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Report of Airedale, Wharfedale and Craven CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 9 February 2017

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Subject:

ACCESS TO PRIMARY MEDICAL (GP) SERVICES IN AIREDALE, WHARFEDALE AND CRAVEN.

Summary statement:

This paper is intended to provide the Health and Social Care Overview and Scrutiny Committee with an updated position relating to access to primary medical services in Airedale, Wharfedale and Craven. It builds on the report received by the committee in February 2016.

As advised previously in 2016 NHS England (NHSE) is responsible for commissioning primary medical care within Airedale, Wharfedale and Craven and is responsible for the quality of the services they commission. However, the CCG has a responsibility to support NHSE to discharge its duty to secure continuous improvement in the quality of primary medical care service which includes improving access.

In 2016 the CCG has applied for full delegated responsibility for the management of primary care medical functions that are currently carried out by NHS England (NHSE) from April 2017. The application is being considered by NHSE and the CCG is working closely with the NHSE West Yorkshire Area Team to put the appropriate agreements in place for the delegation of functions in preparation for April 2017.

The CCG continues to work with patients and stakeholders to improve the quality of all services they commission and to progress development and commissioning of New Models of Care, to improve people's experience of care, including access to professionals such as general practitioners.

Report Contact: Lynne Scrutton
Phone: 01274 237325
E-mail:
lynne.scrutton@awcccg.nhs.uk

Portfolio:

Health and Wellbeing

1. Summary

1.1 NHS England (NHSE) is currently responsible for commissioning general medical care. However it is anticipated that from April 2017 this responsibility will be devolved to the CCG. There are three level of involvement in co-commissioning primary medical care:

Level 1 Greater involvement
Level 2 Partial delegated responsibility
Level 3 Fully delegated responsibility

1.2 Airedale, Wharfedale and Craven CCG are currently 'level 1' and so are responsible for greater involvement in commissioning primary medical care services with NHS England. However the CCG has applied for 'level 3' involvement from April 2017. NHSE West Yorkshire Area Team Co Commissioning Scrutiny Group agreed on 4th January 2017 to formally recommend that the application from AWC for fully delegated responsibility be accepted. The NHS England Commissioning Committee will consider those recommendations at its meeting on 8th February 2017. Final Public Approval of Delegation to CCGs will take place at the NHS England Board meeting at the end of March 2017.

1.3 In view of this, ultimate responsibility for the quality of general medical care including GP access for the past 12 months has remained with NHS England. However, the CCG has responsibility to support NHS England (NHSE) to discharge its duty to secure continuous improvement in the quality of primary medical services and the CCG is also working closely with the West Yorkshire Area Team in preparation for delegated functions from April 2017.

1.4 The CCG considers a range of information when reviewing peoples experience of primary medical care, this includes the quality monitoring system for general practice which NHS England operate and share with CCGs, the national patient experience survey and local intelligence gathered through a range of feedback mechanisms.

1.5 Primary care remains under significant and growing pressure. Demand for consultations continues to increase, recruitment and retention of the workforce is fragile. Funding is reducing, particularly for practices which have a personal medical services contract (as NHS England continues with their approach to reduce funding for this type of contract). This is a national issue and is not confined to local services. Impact assessment also indicates that the proposed local authority budgets reductions are expected to impact on health services and so the whole health and social care infrastructure is under pressure.

1.6 The CCG has continued to develop new models of care; this involves a new more proactive tailored approach to care and so is intended to have a positive impact on peoples experience and access to care.

1.7 Going forwards the implementation of new models of care will continue as part of AWC journey towards a single place based accountable system of care for its population. Our aim is to establish a system of care in which provider organisations collaborate to manage the common pool of limited resources available and work together as one system to improve health and care for the whole population.

1.8 An Accountable Care programme has been established to deliver this vision. The programme has joint governance structure with representatives from all parts of the system and improving peoples experience and access to care will be integral part of the design and implementation of 'Accountable Care Airedale'.

1.9 This paper briefs the Health and Social Care Overview and Scrutiny Committee on the issues and challenges the system faces which impact on access to primary medical care, the CCG's approach in supporting quality improvement and provides a summary of initiatives in place to improve patient access to services.

