



CARE, HEALTH & WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
1 December 2015

TITLE OF REPORT: Review of GP Access – Second Evidence Gathering Session

REPORT OF: David Bunce, Strategic Director, Care, Health & Wellbeing

Summary

Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2015/16 would be GP Access. This report sets out the arrangements for the second evidence gathering session of the review which is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead.

Background

1. The Committee agreed the scope of the review of GP Access at its meeting on 15th September as well as the process and timetable for the review (re-attached as appendix 1). A map of Gateshead GP practices is also attached at Appendix 2.
2. This report sets out the arrangements for the 2nd evidence gathering session of the review which is focusing on the quality of care provided and issues relevant to this, drawing upon GP Patient survey findings and other evidence as required.

Second Evidence Gathering Session

3. The second evidence gathering session consists of the following components:

Presentation by Jane Mulholland, Director of Delivery & Transformation, Newcastle Gateshead CCG and Jenny Long, Primary Care Assistant Contracts Manager, NHS England

The presentation will set out the context regarding quality of care issues relating to GP practices in Gateshead and key findings from the recent NHS GP Patient Access survey for Gateshead. In presenting the key findings, comparator information will be also be provided on how Gateshead practices

compare with Gateshead and national averages and previous patient access surveys. Other information and intelligence relating to the quality of care issues will also be provided.

In this way, Committee will be able to consider the findings for Gateshead practices within a local and national context as well as the direction of travel for key questions that were also included within previous GP Patient access surveys.

Follow-up to issues identified by OSC members at the first evidence gathering session relating to access to GP services

At the last meeting of OSC, it was queried whether it was possible for data on GP access to be provided at a ward level. Members also expressed an interest in getting a better understanding of what patients do when they can't get an appointment with their GP or where the appointment offered wasn't convenient. Reference will also be provided to these issues.

Questions and discussion of the issues raised

Committee will then have an opportunity to pose questions and discuss the evidence which has been presented.

Site Visits to GP Practices

4. As part of the evidence gathering stage of the OSC review, it was agreed that committee members would have an opportunity to visit a GP practice(s) in order to see its backroom telephone and appointments system in operation and to look at opportunities and challenges linked to GP premises. Site visits took place at Trinity Square Health Centre on the 12th October and to Oxford Terrace on 2nd November. A note of the issues raised at the site visits are attached at Appendices 3.1 (Trinity Square) and 3.2 (Oxford Terrace) and will be added to the evidence base of the review.

The GP Patient Survey – Advance information of key findings relating to quality of care issues

5. The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK and includes a number of questions relevant to the second evidence gathering session.
6. The latest survey data is from the July 2015 publication, collected during July-September 2014 and January-March 2015. In advance of the presentation that will be made to Committee, charts have been produced on key findings for Gateshead. These are attached at appendix 4 and include:
 - How helpful did patients find the receptionists at their GP surgery?
 - Questions on how patients found their last contact with a GP from their surgery, such as whether they felt they were:
 - given enough time;
 - listened to;

- provided with an explanation of any tests or treatments required;
 - involved in decisions about their care;
 - treated with care and concern; and
 - whether they had confidence and trust in the GP they saw or spoke to?
- Similar questions on how patients found their last contact with a nurse from their surgery.
 - How patients would describe their overall experience of their GP surgery?
 - Whether they would recommend their GP surgery to someone who has just moved to the local area?

Third Evidence Gathering Session on 19 January 2015

7. The next evidence gathering session will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.

Recommendations

8. Overview and Scrutiny Committee is asked to:
 - (i) Note the information set out in this report.
 - (ii) Consider the evidence and issues raised.

Contact: John Costello (0191) 4332065

Review of GP Access – Process and Timeline

The key stages and timeline for the Review of GP Access is set out below.

Stage 1

The scope of the review should firstly be agreed by Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

OSC Meeting

- 15th September 2015 – Scoping report to be considered by Overview and Scrutiny Committee

Stage 2

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting people and organisations to give evidence before it. Relevant Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by OSC will be written up by officers.

