REPORT FROM SOUTH READING CLINICAL COMMISSIONING GROUP (SRCCG), NORTH & WEST READING CLINICAL COMMISSIONING GROUP (NWRCCG) AND NHS ENGLAND (SOUTH CENTRAL)

TO:	HEALTH AND WELLBEING BOARD		
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TITLE:	PRIMARY CARE UPDATE REPORT		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Following discussion at the Health and Wellbeing Board meeting on 30th January 2015, this joint report by the CCGs and NHS England provides an update on primary care in Reading. It is split into two parts. The first part describes changes to commissioning arrangements which will enable the CCGs and NHS England to work together to implement our emerging strategy for primary care. This strategy will set out how we will work to address current challenges facing the local primary care system in order to ensure its future sustainability as a key component of an enhanced out-of-hospital sector. The report describes work undertaken to identify practices that may currently be facing particular pressures in order to work with them to address these challenges and plan for the future. It also gives information on national and local work to address the specific challenge of GP recruitment and retention.

The second part of the report provides an update on current issues which have previously been highlighted to the Health and Wellbeing Board. It describes progress following the publication of the CQC report for Priory Avenue Surgery and highlights the publication of further CQC reports for Reading practices. An update is also provided on forthcoming procurement exercise relating to the Reading Walk-in Centre and on the interim provider arrangement now in place at the Circuit Lane Surgery.

2. RECOMMENDED ACTION

The Health and Wellbeing Board is asked to note the content of the report.

3. POLICY CONTEXT

Responsibility for commissioning primary medical care sits with NHS England, with CCGs having a statutory duty to work with them to improve the quality of services. During 2014, NHS England invited CCGs to apply to take on co-commissioning responsibilities for primary medical care under joint or delegated arrangements.

4. PART 1 – Commissioning arrangements

4.1 Co-commissioning

Following consideration by member practices through GP Councils, and approval by Governing Bodies, the CCGs applied to jointly commission primary medical care with NHS England with effect from 1st April 2015. This proposal has now been approved subject to sign-off of final constitutional amendments. This is due to be completed by 9th April 2015.

The scope of the new arrangement, which is defined nationally, is as follows (see glossary at Section 11 for explanation of terms):

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract).
- Newly designed enhanced services ('Local Enhanced Services' and 'Directed Enhanced Services').
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).

Certain aspects of primary care commissioning are specifically excluded from the arrangements and will remain the sole responsibility of NHS England. These include performance management of individual GPs, list management, administration of payments and complaints procedures.

The arrangements will be discharged by a Joint Primary Care Co-Commissioning Committee which will evolve from the existing Primary Care Programme Board. The Terms of Reference and workings of the Committee will reflect national guidance which is prescriptive in terms of membership, lay chairing, voting arrangements and a requirement to meet in public. This reflects the need to manage potential conflicts of interest associated with CCGs as membership organisations of GP practices commissioning primary medical care. The statutory guidance for CCGs on managing conflicts of interest has been re-issued to incorporate provisions around co-commissioning which are also reflected in the arrangements being put in place locally.

Healthwatch Reading is currently represented on the Primary Care Programme Board and will attend the new Committee in a non-voting capacity. Reading Borough Council, along with the other local authorities, has nominated a non-voting attendee. The Committee will meet in public quarterly with operational meetings held in between.

4.2 Primary Care Strategy

The current Primary Care Programme Board is working to develop a Primary Care Strategy for Berkshire West. This will build upon the Berkshire West Strategic Plan to describe in more detail the future vision for primary care in the area and our approach to addressing current challenges, in order to enable the sector to play a key role in the community-based system we are all working to develop.

The strategy sets out the following new 'ask' of primary care services:

- Managing the health of a population in partnership with others. Identifying patients at high risk of admission or ill health and working proactively with others in primary, community and social care to put in place co-ordinated care plans to support patients at home.

- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting.