2. Background

2.1 AWC CCG vision and strategic objectives

Whilst improving primary care access is not a separate objective for AWC CCG it is implicit in the new models of care being commissioned and in the overall CCG vision. The vision of the CCG is to commission 'proactive, co-ordinated person centred care'. Strategic objectives are to commission models of care that will address physical, psychological and social needs to:

- Reduce reliance on reactive emergency and urgent care through more planned and proactive model of services
- Change the mind-set of professionals to promote active participation in health and wellbeing of the individual
- Change the mind-set of the public so they become an active participant in their health and care
- Deliver the pledges as set out in the NHS constitution

The CCG Principles are:

- No one in hospital unless their care cannot be delivered safely in the community 24/7
- No one discharged to long term care without the opportunity for a period of enablement
- 24/7 access to and delivery of co-ordinated care, which is needs driven and not about age, condition or location
- AWC CCG is a national 'Pioneer' site and so is at the forefront of developing and implementing new models of care.

3. Report issues

3.1 GP and Primary Care Workforce:

The GP Forward View published in April 2016 highlights the workforce pressures facing general practice and outlines plans to sustain and transform general practice. Much of the detail regarding how to access the support outlined in GP forward view is still being worked through and the CCG continues to work closely with NHS E and our member practices to review and develop the quality of primary care services which includes GP access in line with the GP Forward View and to progress new models of care.

The CCG has developed our plan outlining how we will deliver the GP Forward View. This has been submitted to NHS E and work is continuing to develop detail further and establish robust action plans to support delivery. The plan has been developed in conjunction with our member practices and we will continue to engage with them to refine and enhance our plans further.

The workforce issues highlighted in the previous report to the committee continue although some progress has been made by way of workforce development planning.

Attracting new entrants at sufficient numbers is recognised as a nation issue. This is impacting upon practices ability to recruit and retain GPs and other clinical staff, even where investment in new staff is possible. The GP workforce isn't keeping pace with the growth in medical consultants posts or population growth hence increasing pressure on existing GPs.

GP training schemes are not at capacity, 79% of places are filled. However for every new GP trained one, one retires or leaves, so in reality the status quo is maintained rather than any increase in GP's. GPs are a limited commodity and all providers are 'fishing in the same pond' and attempting to recruit or secure GP services in order to provide a range of services. For example, to replace retiring GPs, provide extended opening in practices, and to establish GP led urgent care centres and GP Out of Hours services.

The increase in workload and growing demand is contributing to low morale within the GP workforce and practice in general, this is influencing career changes, moving abroad, retirement, early retirement . For example, 20% of current GP workforce are over 55 and so eligible for retirement and a number of younger GPs are so demoralised they are considering emigration. This reduction in GP workforce combined with fewer trainees coming through and choosing general practice as a career is resulting in a 'ticking time bomb'. This drives the need to consider alternative approaches for supporting people, utilising skills and resources from a diverse workforce, working differently to reduce dependence on GPs alone.

The CCG is part of the West Yorkshire Accelerate Zone (WYAZ) for Extended Access. Extended Access is defined in the GP Forward View planning requirements as 8am -8pm Monday to Friday and weekend provision to meet local population need. As an accelerator site we have the opportunity to access some additional support and test out what our model for extended access may look like, as part of phased approach to deliver the requirements as laid out in GP Forward view by 2019/20. This means that AWC will be delivering some extended access in 2017/18. This will undoubtedly impact further on some of the workforce issues highlighted above and we are currently working with our member practices to explore what extended access could look like in AWC.

3.2 GP Access and Patient Satisfaction within AWC

The full results of the national survey at a practice and CCG level are publically available on the internet through the GP Patient Survey website.

https://gp-patient.co.uk/surveys-and-reports

The GP survey is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

The GP patient survey measures patients' experiences across a range of topics, including:

- Overall experience
- Ease of getting through to the GP surgery on the phone
- Overall experience of making an appointment
- Booking appointments
- Waiting times to see or speak to a GP/Nurse
- Waiting times at the surgery
- Confidence and trust in the GP and nurse
- Practice opening hours
- Out of hours services

The survey has limitations:

- Sample sizes at practice level are relatively small

- The survey does not include qualitative data which limits the detail provided by the results
- Data is published annually during July.

