

Report of NHS Bradford City CCG and NHS Bradford Districts CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 9 February 2017

AB

Subject: ACCESS TO PRIMARY MEDICAL SERVICES IN BRADFORD:

Summary statement:

NHS Bradford City CCG and NHS Bradford Districts CCG continue to work with patients and stakeholders to improve the quality of all services they commission and to fulfil their statutory duty to improve the quality of primary medical care.

This paper also describes initiatives that our primary care providers are undertaking to improve access, including how they are engaging patients in the process.

The paper also describes the challenges in maintaining sustainability of the service in the face of the nationally mandated funding review, increasing demand and workforce challenges.

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1. Summary

- 1.1 This paper describes initiatives that our primary care providers are undertaking to improve access, including how they are engaging patients in the process.
- 1.2 The paper also describes the challenges in maintaining sustainability of the service in the face of the nationally mandated funding review, increasing demand and workforce challenges.

2. Background

- 2.1 The CCG reported last year that they were undertaking a financial review of all primary medical service contracts. The review was completed and the CCGs implemented funding changes from April 2016. For some practices this will mean a reduction of funding and this will be a phased reduction over a period of 5 years.
- 2.2 Recognising that the traditional model of general practice is unlikely to be sufficient to deliver its objectives, NHS England is supporting the development of new ways of providing and commissioning services. In taking this forward the CCGs developed a 5 year primary medical care commissioning strategy, this has been widely consulted on with partners and stakeholders.
- 2.3 One of the key priorities within the strategy is to improve access to primary medical services, including our intention to commission extended hours provision. It also includes a requirement to improve the offer of digital access and improve access to technologies that promote self-care and prevention. The strategy will also encourage delivery of primary care at scale and deliver high quality primary medical services.
- 2.4 The contract requires practices to provide essential services within core hours (8am to 6.30pm Monday to Friday). GP practices are required to deliver services within this period but there are no clearly defined standards. It is regarded that this should be something that the provider defines, ensuring that they meet the needs of the patients. In support of this the CCGs in Bradford have issued a "Position Statement on Opening Hours", so that practices are aware of the requirements under the contract.
- 2.5 GPs and practices continue to be under unprecedented pressure, with an increasing number of practices struggling to maintain existing services in the face of financial pressures, falling staff numbers and rising demand. It continues to be hard to retain GPs and increased numbers are retiring early, there is also an increase in GPs wanting to work part-time. Practices in Bradford are therefore reliant on a GP locum workforce.
- 2.6 In measuring patient's satisfaction with GP opening the CCGs are required to use the GP National Survey. This is a real challenge in Bradford as we have poor response rates.

3 Report Issues

Key elements

3.1 Improving Access

- 3.11 The funding review has meant that contracts are of more equal value and have resulted in a redistribution of existing funding across primary medical care. One of the aims of the review has enabled the CCGs to commission practices to undertake a more formal assessment of how they offer access to patients.

We asked practices to work with their Practice Participation Group (PPG) in agreeing an access plan. In year one the CCGs wanted to see that practices were engaged with the process and were actively using their PPG as a conduit to seek the views the people they serve and influence how services are delivered.

Some examples of the kinds of activity practices included within their plans were:

- newsletters to improve communication with patients
- reducing DNAs (did not attends), as this can waste appointments
- improvements to telephone systems to help patients get through more easily
- implementing a triage system so those patients needing an appointment can get one and others can be supported to self-care or access other support where required
- promotion of self-care to patients, via events, notice boards and printed material so they feel more confident to look after themselves for minor ailments, which may not require an appointment with a clinician
- coaching patients on how to register for online services, to make and cancel appointments
- encouraging more patients to provide feedback via the national survey, the Friends and Family Test, or via practices' own satisfaction surveys
- working with schools and community groups – working with young people to gain their views and get them more engaged with the practice, supporting them to lead healthier lives
- first aid training and peer support for new parents
- referring patients in to social prescribing initiatives which may provide other sources of support not always found at the practice – e.g. advice on benefits and financial matters, self-care, leading healthier lives, exercise, emotional support, support for carers, support groups for people with long term conditions, reducing loneliness.

