1.1 Access

GP+

The CCG commissions an additional 182 hours per week, in the evenings and on weekends, to deliver additional primary care services. This is equivalent to over 700 additional appointments per week. The Nottingham City General Practice Alliance (NCGPA) has delivered this service, known locally as GP+ since March 2018. The service provides bookable routine appointments with GPs, Practice Nurses, Clinical Pharmacists and Physiotherapists from their central hub located on Upper Parliament Street, 7 days a week.

During June 2019 2,697 appointments were available, 2,429 appointments were booked (90%) and there were 387 DNAs. NCGPA continues to work closely with practices to maximise utilisation of appointments and reduce DNAs. Patient survey results continue to remain excellent.

Primary Care Patient Offer (PCPO)

The PCPO consists of a set of minimum standards and expectations of good quality primary care service providers. In Nottingham City 40 of the 50 GP practices are participating in this enhanced service. The PCPO includes a range of standards for access and quality.

3.1.2 Workload

During 2017/18 and 2018/19 funding has been used to increase resilience in primary care which includes training for practice managers, reception and clerical training.

The CCG has supported reception and clerical staff with the following training:

Workflow optimisation is an initiative that focusses on training practice administrators to process clinical correspondence such as letters from hospitals and referral services.

The training was rolled out across the City and 45 practices participated in the programme, with 117 members of practice receiving training. This involved training practice administrators on how to handle clinical correspondence, including read code training and techniques on how to log, understand and action correspondence in a safe, confidential and efficient manner. Each practice also had an appointed 'GP champion' who was invited to attend a specialist training session, to ensure they had a strong understanding of how the programme worked and how it could be implemented at their practice.

The programme has been well received in practices, empowering staff to deal with correspondences and reducing the GPs workload. 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. An evaluation took place late 2018 which found that across Nottingham City over 1,000 GP hours were released in a year.

NHS England have also developed a GP Workload Tool, this tool sits within practices clinical system and allows practices to review appointment utilisation; patient demographics; multiple appointments/DNAs/cancellations; modes of access; wait times; and next available appointment. Thirty City practices were identified by the national team to test the tool and provide feedback. We have encouraged all our practices to review the information and suggest ways it could support capacity and demand within practice.

3.1.3 Workforce

SignpostingHealth was developed by the NCGPA to help practices deliver 'Active Signposting' training to all GP receptionists.

A total of 388 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 NCGPA 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.

Resilience funding was made available to practices to develop schemes for the practice to become sustainable and more resilient in a changing environment. Schemes included specialist advice for human resources, for rapid intervention and management support for practices at risk of closure, to align back office functions such as policies and procedures, to support practices to prepare for CQC visits, to implement a standardised approach to health and safety across practices, and to facilitate GP engagement events to support the development of federations.

This also provided opportunities for practice manager development to provide training around change management, effective leadership, building personal resilience, developing coaching skills and supporting, and the establishment of Practice Manager Forums.

The Nottinghamshire GPFV workforce plan was delivered during 2018/19, creating a solid base to move to engagement and workforce planning with the newly established Primary Care Networks. The key aspects of the plan have been about supply, recruitment and retention which have focused on general practitioners but with success in the uptake of clinical pharmacist programme, approval of more fellowships than other areas and the creation of an overarching programme to manage all GP retention strategies.

The workforce plan has a strong alignment with the long term plan in looking to develop and embed new roles, develop flexible roles that meet individuals' career aspirations but also addresses developments to match population health needs with digital champions identified within the GP, nursing and practice manager roles across all Primary Care Networks.

For 2019/20 funding to deliver the GPFV will be at scale on an ICS (Integrated Care System) footprint across Nottinghamshire rather than individual CCGs. A working group including all stakeholders has been established and ideas and suggestions for schemes have been submitted. The working group has reviewed and prioritised the list of schemes with project leads identified to scope schemes in more detail. A summary of schemes is listed in **Appendix A**.

3.1.4 Estates

The four Greater Nottingham CCGs have an approved Estates Strategy which identifies the estates issues in each CCG and the opportunities for development. The strategies produced in 2016 were a requirement to enable each CCG to bid for capital funding from the Estates Transformation and Technology Fund (ETTF) to improve and extend existing buildings.

