9 July 2013	ITEM: 7

Health and Wellbeing Overview and Scrutiny Committee

UPDATE ON NHS ENGLAND ESSEX PRIMARY CARE STRATEGY AND PRIMARY MEDICAL SERVICE PROVISION IN THURROCK

Report of: Carolyn Larsen, Head of Primary Care, NHS England Essex Area Team	
Wards and communities affected: All	**Key Decision:** Non-key
Accountable Director: Ian Stidston, Director of Commissioning, NHS England Essex Area Team	
This report is public	
Purpose of Report: This report is to provide an update on the development of both a national and Essex Primary Care Strategy by NHS England and a status report on primary medical services in Thurrock for discussion.	

1. RECOMMENDATIONS:

1.1 To note the contents of this report.

2. INTRODUCTION AND BACKGROUND:

2.1 Due to the announcement that NHS England will be developing a national primary care strategy by the end of this year, the timetable for the development of the Essex Primary Care Strategy has been revised to fit with this national programme.

2.2 NHS England Essex will now be developing a strategic discussion document outlining the proposed transformation of primary care in Essex and this document will be shared and discussed in the following way.

2.3 NHS England Essex will meet with all seven Essex Clinical Commissioning Group (CCG) lead clinicians and senior managers to discuss the proposals set out within the strategic discussion document. These discussions will take place at planned sessions in July and September.

2.4 Seven workshops, one for each CCG area, will also be held to discuss in detail the proposals set out within the strategic discussion document during September. Invitations to these workshops will be open to all contractors (General Practice, Pharmacy, Dentistry and Optometry) within the respective CCG area, Local Representative Committees, Local Professional Network

Chairs, NHS Property Services, Local Authorities, Health Watch and Health and Well Being Boards.

2.5 Feedback from these workshops will then be incorporated within the final Primary Care Strategy for Essex which will be developed in line with the National Primary Care Strategy. The first draft of the actual Essex Primary Care Strategy will then be consulted upon following release of the National Primary Care Strategy**.**

3. LINKS TO OTHER STRATEGIC FRAMEWORKS

3.1 NHS England will ensure through active involvement of local stakeholders in the development process that the Essex Primary Care strategy sets out key principles to ensure that high quality primary care is delivered across the County. It is noted that the Thurrock Health and Well Being strategy already recognises that high quality primary care services is a key priority. High quality primary care services are the cornerstone for delivery of partner organisation strategies including the Integrated Care plans developed by CCGs. Ensuring that patients are treated efficiently and effectively in primary care is critical if demands on secondary care services are to be effectively managed. Understanding the variation for example in A&E and emergency attendances and referral rates is a key priority for CCGs and this will clearly be a factor in quality improvement plans developed with GP practices.

3.2 Health inequalities will only be addressed if all partner organisations work together to ensure that their individual and joint commissioning decisions are taken to address local patient health needs and that new ways of delivering services are identified and pioneered.

4. CURRENT PROVISION OF PRIMARY CARE SERVICES IN THURROCK

4.1 NHS England directly commissions primary care services from the following primary care providers in Thurrock.

Primary Care providers in Thurrock	Number
GP Practices	37 GP practices operating from 42 surgery buildings (Main and branch surgeries)
Dental practices	18
Pharmacies	33
High Street opticians	15

4.2 Age profile of Thurrock GPs

	Under 50	50-54	55-59	60-64	65-69	70+	Total
Thurrock GP age	41 47%	6 7%	14 16%	12 14%	4 5%	10 11%	87

profile							

4.3 The latest national statistics on Health and Social Care Information Centre, Census of 2012 (based on data at 30 September 2012) are set out below:

Former PCT area	Total registered patients	Total number of GPs (excluding GP registrars or retainers)	Average patients per GP
North East Essex	328,563	184	1786
Mid Essex	380,488	215	1770
South East Essex	365,182	194	1882
South West Essex	425,522	218	1952
West Essex	293,391	173	1696
Total	1,793,146	984	1822

NB England average patient per GP (HSCIC census) is 1569 patients per GP.

4.4 The above statistics are based on head count and do not include locum doctors who will be covering existing GP vacancies within GP practices. Many GP practices regularly employ locums to deliver primary medical services to patients.

