

**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 13th February 2020**

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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

Health and Wellbeing

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1. Summary

- 1.1 This paper sets out some of the challenges facing general practice and describes initiatives that CCGs and our primary care providers are undertaking to improve the quality of services delivered, which includes access to services 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 there was a growing recognition that the traditional model of general practice is unlikely to be sufficient to deliver its objectives. This is a national issue and NHS England is supporting the development of new ways of providing and commissioning services which included the introduction of a new GP contract in 2019. This contract established Primary Care Networks (PCNs) under a Directed Enhanced Service (DES). All practices within Bradford district and Craven have signed up to deliver the DES and are now part of a PCN. PCNs consist of groups of GP practices working together with a range of local providers, across primary care, community services, social care and VCS to respond to the needs of their local populations. Within Bradford district and Craven we have 12 PCNs in total.
- 2.2 GP practices in Bradford and Craven vary in size when comparing the registered population that they serve (as at Oct 19 range is 23,850 to 2395) and as a result of financial pressures; workforce issues and the introduction of PCNs we are now seeing differing models of delivery across Bradford District and Craven. We are continuing to see the merger of contracts into single form, delivered from existing sites and the introduction of PCNs has increased the levels of joint working. This enables GP partners to work at scale and to realise some economies of scale, with opportunities for joint appointments and developing the skill mix within general practice thus improving resilience.
- 2.3 The CQC in 2018 changed how they inspect GP practices and we set out these changes in our report in 2019. 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). All practices that have been inspected under the new regime have found the more focused inspections challenging.

In Bradford the current ratings (January 2020) are:

Outstanding:	3
Good:	49
Requires Improvement	2
Inadequate:	1

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: Wibsey and Queensbury 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 or support agency, this includes the expansion of patient on-line services. The view is that with increased uptake of initiatives such as active sign posting; digital offers; extended hours and new ways of supporting self care 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	67%
Airedale, Wharfedale and Craven average	69%
Calderdale (comparator CCG to AWC)	70%
Bradford City average	57%
Tower Hamlets (comparator CCG to City)	61%
Bradford Districts average	61%
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 2% and also a reduction in two of the three comparator CCGs. The local position is as follows:

- satisfaction levels have remained the same for AWC CCG
- a decrease of 1% in satisfaction for Bradford City CCG
- a decrease of 2% in satisfaction for Bradford Districts CCG

3.1.2 In order to support access improvement in Bradford Districts and City practices have for 4 years been contracted to fulfil the requirements of a standard access scheme. The aim of the scheme was threefold:

- *To work collaboratively with PPG on improving patient experience of accessing general practice*
- *To measure levels of access provision (using the national GP survey results)*
- *To ensure that patients have an equitable offer of access*

A review of the scheme has recently taken place and concluded that it has provided the practices with considerable investment in supporting the delivery of improved access with the intention of supporting a GP practice in liaising with patient groups on the offer of access.

Since the start of our local scheme there has been a national reduction in patient satisfaction as expressed through the GP survey, locally we have seen a slower pace of this reduction when looking at this against that of our comparable CCG's. However there has still been a decline in satisfaction and not the anticipated increase.

Taking into account the survey results; the introduction of alternatives to face to face access such as on-line consultation and the fact that the General Practice Forward View (GPFV) (as published in 2016), sets out plans that enabled CCG's to commission and fund additional capacity ensuring that by 2020 everyone has improved access to GP services including routine appointments at evenings and weekends (see 3.1.4) the view is that the Bradford Standard Access Scheme has now run its course and this scheme will cease from the end of March 2020.

3.1.3 General Practice recognises the need to change if they are to address concerns about workforce resilience and practices ability to keep pace with increasing demand. Many practices are being pro-active and are developing a range of new approaches which go much broader in their scope than general practice alone, often reaching out into the communities they serve.