ETTF has also been used to support business cases for capital investment on new developments and over £4m has been invested in building, extending and improving primary care estate, targeted at boosting capacity in primary care. Nottingham City schemes are listed in **Appendix B**.

3.1.5 Models of care

Primary Care Networks (PCNs) have been established and configured across the ICS. The overarching aim is that PCNs will be at the heart of health and care provision; improving the wellbeing of our local populations through proactive, accessible, coordinated and integrated health and care services. The PCNs will work to collectively deliver localised care, and also with the ability of at scale working as part of the wider system. Patient ownership, activation and strengthened local communities will play an ever increasing vital role to ensure a comprehensive care offer to our population.

Nottingham City has 8 Primary Care Networks (PCNs), each PCN has a Clinical Director and all but one now has a Deputy Clinical Director. The NCGPA have supported the development of PCNS, providing functions on behalf of each PCN and overarching support in the continual development of the PCNs and Clinical leadership.

4. Conclusion

The CCG will continue to support the ICS and PCNs in the delivery of the requirements outlined in the GPFV to improve access, quality and the sustainability of primary care in Nottingham City.

Lynette Daws, Head of Primary Care – Nottingham City
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Appendix A – GPFV ICS schemes

PCN organisational development

To facilitate the organisational development of sustainable PCNs that have a shared vision, values, narrative, commitment and ambitions. This will indirectly support GP capacity and resilience but will include engagement of system partners to support system transformation

Group consultations

Group consultations to support practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and secure continuing high quality care for patients

Health Care Assistant workforce training

To provide a programme of training to maximise utilisation of Health Care Assistant appointments in GP practices

Practice Manager ‘roving’ support

‘Roving’ practice management support to work with practices requiring operational assistance to achieve greater practice business resilience and a consistent approach to key practice business issues

Practice Manager training

The development and delivery of training for aspiring and existing Practice Managers to support GP practice resilience, with alignment to the ‘roving’ Practice Manager support scheme

Senior fellowship programme

To enable GPs to work more flexibly, reduce their sessions, providing the opportunity to undertake work in areas of interest

Fellowship Lite

To enable mid-career GPs to learn additional specialist skills e.g. gynaecology, emergency care etc in a community environment

General practice fundamentals programme (Practice Nursing)

The delivery of a coordinated and centrally delivered training programme for new practice nurses to improve delivery of services and capacity in general practice

Reception and Clerical staff training programme

The training is planned to build on areas such as workflow optimisation, care navigation, signposting health and correspondence management to reduce clinical time through upskilling and empowering administrative teams

Online consultation

Public facing digital services and access to online consultation is a key requirement within the new GP contract to provide a single point of access to digital health and care services

Appendix B - ETTF

ETTF schemes for Nottingham City include:

Family Medical Centre - The extension of the premises to provide additional clinical rooms to increase access and capacity

Strelley Health Centre - The development of an outline business case providing options for building redesign/improvement, this is currently being reviewed

Rise Park Surgery – The extension of the premises to provide additional clinical rooms to increase access and capacity, due diligence is taking place

Bridgeway Practice – The internal reconfiguration of the premises to provide additional clinical rooms to increase access and capacity

Tudor House Medical Practice - The internal reconfiguration of the premises to provide additional clinical rooms to increase access and capacity, due diligence completed and being reviewed

Rivergreen Medical Centre - The internal reconfiguration of the premises to provide additional clinical rooms to increase access and capacity

Sherwood Rise Medical Centre – Improvements to the building, feasibility study completed

Elmswood Surgery - Improvements to the building, feasibility study completed

Derby Road Health Centre - The extension of the premises to provide additional clinical rooms to increase access and capacity, awaiting value for money assessment

Cripps Health Centre – New build, awaiting rent review

Wollaton Park Medical Centre - The internal reconfiguration of the premises to provide additional clinical rooms to increase access and capacity

Hucknall Road Medical Centre - The internal reconfiguration of the premises to provide additional clinical rooms to increase access and capacity