

Clinical Commissioning Group

Report to Health Partnerships Overview and Scrutiny Committee

8 October 2013

Supporting practice improvement and primary care development

1. Introduction

The paper from the NHSE sets out the respective roles of NHS England and Brent CCG in commissioning and improving primary care services. This paper informs the Committee on the outcome of the Access Choice and Experience (ACE) Programme that NHS Brent PCT undertook in 2010/11 to improve access to GP services and the work Brent CCG has undertaken since April 2012.

2. ACE Programme

Brent PCT's ACE programme supported practices in improving access by:

- Helping practices to measure the demand for their services compared to the appointments they had available (telephone lines available and staff available for booking appointments; measuring demand for times and days for appointments and whether they were able to meet them)
- encouraging practices to offer at least 72 appointments per week per 1000 patients registered with the practice
- helping practices to better match demand for appointments with spread of appointments throughout the week including the mix of "on the day/next day" appointments with appointments that could be booked further in advance.

Members have asked for an update on the outcome of patient satisfaction rates with GP access since the report to the Committee on 5 April 2011. We have updated the scores by locality for the following questions:

- a. Ease of getting through on the phone
- b. Able to get an appointment fairly quickly
- c. How satisfied are you with the hours that your GP surgery is open

The format and frequency of the GP patient survey changed after 2010/11. Questions on ease of getting through on the phone and satisfaction with GP surgery opening hours did not change. Up to 2010/11, being able to see a doctor fairly quickly was defined as the same day or next two weekdays the GP surgery was open. Patients were also asked if they could book more than 2 days in advance. From 2011/12, patients were no longer asked about being able to book more than two days in advance. Patients were asked "were you able to get an appointment to see or speak to someone". We have compared the positive results to this question with "able to get an appointment fairly quickly.

The results for these three questions for Quarter 3 2009/10, Quarter 3 2010/11 and latest results for 2012/13 by practice by locality are attached in Appendix 1.

A summary of the results is set out below:

a. How easy is it to get through on the phone?

The results for England and Brent were:

	2009/10	2010/11	2012/13
England	68%	69%	75%
Brent	61%	63%	71%

For Brent there has been a 10% improvement in the number of patients who have reported satisfaction in getting through on the phone. This was the area of greatest improvement achieved through the ACE programme. The greatest improvement was in Kilburn, with all practices improving, but in all localities at least 75% or more of practices improved. Kingsbury had the lowest percentage of practices that met national satisfaction levels.

Key points to note by locality are:

Harness

12 practices out of 16 have improved since 2009/10 (75%). Nine practices are above the national average in 2012/13 (56%). Four practices' satisfaction rates are well below the national average with little change since 2009/10.

Kilburn

All 15 practices have improved since 2009/10 (100%). Nine practices are at or above the national average (60%) and six are below the national average. One of these practices has since closed.

Kingsbury

12 out of 14 practices have improved since 2009/10 (86%). Two practices have not improved and only three practices reach the national average of 75% (21%).

Wembley

13 out of 15 practices have improved since 2009/10 (87%). One practice merged with another practice in 2012/13 so separate scores are not available for this practice. Seven out of 14 practices meet or are above the national average of 75% (50%). Two practices moved to Kingsbury locality in 2012/13: Premier Medical Centre and Beechcroft Medical Centre. Their scores have been retained in the Wembley table.

Willesden

8 out of 10 practices have improved since 2009/10 (80%). Two practices did not improve in this period. Six practices are above the national average (60%).

b. Able to get an appointment fairly quickly

	2009/10	2010/11	2012/13
England	80%	79%	86%
Brent	74%	73%	81%

The gap between England reported satisfaction in getting an appointment quickly and those reported in Brent has reduced from 14% to 5% with a 7% improvement in reported satisfaction between 2009/10 and 2012/13. There was some improvement in all localities ranging from 56% to 80% of practices. Harness had the lowest percentage of practices with national average scores or above in 2012/13.

Harness

Nine out of 16 practices have improved since 2009/10 (56%). Satisfaction in ability to get an appointment fairly quickly fell in six practices. Three practices are on or above the national average (19%).

Kilburn

Twelve out of 15 practices have improved since 2009/10 (80%). Three practices did not improve but two of these are above the national average. Five practices are on or above the national average (33%).

Kingsbury

Eight out of 14 practices have improved since 2009/10 (57%). Six practices did not improve but one is above the national average. Four practices are on or above the national average (29%).

