

HASC Briefing, GP services – 2nd October 2018

Further to the presentation on Primary Care in May, the HASC Chairman has asked Buckinghamshire CCG to provide an update on:

1. The plans for Buckingham
2. The proposal for the new hubs in Wycombe and Aylesbury
3. An update on the recent closure of Dragon Cottage surgery
4. Situation in regard to 'ghost' patients in Buckinghamshire
5. Repeat prescriptions

In addition, the CCG would like to provide an update on plans to mobilise Improved Access to General Practice with effect from 1st October 2018.

1. Plans for Buckingham

The CCG is supportive of the plans initiated by the Swan Practice in Buckingham to relocate 3 of their 4 surgeries, with the exception of the branch surgery at Steeple Claydon, to a single new site proposed to be at Lace Hill.

Whilst this is a practice decision, it is the responsibility of the CCG to make sure that any change in service provision has been fully consulted on with patients affected by the change. Engagement with residents in Buckingham over the last year in relation to these proposals has included:

- Roadshows held in 2017/18;
- Local Area Forum – Dr George Gavriel attends or gives an update;
- Focus groups with representation from all stakeholders i.e. Carers Bucks, Disabled Access for All, League of Friends of Buckingham Hospital, Bucks CCG, Buckinghamshire Healthcare Trust (BHT), Local Councillors and of course a number of interested patients;
- Individual meetings with the groups mentioned above to ensure engagement and communication is inclusive i.e. attending forums;
- Continued work with the Estates Strategy Group and One Public Estate initiative – and a continued commitment to maintaining a town centre presence.

There are outline plans to develop a health centre for the Swan Practice, ideally with additional services being provided by other providers, e.g. BHT.

The final plans will depend on funding and we are working with partners to explore options that will provide capital funding to this project. Plans will also depend on appropriate planning approval and, at this time, outline planning has not yet been approved by Aylesbury Vale District Council.

The practice has established a working group with membership from the CCG, BHT, Oxford University Hospitals NHS Foundation Trust (OUH), the Town Council, Adult Social Care and other interested stakeholders.

2. Proposal for the new Primary Care hubs

In May 2017, the CCG bid for capital monies being offered by NHS England for investment in initiatives to support the delivery of the Sustainability and Transformation plan.

Given the growth in Buckinghamshire, it was decided to seek investment in General Practice. As a result, we were provisionally allocated £8.8m to develop three 'Primary Care hubs'.

The outline business case for these hubs is due to be submitted at the end of October 2018 and the proposal, pending an affordability assessment, is:

- To create a primary care facility at the Wycombe Hospital site that, overtime, could accommodate 50,000 patients (this would provide for an increase in population anticipated in the Wycombe area as a result of housing growth but also provide facilities for existing practices to move into).
- To support the development of a primary care facility for the two practices Berryfields and Meadowcroft at a new site at the roundabout intersection between Martin Dalby Way and Paradise Orchard in Aylesbury. With the housing growth in this area, neither practice currently has capacity to increase the number of patients they take. New premises where they could co-locate would allow them to accommodate new residents.
- To support the extension of premises in the south of the county. A feasibility study is underway to look at a number of options in this area.

These hubs will not only offer general practice services, but will support the integration of community services by offering space for services offered in collaboration between other local practices, community teams, secondary care outreach and the voluntary sector.

Our ambition is that these "hubs" will offer more care closer to home and reduce unnecessary trips to hospital sites. However, the additional revenue costs associated with developing new facilities is creating a significant cost pressure for the local health care economy. To this end, the CCG is keen to garner support from local planning authorities to increase developer contributions towards infrastructure costs and also apply business rate relief on new build premises.

3. Update on Chiltern House Medical Centre, High Wycombe

NHS Buckinghamshire Clinical Commissioning Group was notified on 9 July that one of the partners at Chiltern House Medical Centre was immediately dissolving the partnership. NHS Regulations governing GP contracts require that the contract ceases at the time of this dissolution.

The CCG immediately awarded an interim contract to Primary Care Management Solutions (PCMS) for up to 12 months to ensure patients were not impacted and could continue to access services at their practice. This time will allow the CCG to carry out a robust appraisal and undertake patient participation.

PCMS and the CCG entered into discussions with the leaseholders for both premises within the Practice – Temple End, High Wycombe and the branch surgery, Dragon Cottage, Holmer Green. The leaseholders for Temple End are believed to be happy with a proposal for an interim extension to the lease.

The 25 year lease for Dragon Cottage ends on 29th September 2018 and the owner confirmed to the CCG on Monday 13th August that, contrary to earlier discussions, they will not be renewing the lease and will require vacant possession on the 29th September.

Dragon Cottage as a branch surgery of Chiltern House Medical Centre was therefore closed on Friday 7th September to allow the leaseholders to make reparations to the building ahead of the lease expiring at the end of September.

Once the closure date was confirmed, we ensured that we reached all patients who are based at Dragon Cottage through:

- Letter to all patients
- Practice's Patient Participation Group
- Text message
- Press release
- Websites (CCG and Chiltern House Medical Centre)
- Posters and GP Screen in the surgery
- Let's Talk Health Bucks
- Emails to Care Homes, Parish Councils, local pharmacies, existing suppliers and users of the Dragon Cottage

Naturally, this unforeseen turn of events was disappointing for patients of both surgeries.

