City of BRADFORD METROPOLITAN DISTRICT COUNCIL

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 20th February 2019

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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: Healthy People and Places

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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.

1.3 This report will provide information on the changes made by the CQC and their inspection regime, the impact that this has had locally and the changes that the CCG has introduced to mitigate impact.

2. Background

2.1 The CCGs previously reported that there was a recognition that the traditional model of general practice is unlikely to be sufficient to deliver its objectives. Therefore 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. The CCGs are currently completing a refresh of these strategies which describe our progress with delivery and will reflect the aspirations of the NHS Long Term Plan as published in January 2019.

2.2 GP practices in Bradford vary in size when comparing the registered population that they serve (2,275 to 23,179) and as a result of financial pressures we are now seeing differing models of delivery across Bradford District and Craven. There is an emergence of “Super Partnerships”, (multiple partners under one agreement holding a number of contracts) and also the merger of contracts into single form, delivered from existing sites. This enables GP partners to work at scale and to realise some economies of scale, including opportunities for improving the skill mix within general practice.

2.3 The CQC in 2018 changed how they inspect GP practices. They did this as they reached a milestone in that they had rated 91% of all practices across England, as either Good or Outstanding. They will now only routinely inspect practices on a 5 yearly basis, but will re-visit practices where there has been a significant change in leadership or contract change (e.g. a partnership or contract merger). The CQC have also changed how they complete the inspections, with there now being a more focused inspection on any apparent “weak spots”. All practices that have been inspected under the new regime have found the more focused inspections challenging.

In Bradford the current ratings are:

Outstanding:	3
Good:	53
Requires Improvement	1
Inadequate:	2

Those GP practices with an outstanding rating are: Tong Medical Practice, Windhill Green Medical Centre, Bevan Healthcare CIC

The GP practice with an inadequate rating is: The Heaton Medical Practice

The Airedale, Wharfedale and Craven ratings are:

Outstanding:	1
Good:	15

The GP practice with an outstanding rating is: Dyneley House Surgery

2.4 The CCG's as delegated commissioners of primary medical care are required to monitor the contracts held by GP practices. The CCG's have therefore developed a local quality assurance process alongside the nationally published guidance manual that describes the requirements of the CCG as a delegated commissioner. Our Primary Care Commissioning Committee as a Committee in Common oversees the implementation of this process and how individual GP practice performance is monitored.

2.5 The CCGs continue to work with practices to improve the offer of access to the most appropriate person within the practice or an alternative service provider, support agency, including the expansion of patient on-line services. The view is that with the active sign posting and digital offer the GP practice will have additional capacity to see patients based on need.

3. Report issues

3.1 Improving Access and Managing Demand

3.1.1 The most recent results of the national GP patient survey data (Jan to March 2018, published in August 2018) 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	69%
Airedale, Wharfedale and Craven average	69%
Calderdale (comparator CCG to AWC)	73%
Bradford City average	58%
Tower Hamlets (comparator CCG to City)	65%
Bradford Districts average	63%
North Kirklees (comparator CCG to Districts)	64%

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 a national reduction in satisfaction rates of 4%, the local position is as follows:

- a decrease of 5% in satisfaction for AWC CCG
- a decrease of 2% in satisfaction for Bradford City CCG
- a decrease of 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 variation in experience being reported when compared with other practices. However the gap is closing as people are reporting an improved experience. 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.

3.1.2 Within the Bradford CCG's practices are on an annual basis are required to complete access plans in conjunction with their patient participation groups. They have been asked to refresh their plans taking into account patient feedback including that of the national GP survey. These plans have now been a contractual requirement for 3 years.

This year the practices are asked to look at 10 high impact areas, these are described within the GP 5 Year forward view and provide practices with a selection of actions that they could implement in order to improve the offer to patients. They include the following:

- Active Signposting
- New Consultation Types
- Reduce DNA's
- Develop the team
- Productive Workflows (Document management training)
- Personal productivity
- Partnership working
- Social prescribing
- Support self-care
- Develop quality improvement techniques

Practices have also been asked to complete an exercise that provides information on the number of clinical contacts made at practice level – this will provide the CCG with a measure of patient demand on general practice.

There is a requirement of each practice to complete a comprehensive workforce return – this is a contractual requirement and there are 2 ways in which a practice can submit this information. The CCG has asked that a specific return is completed, as this provides reporting tools and enables the CCG to use this information to inform our work force plans. The CCG has recognised for some time that as independent businesses, practices would not routinely share this information and the CCGs would like to pre-empt any gaps in provision. This would also enable the CCG to support training where required to upskill staff for new roles that are being introduced into the primary care team.

3.1.3 In AWC the equitable funding review, which is known as Personal Medical Services (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. These initiatives include the national 'Time for Care' development programme and continue to directly, or indirectly, support improved access to GPs or access to alternative support for individuals as appropriate, determined by their needs.

- Enhanced Primary Care which includes 'Physio First' (direct access to physiotherapy for advice and treatment); 'Frailty' (pro—active care for frail people) and social prescribing (advice and signposting)
- 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 (Please see section 3.1.4

  Practices have also engaged in review of high impact change areas and have implemented change in areas such as:
  - Active Signposting
  - New Consultation Types including on-line consultation; remote consultation
  - Actions/awareness to reduce numbers of 'did not attends'
  - Developing the team; enhanced the skill mix
  - Productive Workflow: training for staff to alleviate and reduce clinical staff spending time administering letters and documentation
  - Personal productivity
  - Partnership working
  - Social prescribing
  - Support self-care
  - Development of quality improvement techniques

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 2017-2019[1]. However, it should be noted that the three

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

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.