The initiatives are being progressed by practices individually and also through newly established primary care networks and community partnerships; which continue to tailor their 'offers' to their populations and develop improved mechanisms through which individuals can access advice and support from the most relevant professional. Examples include:

- Developing a different experience for individuals based on a department store type approach in the surgery and in local communities

- Joined up approaches with social care and VCS
- Developing initiatives with local volunteers; patients and communities
- Adopting an asset based community development approach with community partners
- New digital offers such as econsult (online triage) and 'Push Doctor' (remote video consultations)
- Free flu clinics in local communities particularly targeted at increased uptake in BME communities and 'myth busting'
- Scheduled events in local practices & communities: eg tai chi; knitting; big shed; coffee and chat sessions; walking groups; COPD choir
- Increased self-management and prevention – a full programme of activities during self care week (pro-active practice/PCN initiative)
- Focus on children and young people working with local schools, developing a children's social prescriber
- Dementia Friends Training
- First Aid Training
- Self Advocacy Sessions
- Self Care Week
- Practices promote Park Run, to Patients and Staff, to improve mental and physical wellbeing. The PPG provide support on the day with marshalling and timekeeping
- Educational and peer support groups
- Continued participation in the Primary Care Quality Improvement initiatives and in NHSE improvement network
- Extended Practice Opening (Please see section 3.1.4)
- *One PCN has secured £190k of funding over the next 3 years in partnership with Give Bradford and Power to Change to create a Keighley Community health fund. This will promote & support community activity which boosts health and wellbeing. Voluntary, community and social enterprise organisations in and around Keighley can now apply for a slice of the £190,000 pot to support social prescribing projects intended to connect people who faces challenges such as isolation, mental ill-health or need some support to get more active.*

All three CCGs and their member practices have also engaged in review of high impact change areas and have implemented change in areas such as:

- Active Signposting
- New Consultation Types
- Reduce number of people who book and then don't attend appointments (DNA's)
- Develop the team
- Productive Workflows (such as document management training)
- Personal productivity
- Partnership working
- Social prescribing

- Support self-care
- Develop quality improvement techniques

3.1.4 All three CCGs commissioned extended access in 2017, a year earlier than other CCGs nationally. Bradford Care Alliance CIC (BCA) continues to provide the service within Bradford, operating from three hubs 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 Picton is open 10am -1pm Saturday and Sunday. There are appointments with GPs, physios, practice nurses and voluntary and community services. From April 2020, 6 additional satellite hubs will be opening across Bradford to enable access to the service. Each of these hubs will open on one evening (Monday to Friday).

As reported previously AWC CCG were also early adopters of extended access. Practices work together to deliver additional appointments from five local 'hubs' located throughout the CCG area giving people a choice of time and location of appointments. The 'hubs' are based in: Keighley; Skipton; Ilkley; 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.

From April 2021, the responsibility for the provision and delivery of extended access will shift from the CCGs to the PCNs. NHS England have yet to publish the specification for this service and what it will look like from April 2021 so we do not know if there will be any changes or whether it will remain the same.

The CCG's are working with NHS England to enable practices to access national Estates and Technology Transformation Funding (ETTF), which will support a number of local GP practices to make improvements to their premises – including in some cases, conversion of admin space into additional clinical rooms, so that the practices can offer more or a different mix of services, and / or improve access to the premises through improved flooring, paving or parking.

A collaboration between local GP practices and NHS 111, will soon launch allowing NHS 111 call handlers to book some patients an appointment with their practice, if being seen in primary care is the most suitable place to meet their needs. This may reduce some unnecessary A&E attendances, and further support patients with access to services out of hours.

3.1.5 Digital:

A five year framework for GP contract reform was issued in January 2019. This included a requirement that GP Online consultation was rolled out to 100% of practices by the end of March 2020.

All three CCGs were early adopters and following procurement of GP Online Consultation (GPOC) technology our contracted provider eConsult initiated roll out to Bradford and Craven Practices in 2019 / 2020.