Wembley

Ten out of 14 practices have improved since 2009/10 (71%). Four practices did not improve. Five practices are on or above the national average (36%)

Willesden

Six out of 10 practices have improved since 2009/10 (60%). Four practices did not improve but one is above the national average. There are three practices above the national average (30%).

c. How satisfied are you with the hours that your GP surgery is open

	2009/10	2010/11	2012/13
England	81%	81%	80%
Brent	75%	75%	74%

Brent mirrors the satisfaction in GP surgery opening hours in that there has been a slight reduction in satisfaction between 2009/10 and 2012/13. There was less improvement in satisfaction in opening hours than in the other two questions with improvement ranging from 29% to 63%. Kingsbury and Willesden had the lowest percentage of practices who scored at or above the national average.

Harness

Ten out of 16 practices improved satisfaction scores since 2009/10 (63%). Nine scored at or above the national average (56%).

Kilburn

Seven out of 15 practices' satisfaction score have improved since 2009/10 (47%). Two that did not improve scored above the national average. Six practices are above the national average (40%).

Kingsbury

Only four practices' satisfaction scores improved (29%). In 2012/13, two practices scored above the national average score (14%).

Wembley

Six out of 14 practices satisfaction scores improved since 2009/10 (43%). In 2012/13, three practices were at or above the national average (21%).

Willesden

Three practices' satisfaction scores improved since 2009/10 (30%). Two practices meet or exceed national satisfaction scores (20%).

3. Brent CCG Support to Improving Primary Care

Brent CCG began operating in shadow form in April 2012 and developed the following strategies to support improvements in primary care:

- i) supporting development and implementation of practice improvement plans

- ii) investing in additional primary care capacity
- iii) transforming primary care as part of developing out of hospital services.

3.1 Practice Improvement Plans and Peer Review

In 2012, practices were invited to develop individual practice improvement plans related to areas where they performed less well in the GP patient survey and in the NHS London GP outcomes framework for example the identification and management of patients with long term conditions. All practices developed improvement plans that were approved by their locality. If practices' chosen patient satisfaction scores and outcomes improve compared to 2011/12, the practice will receive a non recurrent financial reward to invest in their practice in 2013.

In addition, the CCG has worked with practices to ensure they were fully compliant when they registered with CQC in April 2013. This involved mock reviews, prompting corrective action plans.

In 2012/13 and 2013/14, the CCG has invested £500,000 per annum to improve practice premises in areas such as control of infection and accessible premises for people with disabilities. The CCG has continued to fund control of infection advice and access to specialist training and support for child and adult safeguarding.

As part of the delegated commissioning budget to localities, practices review each others:

- Referrals to hospital outpatients to ensure that patients are referred appropriately
- Patient usage of urgent care centres and accident and emergency departments
- Effective prescribing
- Patient emergency admission to hospital.

Where a practice's performance is different to their peers, a greater understanding of the difference in the practice population will be sought and if necessary the practice will develop an improvement plan. Progress against the plan will be reviewed by their peers.

3.2 Investing in additional capacity

As can be seen from the reported impact on the ACE programme, less progress was made on improving satisfaction with GP opening hours. Additional funding to increase GP opening hours has been limited to the extended hours direct enhanced service which is often one additional evening or Saturday session per week with booked appointments only. In the GP survey, patients have expressed preference for more surgeries in the evenings and at weekends.

Practices struggle to meet all demands made upon them as:

- Patients are discharged more quickly from hospital inpatients and outpatients with more complex conditions
- Patients seen in practice increasingly have more than one long term condition and their long term condition is more advanced
- Patients expect to be seen by a GP for the management of minor ailments as well as urgent serious conditions and the management of long term conditions

- Premises are often cramped and overcrowded and there is insufficient space to provide additional services even when NHSE or the CCGs wants to commission additional services
- Practices are largely funded on a capitation basis, ie £ per head of patients registered with the practice, not on activity like many other NHS providers who are paid more for the more they do
- Practice real income falls year on year so it is difficult to provide additional services.