OSC Meetings

- 20th October 2015 – this will focus on core issues relating to ‘Access’ to GP services, drawing on survey findings and other evidence as required on GP appointments, opening hours, out-of-hours etc.
- 1st December 2015 – this will focus on issues relating to the quality and experience of care.
- 19th January 2016 – this will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
- VISITS – the following site visits will be arranged:
 - In advance of its meeting on 20 October, OSC will be invited to visit a GP practice to see its backroom telephone and appointments system in operation. Also, as part of the visit to the practice, to look at opportunities and challenges linked to GP premises.
 - In advance of its meeting on 1st December 2015, OSC will be invited to visit CCG headquarters at Riverside House, Newburn in order to be taken through the CCG’s ‘Visibility Wall’ which has been developed to provide an overview of its work on improving the quality care. As part of the visit, links will be made with the committee’s review topic.

- In advance of its meeting on 19 January 2016, OSC will be invited to observe a patient engagement forum meeting at a GP practice.

Stage 3

The Overview and Scrutiny Committee will then meet to analyse the information and evidence gathered and prepare its conclusions.

OSC Meeting

- 1st March 2016 – OSC to analyse the evidence presented and to consider an Interim report.

Stage 4

Officers will then prepare a report on the issue based on the views of the OSC. Officers will submit this report to the next practicable meeting of the OSC to secure agreement that the report is a fair, accurate and complete reflection of the OSCs conclusions.

OSC Meeting

- 19th April 2016 – draft Final report to be considered by OSC.

Stage 5

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.

