

Access to Primary Medical Services in Brent

1. Roles and Responsibilities with regards to primary medical care commissioning.

1.1 The national GP Patient Survey (GPPS) for 2012-13 was published in June 2013. Brent Health Overview and Scrutiny Committee have requested a report from NHS England in relation to the survey results for Brent with specific reference to the questions on access to GP services.

1.2 This report sets out;

- NHS England's role of commissioning primary care and the contract forms used.
- The contractual requirements placed on practices with regards to access to services.
- A summary of the access elements of the national GPPS for Brent practices and service provision information.
- The tools available to NHS England to use to improve access to services and primary care services in general.
- The approach that will be taken by NHS England to address concerns about service provision or performance of primary care contractors.
- Appendices showing the provision of additional, enhanced and out of hours services and a copy of the standard General Medical Services (GMS) contract.

1.3 A separate report is being provided by Brent Clinical Commissioning Group (CCG) with an analysis of the recent survey results, progress to date and plans the CCG have in place for further improvement.

1.4 The theme that is of greatest concern, which is highlighted by the national GPPS results for Brent that is also mirrored across London, is the variation between practices in both the satisfaction with services and the levels of service provision.

2. Roles and Responsibilities with regards to primary medical care commissioning.

2.1. Contractual management of primary medical services is the sole responsibility of NHS England Area team (for Brent this is the North West London Area Team). However, delivery of effective, safe and high quality primary medical services requires CCGs to play an active role in supporting NHS England to drive improvements in primary care.

2.2. CCGs have a statutory duty to assist NHS England in the quality improvement of primary medical services and have an active interest in doing so for the effective delivery of their overall commissioning strategy. CCGs are also responsible and

accountable for services commissioned locally through the standard NHS contract.

3. Contractual Context

- 3.1. There are three types of contracts that NHS England holds with providers of primary medical services; General Medical Services Contracts (GMS), Personal Medical Services (PMS) contracts and Alternative Provider Medical Services (APMS) Contracts
- 3.2. GMS arrangements are governed by the GMS Regulations. These are based on national agreement between the Department of Health and the British Medical Association. Appendix One to this report provides the model GMS contract. 50 of Brent GP practices hold this type of contract.
- 3.3. PMS arrangements are an alternative to GMS, in which the contract is agreed locally between the contractor and NHS England. The mandatory contract terms are set out in the PMS Regulations, but still allow local flexibility for negotiation. 12 Brent practices hold this type of contract.
- 3.4. The mandatory requirements that apply to APMS contracts are set out in the APMS Directions 2010. These Directions place minimum requirements on APMS contractors which broadly reflect those for PMS contractors but otherwise enable the remainder of the contract to be negotiated locally. There are 5 APMS contracts in Brent.
- 3.5. All contractors who have a list of registered patients must provide *essential services*. Essential services are defined as services required for the management (including consultation, examination, investigation and referral) of registered patients and temporary residents who are, or believe themselves to be;
 - a) ill, with conditions from which recovery is generally expected;
 - b) terminally ill; or
 - c) suffering from chronic disease,
- 3.6. The majority of practices in Brent also provide additional services, such as minor surgery, maternity services, cervical screening, childhood immunisations and vaccinations.
- 3.7. All practices also participate in the Quality and Outcomes Framework which financially rewards practices for meeting a range clinical and organisational performance standards.
- 3.8. Appendix Two provides a summary of the additional and enhanced services provided by Brent practices (please note that we are still receiving applications from practices to provide enhanced services for this financial year, therefore this list is incomplete).

4. Requirements of the contract in relation to Access

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- 4.1. All providers of essential services are required under the contract to provide primary medical services to their patients at such times as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the *core hours* of 8am - 6.30pm, Monday to Friday, in case of emergency.
- 4.2. Patients are expected to be able to access primary care services either face to face or via phone to receive clinical advice, book appointments, follow up referral letters, change or collect prescriptions etc. GPs are also expected to be available during contracted hours (8 am to 6.30pm) to follow up patient care, liaise with other clinical services and provide emergency care.
- 4.3. The GMS contract does not explicitly stipulate a minimum period that a practice premises has to be open, or a maximum time a patient should expect to wait for an appointment. However, practices that close during core hours are expected to make alternative arrangements for their patients to access primary medical care during that time. Often practices make arrangements with out of hours providers during these times.
- 4.4. There are currently no national incentive schemes or performance targets related to access to GP services within core hours. Nevertheless, NHS England believes that it is reasonable to expect practices to offer a routine appointment with a GP within 2 days as well as the ability to book appointments in advance.
- 4.5. Practices that hold PMS contracts have the same basic requirements as mentioned in 3.1 above. They may also have further requirements stipulated in their contracts to open at specific times or outside of core hours.
- 4.6. APMS contract holders will often have minimum opening times stated explicitly within their contract (8-6.30 as a minimum), as well as performance measures requiring them to offer appointments within certain timescales (e.g. same day appointments or routine appointments within 48 hours).
- 4.7. All practices offer home visits for patients who are deemed unable to attend the practice premises and, indeed, they are contractually obliged to do so.