- Ensuring appropriate access to primary care services in line with patient need. Offering extended provision to improve access and better meet the needs of patients requiring urgent care thereby ensuring patients get optimal care without needing to go to hospital.

- Making effective referrals to hospital when people will most benefit.

The strategy takes a maturation approach whereby an early priority will be to stabilise the existing system by working to address workforce issues, support practices to respond to growing demand in new ways and reduce bureaucracy associated with the administration of contracts. Going forward, co-commissioning will be used to better align investment with delivery of this new 'ask'. Over time it is anticipated that larger or federated providers will evolve as smaller practices find they need to work together to deliver the new models of care being commissioned, particularly where these require new ways of working with other organisations.

The development of the strategy has been guided by discussions in each of the CCG's GP Councils. South Reading GP Council discussions have focussed on the potential for collaborative working between practices whilst the North and West Reading GP Council have identified local priorities which reflect the 'asks' set out above. Further work will follow within GP Councils to develop more detailed local actions to underpin delivery of the strategy.

The CCGs have run a number of consultation events covering primary care issues, including the 'GP Question Time' event in November 2014 and feedback from these has been reflected in the strategy which is also now being discussed with Patient Voice groups. It is however recognised that more extensive engagement will be required around some of the workstreams that will result from the strategy and a key early priority will be to put in place a communications and engagement plan. This will sit alongside the broader implementation plan which will guide the work of the Joint Primary Care Commissioning Committee. It will link strongly with the CCGs' broader strategy around engaging with the public.

4.3 Risk mapping

As part of the preparations for co-commissioning, the CCGs have undertaken a mapping exercise to identify where practices might be facing particular challenges and may require support. The exercise brought together quantitative information from a range of sources including CQC intelligent monitoring data which risk rates practices based on performance against key measures, a recent audit of the state and size of premises conducted by NHS England and

financial projections showing the potential impact of forthcoming changes to contract funding as a proportion of the practice's overall income. This was triangulated with more qualitative data regarding recruitment experience and other pressures collated through discussions between practices and the CCGs. Reported or anticipated growth in practice population and practice-expressed concerns regarding deprivation (which is associated with greater morbidity and higher consultation rates) were also factored in.

The following tables summarise the findings for the two Reading CCGs at this stage. The CCGs already have a programme of practice visits but this information will be used to prioritise more detailed proactive discussions with regard to current and future pressures with those practices highlighted as Red on a number of indicators. The information will also now be triangulated with quantitative data from other sources such as the national Primary Care Web tool, other CCG reporting tools, demographic data and a recent NHS England South Central 'heat mapping' exercise with a view to establishing an ongoing mechanism for identifying and responding to risks associated with primary care contracts.

Table 1: Summary of risk mapping - North and West Reading practices

Practice	Difference in £per head	Single Handed	Premises Score	CQC Elevated Risks	CQC Band	Population Growth (practice reported)	Deprivation concerns (practice reported)	Recruitment Issues / Staff changes (practice reported)
1	-5%	Yes	3	0	Band 6			
2	N/A	No	3	special measures	Band 6			Improvement plan
3	-19%	No	1	0	Band 6			
4	7%	No	2	0	Band 5			
5	-12%	No	1	0	Band 6			
6	-2%	No	1	1	Band 5			
7	-9%	No	1	0	Band 6			
8	-13%	No	4	0	Band 6			
9	-12%	No	3	1	Band 5			
10	-17%	No	1	0	Band 6			

Table 2: Summary of risk mapping - South Reading practices

Practice	Difference in £per head	Single Handed	Premises Score	CQC Elevated Risks	CQC Band	Population Growth (practice reported)	Deprivation concerns (practice reported)	Recruitment Issues / Staff changes (practice reported)
1	-13%	Yes	4	0	Band 5			
2	1%	Yes	3		Insufficient data			
3	-14%	Yes	3	0	Band 6			
4	-21%	Yes	3	0	Band 6			
5	-20%	No	3	0	Band 6			
6	-21%	No	3	0	Band 5			
7	N/A	No	1		Insufficient data			
8	1%	No	3	0	Band 6			
9	-22%	Yes	4	0	Band 6			