However, given the consistency of the survey across organisations and over time, it can be used as one indicator of quality. It can also be considered alongside other sources of information such as feedback from patient participations groups, local surveys, contacts made via patient advice and liaison services (PALs), complaints and the friends and family test, to develop a fuller picture.

3.3 Assessment of the AWC CCG GP Patient Experience Survey published in July 2016:

The July 2016 publication is based on surveys completed between July to September 2015 and January to March 2016. This is the most recent publication available as the frequency of reporting has now changed to once a year. The next survey will be published in July 2017. The results for AWC CCG are based on 1,865 completed surveys, giving a response rate of 45%, higher than the national response rate of 39%.

Key areas are highlighted below:

Overall experience of GP surgery	85% of patients in AWC stated that their overall experience of the GP surgery was very good or fairly good. This is in line with the national figure which was also 85%. This is slightly down on last year's score of 87%. This trend is not unique to AWC CCG practices, assessment of other areas indicates a reduced level of satisfaction from patients overall. Looking at a practice level, the level of satisfaction ranges from 96% to 40%. There is one particular outlying practice within AWC CCG where just 40% of patients indicated good overall experience. The contract fort his practice has recently been re – procured and a longer term provider has now been secured. The new contract is supported by an outcomes based specification. An element of funding is associated with improving patients experience and further engagement work with the local community. This is intended to incentivise service improvement and increased satisfaction with care and access for this practices population.
Access to GP services (by phone)	68% of AWC patients stated that it was easy to get through to someone at the GP surgery on the phone. This is slightly below the nationally average of 70%. The practice range in this category is from 27% to 94%. Ten practices saw satisfaction levels above the 70% national average in this category. The CCG is working with 6 outlying practices to support improvement. N.B. The increased uptake of on-line booking of appointments is expected to help reduce the volume of calls practice experience and so make it easier for those who choose to make their appointment by phone to get through to the practice.
Booking appointments	The CCG is in line with the national score of 85% of people saying that the last time they wanted to see to speak to a GP or nurse they were able to get an appointment. 12% stated that they weren't able to get an appointment. The practice range within the CCG is 47% to 95%. With one exception all

	practices score above 65% in this category. The outlier is the practice mentioned previously and the new contract includes incentives to help improve performance in this area.
Overall experience of making an appointment	73% of patients rated their experience of making an appointment as good. This proportion had risen slightly from 71% last year, and is in line with the national figure. The practice range within the CCG is 25% to 93%, with the practice with the lowest rating the one that has seen issues across other categories.
Waiting times to see or speak to a GP/Nurse	57% of AWC patients stated that they saw or spoke to a GP/Nurse either on the same day or on the next working day. 14% stated that they had to wait for a wait for a week or longer. This compares favourably with the national figures where 48% were seen/spoken to on the same or next working day. This figure has also increased from 54% in July 2015.
Impression of Waiting times at the GP surgery	59% of AWC stated that they felt they didn't have to wait too long at the GP surgery for their appointment. This was in line with the national figure of 58%. The practice range within the CCG is from 18% to 84%. The outlier is the practice mentioned previously and the new contract includes incentives to help improve performance in this area.
Confidence and trust in the GP	92% said yes that they had confidence and trust in the GP they saw or spoke to at their last appointment, a figure which was the same nationally. The practice range within the CCG is from 65% to 100%. Again the lowest scoring practice was the one that has scored lowest in previous categories.
Confidence and trust in the nurse	86% said yes that they had confidence and trust in the nurse they saw or spoke to, a figure which compares well to the national average of 84%. The practice range within the CCG is from 70% to 96%. Again the lowest scoring practice was the one that has scored lowest in previous categories.
Satisfaction with the practice's opening hours	74% of AWC patients said they were satisfied with the hours the surgery is open, a proportion that is slightly below the national average of 76%. The practice range within the CCG is from 55% to 86%. The practice with the lowest satisfaction level is again the same practice to have seen the lower scores across other categories.
Out of Hours GP services	61% of patients said their overall experience of out of hours GP services was good. This is below the national average of 67%, and has also fallen from the 67% reported last year. This service is commissioned on a West Yorkshire footprint with services delivered at both Airedale Hospital (co-located with A&E) and Skipton General Hospital.