5. Access in Brent

Opening hours

- 5.1. In the national GP Patient Survey (GPPS) 74% of patients registered with a Brent GP reported they were satisfied with the opening hours of their surgery, compared to a national average of 80%. Between Brent practices the satisfaction with opening hours varies significantly between 54% and 96%. 69% of patients reported that they would like to be able to see or speak to a GP or nurse on a Saturday.
- 5.2. An analysis of opening hours of Brent practices demonstrates that opening hours within core hours (8am-6.30pm) varies. There are 5 practices that are open for the full core hours period and 64% close for 2 hours or less a day within core

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hours (this doesn't include practices who close for a half day one day during the week).

- 5.3. Just under a quarter of practices are closed for more than 2 hours over the lunchtime period and 70% of practices close early (before 5pm) at least one day per week.
- 5.4. 76% of practices (50/67) deliver consultation times outside of the core hours by opting in to deliver the Extended Hours Direct Enhanced Service (DES) agreement. This DES is a national scheme to offer access outside core hours. The majority of practices deliver this service early in the mornings before 8am or after 6.30pm on a weekday. 6 practices deliver extended hours at weekends.

Length of time to see a GP or nurse

- 5.5. The survey shows that 86% of patients in Brent who had tried to get an appointment were able to, compared to 90% nationally. Amongst Brent practices this ranges from between 99% to 71% of patients reporting that they were able to get an appointment with a GP.
- 5.6. For those patients who were unable to get an appointment or who were offered an appointment that was inconvenient for them, 65% either went to the appointment or got an appointment for a different time. However 14% reported that they went to A&E or a walk-in centre instead. Again this varies significantly between practices; in one Brent practice, of the patients reporting that were unable to get an appointment, 42% of them reported that they went to A&E or a walk-in centre.

Telephone access

- 5.7. Ease of getting through to the practice on the telephone also varies significantly at a practice level; this ranges from 41% to 96% of patients reporting it as easy to get through on the phone.

Clinical capacity

- 5.8. Lack of clinical capacity can be an important element in understanding problems in GP access. Brent has a relatively high GP per patient ratio with one GP per 1700 patients. This will vary amongst practices however.
- 5.9. In addition Practice Nurse and Healthcare Care Assistant (HCA) support is vital to support good access in a practice. Practice nurses commonly are able to treat small injuries, perform health screening, support family planning, run vaccination and health protection programmes (for example flu or stop smoking) and support long term conditional management. Healthcare Assistants are able to help with washing and dressing wounds, monitoring patients' conditions by taking temperatures, pulse, respirations and weight and often are able to take blood.
- 5.10. At the last national practice staff survey (October 2012) 64 of 66 Brent practices reported that they had a practice nurse and over half have a HCA. However, there is significant variation amongst practices in the number of hours of

nurse/HCA time a practice has. The national survey for 2013 is taking place now which will show more up to date staffing data.

6. Tools and levers for improving access

- 6.1. The analysis above demonstrates that many practices are providing a high level of service to patients and are meeting patient expectations. However there is significant variation in both patients experience of accessing GP services and the service provided by GPs. This variation is mirrored across England.
- 6.2. There are several tools and levers that NHS England can use to address unsatisfactory levels of service provided by practices. The interventions used by NHS England will depend on the level of concern there is about a practice, and will range from asking CCGs to facilitate improvement through networks and peer support, to using contractual levers to compel action by the practice.
- 6.3. The national Assurance Framework developed by NHS England, pulls together a range of demographic and performance information about practices. A key element of this is patient reported satisfaction of accessing GP services, as well as comparative data on A&E attendance and admissions.
- 6.4. NHS England will use this tool, along with other information about the practice such as clinical capacity, complaints and patient feedback and Care Quality Commission (CQC) reports, to identify and manage practices where there are concerns about the level of service provided and its quality.
- 6.5. NHS England will decide upon the most appropriate intervention, often having worked with CCG colleagues to ensure practices are provided support and guidance to improve.
- 6.6. Where it is believed that the level of service provided by a practice is inadequate to meets its contractual obligations and the practice is not demonstrating improvements, NHS England will use contractual levers, such as breach notices and contract sanctions to drive improvements to services.

7. Next Steps

- 7.1. The main concern highlighted by this data on access to GP services is the variation in the levels of patient satisfaction and of the services provided between Brent practices.
- 7.2. As the commissioners of primary care, NHS England will identify practices with the poorest levels of satisfaction and service provision. Then as part of our programme of assurance and performance management, we will review other key performance information held about those practices. This will reveal if there are any broader concerns relating to performance or compliance at those practices. Using this information we will approach practices and require them to produce a performance improvement plan, particularly where access is not the only indicator of concern. Improvement plans will be regularly monitored to ensure improvements are being implemented.

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7.3. NHS England will work closely with Brent CCG to ensure practices are supported to improve and where area wide improvements might be needed, to ensure that the CCG puts assurance plans in place.

Appendices

Appendix One: Standard General Medical Services Contract

Appendix Two: Additional and Enhanced Services provided by Brent practices in 2013/14.