

**NHS Brent Briefing paper for
Brent Health Partnerships Overview and Scrutiny Committee
on GP Access Update**

1. Introduction

In July 2011, the Committee received a report from NHS Brent on the results of the GP patients' survey on access and patient experience that:

- compared by locality the results of the 2009/10 and 2010/11 surveys.
- compared the change in scores by year against the change in scores nationally.

Following the meeting, members were sent survey results by practice. The Committee asked for a further report to be provided on further action NHS Brent and clinical commissioners were taking to improve patient satisfaction with access and experience.

This paper:

1. provides background information on the contractual position with GP practices and access; the GP survey and the role of clinical commissioners
2. describes the impact of the 2010/11 access programme
3. describe plans we have in place for 2011/12 to improve access
4. highlights recommendations from a national study on greater dissatisfaction rates with primary care services from a black and minority ethnic patients
5. sets out the next phase of a wider primary care development programme in Brent
6. seeks views from members on how we can improve primary care services together.

2. Background information

2.1 GP contracts

There are three main contracts for GP services:

- General Medical Services (GMS)– a national contract
- Personal Medical Services (PMS) – a local contract with additional provisions to the GMS contract
- Alternative Provider Medical Services (APMS) – a local contract with key performance indicators and time limited, usually five years.

Where a new contract has been required, NHS Brent has agreed APMS contract because of the stronger contractual clauses and flexibility around length of contract.

In Brent, we have:

- 50 GMS contracts
- 13 PMS contracts
- 6 APMS contracts – GP led health centre Wembley, 2 Harness practices, 1 Kilburn practice. The former practices run by the PCT, Burnley Road and Sudbury practices will be APMS contracts.

The GMS and PMS contracts have limited clauses around access and quality. Both contracts require “reasonable “ access but this is not defined. Both contracts require contractual and statutory requirements to be met in full but this does not cover access. The APMS contracts do include access clauses and are monitored on a quarterly basis. It is expected GP practices will need to register with the Care Quality Commission during 2012/13 and be fully compliant with CQC standards by April 2013.

The Quality and Outcomes Framework (QOF) was introduced at the same time as the new GMS contract in 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. Practice participation in QOF is voluntary. All Brent practices take part in QOF. The QOF has a range of national quality standards, based on the best available, research-based evidence covering four domains: clinical, organizational, patient experience and additional services. The GP patient survey was introduced in 2006/07. Until 2011/12, some payment to practices under QOF was linked to the patient survey results.

2.2 GP patient survey

In 2011/12, the survey will be undertaken twice yearly to around 1.4 million adults who are registered with a GP in England so 2.8 million in total will receive a survey. The first six months' results will be available in December 2011. The sample size is such that the survey aims to ensure patients have been registered with a practice for at least six months and likely to have been seen in the last six months. The target practice response rate is 35%. IPSOS Mori who undertakes the survey provides the 13 most commonly used languages on line and provides freephone help lines. In 2010/11, they handled 25,000 calls.

In 2010/11, the response rate for England was 36%. Brent's was 27%. The survey has 53 questions and is 8 pages in length. The patient satisfaction survey is an important measure of quality but it is not the only measure. In 2010/11, NHS London launched the 22 GP outcome standards it had agreed with a number of stakeholders. This includes four standards based on questions in the GP survey. Publication of practice performance against these standards is planned for April 2012.

2.3 Role of NHS Brent and Brent clinical commissioners

From April 2013, the National Commissioning Board will be responsible for commissioning primary care services including GP services. In order to ensure a smooth transfer to this arrangement, a primary care contracting team was established for NW London cluster and Brent PCT delegated this responsibility to the cluster. It is expected that clinical commissioning groups (CCGs) will have a role in supporting primary care development and improvement through peer review and support and commissioning more services in the community. NHS Brent and Brent CCG are committed to developing high quality primary care services in Brent and worked closely together on the 2010/11 access improvement programme.

3. 2010/11 Improvement Programme

In 2010/11, NHS Brent, in collaboration with the CCG localities, ran the Access, Choice and Experience (ACE) Programme. The programme worked with both practices and consortia to make improvements. All practices, except one, took part in the programme. The programme was successful in its aim to improve access to practices in Brent. Some of the changes for both Access and Experience are shown below in Table 1.