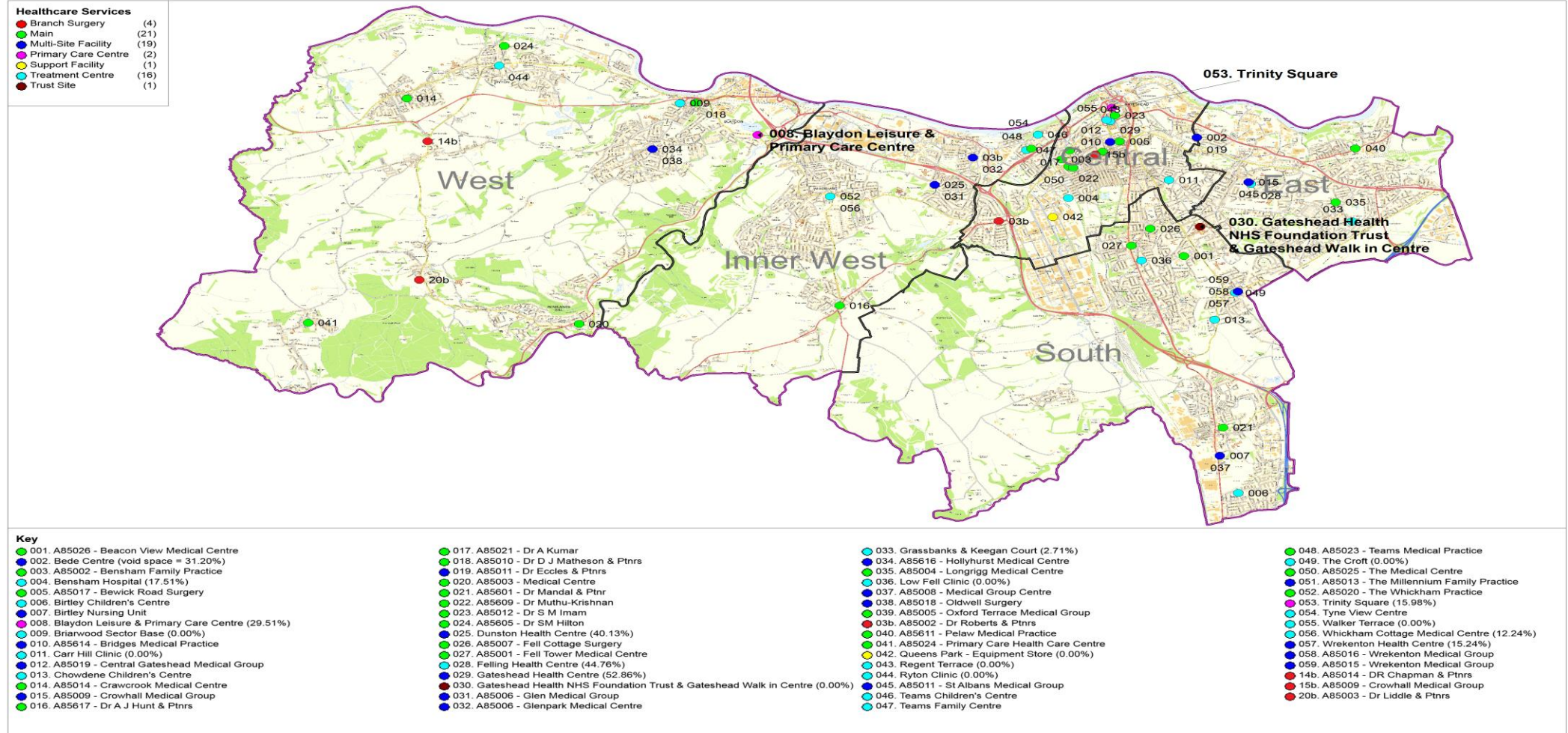
OSC Meeting

- May 2016 (subject to confirmation)

Appendix 2

NHS North of England Commissioning Support - Primary and Secondary Care Services - Gateshead (July 2015)

Source: NHS North of England Commissioning Support - Business Information Services



Contains Ordnance Survey data © Crown copyright and database right 2014
 Contains Royal Mail data © Royal Mail copyright and database right 2014
 Contains National Statistics data © Crown copyright and database right 2014

Trinity Square Health Centre Site Visit - 12 October 2015

Attended by: Cllrs Green, Hood, Hindle, Coates and Simpson (apologies received from Cllr Ronan); J Costello.

The Group met with Val Hempsey, Practice Manager Bridges Medical Practice and Tracy Atkinson, Practice Manager, Millennium Family Practice.

The Group were given a tour of the building which hosts a number of services provided by different agencies – in addition to the two GP practices located at the Health Centre, services are also provided by the QE and South Tyneside FTs. The CCG also has a presence at the centre. Services that are co-located within the Centre include diabetes services, x-ray services and sexual health services.

The Group was then shown the back office functions at the Bridges and Millennium practices, including the appointments system and processes in place and staffing arrangements to deal with busy periods.

Issues raised and discussed during the course of the site visit included:

- The different appointments systems and processes in place across GP practices in Gateshead. This is partly due to different practice list sizes and different staffing levels across practices – as in the case of Bridges and Millennium practices.
- The pressures on practice administrative staff early in the morning when the majority of calls are received requesting appointments and arrangements for dealing with this.
- Practices have different cultures, which impact on how they engage with and relate to their patients.
- How the two GP practices at Trinity Square work together to meet the needs of patients – informal working arrangements.
- Impact of the new student accommodation nearby on the two practices - opportunities it has provided to grow the practices; how the practices are working together to promote their services to students living in Trinity Square (e.g. during Freshers week - stalls to promote their services within the students accommodation block etc.)
- The importance of location – GP practices that patients can access easily through public transport and ideally close to other facilities they routinely access such as shopping areas.
- Overview of the locality working arrangements in place where GP practices within a particular locality area (i.e. East, Central, South, Inner

West, West) work together, share best practice and seek to bring the standards of practices that perform less well up to the standards of those recognised as the best performers.

