

**Report of the NHS Airedale, Wharfedale and Craven,
NHS Bradford City and NHS Bradford Districts to the
meeting of the Health and Social Care Overview &
Scrutiny Committee to be held on 8th February 2018**

AB

Subject: Primary Medical Care Update – Bradford District and Craven

Summary statement: NHS Airedale, Wharfedale and Craven CCG, 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.

Portfolio: Primary Medical Care

Health and Wellbeing

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1. **Summary**

- 1.1 This paper describes initiatives that CCGs and our primary care providers are undertaking to improve the quality of services delivered, which includes access and how they are engaging patients in the process.
- 1.2 Within this report if there is a difference in approach between the three CCGs then this is clearly highlighted. Therefore, if this is not stated then the information presented can be taken as a standard approach across the three organisations.

2. **Background**

- 2.1 The CCGs previously reported 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 has meant a reduction in funding and is being phased in over a period of 5 years (currently in year 4).
- 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. To set out our delivery of this the CCGs have developed 5 year primary medical care commissioning strategies, which were widely consulted on with partners and stakeholders. The Bradford CCGs published their strategy at the end of 2016 and Airedale, Wharfedale and Craven (AWC) CCG was published in January 2018.
- 2.3 A key priority within both strategies is to improve access to primary medical services, including the 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 strategies also encourage delivery of primary care at scale and deliver high quality primary medical services.
- 2.4 The GP 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. This position statement is currently being refreshed to reflect recent local changes and updated national guidance. This will be done in conjunction with YORLMC (body who provides the professional voice for all NHS GPs and practice teams across North Yorkshire, the City of York, Bradford, Airedale, Wharfedale & Craven districts). Following sign off by the CCGs Primary Care Commissioning Committees this will be issued to all practices across the 3 CCGs.
- 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 especially are therefore reliant on a GP locum workforce.

Despite this all three CCGs are amongst the best performing CCGs in England for CQC ratings of Primary Medical services (CCG Improvement & Assessment Framework – 2017/18).

2.6 In measuring patient's satisfaction with GP opening the CCGs are required to use the GP National Survey. There are clear differences in the returns in the three CCG areas, with AWC CCG performing higher than the Bradford CCGs. Therefore there will be a clear focus from the Bradford CCGs on working with their practices and patients to understand the reasons behind this and to make improvements to patient outcomes.

3. Report issues

3.1 Improving Access

3.1.1 The most recent results of the national GP patient survey data (Jan to March 2017, published in July 2017) 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%
Airedale, Wharfedale and Craven average	74%
Calderdale (comparator CCG to AWC)	74%
Bradford City average	60%
Tower Hamlets (comparator CCG to City)	67%
Bradford Districts average	64%
North Kirklees (comparator CCG to Districts)	68%

This represents most recent published data as the survey is now only undertaken on an annual basis (previously bi-annual). It should be noted that when comparing the above results with the previous year there has been:

- an increase of 1% in satisfaction for AWC CCG
- an increase of 3% in satisfaction for Bradford City CCG
- an increase in 1% in satisfaction for Bradford Districts CCG

As reported last year within AWC CCG there is one practice that is an outlier in relation to the national patient survey. The experiences their patients report still 'skew' the overall CCG results due to the significant variation in experience being reported when compared with other practices although this is now improving. In April 2017 the CCG became delegated co-commissioners and we continue to work closely with the new long term provider of this practice to monitor progress against a range of outcomes that have been included as part of the practice contract linked to the GP survey results. Comparison of July 2017 GP survey results to 2016 for patients at this practice answering the following question, Overall, how would

you describe your experience of making an appointment?” positively show a 12% increase in satisfaction with their GP experience. The new provider has been in place since December 2016.

3.1.2 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.

Within the Bradford CCGs the review has enabled the CCGs to commission practices to undertake a more formal assessment of how they offer access to patients.

Practices were asked to actively use their Practice Participation Group (PPG) as a conduit to seek the views the people they serve and influence how services are delivered. These plans have now been in place for two years and examples of the kinds of activity practices included within their plans over this time were:

- 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
- active signposting training for front line staff
- 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
- targeting patients that frequently use the accident and emergency department (A&E)
- MJOG – SMS messaging service reminders
- 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
- working with the Voluntary Community Sector and Charities
- 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 Bradford CCG’s have recently assessed patient experience of primary care using the latest (July 2017) GP national survey results. The Primary Care Commissioning Committees have agreed that the access schemes that are commissioned need to be strengthened further to improve outcomes against these

surveys. This was following their reflection of the variation of results across practices. Some perform less well in comparable with their neighbouring practices.

A revised scheme is being developed and may include a requirement for each practice to comply with some key deliverables (number of appointments, including pre-bookable appointments, access to new technologies and clear information for patients on how and when to access services) this would ensure that practices are providing a standard access offer. Practices will be encouraged to work in groups to further understand how others are managing access, including using new technologies, working with the voluntary care sector, promoting self-care, sign-posting an care navigation initiatives.

