

GP services in Barnsley – Briefing for Overview and Scrutiny Committee June 2016

1. Background information

1.1. The national picture of general practice

GPs and practice teams provide vital services for patients. They are at the heart of our communities, the foundation of the NHS and internationally renowned. Over 90% of all patient contacts take place in GP Surgeries. But demand for GP services is increasing at an unprecedented rate and services are now under significant pressure with many GPs caught on a treadmill of trying to meet current demand, whilst lacking time to reflect on how to provide and organise care for the future. The future of general practice in England is in the political and policy spotlight, with existing general practice services seen as both the problem and the solution to addressing current NHS challenges.

Part of the solution is seen to lie in ‘scaling up’ GP practices into larger organisations or networks capable of delivering a wider range of better coordinated services in the community.

The picture nationally is that collaboration between practices is commonplace with over a third of GPs saying their practice has joined a network or federation. Although many federations and networks remain in the early stages of development – the formation of some having been triggered by the [Five Year Forward View](#) – several have been evolving over the preceding years.

In April 2016 the NHS published [General Practice Forward View](#) which sets out a plan, backed by a multi-billion pound investment, to stabilise and transform general practice. It focuses on workforce, workload, infrastructure and care redesign and is aligned to the work which had been set out in local plans.

2. Governance arrangements and local plans to further improve access to GP services

2.1. Commissioning of general practice services

Attracting more GPs to Barnsley is certainly part of the Clinical Commissioning Group’s (CCG) plan but it is clear that the solution goes beyond relying on that alone.

In 2014 NHS England invited CCGs to take on an increased role in the commissioning of GP services through the choice of three co-commissioning models, which were:

- a) Greater involvement – an invitation to CCGs to collaborate more closely with their local NHS England teams in decisions about primary care services to ensure that healthcare services are strategically aligned across the local area.
- b) Joint commissioning – enables one or more CCG to jointly commission general practice services with NHS England through a joint committee.
- c) Delegated commissioning – offers an opportunity for CCGs to assume full responsibility for the commissioning of general practice services.

In April 2015, Barnsley CCG was authorised to take on delegated commissioning of general practice services, taking on the full commissioning responsibilities from NHS England.

Barnsley CCG was one of the first CCGs to choose this option and be authorised and it has provided the CCG the opportunity to have more local clinical leadership in designing services which best meet the needs of Barnsley people.

As part of the handover from NHS England to the CCG, three GP contracts were due for renewal and so the CCG picked up the procurement of those in 2015.

2.2 How primary care commissioning is governed

The ability for CCGs to be involved in the commissioning of general practice has the potential to bring many benefits to patient care, but it also brings with it the potential for perceived and actual conflicts of interest when CCGs are procuring services from their member practices.

Each CCG with joint or delegated primary care co-commissioning arrangements must establish a primary care commissioning committee (PCCC) for the discharge of their primary medical services functions. This committee should be separate from the CCG governing body. The interests of all PCCC members must be recorded on the CCG's register(s) of interests.

This committee meets in public and is chaired by a lay member and must be constituted to have a lay and executive majority, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision making process due to conflicts of interest.

The CCG's internal auditor, 360 Assurance, has recently completed a review of the CCG's management of conflicts of interest with respect to its delegated responsibility for commissioning primary medical services. The review found no high or medium risk issues for the CCG to consider and identified a number of points of good practice.

NHS England has recently published 'Managing conflicts of interest: revised statutory guidance for CCGs' draft discussion paper, which support CCGs further in this area.

2.3 What is the CCG doing to address access to and quality of care in general practice?

We have an ageing population, living longer with more complex health and care needs. We need to ensure that the most vulnerable patients get continuity of care and are seen by GPs.

Those who do not require such a high level of care and support may often be better supported by a multi-disciplinary workforce within the practice team such as advanced nurse practitioners, practice nurses, health care assistants, or by services like IHEART Barnsley, local pharmacies or even a well-stocked medicine cupboard.

Some of the initiatives aimed at improving the sustainability and quality of general practice include:

- The Practice Delivery Agreement (PDA) aimed at strengthening primary care services and facilitating working at scale and delivering improved outcomes to patients
- The Barnsley Quality Framework – a local quality framework to enable practices to deliver quality services.
- Health Inequalities Targeted Scheme (HITS) – linked to the Practice Delivery Agreement/ Barnsley Quality Framework. A set of indicators agreed with practices to address key health inequalities (alcohol, dementia diagnosis, cardiovascular disease)
- Motivational interviewing and behaviour change training for practice nurses and health care assistants
- Borough-wide social prescribing service (signposting & supporting people to link in with local communities and Barnsley Voluntary, Community and Social Enterprise Sector)

- Supporting practices to increase healthcare assistant capacity through large scale apprenticeship programme
- Introducing medication specialists into the general practice teams
- Using the Year of Care Model to put people with long term conditions firmly in the driving seat of their care, and support them to self-manage
- Increased use of telehealth and care navigation services based upon improved use of risk stratification to identify patients at risk and help to facilitate appropriate care and support

3 Barnsley GPs coming working together

The CCG recognises that in the future, general practice will need to operate at greater scale and in greater collaboration with other providers and professionals and with patients, carers and local communities. At the same time, general practice will need to preserve and build on its traditional strengths of providing personal continuity of care and its strong links with local communities.

To support this vision, the CCG strategy includes support for the development of a GP Federation in Barnsley. There has been growing acceptance that GP practices in Barnsley needed to develop alternative approaches for organising themselves better as providers of non-core services in the local area:

- a) The increased workload, rising costs of staff, fall in income and difficulties with recruitment and retention are all problems facing general practice locally.
- b) Federations or GPs working together would help to try and manage the difficulties faced by general practice in the next few years.
- c) Federating will help practices to compete with external providers to ensure patients get the GP services they deserve.
- d) To protect Barnsley GPs it is essential that they work together as a Federation to ensure their survival as GP practices and that their patients have locally sustainable primary care services.