The most recent results of the national GP patient survey data (Jan to March 2016, published in July 2016) indicate that patients who gave a positive answer to the question: “Overall, how would you describe your experience of making an appointment?” responded as follows:

England average	73%
Bradford City average	56%
<i>Tower Hamlets (comparator CCG to City)</i>	65%
Bradford Districts average	64%
<i>North Kirklees (comparator CCG to Districts)</i>	68%

This represents most recent published data. The CCGs await a further report in January for the period July to September. In comparing the above results with the previous year there has not been any reduction or increase in satisfaction.

It however should be noted that there was a slight increase in the response rates.

Bradford City Response Rate	14.6% (2015)	20.4% (2016)
<i>Tower Hamlets</i>		23%
Bradford Districts Response Rate	26% (2015)	36.1% (2016)
<i>North Kirklees</i>		37%

The CCGs in 2017 will commission extended access for people that reside in Bradford. This will be on a phased basis with full population coverage by 2020. The CCGs are working with general practice on how this would be delivered. The intention is to offer additional access from 6.30pm to 8pm, Monday to Friday. There will be weekend cover but the hours are subject to our understanding the needs of patients. The model of delivery is required to support our primary medical care commissioning strategy and will be required to be delivered within a financial envelope.

3.2 Working at scale

Our primary medical care commissioning strategy supports practices working at scale and as a result we are therefore beginning to see practices working more closely, in order to share resources. As the CCGs have delegated commissioning rights and completed the equitable funding review we are able to give practices contract advice, we are therefore seeing an increase in networks of practices, practice mergers and federated working.

The CCGs have applied for funding issued to NHS England under the GP Resilience Scheme. The intention is that this funding would provide practices with organisation development opportunities, legal advice and funding to merge clinical systems. There is also an opportunity to look at how practices may employ staff that would work across a number of sites.

3.3 New Models and Workforce

The CCGs know that different model of improving access to patients within primary care would suit a particular practice population and that, through creative review of skill mix and perhaps wider utilisation of the voluntary and community sector, unwarranted demand on the clinicians within the practice could be reduced. The CCGs are therefore facilitating groups of practices to share their learning from this exercise.

The CCGs have throughout the year incentivised and therefore tested some incentives that would reduce inappropriate demand on clinicians:

- Social Prescribing - We have a number of practices that are piloting social prescribing. This is a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'. The aim is that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector (VCS).
- Practice Health Champions – We have a number of practices that are creating a 'community centred practice' through volunteering and patient involvement.
- Pharmacy First – This is a scheme where patients that would normally access their GP for free prescriptions for minor ailments are able to access a community pharmacist. The scheme is being accessed by an average of 1010 patients per month (Bradford City) and 588 patients per month (Bradford Districts) in 2016. It is important to note that not all practices patients are accessing this service, the 10 ten highest practices generate 81% (Bradford City) and 68% (Bradford Districts) of the activity. The CCG has reviewed the scheme and as the activity shows 75% of those accessing the service are children. The CCG has therefore amended the scheme from January 2017 to include children only. There will be a further review of the scheme, this will ensure that it is in line with the CCGs strategy to develop self-care and prevention initiatives.
- Physio First – scheme where patients can self-refer to a physiotherapist, these schemes are currently being evaluated
- Clinical Pharmacists – there are new roles emerging in primary care, one role is the clinical pharmacist. There is a national pilot and in Bradford we were successful in accessing funds and resources to support this.
- Training – there will be training in place for front line staff within primary care to sign-post people to appropriate voluntary and community sector services.

4. Next steps

- 4.1 Bradford City CCG and Bradford Districts CCG will continue to develop the “*Standard access offer to patients*” ensuring that Patient Participation Groups are engaged in this process and enable practices to share learning.
- 4.2 The CCGs will commission an extended access offer this will commence in Bradford in 2017. This will include a plan to phase in to full population coverage by 2020.
- 4.3 The CCGs will continue to work with general practice to support them in providing high quality provision that is sustainable, testing new roles and initiatives that will improve access for patients.

5. Contribution to corporate priorities

- 6.1 Contributes to the CCGs priorities of:
 - Improving patient experience
 - Out of hospital care
 - Use of assets

6. Recommendations

The Health and Social Care Overview and Scrutiny Committee is asked to:

- 6.1 Receive and note the Clinical Commissioning Groups’ commitment and actions taken to improve access to appropriate primary medical services.
- 6.2 Receive and note initiatives within Bradford that are being developed that will impact the primary medical service offer to Bradford residents.

7. Appendices

- 7.1 Bradford CCGs position statement on opening hours