- Recognition that GP practices are businesses and the implications of this in seeking to raise standards.
- The limitations of current parking facilities for Trinity Square health centre staff (there is a maximum stay of 4 hours in the car park managed by the Trinity Square Centre Manager – however, clinics often run for longer periods).
- Involvement with the Prime Minister’s Challenge initiative, where Gateshead was successful in its bid to provide extra appointments for all residents registered with a Gateshead practice with acute conditions and some planned care via GP’s and Nurses, seven days a week, at 2 hubs across the borough (one being Trinity Square Health Centre) and home visits for more frail/vulnerable patients (the purpose of the initiative is to try and avoid avoidable emergency admissions). Also, awareness by patients of this new initiative, how it can be promoted and the role of practices themselves in informing their patients that they can access weekend appointments/home visits.
- How practices use the EMIS system to share information and records as required – it was noted that this has facilitated the implementation of the Prime Minister’s challenge initiative in Gateshead.
- The importance of practices having sufficient scope to innovate V the value of consistent arrangements in place e.g. in such areas as appointments systems and procedures.
- Awareness by patients of the scope to book appointments on-line and how this is promoted.
- The opportunities for practices located within new build accommodation and how the two practices have made the most of these opportunities.

OSC Members greatly appreciated the time and input of the two practices to the review of GP Access and expressed their thanks to the practice managers. They found the site visit very informative and useful which has enhanced their understanding of the issues.

JC

Oxford Terrace Site Visit – 2nd November 2015

Attended by Cllrs S. Green, M. Hood, F. Hindle, B. Goldsworthy, M. Goldsworthy, P. Ronan, J. Simpson and M. Charlton; J Costello.

The Group met with Sheinaz Stansfield, Practice Manager, Dr. Peter Young, Dr John Farrow and Louise Smith.

An overview was provided of the practice, arrangements in place for the planning and scheduling of appointments and initiatives the practice has taken forward to address key challenges facing primary care (including initiatives to enhance access to timely and quality care).

As the telephone appointments system was down while the site visit was taking place, a presentation was given by the practice manager (slides attached), which was followed by a discussion on a range of issues linked to the review of GP access.

It was noted that:

- The Oxford Terrace/Rawling Road Medical Group has a practice size of 15,200 patients; however, the practice feels that it needs a practice list of 20,000 plus to make the most of its existing and planned infrastructure.
- The practice is open on Saturdays (this complements the practices at Trinity Square where weekend appointments are now available through the Prime Minister's Challenge Initiative – the OSC site visit of 12 October to Trinity Square refers). The practice is also open two evenings per week until 7.30pm.
- The Practice acts as a 'link practice' for 8 local care homes.
- There are good relations between the practice and other practices across Gateshead and, in particular, within the central Gateshead locality.
- The practice has purchased a new telephone system and work is ongoing to maximise its capacity, including synchronising the new system with the Rawling Road site.
- Even though the practice has 6 receptionists answering phones at any one time, its appointments system is under pressure, especially early in the mornings.
- A complex care team is located at the Rawling Road site. It has weekly multi-disciplinary team meetings to manage care for patients with complex and often long term care needs (this is unique to the Oxford Terrace & Rawling Road Medical Group) - the workforce has been transformed to deliver this function.
- Patient engagement is undertaken by the practice on a number of fronts - free wifi at the practice for patients, patient champions, NHS choices feedback, the practice forum and the practice's complaints process.
- The practice has good alliances with the third sector which it identified as an important component of multi-agency working (e.g. social prescribing).
- The practice has received 9 awards from national and other bodies in recognition of its innovative work to enhance patient care e.g. managing

frailty in the community through personalised care planning; improving access and managing long term conditions in general practice; and improving dementia care through care navigation and social prescribing.

- In responding to the temporary disruption to the telephone system at Oxford Terrace, staff from the practice went to its Rawling Road site to deal with appointment requests and also liaised with NHS 111. The telephone system fault was rectified by the telephone provider by mid-morning and was reported as a critical incident.