Table 1	Start of Programme	End of Programme
Practices providing Extended Hours outside (08:00am to 6:30pm) Monday - Friday	58	66
Able to book four weeks in advance	30	62
Open 45hrs + per week - access to receptionist face to face & phone	42	61
SMS Messaging	35	55
On Line Booking and prescription	15	60
Patient Participation Groups	33	60

The programme also aimed to inform patients and the public about the changes that were being made by practices and engage with patients and the public about their GP Services. This was done through road shows at supermarkets, libraries and in health centres. It was also supported by a marketing campaign on billboards and bus stops across the Borough which focused on "You Said.... We Did" messages.

There were increased satisfaction rates in the access indicators as set out in Table 2.

Table 2 Access indicators: % change between 2009/10 and 2010/11

		Brent	England
1	able to see a doctor quickly	0.04	-1.26
2	able to book ahead to for an appointment with a doctor	1.36	-0.36
3	satisfaction with opening hours	0.68	-1.04
4	able to see a preferred doctor	1.71	0.37
5	ease of getting through on the phone	2.62	1.28
	overall	1.28	-0.20

These improvements were against a national drop in satisfaction scores for indicators 1 to 3. Improvements in satisfaction in indicators 4 to 5, exceeded the national improvement.

Table 3 Patient experience indicators % change between 2009/10 and 2010/11

		Brent	England
1	Access and waiting	-4.33	-4.81
2	Safe, high quality, coordinated care	-0.13	-0.38
3	Better information, more choice	-0.95	-0.91
4	Building relationships	-1.04	-0.89
5	Clean, comfortable, friendly place to be	0.36	0.10
	overall	-1.22	-1.38

For the indicators in patient experience, only one area achieved a minor improvement: clean, comfortable, friendly place to be. The other indicators dropped. Overall the drop in satisfaction was lower than the national average.

3. Access 2011/12

Each of the localities have discussed with their members actions that they continue to plan to take. NHS Brent and Clinical Commissioning Leads have jointly looked at what could support further improvements around access and experience. Agreed proposals include premises improvements and staff training.

3.1 Premises improvements

NHS Brent has agreed to allocate £238,000 for minor improvements to premises to improve practice environment and / or confidentiality within their reception area. Premises will be used to apply for grants in December 2011.

3.2 Staff training

This training is intended for administrative staff to build on the customer experience training delivered as part of the ACE programme but also to help them confidently deal with difficult situations.

3.3 Localities

Harness

2010/11 survey results

Compared to 2009/10, Harness saw improvements across all five areas of the access indicators and saw improvement in two of the areas of patient experience. Eight out 16 practices' access satisfaction results were equal or greater than the England average for at least four out six indicators. For patient experience, there was less satisfaction with one practice scoring equal or greater than the England average for five out of six indicators.

Progress in 2011/12

Harness are working closely with their practices and patient forums to build on the improvements already achieved last year in access and experience indicators. This work includes supporting each practice to develop an individual development plan with their patient representative group with a focus on understanding and improving patient experience and access at a particular site. This work is coordinated through the primary care group and

the practice manager forum, regular updates will be presented to the clinical commissioning forum and the patient forum. The aim being to increase networking and collaborative working to improve experience by increased use of communication technology, review of service delivery models, reductions in waiting times in practices and improved information on access and self care.

Harness are working with the Harness wide patient forum and have identified the following priorities for this year:

- Further receptionist training to include customer service, conflict management, equality and diversity
- Use of the social marketing plan the Harness have developed to improve communication with local communities to better understand patient needs and perceptions
- Investment linked to practice development of patient experience and safety. This initiative is closely linked to preparing for CQC registration
- Shared learning events so practices can learning from each other and external success stories
- Implementation of the patient charter that has been jointly developed between the patient forum and practices and will be supported by a community engagement plan. This initiative is led by a clinical lead working in partnership with the chair and president of the patient forum.

In terms of access Harness will continue to support all our practices to improve current performance and achieve the access indicators.