This is a Digital Triage approach to Online Consultation as set out in the GPFV requirements. Current 'Go Live' position for practices within our CCG's is as below:

AWC: 14 / 16

Bradford City: 14 / 25

Bradford District: 16 / 31

Bradford and Craven: 44 / 72

All remaining practices are currently scheduled to go live in the roll out pipeline with the exception of 4 practices which we are looking to support. Progress on our CCG roll out schedule is in line to deliver the 100% requirement of offering GPOC by end March 2020.

Whilst there is variation in utilisation across our localities feedback from clinicians and patients is positive overall. Collated patient feedback from July 2019 to December 2019 provides assurance that GPOC via eConsult is positively received by the patients engaging with GPOC. A high level excerpt from Patient Feedback data illustrates:

- 82% of Patients indicate overall satisfaction with eConsult
- 83% Likely to recommend eConsult
- 5/6 Consult online for Health Assessment
- 5/6 Would recommend to family and friends

As an 'early adopter' practice with a high utilisation patient cohort the Fisher Medical Practice have been recognised as a leading practice for GPOC by WY&H ICS and have been identified to share best practice via a case study.

Local GP practices continue to promote greater use of online services, to give more convenient access for patients – 100% of Bradford district and Craven CCG practices now offer online services and locally 32% (AWC), 32% (Bradford City) and 39% (Bradford Districts) of patients (compared with 29% of patients across England), are registered to book/ cancel appointments online and order their repeat prescriptions online (via a computer or smart phone), reducing the need to contact their practice

The new NHS App is also being promoted to patients, <https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/> which supports greater online access (via a computer or smart phone) to appointment booking, ordering repeat medicines, viewing your medical record, accessing self care advice, checking your symptoms, and even allows patients to register to be an organ donor.

In addition to local GP practices adopting use of a system which gives patients access to an online consultation, (during 2019-20) plans are in development for a small pilot of a new video consultation software, which would allow a 'face to face' capability (via use of the internet), which could be most useful for more visual diagnoses, and supporting patients who find it hard to access the surgery, e.g. those who are frail or housebound.

3.2 Care Navigation

- 3.2.1 Care Navigation (also known as active signposting) was rolled out nationally as part of NHS England's GP Five-year Forward View. Care Navigation allows GP practices to help people access the right care from the right person, first time.
- 3.2.2 Phase 1 of Care Navigation in Bradford District and Craven launched in December 2018. Patients requesting a GP appointment who are willing to share some relevant information enable receptionists to offer alternative appointments with other professionals in the practice and can offer signposting to 6 external services.
- 3.2.3 The external services included: community pharmacy, social prescribing, my wellbeing college, maternity, sexual health and drug and alcohol services. Phase 2 services launched in January 2020 and included: Carers resource, Warm Homes Healthy People, bereavement and advice services.
- 3.2.4 Reception teams have completed specialist accredited training courses including face-to-face sessions with all participating services and have played an integral role in the development of the scheme.
- 3.2.5 The latest data dashboard shows 51,182 recorded navigations, 90% acceptance rate and an estimated 4002 GP hours saved. (up to the end of Dec 19). Not all GP practices are currently using the CCG SystmOne template to record navigations, however all practices are still offering signposts to their patients.
- 3.2.6 A vast amount of public and GP practice engagement has taken place including: radio ads, social media, patient network/engagement events, banners, toolkits, videos, leaflets and other promotional resources.
- 3.2.7 Data will be closely monitored and patient and public engagement will continue. The CCG will now work with local services to prepare for Phase 3.

3.3 Practice Level Engagement in Bradford District and Craven CCGs

- 3.3.1 There is a contractual requirement for practice to demonstrate effective engagement with their patients and NHSE guidance suggests a general move away from the traditional patient participation group model. This is in recognition that there are other ways to engage a broader range of patients. This does not mean that there will be an end to patient participation groups (PPGs), where they are effective and working well practices are likely to build on this approach and complement it by extending their range of engagement activities

The Bradford Patient Network continues to thrive as a forum for learning, sharing ideas, and spreading information for PPG members and volunteers in practices. The network meets 5 times a year and is supported by the CCG engagement team, attendance ranges from 50-90 people at each meeting.

