

Response to Buckinghamshire Select Committee Inquiry

Select Committee Inquiry Title: HASC GP Services

Committee Chairman: Angela Macpherson

Date report submitted for response: 8th December 2014

Lead Officer: Helen Clanchy (NHS England for Recs 1,2,3,4,5,8), Richard Corbett (Healthwatch Bucks for Recs 6), Annet Gamell & Lou Patten (Aylesbury Vale & Chiltern CCGs for Rec 7)

Select Committee Support Officer (Extension): James Povey (2401)

Recommendation	Agreed Yes/No	Partner Agency Response including proposed action	Responsible Officer	Action by date
<p>1: NHS England should publish a national benchmark indicator of general practice funding per capita, facilitating comparisons with the funding received in different CCG areas. This benchmark should then be published as a routine at least annually in future.</p>		<p>Await response – NHS England National Team</p>		
<p>2: The Area Team should facilitate a suitable set of benchmark indicators which can provide greater awareness of waiting times for non-urgent appointments experienced by patients, and which GP Practices can generate efficiently on a regular basis. This should be used by the Area Team to identify problems much sooner, and support the current peer review activity between GP Practices.</p>	<p>Yes</p>	<p>NHS England South will continue to use the sets of nationally prescribed indicators to via the national GP Patient Survey results for all practices in England that measures access to GP services including access to appointments plus the Primary Care Web Tool that looks at the General Practice Outcome Standards that provide measures on quality improvement, these measures offer an additional set of pre- analysed data which could be used to support practices, Clinical Commissioning Groups (CCGs) and NHS England to identify areas for quality improvement. In addition, NHS England works closely with all CCGs and they are able to share local intelligence about practices in their areas which may help to identify issues sooner.</p>	<p>Helen Clanchy</p>	<p>TBC</p>
<p>3: A GP Demand Management Action Plan should be agreed by the CCGs and NHS England Area Team as part of the Primary Care Strategy to facilitate a</p>	<p>Yes (Area Team & AV CCG)</p>	<p>ACCEPTED by Aylesbury Vale CCG – In order for the CCG to deliver its vision for primary care as outlined in our strategy (currently in draft) a number of goals have been identified. Although a</p>	<p>Helen Clanchy</p>	<p>TBC</p>

<p>coordinated and shared approach to reducing avoidable appointments and demands on GP services, as well as promoting greater self-care. This should be delivered either by the local CCGs or as an early co-commissioning project undertaken with the NHS England Area Team.</p>		<p>'GP Demand Management Action Plan' is not referred to specifically, two of these goals will deliver what they believe the HASC require from this recommendation, which is to systematically reduce</p> <p>High quality care for all, now and for future generations</p> <p>demand on primary care through actions such as increasing self-care or alternative signposting for patients. The goals from our draft strategy that this particularly relates to are:</p> <ol style="list-style-type: none"> 1) Enable people to take personal responsibility for their own health and wellbeing, and for those that they care for, with access to validated, localised and readily available educational resources 2) Improved and appropriate access for all to high quality, responsive primary care that makes out-of-hospital care the default <p>As a 5 year strategy, the document does not include details of how they will achieve this but in the next steps section the CCG commits to specific deliverables in year one. Of relevance are</p> <ul style="list-style-type: none"> • to have a whole system programme to increase self-management • Implementation of a system-wide care planning approach <p>Should they feel that this work will benefit from collective effort with NHS England this would be an opportunity to take forward through co-commissioning to maximise impact.</p>		
<p>4: The NHS England Area Team, in liaison with local CCGs and the Local Medical Committee, should clarify roles, responsibilities and contacts for NHS engagement on land use planning matters, and how information will be shared between themselves and with local practices. The Area Team should review whether they have the processes and data in place to secure developer contributions for general practice</p>	<p>Yes</p>	<p>NHS England actively engages with Local Authorities in order to understand their strategic plans for housing growth and to secure developer contributions where required. This involves gaining an insight in terms of the quantity of new housing to be built, the location, phasing and the expected population increase. Once the latter is known, we work with practices to assess if the local primary care infrastructure in existing premises and facilities has the capacity to absorb this population increase. If it is established that there is capacity,</p>	<p>Helen Clanchy</p>	<p>TBC</p>