Issues Raised

Issues raised and discussed during the course of the site visit included:

Appointments System

- The practice indicated that a review of its appointment system found that it was set up to deliver 9.5 appointments per patient per year (i.e. double the national average). A further audit indicated that the practice was actually delivering 5.4 appointments per patient per year. GPs undertook a retrospective review of their surgeries and found that a third of the patients they were consulting could be seen by a nurse. A similar review of nurse appointments showed that 22% of their appointments were not used. In the light of this, the appointment system was changed to make more appropriate use of practice staff time and skills. The practice is now working with NHS Improving Quality to review the system using general practice quality improvement tools to improve the planning, scheduling and management of frequent flyers.
- There seems to be a mismatch between Government policy of patients being able to see a GP of their choice and the reality on the ground – if patients wish to see a particular doctor they may have to wait up to two weeks, although they can be offered earlier appointments with other doctors at their practice. Patients with urgent problems, particularly children, are always able to be seen on the day or have telephone advice if they wish by the duty GP.
- When the telephone system at the practice was temporarily down, callers will have heard an automated message to say that the telephone number is temporarily unavailable. It was queried whether there was scope to tailor the automated message linked to the practice so that information could also be given at the same time on alternative options available to patients who wish to access a service e.g. to contact NHS 111. Unfortunately, this default message was outwith the remit of the practice, but this will be addressed with BT, who in the past the practice feels has been unresponsive.

Working Arrangements

- The practice does not employ locum doctors to cover scheduled GP leave. Working arrangements are agreed by the practice Demand and Capacity GP lead and there is careful oversight of the working day of doctors and practice staff to ensure their available time and skills are

maximised. A business case is needed if a GP undertakes extra work outside of the practice. It was noted that different arrangements were in place at Oxford Terrace and Rawling Road prior to the merger – consistent arrangements have been put in place across the two sites, with all staff rotating across the sites to provide equitable access for skills and expertise and choice of appointments.

- Larger practices such as the merged Oxford Terrace and Rawling Road practice have a greater pool of skills to draw upon and greater flexibility in responding to and meeting patient needs, including the management of demand pressures when they arise. Single-handed practices will have much less flexibility in managing patient demand and meeting changing needs. The future of such practices was raised and whether they will continue in the medium to longer term. In the meantime, there is scope to further develop alliances between single-handed practices and other local practices - currently, Oxford Terrace liaises with local single handed practices e.g. through the provision of its primary care navigator role.
- The traditional route followed by GPs joining a practice is not being followed by an increasing number of GPs who prefer to remain as 'salaried' GPs rather than become a partner of the practice and taking on the additional responsibilities that being a partner entails. Though there is no distinction between the clinical skills and knowledge, there is a formal structure in place to develop all doctors as leaders in the organisation through mentorship, peer review and personal development opportunities.
- A community matron has been linked directly to the practice following negotiations with South Tyneside FT, making her more visible, available and a core part of the practice's multi-disciplinary working arrangements. The community matron comes to the practice a few times every week. However, the practice confirmed that it would wish to have similar close working relationships in place with district nurses who also play a key part in the local health system. The practice believes that the most efficient and patient responsive system would be for the whole district nurse and community matron team to be integrated into the practice team and be based at the practice. GPs work both in the practice and in the community and it is felt that the nursing team would work best in this way, although some members of the nursing team would work primarily in the community (reflecting their particular skills) and others would work primarily in the practice.
- The practice also felt that the potential for 'link' social workers for individual practices is also worthy of further exploration to enhance working arrangements for the benefit of patients.
- The importance of having strong corporate, financial and clinical governance arrangements in place around access to and quality of care was emphasised. This is practice wide involving all staff from receptionists and administrative staff to GPs, led by practice boards and practice partners. It also needs to be borough-wide.

- It is important to recognise that GP practices are businesses and that financial sustainability in the medium and longer term is a key issue – this needs to be factored in. Also, individual GP practices will want to work in different ways and there needs to be a degree of flexibility to facilitate this as part of locality working arrangements.