4.5 GP registrars are GPs in training and who work up to one year in general practice training practices. GP retainers are GPs who work limited number of sessions in certain practices to keep up to date while choosing not to work full time (often female doctors with young children)

4.6 Nationally, a decrease in the number of doctors in training, difficulties in attracting GPs to work in an area such as Essex where there are no established medical schools and close proximity to London and Cambridge means that GP practices may experience difficulties in recruiting to permanent GP vacancies in general practice.

4.7 GP practices now often have greater skill mix of clinical staff, with practice nurses and healthcare assistants taking on some clinical work which would have previously been undertaken by GPs, thus freeing up GPs to focus on more complex patient needs and manage higher list sizes.

4.8 The national responsibility for clinical training and development for primary care staff including GPs sits with Health Education England (HEE); NHS England will work with HEE to identify what work is needed to develop the primary care workforce, increase the number of GP training practices in South Essex in particular to encourage more young GPs to live and work within the area.

4.9 NHS England will work with local GP practices and CCGs to highlight the importance of succession planning to ensure continuity of care for patients; in

recent years the former South Essex PCT cluster has encouraged smaller practices to consider opportunities to merge with neighbouring practices and has offered short term financial support to facilitate the engagement of a partner within two single handed practices in Thurrock. Thurrock has a higher proportion of single handed GP practices compared to other areas in Essex and there is therefore an increased risk to continuity of care as single handed doctors are only required to give 3 months' notice of resignation or retirement to NHS England.

4.10 In discussion with local stakeholders, NHS England will identify options where notice of retirement of a single handed practice is given, which will include procurement for a new service provider or dispersal of GP practices to neighbouring practices where the patient numbers are low and there is sufficient local capacity within practices to take on additional patients.

4.11 Services are commissioned under national contractual frameworks which are negotiated between the individual professional bodies and the Department of Health.

4.12 There is limited scope (other than for some GP and dental contracts) for NHS England to commission outside the national contractual framework.

4.13 In Thurrock, 16 out of the 37 GP practices (43%) hold PMS or APMS contracts which include additional requirements to be delivered; for example under the 5 APMS contracts there are specific KPIs relating to the number of appointments and access standards. The remaining 21 practices (57%) hold a national GMS contract. Both GMS and PMS contracts are not time limited and continue until terminated on agreement or in the case of the death or retirement of a single handed doctor. APMS contracts are time limited contracts, usually between 5-10 years and awarded following national procurement. This has been the model of contract adopted by the former PCT when GP practices are tendered.

4.14 GP practices are required to offer "reasonable access" for patients to primary medical services during the hours of 8am to 6.30pm Mondays to Fridays. In addition practices are funded to provide services outside these opening hours to meet the needs of their patients. There is no contractual requirement to offer appointments within a specific time frame in GMS and PMS contracts although practices have been encouraged to provide access to a practice nurse within 24 hours and a GP within 48 hours. Patient access to a GP is measured through the national GP Patient survey twice a year and GP practices are ranked in line with their performance.

4.15 Thurrock CCG area had 3 practices in the bottom 10% across Midlands and East Region in the December 2012 GP Patient survey and the latest survey results are due shortly. These practices are Purfleet Care Centre, Peartree surgery in South Ockendon (Dr Davies and Partners), Aveley Medical Centre and Dr Mukhopadhyay in Tilbury. PCTs have been working with these practices to implement action plans.

4.16 NHS England has taken over responsibility of all primary care contracts from predecessor PCTs**.** As a national organisation there is an opportunity to reform and refine the approach taken by PCTs to ensure a consistent process for assurance of the delivery of safe and effective primary care services.

5. KEY PRINCIPLES OF PRIMARY CARE PERFORMANCE ASSURANCE

5.1 Area teams will work closely with CCGs who have a statutory responsibility for securing the continuous improvement in quality of primary medical services. CCGs will also be responsible for assurance of the delivery of services commissioned from primary care directly through separate contracts (for example services which were previously delivered by secondary care).

5.2 Key principles of national assurance processes include:

- Transparent measurement of primary care performance within CCGs and across NHS England.
- Reduction in unwarranted variations in primary care services to safeguard patient safety.

5.3 Relationship between area teams and CCGs

5.3.1 Performance assurance of primary medical services requires Area Teams and CCGs to work together; the key focus of NHS England is to work with practices to support improvement, through development of quality improvement plans which are developed in discussion with practices, CCGs and Area Teams. Such plans will include a range of actions including intervention, sharing best practice, supporting information and evidence and cost sharing arrangements.