- 3.3.2 The CCGs also commissioned Community Action Bradford and District (a charity formed to support and develop the local voluntary and community sector) to deliver training to support effective engagement in practices across Bradford district and Craven. The training was co-designed with the Patient Network Steering group,

which includes some patient engagement leads (PELs). The training is aimed at PPG members/Patient Engagement Leads/practice volunteers to help them be more effective at patient engagement. A programme of workshops covers the following topics:

- PPGs – what they're all about
- Understanding your local NHS
- Engagement – what do we really mean?
- Knowing your community
- Social media

This training programme will carry on throughout 2020, with more topics being added. Based on evaluation feedback, the most common request for future topics was more information on the Community Partnership model and Primary Care Networks – this module is now being developed.

Commissioning this type of training has been recognised by NHS England and shared with other CCGs as an example of good practice under the statutory duty for Patient and Community Engagement.

- 3.3.3 Engaging People is a VCS project funded by the CCGs to support more people and communities to get involved and have a say in the future development of healthcare services. Our VCS Engaging People partners have been working closely with AWC practices in particular this year to support and develop Patient Participation Groups (PPGs) and explore what was needed in terms of a network approach. An assessment has been undertaken to determine how active PPGs are and what support and further development may be needed. This informed a range of initiatives and supported PPGs to develop new activities and refresh their ways of working, which has been positively received.

In addition the two PCNs in AWC are starting to bring PPG members together with other volunteers and engage locally in different ways, this is an alternative approach to a formal PPG network for AWC. All practices in AWC have active PPGs

Work will commence in January supported by the CCG Lay members for Patient Engagement, colleagues from PCNs and the chair of the Bradford District & City Patient Network to review how the CCG can continue to support effective practice engagement across BD&C as a whole.

Later this year, NHS England will be consulting on new guidance for engaging with patients and communities, to reflect new ways of working and the development of PCNs.

3.4 Patient Engagement Leads – Bradford City CCG

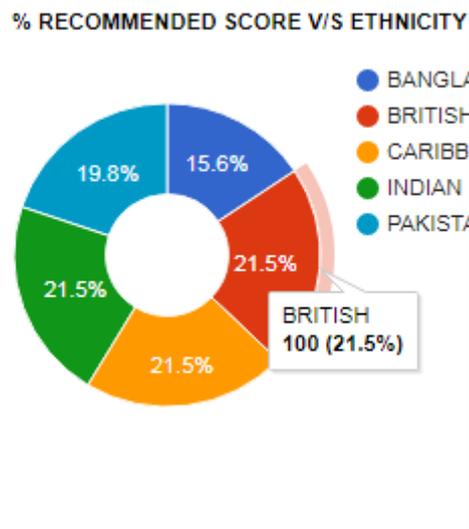
- 3.4.1 Historically Bradford City CCG practices struggled to demonstrate that they were attaining the contractual requirements of effective patient engagement. Therefore the Patient Engagement Lead scheme was established to support City CCG practices in focusing on patient and public engagement.

- 3.4.2 As part of the scheme Patient Engagement Leads (PELs) were embedded within Bradford City practices with the aim to use different and innovative methods to engage with their practice populations. The idea was that PELs would be flexible and responsive to the makeup of their practice population. To engage with their patients they could either set up a typical PPG group or use other innovative methods such as walking groups, coffee morning, drop-in sessions, self-care sessions/events etc. The main objectives for the PELs were to enable the setup of effective mechanisms of patient engagement and to support and develop practice volunteers.
- 3.4.3 To date the PELs have successfully enabled all City CCG practices to have in place some form of patient engagement. PELs have set up the following innovative methods of engagement:
- Arranging for 'English as a Second Language' (ESOL) classes to take place at the practice;
 - Walking groups;
 - Coffee mornings;
 - Art sessions;
 - Knitting groups/sessions;
 - Linking up with local VCS orgs and Children centres;
 - Self-care events;
 - Working and sharing resources across practices.