Sharing Good Practice across Practices in Gateshead

- The importance of sharing good practice across the borough was raised so that the standards of practices can be brought up to those of the best. It was noted that the Gateshead Practice Managers network is considered to be very useful, not only in sharing good practice, but also in providing support to one another when needed.
- Learning from the recent round of CQC inspections of GP practices in Gateshead can be used to ‘up the standard’ of those practices where issues have been identified relating to access and quality of care for their patients. As well as using contract monitoring arrangements, the CCG/NHS England can use incentives to help raise standards. However, it was noted that levels of influence over practices can vary e.g. if partners at a practice are close to retirement it can be more difficult to secure changes in the way the practice operates.

Federated Working

- A move towards a more federated approach across GP practices in Gateshead, which is being encouraged by the CCG to address some of the key challenges facing primary care e.g. the NHS £5 per patient initiative to help meet the needs of frail patients – this is being managed by Oxford Terrace for some practices in central Gateshead.

Workforce Planning – GP Shortage

- The shortage of GPs (both a local and national issue). As doctors retire, it is becoming increasingly difficult to secure replacement GPs. Oxford Terrace is a designated training practice for GPs and participates in the training of GPs and medical students. In November, this extended to include nurses. However, new models of care are needed to make the most of available GP resources supported by multi-disciplinary teams e.g. nurses have an important role to play in meeting the needs of frail patients registered with a practice. The Complex Care Team established at the practice is an example of workforce transformation needed to address population health and increasing complexity and frailty.

Continuity, Navigation and Co-ordination of Care

- A key issue is ‘continuity of care’ and both practices and patients need to consider how this can best be achieved in ways that meet the needs of patients whilst also being manageable for individual practices e.g. making the most of the skills/areas of expertise of all doctors at a practice which patients can access to meet particular needs, side by side

with other appointments with their named GP. It was felt that this is also linked to patient expectations and further consideration needs to be given to promoting continuity of care in different ways within practices settings and seeking to change the culture relating to the provision of care.

- The primary care navigator role introduced by the practice to support patient's, their families and carers through better navigation to access health and social care. It also enables the sign posting of patients to wellbeing services through 'social' rather than 'clinical' prescribing. It was noted that it aims to secure benefits for patients through a more co-ordinated and planned approach to their care, provided by the most appropriate professional, whilst also enabling the practice to deploy its available staffing and other resources effectively.
- The importance of the whole package of care and support available at a practice and how this is co-ordinated to enhance access to primary care and other services, including the promotion of volunteer health champions linked to individual practices.
- The practice is moving towards the 'House of Care' approach to the management of long term conditions. It aims to take a whole system approach and reduce the number of appointments patients need for the management of more than one long term condition. It will also enable the practice to engage patients more actively in self-management/self-care.

Patient Engagement

- Patient engagement is considered key, which needs to take place on a number of fronts that complement and reinforce one another. Methods need to embrace new technology, whilst also recognising that this is not accessible to all and alternative arrangements need to be in place. The practice has developed practice champions (volunteers) that work with the practice to improve quality and has developed innovative ways of engaging with the whole population. This has included a tea dance to launch the long term conditions strategy, a Christmas dinner to support isolated lonely people, a health fair to encourage people to use both sites etc. Several self-help groups have also been set up to enable supported self-management.

Patient Choice

- Patients do have a choice - if a practice is not performing well and not considered to be moving fast enough to address this, patients can 'vote with their feet' and register at an alternative practice (although it was also acknowledged that the scope to do so varies depending on where patients live and the range of alternative choices available locally that are accessible). As GP practice income reflects their practice list size, if patients leave a practice, there is a knock-on impact on their income levels.

Impact of NHS Reforms

- Since the national NHS reforms were introduced in 2013, the practice feels that commissioning and contracting arrangements have become more disparate and fragmented, with a range of organisations taking over functions previously undertaken by the Primary Care Trust. It was felt that this has inevitably impacted upon the management and operation of GP practices and that arrangements need to be simplified. An example of this was that contracting and performance management had previously been undertaken through one organisation - now it is through five different organisations.
- It was also felt that the introduction of 'any qualified provider' arrangements by the Department of Health with a view to 'extending patient choice' has meant that the provision of care locally has become more disparate, impacting on local arrangements to co-ordinate care in the round.