Extended access – update – hubs and provision type
The Bradford CCGs commissioned Bradford Care Alliance CIC (BCA) to provide the service. Within Bradford there are now three hubs operational serving 100% of the population. They operate out of Westbourne Green Health Centre, The Ridge Medical Practice and Shipley Health Centre and are open 6.30pm – 9.30pm Monday to Friday and 10am -1pm Saturday and Sunday. There are appointments with GPs, physios, practice nurses and voluntary and community services.

As reported previously AWC CCG were an early adopter of extended access and commissioned a group of practices working collaboratively to deliver a pilot from July 2017. This was available to 40% of the AWC CCG population. With effect from 1st October 2018 extended access has been available to 100% of AWC population. Given the geographic footprint of the CCG the service is available from five hubs through the AWC locality. People have a choice of which hub to attend. These are based in: Keighley; Skipton; Addingham; Settle and Silsden. . The hubs are opening on different days across the week. Appointments are available Monday to Friday 6.30pm to 8.00pm; Saturday; Sunday and bank holidays 9.00am to 11.00am. A range of appointments are available with GP's, Advanced Nurse Practitioner (ANP), physiotherapists; practice nurses and clinical pharmacists.

3.1.5 A range of practices from all three CCGs are also taking part in an international GP recruitment scheme with the intention of enhancing the local GP workforce by appointing suitably qualified doctors from EEA and non-EEA countries through this process. Initial interviews will be undertaken by a national team with a local stage two process expected to happen early 2019.

3.2 The Local Quality Assurance Process and the CQC

3.2.1 As a delegated commissioner of primary medical care the CCGs are required to undertake an assurance process on the delivery of their core GP contracts. A local quality assurance process was developed in 2015 and has continued to develop as national guidance was introduced. The CCGs have also worked closely with the CQC and NHSE to ensure that relevant regulatory bodies are sighted on roles and responsibilities, as there is a requirement to involve all parties should issues arise.

3.2.2 In taking on these responsibilities the CCG has signed a delegation agreement with NHSE and as such there is a requirement to have a Primary Care Commissioning Committee (PCCC), this Committee oversees the decisions made by the CCG in respect of these delegated duties. The CCGs have agreed that this Committee will now meet as a Committee in Common. These meetings are held every two months in public and the papers are shared on the CCGs websites.

3.2.3 When implementing our local assurance process, the CCG use benchmarking information in the form of a locally developed dashboard this provides a picture of performance and enables the CCG to highlight areas of difference. The CCG has developed an action planning tool, which is used to support practices in preparing

for an assessment – the CCG consider a practices performance on this basis together with "grass roots" information (this reflects feedback from partner organisations and patients, made through NHS Choices, engagement opportunities, complaints received and contacts with the CCG patient advice and liaison service)

3.2.3 CCG's are required to complete a review of the primary medical service contracts on a 3 year rolling basis. Should there be concerns raised then the CCG will continue their assurance process until they are confident that performance is of a standard that enters the contractor into routine surveillance (a review on a 3 year basis)

3.2.4 For routine assessments, a desktop exercise takes place to assess the performance dashboards and grass roots information. If a practice is an outlier on areas of delivery then the CCG will send the practice our local action planning tool, this allows the practice to quantify the differences and provide the CCG with the most up to date information as extracted from the clinical system. The CCG assess this additional information and follows this up where required by completing a practice visit, this includes a clinician and a contracting lead.

3.2.5. Where there are clear failings identified the CCG will make a recommendation to the Primary Care Commissioning Committee to move the contract into enhanced surveillance. The CCG also make this recommendation when failings have been found following a CQC inspection and result in a GP practice being issued with a CQC rating of inadequate. The CCGs currently have two practices with a CQC rating of inadequate and both have been informed that they are being monitored in this way.

3.2.6 The CCG on informing a practice that they are moving to enhanced surveillance convene a meeting with regulatory bodies and an in depth discussion on the issues found takes place. The CCG supports the practice to ensure that an improvement plan is developed and shared. The CCG also applies for funding to support practices, this can include coaching and mentorship support. The CCG will ensure that a weekly update is reflected on and progress against plans are shared with the CQC. The PCCC have also requested that they receive a quality assurance paper for any practices that have a rating of inadequate.

3.2.7 The CCG is looking at the issues being addressed and has commissioned additional training for practices, updated and shared the local action planning toolkit. Practice Manager groups are also being asked what support they need to ensure that we limit the risk of practices failing the CQC inspection process.

http://www.bradforddistrictsccg.nhs.uk/about-us/who-we-are/primary-care-commissioning-committee/

3.3 New Models and Working at scale

3.3.1 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 2018 we have seen a further increase in the

number of practices working in networks, federations, alliances and undertaking practice contract mergers. We have also seen practices apply for vacant practice lists, under our managed patient allocation process.

3.3.2 Previously the CCGs described how across Bradford District and Craven that a key method of engaging primary care within new models of care is through the development of Primary Care Home (PCH) communities and locality hubs. These networks have continued to develop and are referred to locally as Community Partnerships. We have 13 Community Partnerships across our Bradford District and Craven footprint.

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 England General Practice Forward View https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
- NHS England: Long Term Plan and five year framework for GP contract reform https://www.longtermplan.nhs.uk/ *https://www.england.nhs.uk/publication/gp-contract-five-year-framework/*
- NHS England: Primary Medical Care Guidance https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/

8. Not for publication documents

None

9. Appendices

None