- 3.1.3 In AWC the equitable funding review, which is known as PMS premium funding review, has been utilised to harmonise service provision across the patch following discrepancies in local enhanced services inherited from North Yorkshire and Bradford & Airedale PCTs prior to the creation of the CCG. This process has ensured there is equitable access to services for all patients across AWC. In addition the PMS premium funding has been used to facilitate regular engagement with practices which has supported the rapid mobilisation of the initiatives listed below.

In AWC there are a range of initiatives in place all of which continue to 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
- Personal Support Navigators/ Care co-ordinators
- Increased self-management and prevention
- GP Streaming in A&E - additional primary care capacity is embedded within A&E 7 days a week
- Primary Care Quality Improvement initiatives and participation in NHSE improvement network
- Extended Practice Opening

- 3.1.4 All three CCGs commissioned extended access in 2017. This is nationally directed service, the detail of which was set out in the NHS Operational Planning and Contracting Guidance 2017-2019¹. However, it should be noted that the three CCGs commissioned this a year earlier than other CCGs nationally (excepting those that had been part of the Prime Minister's Challenge Fund) as we were part of the West Yorkshire Urgent Care Acceleration Zone.

The Bradford CCGs commissioned Bradford Care Alliance CIC (BCA) to provide the service. Within Bradford there is currently one hub operational which serves

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

25% of the population. It operates out of Westbourne Green Health Centre and is open 6.30pm – 9.30pm Monday to Friday and 10am -1pm Saturday and Sunday. There are appointments with GPs, physios, welfare benefit and debt advice and mental wellbeing support. Plans are in place to deliver the service to 100% of the Bradford population by October 2018. The design of the service and location of the future hubs is being developed with the GP practices, PPGs and local populations. Once fully operational any patient in Bradford will be able to access any of the hub locations, if the appointment is convenient to them.

AWC CCG commissioned a group of practices working collaboratively to deliver a pilot for extended access from July 2017 as part of the WYAZ. There is currently one hub located at Farfield Practice in Keighley that provides extended access from 6.30-8pm Monday to Friday to 40% of the CCG population. A range of appointments with GP, Advanced Nurse Practitioner (ANP) and clinical Pharmacists are available to patients. Plans are in place to deliver the extended access service to 100% of AWC population by October 2018 in line with national requirements. The number of hubs and how the service will operate across our geographical area are still in development and we will work closely with practices, PPGs and our local population to determine the design of the service building on learning from the pilot and engagement work undertaken with the current users of the Worth Valley hub.

3.2 Working at scale

- 3.2.1 Our primary medical care commissioning strategies support practices working at scale and as a result we are therefore beginning to see practices working more closely, in order to share resources. In 2017 we have seen an increase in the number of practices working in networks, federated working and undertaking practice mergers.
- 3.2.2 As part of NHS England's General Practice Forward View² (GPFV) funding has been available as part of a GP Resilience Scheme. Both the CCGs and practices individually have been successful in applying against this fund to support practices to better work at scale. This funding has been utilised to support organisational development, legal advice, merging of clinical systems and development of new ways of working across sites.

3.3 New Models and Workforce

- 3.3.1 The three CCGs recognise that changes are required to the way that care is delivered to patients within primary medical care and the workforce required to deliver those changes as current methods of delivery will not be sustainable over the longer term.
- 3.3.2 Primary medical care services are a critical part of health service delivery and all three CCGs are ensuring that this is being built into new models of care that are being established. These are developing across two footprints locally; Airedale, Wharfedale and Craven and Bradford. These developments include all of the main

² <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

providers of care locally, including acute, community, mental health and voluntary and community sector (VCS) as well as primary medical care.

As the 'left shift' in care occurs through, more proactive care, self-care and prevention work thereby helping to reduce the demand and cost of specialist acute services and partnership working, the role of primary medical care becomes all the more important, especially in regards to treating the patient holistically and a focus on prevention.

- 3.3.3 Across the Bradford CCGs the key method of engaging primary care within new models of care is through the development of Primary Care Home (PCH) communities and locality hubs. Each PCH community will be led by a leadership team which will include representation from GP practices, community nursing services, secondary care, community pharmacy, VCS and local authority. Each of these PCH communities will review their population profile data and undertake a range of activities to better understand the health, care and support needs of their population. The team will consider areas of duplication, gaps, blocks, and opportunities across current service delivery models. This will support in the identification of service improvement initiatives. The CCGs have identified some additional recurrent resource to allow for service development.

Within Bradford, 10 PCH communities have now been agreed and are currently establishing their leadership teams. To aid their development, the CCGs have identified some non-recurrent funding to support their organisational development needs. The system recognises the importance of the PCH communities as it has been agreed that they will be the foundations on which health and social care partnerships are built.

It will not be efficient for all service delivery to take place across a PCH community footprint and some services will be delivered at a locality hub level. There are 3 locality hubs within Bradford, aligned to the PCH communities. North locality (3 PCHs, approximately 130,000 population), Central locality (3 PCHs, approximately 160,000 population) and South locality (4 PCHs, approximately 180,000 population). Services delivered at a locality hub level will be the more specialised services, for example specialised nursing and reablement services.