10	-5%	No	3	0	Band 6			
11	-7%	No	3	1	Band 5			
12	-14%	No	2	0	Band 6			
13	-24%	No	3	0	Band 6			
14	-10%	No	3	0	Band 6			
15	-6%	No	2	0	Band 6			
16	-16%	No	2	1	Band 1			
17	N/A	No	1	0	Insufficient data			
18	-15%	Yes	2	0	Band 6			
19	-26%	No	2	4	Band 1			
20	-15%	No	1	0	Band 6			
21	-19%	No	3	0	Band 6			

4.4 GP recruitment and retention

Nationally there is evidence of a shortage of GPs. The Royal College of General Practitioners (RCGP) reports that the number of unfilled GP posts has quadrupled in the last three years and that applications to undertaken GP training have dropped by 15%. The Nuffield Trust report that a third of GPs aged under 50 are considering leaving the profession in the next five years due to workload pressures. There is an increasing trend towards part-time posts with 12% of general practice trainees now working in this way and towards salaried employment with just 66% of GPs now working as partners compared to 79% in 2006.[i]

This is borne out by local experience where practices that have historically found it easy to recruit are now holding vacancies for both partners and salaried GPs. Practices also report difficulties in recruiting other staff and 63% of practice nurses in Berkshire West are aged over 50. A number of practices in Reading have GPs who are likely to retire in the next few years and there is therefore a need to plan for how practices will be staffed in the future.

A joint ten-point plan to address GP recruitment and retention has been published by the RCGP, the British Medical Associated, NHS England and Health Education England. Entitled *Building the Workforce – the New Deal for General Practice,* this sets out key actions to be taken under the headings of 'Recruit, Retain and Return'. General practice will be promoted to newly qualified doctors and the breadth of training expanded. Practices will work in hubs to offer inter-professional training to GPs which will prepare them for working in a more integrated way in future. Financial support will be made available to trainees who commit to working in under-doctored areas for three years and there will be increased investment in retainer schemes. Opportunities for GPs to work in general practice whilst also pursuing other professional interests will be improved and returner schemes will be established to encourage GPs who have left practice to return.

A further key strand of the action plan relates to expanding the role of other professionals in delivering primary care, including pharmacists, advanced nursing practitioners and care navigators. Debra Elliot, Director of Commissioning for NHS England South Central sits on the national working group taking this forward and will be working with the CCGs and Health

Education Thames Valley to implement the plan locally. The CCGs are also currently working with Reading University and RBFT on the launch of a course which will ultimately train up to 20 Physicians Associates a year. Physicians Associates complete a two-year practice-based course which trains them to work alongside doctors to diagnose and treat patients under supervision, offering a significant opportunity to expand the primary care workforce. The first cohort of students will start the course in September 2015.

5. CURRENT ISSUES

5.1 Priory Avenue

The Health and Wellbeing Board received a report at its last meeting regarding the CQC inspection report of Priory Avenue Surgery which resulted in the practice being put into special measures for six months. The provider of the contract, SHS, has engaged effectively with NHS England and North and West Reading CCG to develop an Improvement Plan setting out action to be taken to address the areas of concern highlighted. Reports setting out progress against this have been submitted to the CQC in accordance with agreed timescales and a Quality Oversight Group involving the provider, NHS England and the CCG is meeting monthly. The development of the Improvement Plan and monitoring of its delivery has been supported by the RCGP who are working with the practice as part of the national support package made available to practices placed into special measures.

Many of the areas of concern identified related to administrative procedures and have now been addressed. A key issue however was clinical staffing and NHS England have been receiving weekly reports from the practice setting out the level of GP capacity they have in place. The practice has had to use locum arrangements quite extensively in recent months but have however now successfully recruited to a number of substantive clinical posts.