5.3.2 In some instances concerns will be identified which could lead to formal contractual action taken by NHS England, for example issuing of breach or remedial notices with ultimate sanction of contract termination as a last resort or where there are significant risks to patient safety. CCGs will have a more hands on role in supporting the practice through implementation of quality improvement plans with the Area teams overseeing progress and assessing long term improvement through health outcome measures.

5.4 Data and intelligence to support NHS England assurance processes

5.4.1 NHS England will have access to both national data (clinical indicators, Quality and Outcome measures, appraisal, patient complaints etc.) and local intelligence (from local stakeholders) to support assurance processes

5.4.2 National data sources will include:

- A national Primary Medical Service toolkit of clinical indicators and outcome measures which will be available to Area teams, CCGs and individual practices; this allows practice performance to be compared to their peers within their CCG or Area team locality.
- A practice profile which describes the demography and characteristics of the practice
- An annual practice declaration which covers both contractual requirements and CQC essential standards

6. MANAGEMENT OF PRIMARY CARE COMPLAINTS

6.1 Patients are encouraged to raise concerns with individual primary care providers in the first instance; usually through the Practice Manager if the complaint relates to a GP practice. Patients can also raise complaints or concerns directly with NHS England through a national Customer Care Centre via PO Box 16738, Redditch, B97 9PT, via telephone on 0300 311 2233 (Monday to Friday 8am to 6pm excluding Bank Holidays) or via email to england.contactus@nhs.net. Once logged, complaints are directed to the appropriate Area Team for a response.

6.2 PALs type queries should also be directed to the national Centre rather than to individual Area teams. The role of local Healthwatch in highlighting particular issues/concerns or trends will be of particular help to augment any information from national complaints route in addressing any potential performance issues with individual primary care providers.

7. OUT OF HOURS CARE

7.1 Outside core hours, urgent out of hours primary medical care is commissioned on behalf of GP practices who no longer have 24 hour contractual responsibility for their patients by CCGs. This care is commissioned by Castle Point and Rochford CCG on behalf of South Essex CCGs from South East London Health Ltd who are also commissioned to provide NHS 111 services in South Essex. A number of GP practices in Thurrock have however retained 24 hour responsibility for out of hours care under their contract with NHS England. These practices deliver out of hours care through a separate organisation owned by local GPs – South Essex Emergency Doctors Service (SEEDs) and are accountable to NHS England for delivery of these services in line with national quality standards.

7.2 All Out of Hours providers are required to meet stringent national quality standards in relation to response times for patient calls and services are delivered through telephone advice, appointment at a Primary Care Centre (PCC) – Thurrock Community Hospital in Grays locally, or home visits where clinically necessary.

7.3 Access to out of hours dental care is through SEHL; this is limited to urgent and emergency treatment only which cannot wait until the next working day.

8. REASONS FOR RECOMMENDATION:

The purpose of this report is to provide the Thurrock Health and Well Being Board with information and timetable in respect of primary medical services in Thurrock and an update on the production of an Essex wide Primary Care Strategy.

9. CONSULTATION (including Overview and Scrutiny)

9.1 Following the period of data collection and analysis, NHS England Essex Area Team will commence a consultation process with key stakeholders as outlined in Paragraph which will inform the development of the strategy which will then form part of a wider consultation process.

10. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

10.1 At this stage of the production of the Primary Care Strategy it is not envisaged that there will be any impact on the Thurrock Health and Well Being Board policies, priorities or performance. With the finalisation of the strategy, this will be reviewed and the impact on the community will be assessed.

11. IMPLICATIONS

11.1 Financial

In common with other NHS and partner organisations, Essex faces a significant QIPP (quality improvement, productivity and performance) challenge which will influence our longer term Primary Care strategy and implementation plans.

11.2 Legal

None identified at this time

11.3 Diversity and Equality

There are a number of indicators and data that help identify where GP practices are doing well and where they need to improve. This includes data being captured on patient experience and access. The Strategy will help to identify how all residents in all areas of the Borough can achieve good patient experience and access to care, therefore ensuring that primary care is equitable.

Good quality health care will be measured against the NHS Outcomes Framework - which has been designed to promote equalities and reduce health inequalities - for example learning disabilities and long-term conditions.

The development of the Strategy will include a period of consultation with stakeholders. This will include consultation with stakeholders representing the views of disadvantaged groups - for example via HealthWatch and the Commissioning Reference Group.

11.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

Not applicable

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