3.2 How Barnsley Healthcare Federation has developed

In June 2015, the CCG hosted an event attended by representatives from practices across Barnsley and received a presentation from Professor Chris Ham of the King's Fund. Professor Ham emphasised the important role federated models could play in helping the CCG to deliver its strategic objective of primary care at scale. The clear view of the meeting was that there was agreement in principle for general practices in Barnsley to move rapidly towards a federated model. A working group of GPs and practice managers was established to explore the options.

The outcome of this development work was that a number of practices chose to go down the route of setting up a Community Interest Company – Barnsley Healthcare Federation (BHF).

The majority of GP practices have joined the Federation and it is a provider in its own right, similar to any other single GP practice, meaning it can bid for contracts from the CCG, as can any other local, regional or national provider of GP services. One important distinction is that BHF as a Community Interest Company is a not for profit provider, meaning that any profits it generates do not go to shareholders but are ploughed back in to services in Barnsley.

3.3 Background and information on the I HEART Barnsley Programme

Barnsley Healthcare Federation, supported by the CCG, successfully bid for £2.5 million funding to develop an extended access GP service for all Barnsley patients.

The requirement for the funding was to “extend access to primary care” with changes that could be put into place quickly, that would make a measurable difference to patient care, and that could potentially be rolled out across the country.

The bid from the Barnsley GP practices builds on the idea of a local doctor’s surgery being at the heart of each patient’s care and was called I HEART Barnsley, which stands for Improving Health, Equality, Access, Responsiveness and Treatment Barnsley.

The service differs from existing GP services, opening up access in a number of ways:

- Complementary to your existing GP – open to all Barnsley residents registered with any of our practices
- Different opening hours – telephone advice during the day and face-to-face appointments in the evening, Saturday opening and trialling Sunday
- Variety of consultations will be trialled: telephone, face-to face, email and online video appointments similar to Skype or Facetime.
- Available at two locations across the borough currently.

The service, launched in November 2015, has, at the end of April, undertaken 5269 appointments.

Patient experience scores are very high for this service, with 96% rating the overall service as excellent/very good (March '16) and 95% of people would recommend IHEART to others.

The next steps are to extend the types of appointments available. A recent survey of patients using the service in April '16 highlighted that 89% of them had access to video conference facilities and 66% would use them for a consultation.

3.4 Future of I HEART Barnsley

The original funding for this pilot was for a year. It has recently been announced that this programme will continue to be funded through the national GP Access Fund, securing the development of these services for Barnsley through to 2019.

4 How we ensure access to services and good quality

In addition to the wide range of activities listed in section 2, there are a number of independent checks in place which are central to how the CCG monitors quality.

4.1 Care Quality Commission Inspections

The Care Quality Commission’s (CQC) inspection programme includes GP services and plays an important role in the way we assess the consistency and quality of care and access local GP practices are offering.

Following an inspection the CQC gives an individual and overall rating in five areas according to whether practices are safe, effective, caring, responsive and well led.

To date 27 local practices have been inspected. Of those, 22 were rated as 'Good', six of those with elements of 'Outstanding' practice. Three practices have an overall rating of 'Requires Improvement' and one practice in 'Special Measures'. The remaining practices are either awaiting their inspection or their results.

These inspections are also important as they are an opportunity for patients and carers to feedback their experience of care. Healthwatch Barnsley also contributes any feedback they may have received.

4.2 Healthwatch Barnsley

Healthwatch Barnsley has been leading on a national project to develop the Friends and Family Test (FFT) in GP surgeries. The 'test' asks, "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" and gives patients a voice and allows them to rate their experience of care each time. It adds to the overall picture of quality of practice but importantly, provides feedback from a patient's point of view.

We have been fortunate that they have been working here in Barnsley to develop this project, bringing the learning and expertise to our area first.

Healthwatch Barnsley has also been key in understanding and sharing areas of concern as well as positive experiences when it comes to accessing a GP. They have been working with health services across Barnsley highlighting some of the access issues faced by Deaf people for example, as well as undertaking some concentrated work in the Dearne area to understand access concerns there.

The CCG welcomes the opportunity to continue to work with Healthwatch over the coming year as they focus on GP services.

5 Current and future challenges we face in Barnsley in relation to GP services

5.1 Workforce

As well as the challenges Barnsley shares with other areas, we are mindful that there is a cohort of GPs locally nearing possible retirement.

This snapshot of the primary care workforce in GP practices across Barnsley from September 2015 shows the mix of roles, shown in full time equivalents:

- 137 GPs
- 67 Nurses
- 48 direct patient care roles (includes health care assistants)
- 281 admin and non-clinical staff

If you compare the ratio of clinical to non-clinical posts, Barnsley is only second to Sheffield in the South Yorkshire and Bassetlaw area in the number of clinical posts it has.

5.2 Population

We have an ageing population who are living longer but often with multiple long term and complex conditions. Health life-expectancy for men and women in Barnsley is now 56 years. This is a challenge for both health and social care and means that solutions need to be developed by all sectors.

5.3 Estates

Overall the quality of primary care buildings across Barnsley is good. There are some excellent facilities and there are many examples of where GP services sit alongside other community services in modern buildings. There is an opportunity in developing services to make more of these facilities and to recognise the value of the environments both where people work and where they receive care.

5.4 Funding

As a health and care system across the South Yorkshire and Bassetlaw area, we face a financial challenge of £500million over the next five years. Barnsley partners are working as one system to review and address these challenges. More and better integration, designing services to suit patients not processes will continue to be the way we move forward.