investment.		<p>then the additional patients will be absorbed by the local practices as and when the housing growth takes place. If it is identified there is not the capacity to absorb additional patients, NHS England will work with practices to find solutions to this. This can take the form of making modifications to the existing premises e.g. extensions and remodelling in order to create additional space or where this is not possible the relocation of a practice to new larger premises. In certain scenarios for example in areas of major housing development, the projected housing growth may be deemed too large to be absorbed by the existing providers and in these instances NHS England would commissioning, via a procurement process, an additional GP practice to provide these services to the new patients. NHS England works closely with the local Clinical Commissioning Groups (CCG's), to support their future primary care strategies so that any expansion of premises can be aligned with these plans as well as working closely with other partner organisations such as NHS Property Services and Community Health Partnerships so that there is an broader understanding of the NHS estate and facilities available to ensure that the use of current estate is maximised and to achieve value for money.</p>		
<p>5: Following the publication of the Primary Care Strategy, the NHS England Area Team should agree with the local CCGs a plan for how the necessary investment in primary care premises will be encouraged, supported and delivered over the next five years.</p>	Yes	<p>NHS England funding will deliver on the promise of a new deal for primary care, as highlighted in the NHS Five Year Forward View. It is the first tranche of the recently announced £1billion investment to improve premises, help practices to harness technology and give practices the space to offer more appointments and improved care for the frail elderly – essential in supporting the reduction of hospital admissions. GPs across the country are being invited to submit bids to improve their premises, either through making improvements to existing buildings or the creation of new ones. In the first year it is</p>	Helen Clanchy	TBC

		<p>anticipated that the money will predominantly accelerate schemes which are in the pipeline, bringing benefits to patients more quickly. GPs are being invited to bid for the investment funding. They will need to set out how practices will give them the capacity to do more; provide value for money; improvements in access and services for the frail and elderly.</p> <p>This new funding, alongside our incremental premises programme, will accelerate investment in increasing infrastructure, accelerate better use of technology and in the short term, will be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to be delivered in community settings.</p>		
<p>6: Healthwatch Bucks in liaison with the CCGs should lead on the identification of less developed PPGs and the formulation of a support package for them which should be publicised on the Healthwatch Bucks website.</p>	Yes	<p>Healthwatch Bucks are happy to accept the recommendation.</p> <p>We plan to undertake this work in two phases:</p> <ol style="list-style-type: none"> 1. A review of current Patient Participation Groups across Bucks. This will include desk based research and practice visits. The research will aim to set a benchmark and highlight good practice and less developed PPG's. 2. Based on our findings and discussions with CCG's we will develop a support package to help develop the PPG network. <p>We aim to complete phase one by 30 April 2015. We will also update you on the scope and timescale of phase two at this point. I hope you are happy with the approach we are taking and I look forward to working with the PPG's across Buckinghamshire in taking this project forward.</p>	Richard Corbett	<p>Phase 1 by 30/4/15.</p> <p>Phase 2 TBC</p>
<p>7: The Primary Care Strategy should outline what the future of GP service delivery in Buckinghamshire should look like in five years' time, and how individual GP practices will be supported</p>		<p>Committee have an item on the Primary Care Strategy at their 10/2/15 committee meeting, and should assess the extent to which this recommendation is accepted then.</p>		

to deliver this.				
8: NHS England acknowledge our concerns over the imbalance in local GP service capacity and demands, and commit to additional funding for CCGs undertaking co-commissioning of GP services with the Area Teams so this additional CCG activity is adequately resourced.		Await response – NHS England National Team		