Harness have recently audited emergency respiratory admissions for patients with paediatric asthma and COPD, further work is on going in the redesign of diabetic care the recommendations from both of these pieces of work are being utilised to inform improving the experience of care for patients living with long term conditions. Patients have identified improved aesthetics in practices as a priority and Harness are working closely together and with NHS Brent to implement small improvement projects including redecoration, cleanliness, comfort, patient information, confidentiality and to liaise with the patient representative groups on the best use of funding in each practice.

Harness look forward to sharing with and learning from the work undertaken by our colleagues in the Brent GP Federation to enhance the experience of care of patients across the Borough of Brent.

Kilburn

2010/11 survey results

Compared to 2009/10, Kilburn saw improvements across three areas of the access indicators but saw a reduction in three of the areas of patient experience. Six out 15 practices' access satisfaction results equal or greater than the England average or at least four out six indicators. Four practices scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for five out of six indicators. Seven practices scored below the PCT average for patient experience.

Progress in 2011/12

All Kilburn practices took part in the Access programme and have made good progress on increasing access and patient experience. All the practices have Patient Participation Groups (PPG) and we have a Kilburn wide PPG who meet regularly. These meetings give opportunities to ask patients directly what they feel would make a difference to our service provision and we have had some good feedback and ideas. We have regular consortia meetings where practices also discuss ways in which they can further improve patients experience. These include continuing with training and development of staff teams both in-house and as a group. Our practice managers share ideas and processes to ensure we have the most effective systems in place. Our practices have also welcomed the provision of small but helpful premises grants to make improvements to the practice environment. We recognise that it takes time to change patients perception of services but are committed to continual improvement and development of our service delivery.

Kingsbury

2010/11 survey results

Compared to 2009/10, Kingsbury practices saw improvements across four areas of the access indicators but saw a reduction in all areas of patient experience. Two out of 15 practices' access satisfaction results were equal or greater than the England average for all or at least four out of six indicators. Five practices scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for five out of six indicators. Five practices scored below the PCT average for patient experience.

Progress in 2011/12

Kingsbury discussed access and experience during their commissioning forum. The locality discussion focused on how it could improve access and experience in general but particularly focus in on how to improve telephone access and also how to ensure that we reach out to those more vulnerable groups and support them to access their practice.

In addition, Kingsbury Patient Group have produced a list of questions for practices about access. These questions will either be responded to by the practice with the practice patient group or by the practice and reviewed by the patient group. The findings will be collated and reviewed by a member of Kingsbury PRG with a knowledge of marketing will analyse the results and feed them back to the Kingsbury PRG in December for further discussion and action.

This will remain a standing item on the agenda and will be reviewed as each practice feeds back following further input from the practice patient groups.

Wembley

2010/11 survey results

Compared to 2009/10, Wembley practices saw improvements across four areas of the access indicators but saw a reduction in three areas of patient experience. Five out of 15 practices access satisfaction results were equal or greater than the England average for all or at least four out of six indicators. Four practices' scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for four out of six indicators. Eight practices scored below the PCT average for patient experience.

Progress in 2011/12

Wembley Board and Commissioning Forum have reviewed the MORI scores. Where practices have scored poorly, time has been spent trying to understand what has given rise to that perception. Discussion has primarily focused on looking at domain around clean and comfortable environments and Wembley practices will be looking to make improvements using the funding being made available by NHS Brent to do so. Wembley Board continue to question and challenge one another about access to ensure that all the positive changes made during the ACE programme are maintained.

Willesden

2010/11 survey results

Compared to 2009/10, Willesden practices saw improvements across four areas of the access indicators but saw a reduction in three areas of patient experience. Three out of 10 practices' access satisfaction results were equal or greater than the England average for at least four out of six indicators. Four practices scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for four out of six indicators. Five practices scored below the PCT average for patient experience.

Progress in 2011/12

A discussion was held at the Commissioning Forum Meeting regarding what could be done to continue the work that has been started. The discussion resulted in a number of suggestions around how to improve both access and experience; this included using the premises grants to improve the practice environment, providing customer service training within practices to enable staff to feel more comfortable asking questions and challenging one another. In relation to access the Willesden management team agreed that this would be a standing item on the primary care and quality group with an initial piece of work agreeing that the following standards around access would be maintained within Willesden:

- Patients are able to book regular appointments with their Practice up to 4 weeks in advance.
- All Practices offer emergency slots on a daily basis.
- All Practices offer 72 appointments / week / 1000 patients in list.