NHS England have also monitored the potential impact on other practices of patients transferring from Priory Avenue through weekly monitoring calls and reports from other practices in the area. Whilst there has been some patient movement, this has been relatively small (less than 100 patients in total).

5.2 Further CQC reports

Eight further CQC visits have been conducted in North and West Reading CCG. One practice's rating is still to be finalised, of the others six practices have been rated as good and one as requires improvement.

Five practices in South Reading CCG have recently been inspected and reports will be published shortly. It is anticipated that a further practice will be put into Special Measures as a result of this process. Patient representatives, Councillors and other stakeholders will be briefed in accordance with the timelines prescribed by the CQC. NHS England and the CCG are working with the practice to agree an Improvement Plan and in respect of other action required and a Quality Oversight Group will be established in due course to monitor progress.

5.3 Walk-in Centre procurement

The CCGs and NHS England will be working together through co-commissioning on the re-procurement of the Reading Walk-in Centre contract which comes to an end on 9th August 2016.

The stakeholder group which has met previously is being reconvened and work will commence shortly on the development of a new service specification which will reflect the helpful input already provided through the recent public engagement exercise undertaken by Healthwatch Reading and the Central Southern Commissioning Support Unit. A summary of the findings of this is attached at Annex A.

5.4 Circuit Lane Surgery

Since the last Health and Wellbeing Board meeting, Berkshire Healthcare NHS Foundation Trust (BHFT) have commenced providing services at Circuit Lane Surgery under an interim arrangement that runs until 1st February 2016. Services previously provided at the surgery are continuing and there has been no change to opening hours. Many of the clinicians and other staff previously at Circuit Lane have also chosen to remain.

As previously reported, BHFT were selected by a Panel involving NHS England, the CCG, Healthwatch Reading and the Chair of the practice's Patient Participation Group as an established provider of primary care in the area who would be in a strong position to take forward more integrated ways of working between primary, community and social care. Their progress over the coming months will be monitored closely and will inform the work that the CCGs and NHS England will undertake with patient representatives and other stakeholders to develop the specification to be used to procure an ongoing provider to take responsibility for the contract at the end of the interim period.

6. CONTRIBUTION TO STRATEGIC AIMS

The Primary Care Strategy and the approach to primary care commissioning described within it will support delivery of the Berkshire West CCGs' Strategic Plan and the individual CCGs' Operational Plans. Alignment between these plans and those for Adult Social Care, as well as the Joint Health and Wellbeing Strategy, is considered separately by the Health and Wellbeing Board.

7. COMMUNITY ENGAGEMENT AND INFORMATION

Community engagement arrangements are described as appropriate in the above sections.

8. EQUALITY IMPACT ASSESSMENT

Equality Impact Assessments will be carried out as appropriate for all decisions made under co-commissioning arrangements and in respect of any service changes proposed as a result of the implementation of the Primary Care Strategy.

9. LEGAL IMPLICATIONS

Under the Health and Social Care Act (2012), responsibility for the commissioning of primary care services sits with NHS England. However, The National Health Services Act 2006 (as amended) ("NHS Act") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further

provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

Section 14Z9 of the NHS Act was amended by Legislative Reform Order (2014/2436) ("LRO") to enable the joint exercise by NHS England and a CCG of any of the CCGs commissioning functions and any other functions of the CCG which are related to the exercise of those functions. Where such arrangements are made, the LRO enabled them to be exercised by a joint committee established between the parties.

10. FINANCIAL IMPLICATIONS

Not applicable.