Premises

- It was noted that there was an opportunity for the Oxford Terrace practice to relocate to the refurbished health centre on Prince Consort Road. Though this was considered by the practice, the space offered was not felt to be adequate for a merged practice of 15,500 patients. It was also noted that service charge levels have been an issue at the Prince Consort Road Health Centre involving NHS Property Services (it has likewise been an issue at the Blaydon primary care centre).
- Issues relating to the practice premises were raised, including plans to extend the premises at Rawling Road. However, the Practice has now decided not to seek infrastructure fund monies in the current round (through the primary care transformation fund) to extend the premises as the estimated cost of underpinning the foundations due to the presence of a nearby tree was considered to be excessive. The timescales for delivery set by NHS England had been prohibitive and there were many unexpected exclusions to the development relating to clinical care e.g. IT cabling, toilet and shower facilities for staff. Following initial expenditure of £15,000, the practice felt that it was not in a position to take further financial risks. If the development was not completed within the required short time frame (end of March 2016), funding would not be provided, thereby leaving the practice exposed to significant financial liability.
- The practice also mentioned that it would ideally wish to extend a further 10 to 15 metres at its Rawling Road site onto adjoining land, although this is earmarked for housing development. The practice has had discussions with Council officers regarding the matter, which are continuing. With the support of the CCG and Council, the practice hopes to apply to a future round of the primary care transformation fund. It feels that failure to do this would compromise future primary care provision for the population of Bensham, particularly with regard to regeneration plans in the area.

OSC Members greatly appreciated the time and input of the practice to the review of GP Access and expressed their thanks to the practice staff. They found the site visit very informative and useful which has enhanced their understanding of the issues.

JC

Information on NHS GP Patient Survey Results

The attached charts summarises key findings from the GP Patient Survey (July 2015 report) relating to the quality of care provided by GP practices in Gateshead. It draws on aggregated data collected from July to September 2014 and January to March 2015.

Practice Number	Practice Name
Practice 1	FELL TOWER MEDICAL CENTRE
Practice 2	BENSHAM FAMILY PRACTICE
Practice 3	ROWLANDS GILL MEDICAL CENTRE
Practice 4	LONGRIGG MEDICAL CENTRE
Practice 5	OXFORD TCE & RAWLING RD MEDICAL GROUP
Practice 6	GLENPARK MEDICAL CENTRE
Practice 7	FELL COTTAGE SURGERY
Practice 8	BIRTLEY MEDICAL GROUP
Practice 9	CROWHALL MEDICAL CENTRE
Practice 10	CHAINBRIDGE MEDICAL PARTNERSHIP
Practice 11	ST. ALBANS MEDICAL GROUP
Practice 12	METRO INTERCHANGE SURGERY
Practice 13	MILLENNIUM FAMILY PRACTICE
Practice 14	CRAWCROOK MEDICAL CENTRE
Practice 15	WREKENTON MEDICAL GROUP
Practice 16	BEWICK ROAD SURGERY
Practice 17	OLDWELL SURGERY
Practice 18	CENTRAL GATESHEAD MEDICAL GROUP
Practice 19	WHICKHAM COTTAGE MEDICAL CENTRE
Practice 20	SECOND STREET SURGERY
Practice 21	TEAMS MEDICAL PRACTICE
Practice 22	CHOPWELL PRIMARY HEALTHCARE CENTRE
Practice 23	BEACON VIEW MEDICAL CENTRE
Practice 24	ELVASTON ROAD SURGERY
Practice 25	108 RAWLING ROAD(RAWLING ROAD PRACTICE)
Practice 26	PELAW MEDICAL PRACTICE
Practice 27	THE BRIDGES MEDICAL PRACTICE
Practice 28	HOLLYHURST MEDICAL CENTRE
Practice 29	SUNNISIDE SURGERY
Practice 30	GRANGE ROAD MEDICAL PRACTICE
Practice 31	BLAYDON GP LED PRACTICE

BAR CHARTS TO BE INSERTED FROM GP PATIENT SURVEY