4. Black and Minority Ethnic populations and satisfaction with GP services

In July 2007, the Department of Health, commissioned a review of why patients from black and minority ethnic (BME) groups find it more difficult to access GP services than white populations. The first national GP patient survey conducted in January 2007, showed that BME patients were less satisfied with GP access. Brent is one of the most culturally diverse boroughs. BME groups in Brent now make up the majority of the population at 54.7%, according to GLA projections. This is the second highest of all the London Boroughs after Newham.

“No Patient Left Behind: how can we ensure world class primary care for black and minority ethnic people?” was published in 2008. The review found four main inter-linked reasons for dissatisfaction: firstly, there is a substantial communication problem between patients and practices caused by language and culture barriers. Secondly, the disease burden is greater in BME patients who tend to have a poorer health status. Thirdly, the quality of GP services is too variable and finally, the expectations of BME patients are different. These factors result in a healthcare need that is not fully matched by existing services, resulting in dissatisfaction.

The review made recommendations focussing on

- supporting patient ‘choice and voice’ within BME communities
- stronger, equitable commissioning for diverse populations based on local needs assessment
- better regulation
- routine ethnicity data collection and compliance by NHS trusts with race relations legislation
- stronger leadership and commitment on BME issues
- improving the quality of general practice
- supporting PCTs and practices by establishing a national project to spread best practice and innovation in BME primary care
- training of primary healthcare staff and developing the practice receptionist role to become a ‘patient navigator’ – a highly skilled person focused on customer skills
- supporting and nurturing a diverse workforce.

The report recommended that as a first step, practices and PCTs acknowledge the difficulties faced and make a real and measurable commitment to addressing them. A major thrust of the report was that patient care needed to be personalised and that would lead to greater patient satisfaction for all patients including those from a BME background.

This report is relevant to Brent as Brent’s survey scores for 2010/11 are similar to those PCTs included in the study (table 4 below).

Table 4 PCT survey results with high BME populations 2010/11

	Response rate %	Overall satisfaction %
England	36	90
London	29	85
Brent	27	82
Bradford	26	86
Heart of Birmingham	19	81
Leicester City	30	84
Newham	21	82
Tower Hamlets	20	84

The findings of the report should help shape our primary care development programme described in section 5.

5. Primary Care Development Programme January 2012 – March 2013

Both NHS Brent and Brent CCG recognise that the further development and improvement is required in primary care. Access to high quality primary care is essential but patient confidence in primary care becomes even more important as the scope of primary care is extended and GPs become responsible for commissioning most care. The programme is in its early stages of development and focuses on a range of clinical and non clinical areas in primary care including access.

The programme will focus on four key areas and be delivered over a 15 month period:

- Clinical Outcomes
- Service
- Enhanced Primary Care
- Patients and the Public.

Within each area there are key strands of work that have been identified as part of the programme and these are shown in the table below.

Clinical Outcomes	Service	Enhanced Primary Care	Patients and the Public
Achieve key clinical outcome measures across Brent taken from the London Outcomes Framework	Access Out of Hours	Referral Management	Working with patients and the public to take them with us through the transformation and change perception of primary care
Delivering core primary care across Brent	Networks of Care	Long term conditions management .. Tier 2 onwards	Working with patients and the public to manage expectation

Succession Planning / Practice Planning	IT systems Choose and Book Standardising Coding	Re designed pathways embedded and used	Working with patients and the public around self care
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It is further proposed to develop an incentive scheme to support the delivery of the outcome measures. This scheme would complement the national Quality and Outcome Framework. The December Board will be asked to consider funding the first phase of the programme. A number of expected outcome measures are being developed as part of the programme.

6. Discussion

Members are asked to:

1. review the actions taken by NHS Brent and Brent CCG in 2011
2. consider how we can strengthen the proposed primary care development programme
3. consider how they might wish to be involved in the programme and review progress and outcomes.

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15th November 2011