- 3.3.4 In AWC primary care is the lynch pin of our new model of care as we are working to establish a single place based primary and community led 'system of care'. This will involve provider organisations coming together to manage the common pool of limited resources available and to collaborate as one system to improve the health and care for the whole population.

A key part of our journey towards ACA is to redesign the approach to healthcare and support for each of the 3 communities; Airedale; Wharfedale and Craven community and we have adopted the primary care home concept as a framework to build on.

Working with our practices we have aligned our 16 practices into the three communities. Alignment has been based on geography but has also taken into account where practice populations and community natural affinities lie. Each of the 3 communities (Airedale, Wharfedale & Craven) has its own local group consisting of a range of stakeholders and has identified clinical and managerial leads. Each

has commenced work to identify the priority areas that can make a difference to the 'here and now' as well as work towards the longer term transformation & sustainability and develop a new model of care for their community.

The model is being developed 'bottom up', informed by multi-agency clinician, local authority, social care representatives and VCS providers from each community. Each group is considering its approach to person and population engagement to ensure experience based co-design. The membership for each of the 3 communities groups continues to grow and develop as the work progresses. The community groups have been asked to focus initially on identifying priorities bespoke to their community but all share the following guidelines:

- to look at things differently
- focus on what's important to people, their family, carers rather than what's important for the system,
- focus on preventing people from being unwell
- take a pro-active approach to care
- address the broader factors that might affect their well-being such as housing, employment and isolation
- embed self-care to support culture change in both professionals and the public
- identify what's working well in their community and build on this

The community groups leading the care model redesign have cross agency membership and are jointly led.

3.3.5 The CCGs have utilised both local and national resources to support the development of new roles within our communities.

- Social Prescribing - We have a number of practices that have access to social prescribing and this is being rolled out to all practices from January 2018 in Bradford. 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). In AWC there are currently 12 out of 16 practices have access to social prescribing and plans are in place to roll this out to all practices in 2018/19.
- Practice Health Champions – We have a number of practices that are creating a 'community centred practice' through volunteering and patient involvement.
- Physio First – patients are seen by a physiotherapist before they see a GP, operational through the extended access scheme in Bradford and is available in 12 AWC practices.

- Clinical Pharmacists – these are pharmacists that work in practice and have a role in streamlining practice prescription processes, medicines optimisation, minor ailments and long term conditions management.
- Active signposting / care navigation – primary care reception staff are being trained to sign-post people to appropriate services (all three CCGs)
- Medical assistants – in 2018 primary care support staff (e.g. receptionists, HCAs) will be trained to handle some clinical paperwork to free up other clinicians (Bradford only). From November 2017 all practices in AWC have at least 2 primary care support staff trained as medical assistants and this role continues to be embedded in practice.
- Patient Engagement Leads – These roles are unique to Bradford City and have been shared by NHS England nationally as a good practice example. The roles have improved practice engagement with local communities and are improving practices ability to respond and engage with patients, building connections within local communities.
- Physicians Associates (PA) –In AWC one of our practices has successfully embedded this role as part of their practice team and we hope to expand this to other practices. PA's are graduates who have undertaken post-graduate training and are employed in general practice to support doctors in the diagnosis and management of patients. They perform a number of day to day tasks including; taking medical histories from patients; performing physical examinations; diagnosing illnesses; seeing patients with long-term chronic conditions; performing diagnostic and therapeutic procedures; analyzing test results; developing management plans and provide health promotion and disease prevention advice for patients (AWC only)
- Paramedic role in General practice – this role is currently piloted in one practice in AWC. The paramedic practitioner works as part of the primary care team seeing and treating patients and in particular as part of the practice visiting service seeing patients in their own home.
- Enhanced Primary Care (EPC) – this initiative in AWC has facilitated the development of a variety of new roles and tested out different ways of working in particular in regard to the care navigator and care co-coordinator roles

All these initiatives are aimed at supporting access improvement throughout all practices by freeing GPs and clinicians up to see those that require their expertise.

3.3.6 In 2018 the three CCGs (in conjunction with the other CCGs in West Yorkshire) will be commissioning an online consultation system. The system will allow patients to connect with their general practice using a mobile app or online portal. Patients can tell the practice about their query or problem and receive a reply, prescription, call back or other kind of appointment. In some systems patients can also access

information about symptoms and treatment, supporting greater use of self-care. Further detail will be available following national roadshows.

4. **Options**

➤ Not applicable

5. **Contribution to corporate priorities**

5.1 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 CCGs' commitment and actions taken to improve access to appropriate primary medical care services.
- 6.2 Receive and note initiatives that are being developed that will impact the primary medical service offer to residents.

7. **Background documents**

- NHS Operational Planning and Contracting Guidance 2017-2019
<https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>
- NHS England General Practice Forward View <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

8. **Not for publication documents**

➤ None

9. **Appendices**

➤ None