In order to increase capacity in primary care and to improve patient satisfaction scores, Brent CCG is commissioning additional bookable appointments via a patient's GP practice in five locality centres on a pilot basis for six months. GP and nurse appointments will be available from 3 pm to 9 pm Monday to Friday and 9.00 am to 9 pm on a Saturday. These appointments are available now in the following localities:

Harness (from 2 September 2013)	Brent GP Access Centre, Wembley Centre for Health Monday to Friday Hilltop Medical Centre, Hillside Primary Care Centres Saturday
Kilburn (from 2 September 2013)	Kilburn Park Medical Centre Monday to Wednesday Staverton Surgery Thursday to Saturday
Willesden (from 23 September 2013)	Burnley Practice, Willesden Centre for Health and Care

Expressions of interest were considered for hosting locality services from existing practices in Wembley and Kingsbury but contracts could not be awarded in July. Further expressions of interest were sought and received in September and these will be evaluated by a panel including lay member, NHSE and Healthwatch Brent representation on 25 September. Subject to award of contracts, we would expect locality services to be available from early November 2013.

The pilots will be evaluated against agreed outcomes by external assessors. If found successful longer term contracts will be awarded. We would want locality services to work closely with practices in the locality so that both the patient and the practice regard the locality service as an extension of the patient's practice, providing continuity of care.

The CCG did not pilot additional hours in individual practices as this would not have represented value for money and would have been difficult to distinguish from the services commissioned by the NHSE. The CCG will ensure that during the pilots, GP practices continue to provide the current capacity within their practice.

3.3 Developing Out of Hospital Services

Transforming primary care is essential to the success in developing out of hospital services in line with Brent CCG's strategy. Brent CCG is working with the eight CCGs on a number of workstreams to transform primary care. These include:

- i) Developing integrated networks of care with GP services at the centre of patient's care
- ii) Commissioning out of hospital services from GPs
- iii) Developing the workforce to support primary care

- iv) Seeking investment from NHSE on outline business cases for hubs for primary care and community services and investment in GP premises
- v) Developing Out of Hospital standards

i) Developing integrated networks of care with GP services at the centre of patient's care

Brent GPs are already involved in the Outer North West London Integrated Care Pilot where GPs work with hospital consultants, community professionals and social care in developing individual care plans for patients with diabetes and older patients with complex needs. The pilot has now been extended to include all patients who could benefit from multidisciplinary care.

Brent CCG is supporting all five localities to develop a locality GP vehicle in which staffing and premises can be shared so that the range and quality of services can be extended. We plan to commission community services such as specialist nurses and district nursing to support teams around the five localities. Our plan for integrated networks of care is that we better anticipate patients' needs for care and support them when coming out of hospital.

ii) Commissioning out of hospital services from GPs

In 2013/14, CCGs have continued to commission local enhanced services from practices. A list of current enhanced services commissioned by the CCG is attached at Appendix 2. The CCG cannot commission any new local enhanced services and from April 2014 must commission all out of hospital services through an NHS contract. NW London CCGs are working together to develop criteria for determining those services which should be list based and only available to practices and those which any health provider could provide and be subject to competition.

iii) Developing the workforce to support primary care

As can be seen from the NHSE report, limited information is known about the workforce in GP practices. Localities have undertaken a number of skills audits to support development of primary care services and provide training. However a more intensive and coordinated approach is required to support delivery of the CCGs' Out of Hospital Strategies. The NW London CCGs will start this work with a baseline assessment of the workforce in primary care.

iv) Seeking investment from NHSE on outline business cases for hubs for primary care and community services and investment in GP premises

As part of *Shaping a Healthier Future* and Brent CCG's Out of Hospital Strategy, Brent CCG identified the need for three hubs for primary and community services: Central Middlesex Hospital, Wembley and Willesden Centres for Health. In addition the CCG identified the need for locality centres at Kingsbury and South Kilburn. NHSE has approved the funding to support the Kingsbury locality centre. The CCG with support from the NW London Strategy and Transformation Team will be developing outline business cases for CMH as a hub plus with specialist diagnostic services, outpatients and GP services and extended community services at Willesden and Wembley. A final business case will be developed for South Kilburn. Localities will be asked to develop plans for their networks that will also include the need for premises developments for individual practices.

iv) Developing Out of Hospital standards

The eight NW London CCGs are developing outcomes and standards that all Out of Hospital providers are required to meet including general practice. New service contracts and investment in premises are likely to be only awarded to practices who meet outcomes and standards agreed by the eight CCGs. Draft standards are being developed based on the Standards consulted upon in *Shaping a Healthier Future*.

Consultation with practices will be required and CCG Governing Bodies will need to approve the standards. Appendix 3 sets out the categories of outcomes and standards that will be developed.

Appendix 1

Appendix 2

Appendix 3