3.4 Local Intelligence

In addition to the NHS E quality monitoring system, the CCG also assesses intelligence gathered through a variety of mechanisms such as feedback from patients and carers, Patient Advice and Liaison Service (PALS), Patient Network Groups, Patient Participation groups, complaints and Healthwatch. Along with other data sources such as engagement with local forums and CQC feedback this intelligence is regularly collated and shared with practices as primary care dashboard. This dashboard is also shared with the CCG Clinical Quality and Governance Committee who are responsible for identifying appropriate actions to ensure feedback is acted upon. The dashboard has been and will continue to be developed in conjunction with our member practices.

3.5 System Wide Pressures
There are increasing pressures on not just GP practices but the health and social care system as a whole which also impacts on GP access:

- A&E
- GP Out of Hours
- Intermediate Care
- Social care
- Care Homes
- Local Authority budget reductions

A&E attendances from AWC patients are up 3.8% across all providers when comparing the period April to November 2016 with the period April to November 2015. At Airedale only, A&E attendances have increased by 2.5% when comparing the same period. This has resulted in increased pressures, with Year To Date (YTD) only 91.4% of all patients attending A&E being seen within 4 hours with the national target set at 95.0%. At the same time last year the figure stood at 95.9%. This compares to a national increase of 3.7% between the period April to November 2016 and period April to November 2015 (MAR data – England).

The number of GP OOH appointments has reduced over the last year. Between April to November 2015 there were 12,399 appointments, compared to 12,184 between April to November 2016, this is a reduction of 1.7%. This decrease is encouraging as one of the core aims of the CCGs Enhanced Care schemes is to reduce the number of OOH appointments.

Further pressures are evident across the secondary care and social care setting, with non-elective (specific acute) admissions across all providers up 2.5% when comparing April to November 2016 with April to November 2015 though the national increase for non-elective admissions when comparing April to November 2016 to April 2015 was 3.6% (MAR data – England). However, the numbers of patients in North Yorkshire with a Delayed Transfer of Care almost doubled from 433 (Nov 14 to Oct 15) to 792 (Nov 15 to Oct 16).

Running alongside funding constraints and levels of historic investment in primary care, these issues increase pressure and the ability of practices to meet growing demand. In recognition of this the CCG has instigated several initiatives to support improvement.

3.6 Patient Need and New Models of Care
As reported previously to the committee there is a limit to the number of people a practice can see each day. GPs have a duty to ensure suitable care is provided determined by need and they make necessary arrangements to ensure urgent cases are attended to in a timely fashion. This does not always meet patients' definition of need and so expectations are not always met.

The range of initiatives reported last year are underway, all of which will directly or indirectly support improved access to GPs or access to alternative support for individuals as appropriate, determined by their needs.

- Complex Care
- Enhanced Primary Care
- Pharmacy First
- Health Navigators
- Increased self-management and prevention
- Urgent Care Centre (Additional Primary Care capacity collocated with A&E at times of increased demand Friday – Monday)

- Primary Care Quality Improvement initiatives and participation in NHSE improvement network
- Extended Practice Opening

3.7 AWC Approach to developing New Models of Care

3.7.1 Complex Care:

For individual with more complex needs new models of care have been commissioned. These will ensure that individuals holistic needs are taken into account. Needs assessment will take account of individuals physical, psychological and social care needs and a tailored pro-active plan of care will be put in place to provide a pro-active approach, thereby reducing the need for urgent care or escalation of need. This will free up more GP time for those with less complex needs as the complex care team respond to individuals on their case load.

The new model of care for people with complex needs includes a personal support navigator (PSN) function. This has been jointly commissioned and funded by health and social care. CBMDC have led on the development of this role commissioning a VCS consortium to deliver this new approach. The PSN function is intended to 'bridge the gap' between health and social care systems and individuals, enabling individuals to engage with personalised planning and feel supported to self-manage, self-care and achieve their personal objectives. The PSN will provide an advocacy service and act as a first point of contact for individuals thereby changing current behaviours and ideally reducing demand on GP time and other services through an alternative approach.