3.5 Patient Voice Feedback System

- 3.5.1 This is a feedback system which is currently used by a small number of practices in Bradford City CCG and the GP Streaming Service based at Bradford Royal Infirmary. The Scrutiny Committee requested an update on this system following it being mentioned as part of the update last year.
- 3.5.2 Patient feedback is collected via various methods: paper; SMS (short message service ie text); Kiosk; and the website. Once received, the information is collated and results are benchmarked locally and nationally. Practices are also able to compare results on month by month basis. This tool also produces reports on age, ethnicity and also comments submitted by our stakeholders. Figure 1 below shows an example of this. Patients are asked whether they would recommend the practice and the response to this is broken down in this example by the ethnicity of the patient.

Figure 1: Screenshot from Patient Voice Feedback System



Therefore, in this example the practice can see that there is a relatively equal spread of ethnicities of those patients who would recommend the practices to others. The practices are then able to use the information collated through this tool to inform their discussions with patients and communities.

- 3.5.2 Some examples of how this information has informed changes/decisions are: all staff now wear badges and also lanyards; telephone system having too many options so phone system goes directly to welcome message and patients wait to be answered; walk-in clinics everyday from one site; Bench outside the practice; upholstery for the benches inside; TV Screens for patient information; and the need for GP who could speak Bengali so the practice employed one.
- 3.5.3 Given the uptake next steps will be to incorporate the results into other methods of assessing patient experience being reported such as our 'Grassroots' system

4 Challenges

- 4.1 General practice continues to face the challenge of balancing patient needs and expectations in a climate of continually increasing demand for appointments. There is a national recruitment and retention workforce issue. Locally the ability to recruit and retain GPs is no different and practices carry vacancies. This has resulted in an increased need to offer alternatives to GP appointments such as self-care; active signposting and different types of consultations including telephone and digital and to expand the skill mix within teams. Practices are actively looking at alternative staffing models to accommodate this.

As workforce remains a challenge 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. The interview process is ongoing through a rolling programme and will be undertaken by a national team with a local stage built in. To date within WY&H 4 suitable candidates have been identified,

some are in training and we wait to hear whether any have secured local placements within Bradford and Craven.

NHS Digital publish some workforce vacancy data however this does not include GP vacancies so it is difficult to benchmark ourselves within WY&H or nationally. There has historically been high use of locums in parts of the city/district however it is difficult to determine whether this is through choice or an inability to recruit hence we avoid using this as a 'proxy' measure to determine vacancy rates locally. There is a move to make tools available to enable workforce assessment along with 'capacity and demand' assessment in individual practices, such tools are not widely available but are being piloted in some areas.

Bradford and Craven continue to provide GP training and uptake to local GP training is increasing.

Workforce is the top priority for the local health and care economy. Our long term planning as a system includes assessment of workforce and projects expected numbers in a range of roles over time which informed our workforce strategy.

The Health and Care Partnership Boards have made a commitment to establish a 'Peoples Board' with the aim of promoting our local place as an attractive place to work with opportunities for career development. A range of workforce initiatives are also being progressed through WY&H ICS and place based health and care workforce programmes.

5. Options

➤ Not applicable

6. Contribution to corporate priorities

6.1 Contributes to the CCGs priorities of:

- Improving patient experience
- Out of hospital care
- Use of assets

7. Recommendations

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

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

8. Background documents

- NHS England General Practice Forward View <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.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/>
- NHS England: Network Contract Directed Enhanced Service. Guidance for 2019/20 in England <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-des-specification-2019-20/>

9. Not for publication documents

➤ None

10. Appendices

➤ None