An invitation for expressions of interest in taking over the practice has been made which closed on 21st September. The CCG and the Patient Participation Group of Chiltern House are encouraging patients to stay registered with the practice so that re-procurement of the practice remains a viable option. However, should patients choose to leave Chiltern House, the majority of practices nearest to both surgeries are accepting patients.

The CCG has developed a comprehensive engagement plan and are working in conjunction with NHS England. This plan will start once we are clear what options are available.

4. Ghost Patients

What is a Ghost Patient?

'Ghost' patients occur when a patient is registered at a practice but they no longer use the practice. This happens for a variety of reasons but the main two as stated by NHS England are:

- Patients who have moved out of the practice area but have not registered elsewhere;
- Patients who live abroad.

What are we doing?

GP Practices and Commissioners have a responsibility to ensure processes are in place to maintain up to date, 'clean' lists and we do this by:

Commissioners - via Primary Care Support England (PCSE)*	Practices
<ul style="list-style-type: none">• Through routine business processes e.g. screening invitation letters that are returned to identify patients who may have moved.	<ul style="list-style-type: none">• Check lists compiled from PCSE (opposite) to confirm status. Write to patient giving 6 months' notice of removal.

<ul style="list-style-type: none"> • Annual list maintenance checks on: <ul style="list-style-type: none"> • Households of multiple occupancy • Educational and residential institutions • Patients over 100 • Recently arrived immigrants • Demolished addresses • Patients not seen in the last 5 years. 	<ul style="list-style-type: none"> • Routine maintenance of patient list e.g. removal of patients out of area, removal of students who have finished their course, removal of patients living abroad.
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*PCSE offers a range of administration and support services to GP practices, dentists, opticians and pharmacies on behalf of NHS England. Services include moving hard copy patient records, processing new patient registrations and de-registrations, managing practice closures and mergers, making GP payments and sending notifications for cervical screening.

5. Changes to repeat ordering of medication across Buckinghamshire

The aims of the scheme is to reduce waste caused by the issue of unnecessary prescription items, to empower patients to take ownership for their own medicines to enhance the self-care agenda and to promote electronic ordering of medicines which reduces GP workload and improves efficiency across the NHS.

Stakeholder Engagement and Communications

A workshop was delivered in April 2018 with the following stakeholders invited:

- Patient Participation Groups
- Healthwatch Bucks
- Community pharmacies
- CCG representatives
- NHS pharmacists
- Local Pharmaceutical Committee
- Local Medical Committee.

A range of communication resources were developed for patients, including:

- Patient information leaflets
- Text messages through GP system MJOG
- Message on repeat medication prescription forms
- GP waiting room screens
- Posters in Community Pharmacies and GP surgeries
- Bucks Free Press news item
- Briefing to PALS
- CCG website.

For GPs and Pharmacists, the CCG communicated plans through CCG newsletters, the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) direct communications, CCG forums, Letters direct to GPs, community pharmacies and appliance contractors and a session at a CCG protected learning time event.

The CCG recognised that not all patients will be able to make this change. The following people will be exempted:

- Patients who have dementia and do not have a carer or representative that can order on their behalf
- Patients who are housebound and who cannot order on line, or do not have a carer or representative that can order on their behalf
- Patients using a Monitored Dose System.

GPs, practice staff, community pharmacists, patients and carers will know who these patients are. These patients will have a note made on their record that the community pharmacist is continuing to order their repeat prescriptions.

For patients unable to access the internet, patients can take or post their repeat prescription slip to the GP practice. Some pharmacies are also offering to take the repeat prescription slip into the GP practice if the patient has signed that they have ordered their own medication and some GP practices will take telephone requests for patients who are unable to order medication online or use the repeat prescription slip.

6. Improved Access to General Practice

In line with the national commitment to deliver seven day services, Buckinghamshire CCG is commissioning more capacity to improve access to general practice services starting 1st October 2018.

The key service components are:

- Additional capacity in Buckinghamshire of 270 hours per week for bookable, routine appointments
- Covering weekday evenings until 8pm and availability of appointments on Saturday and Sunday mornings.
- A range of consultation types offered e.g. face to face, telephone, electronic.
- These appointments are available to any patient registered with a Buckinghamshire practice.

The CCG has taken the approach that this service improvement will not only provide better access for patients to routine appointments, but will also provide practices with the opportunity to work differently. All seven localities have taken ownership of this and have worked up their own service model so that this is truly a local service run by local GPs.

Recurrent funding to commission additional capacity to improve patient access has been provided by NHS England. This represents new investment in primary care in the region of £3.2 million per year.

The Communications Team has drafted a communications pack that sets out the methods to be used in advertising this service. The pack also provides localities and practices with a “how to” guide in preparing the various communications and will include suitable text and media resources that can be downloaded ready for use at practice level. This will also include guidelines for practice staff briefings, particularly for reception staff on how to offer and book patients into this new service.

The communications pack is based on a comprehensive toolkit produced by NHS England for CCGs and localities to use when advertising the Improved Access to General Practice service. Each pack will contain a toolkit of materials to help promote the messages to patients and the public.

This will include:

- A poster that can be printed and displayed in practices
- Template design for GP screens
- Banner to be included in email signatures
- Banner and text for websites
- Sample text for M-Jog message.

To support this, the communications team will also be promoting the messages at a county-wide level through various channels including:

- Social media
- Media
- GP screen locked-down playlist
- CCG Inequalities Advisory Group
- CCG Engagement Steering Group.