Following a successful proof of concept phase this model of care for individuals with more complex needs has now been commissioned on a longer term basis. Work continues to refine and embed the service further and is supported by robust evaluation processes including patient feedback that will continue to assess the impact of the service and to support delivery of improved outcomes for individuals.

3.7.2 Enhanced Care:

In addition the CCG has commissioned a new approach to care for those with additional needs who have not yet become complex. This is called enhanced care. This too provides a pro-active approach to care and is intended to prevent needs escalating. It provides additional resource and capacity to support general practices thereby contributing to improved access to practices and professionals within the practice. Under this scheme practices are given the opportunity to come together to design their own schemes to deliver improved outcomes for individuals. This approach is intended to test new approaches thereby promoting an innovative culture and transformational change. Going forwards it is anticipated that work will continue to dovetail the complex and enhanced models of care and increase collaborative working across the patient population to tailor care around patients as their needs change.

3.7.3 Self-Care and Prevention:

A programme of work is being undertaken to support uptake of self-care and self-management. This includes training for health professionals and tools, techniques, access to resources, advice and support to enable individuals to take control and manage their own condition.

3.7.4 Working with an Enhanced Skill Mix

Through initiatives undertaken practices are testing how working with different professionals and individual can enhance the patient experience and improve access. The personal support navigator has been mentioned in section2.8.1 however the range of professional extends to working more closely with community pharmacists,

physiotherapists, physician associates, social workers, nurses with advanced skills as part of the integrated practice team.

A closer working relationship with the voluntary sector has resulted in an increased awareness of voluntary and community services (VCS) available to support individuals and an increased level of 'signposting' to these services. We are working closely with the VCS 'hub' to monitor the impact on local services.

4. Next Steps

4.1 Strategic Objectives.

Airedale, Wharfedale and Craven's strategic objective to commission models of care that will address physical, psychological and social needs will deliver new models of care. Through developing new models of care practices are encouraged to work at a 'Federation' level to fully exploit and realise the opportunities economies of scale present.

4.2 Accountable Care System:

As a system the CCG is leading on establishing an accountable system of care for our patient population to ensure that when people need access to care and support it will be available to them through proactive, joined up health, social care and well-being service. Primary Care are critical to this work, as the first point of contact for many individuals and are viewed as the 'lynchpin' of care and will form the foundation of an accountable system of care. As our journey towards an accountable care system continues this will involve engagement activities to seek the views of individuals, their families and carer's, and access to care will be a critical component of this.

4.3 Co-Commissioning:

The CCG expects to undertake level 3 co-commissioning from 1 April 2017. The CCG is currently in the process of putting arrangements in place to take on fully delegated functions. With this the responsibility for primary care experience and access to services will be devolved to the CCG.

4.4 Outlying Practice:

Within the CCG there is one practice that is an outlier. The experiences their patients report 'skew' the overall CCG results due to the significant variation in experience being reported when compared with other practices. In light of this the CCG has been working closely with NHSE England and following a recent re-procurement exercise a longer term provider has now been secured. A robust specification for the new services has been developed which clearly addresses the nature of the practice population and the challenge of improving experience. A range of outcomes linked to these areas have been included in the new specification, regular contract monitoring arrangements are in place and the CCG continues to work closely with the new provider to ensure these areas are being addressed.

4.5 Transformation Funding:

The CCG is exploring every opportunity to secure additional external funding to support transformation and development of primary care services. This includes support and submission of a range of expressions of interest for the NHS E GP Resilience Fund and a bid to national Pioneer programme for PSN role in enhanced care. As part of West Yorkshire Accelerate Zone (WYAZ) for Extended Access we have secured additional financial support to progress extended access over the next year and have submitted a further application against the accelerator hub capital bid.

5. Recommendations

The Health and Social Care Overview and Scrutiny Committee is asked to receive and note this update.

6. Background Document

None

7. Appendices

None