10. BACKGROUND PAPERS

Next Steps Towards Primary Care Commissioning, NHS England, November 2014

Is Primary Care in Crisis?, The Nuffield Trust, November 2014

Building the Workforce – the New Deal for General Practice, RCGP/BMA/NHS England/Health Education England, January 2015

11. GLOSSARY OF TERMS

GMS – General Medical Services – this is the contractual arrangement under which most GP practices provide NHS services. The GMS contract is nationally negotiated between the General Practitioners Committee of the British Medical Association and NHS Employers working on behalf of NHS England as the statutory commissioners of primary care services. Practices are paid primarily through a weighted 'global sum' capitation payment calculated using a national formula. GMS contracts are not time-limited and can be held by individual GPs, partnerships including at least one GP and companies limited by shares with at least one GP shareholder.

PMS – Personal Medical Services – locally agreed contracts between NHS England and GP practices. Most Reading practices work under PMS contracts. PMS contracts are governed by national regulations and incorporate most provisions of the GMS contract. There is however flexibility to include local priorities as part of the contract. Practices are again paid mainly based on capitation, however the population figure used is unweighted. This, together with growth funding made available to some practices when they moved to a PMS contract, has created some inequity in funding between GMS and PMS practices. NHS England is in the process of reviewing all PMS contracts with a view to aligning funding levels. PMS contracts are not time-limited and providers who previously held GMS contracts have a right to return to GMS at any stage. PMS contracts can be held by individual practitioners (who may then operate in partnerships), NHS employees and companies limited by shares owned by medical practitioners, NHS trusts, individuals providing personal medical services or NHS employees.

APMS - Alternative Provider Medical Services (APMS) is a contractual route through which NHS England can contract with a wider range of providers to deliver primary medical services tailored to local needs. These include individuals who are not GPs or NHS employees, limited liability companies and partnerships, companies limited by guarantee and industrial and provident societies. APMS contracts are time-limited and part of the contract payment is usually payable on delivery of specified key

performance indicators. Procurement exercises relating to primary medical care now usually offer an APMS contract rather than any of the other contractual models.

Enhanced Services - Enhanced Services are services which have been identified by commissioners as being best delivered by primary care but which require an enhanced level of service provision above what is required under the above core contracts. They can be commissioned by NHS England, the CCGs or Public Health. There are a number of Directed Enhanced Services which commissioners have to give practices the opportunity to provide under a standard price and specification but the remainder of enhanced services contracts are locally agreed.

Quality and Outcomes Framework (QOF) - The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice. QOF requirements are reviewed annually based on recommendations from NICE.

Discretionary payments - Payments to practices for specific purposes which are allowable under the GMS/PMS/APMS regulations but over which the commissioner has discretion with regard to whether a payment is made and/or the level of that payment.

NHS England

Reading Walk in centre

At the end of 2014 early 2015 NHS England partnered with Healthwatch Reading and Central Southern Commissioning Support Unit (CSCSU) to seek the views of the patients and public about the service provided at the Reading Walk in centre, in order to understand:

- how and why people use Reading Walk-in Centre
- what patients most want from the service

A patient questionnaire was developed; it was available as a hard copy in the waiting room of the Reading Walk-in Centre and online for seven weeks between Monday 8 December 2014 and Saturday 24 January 2105. A briefing was developed for stakeholders to raise awareness of the engagement project and the online survey (hard copies were offered on request). The briefing included links to the online survey.

Information about the patient survey was circulated to:

- People registered on the Berkshire Health Network (349)
- Healthwatch Reading's membership newsletter (direct mail out to 587 members but distributed wider as membership also includes Patient Participation Groups in Reading)
- Healthwatch Reading's Twitter followers (995)
- Healthwatch Reading's Website
- Mailout of the survey to clients on Healthwatch Reading's database who do not access the internet (49)
- Reading Community and Voluntary Groups via Healthwatch Reading's Network
- Reading Walk-in Centre Patient Participation Group
- Voluntary and charity sector organisations that are based in Reading
- NHS Provider Organisations
- Reading Borough Council

In addition to this, Healthwatch Reading held eight two hour engagement sessions at Reading Walk-in Centre including sessions with Polish and Nepalese interpreters. The sessions included Healthwatch staff encouraging patients who attended the walk-in centre to complete the survey and assistance was given when required. These were held on the following dates and times:

- Monday 8th December - 11:00-13:00
- Wednesday 17th December - 18:00-20:00
- Tuesday 23rd December - 14:00-16:00
- Saturday 27th December - 10:00-12:00
- Monday 5th January - 16:00-18:00
- Sunday 11th January - 0900-11:00
- Friday 23rd January - 18:00-20:00
- Saturday 24th January - 17:00-19:00

A press release was sent to Reading media outlets including the Reading Post, Reading Chronicle, BBC Radio Berkshire, Heart and Reading 107. Healthwatch Reading posted a press release on their website at the launch of the engagement period to encourage people to respond to the survey.

It is estimated the patient survey was highlighted to more than 5,000 people through the above channels.

Key findings

Two hundred and twenty five people responded to the survey, 50 respondents were registered at the Reading walk-in centre, 164 were not and 11 were not registered with a practice anywhere. This gives a split of 22% registered and 78% non-registered patients who responded to the survey. Of those who responded 39 responded to the questionnaire online and 186 completed a hard copy of the survey. It is important to note that not all questionnaires were complete.

- 44% of respondents worked over 30 hours a week
- 47% of those who used the service had an the age range of 25-44 were (25-34 at 28% with 35-44 at 19%)
- 65% of those who responded were female
- 57% of the respondents were of white ethnicity
- 11% of respondents considered themselves to have a disability.

The key findings are as follows:

- There were relatively high satisfaction levels of the services at the Reading Walk-in Centre with 74% of respondents saying they would recommend the centre to a friend.
- The friendliness and attentiveness of staff was important to the majority of respondents (96%), along with respondents feeling confident about the clinical staff at the centre (96%). Ease of getting to the centre was also deemed important to those who responded (91%).
- Nearly half of respondents attended the centre because it was for convenient for them.
- A third (31%) of those who respondents who attended the Reading walk-in centre would have used A&E had they not been able to see a GP at the centre.

People were given the opportunity to make additional comments and suggestions

Eighty five people responded to this question, whilst a number of people took this opportunity to complain about waiting times, staff shortages and poor customer service (30), some commented on the value of the service as an alternative to A&E (10), and felt that the service had met their expectations (9). Below are a selection of comments made:

'it was a good service but there was several hours wait after I took a ticket and registered at the walk-in centre'.

'The Walk-in Centre should be for exclusively for walk in patients. Waiting times are prohibitive (3hrs), resources should be focused on walk in patients and let the surgery deal with registered patients. Alternatively, have more staff at hand to reduce waiting times considerably'.

'Well good and helpful not having to go to hospital and being in the centre help me a lot. Thanks'.

'Very impressed with the service, the staff, and the speed that we were seen'.

'I had been to walk-in centre couple of times the nurses are very helpful'

'Very friendly and helpful and do not make you feel you are wasting their time'

Some areas for improvement, that were highlighted and have been shared with the service provider, include:

- Increasing numbers of GPs/Doctors
- Improve access to patient records
- Enable the walk-in centre to onward refer patients to other specialities
- Provide translation/interpreter services
- Improve the waiting area (colour, volume of tannoy, entertainment for children, prioritisation of patients, tea and coffee vending machines)
- Better publicity of services – clarity for patients on what the walk-in centre can and can't do

Next steps

The themes and feedback identified in this engagement report will be fully considered by NHS England in the review of services provided at the Reading Walk-in Centre.

This engagement report will be shared with those who participated in the engagement activity (who gave their contact details). The report will also be made available on NHS England website http://www.england.nhs.uk/south/tv-at/ , Healthwatch Readings' website www.healthwatchreading.org.uk

The service review group consisting of NHS England, the local Clinical Commissioning Groups, Patient groups and Healthwatch will further review the needs of the local population and develop proposals for the future of the services at Reading Walk-in Centre, when the current contract ends in August 2016.