

GP Provision in Slough**1 Introduction**

The purpose of this paper is to respond to the Health Scrutiny Panel on matters relating to the provision of General Practitioner services to the population of Slough, with particular focus on the Langley, Kedermister Trelawney Avenue area. It will seek to address issues that have been raised specifically, as well as inform the panel on more general issues relating to the provision of primary medical services to the population and our strategic direction in developing primary care services

2 Context

NHS England (NHSE) is an independent body, arm's length to the government and its main role is to improve outcomes for people in England. It commissions primary care services of which GP services are one group. In Slough there are 16 GP practices that deliver services to a registered population of over 150,000 patients. These services are delivered from 21 sites. See Appendix A.

CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. CCGs members include GPs and other clinicians such as nurses and consultants. They are responsible for about 60% of the NHS budget and commission most secondary care services.

From 1st April 2015, Slough CCG has entered into primary care joint co-commissioning arrangements with NHS England. Sharing this responsibility will mean that services can be better integrated around the patient and that the CCG will have more influence over the wider NHS budget.

Co-commissioning is seen as an enabler to improving access to primary care and wider out of hospital services, delivering a better patient experience.

The co-commissioning committee will have representation from both Healthwatch and the Health and Wellbeing board. The committee will have oversight of the present services commissioned from primary care, the quality and outcomes framework and practice premises and development issues.

The Chair of the CCG Dr J O'Donnell and the Governing Body have made a commitment to ensure primary care services in Slough are adequately resourced and support all efforts to improve primary medical services provision in Slough via these arrangements.

The GP contract is called a medical services contract and it is based on a set of national regulations. These regulations cover all issues related to the delivery of primary medical services, ranging from clinical governance, patient registration, Information Technology to provision of prescriptions.

Commissioners will work with practices to ensure that they are delivering quality services to the contractual requirements and now the Care Quality Commission plans to monitor, inspect and regulate all GP services to make sure they meet fundamental standards of quality and safety.

All GP practices must be registered with the Care Quality Commission (CQC) and in the latter part of 2014 the CQC inspections have now been linked to ratings.

The new vision and direction for the Care Quality Commission is set out in the document *Strategy for 2013- 2016, Raising standards and putting people first* and they also consulted via *A new start*, on changes to the way they regulate health and social care services.

New inspection ratings

☆ **Outstanding** – the service is performing exceptionally well.

● **Good** - the service is performing well and meeting our expectations.

● **Requires improvement** – the service isn't performing as well as it should and we have told the service how it must improve.

● **Inadequate** – the service is performing badly and we've taken enforcement action against the provider of the service.

● **No rating/under appeal/rating suspended** – there are some services which we can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by us and will be published soon.

The changes included a focus on highlighting good practice; and a commitment to listen better to the views and experiences of people who use services. The inspections cover five key questions about services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

CQC use patient feedback e.g. GP practice survey and other intelligence monitoring to review GP practice services.

There are no current published inspection reports on Slough GP practices on the new inspection regime. Currently three practices in Slough have been inspected under the new regime and we await the outcomes of these inspections.

Healthwatch is another organisation, a statutory watchdog, whose role is to ensure that health and social care services, and the government, put people at the heart of their care. The Slough Healthwatch is actively working to review access to Slough GP practices and will be reporting on a series of measures over coming weeks. See below our response to the latest survey report published.

Statement from the CCG on the recent Healthwatch surveys titled: A review of the impact of the Prime Ministers Challenge Fund

We always welcome feedback about the services we commission and we listen to, and work closely and collaboratively with our patients, practices and partners. GP access is a national issue and in Slough we took a pro-active approach with our patients and practices which led to the successful bid for the Prime Ministers Challenge Fund (PMCF) to improve access at a local level.

In April 2014, Slough CCG on behalf of its member practices and their patient groups was awarded £2.95m through PMCF. PMCF is a pilot project to enable practices to deliver GP appointments seven days a week and to test new and improved new ways of working.

Clinical Commissioning Group

Within three months of receiving the funds, extended opening hours had been fully implemented across Slough (the fastest implementation in England) and now patients have access to local GP appointments seven days a week until 8pm, and 9am until 5pm at weekends, delivered by four hub practices.

This has been a huge undertaking and one that is being successfully delivered with an additional 44,000 appointments provided over the last 11 months. This has only been possible with the hard work of our patient groups, GP practices and support from our partner organisations including Healthwatch, who also participated in our patient workshops.

In addition, the funds have enabled us to take forward a number of innovative projects which have come from direct patient feedback and via Healthwatch and others about services they wish to see, such as Group Consultations and text messaging services.

To be clear, the funds are not intended to be used to update practice websites, as this would be an inappropriate use of the money. There are strict NHS England criteria and a great deal of close national oversight in how the money is spent and this is fully audited. However, all practice websites include information on their opening hours.

We note from the Healthwatch report that three GP Practices were highlighted as not having websites. This is incorrect. Only one does not have an individual website: The Chapel Medical Centre, co-located with the Slough Walk-in Centre and operated by the Berkshire Healthcare Foundation Trust on whose website its opening hours and practice information can be easily found.

3 GP Practice premises

Many GPs own their premises or lease them from a landlord, with a few practice buildings being owned by the NHS, the exceptions are health centres often built in 1960s and 70s. These NHS buildings are now managed by NHS Property services on behalf of the Secretary of State for Health.

As part of the payments for provision of primary medical services GP practices are given rent reimbursement for their premises by NHS England, who commissions these services. Rent reimbursement is determined using national regulations as to the size of the building in relation to the practice list size and value for money is determined by the District Valuer service.

If a practice identifies a need to expand their current facilities as their patient list grows, they are able to develop a business case for extension to an existing facility or a new build which NHS England will consider for either capital funding, or if the Practice finance the build, they can apply for additional rent reimbursement before commencing the works.

In January 2015 NHS England wrote to all GP Practices across the country inviting Bids for Capital Grants to fund increases in Primary Care capacity. The total fund is £1bn spread over 4 years starting in 2015/2016 and allocating £250m in this year. The primary criteria are that the money must be spent on buildings (and IT) to facilitate extra Primary Care capacity and for successful bids the money must be spent by March 31st 2016.

In Slough 10 practice bids were successful, 1 is proceeding without due diligence as the scheme is relatively small Scale.

5 (one of which is the Langley practice) are proceeding with due diligence and expect to start building works during the summer/ early autumn and 4 are subject to further business case development due to the scale of the bids and will be allocated into 2016/17 or 2017/18.

The Schemes are spread across Slough and therefore increased capacity for Primary Care is evenly spread.

In Chalvey, a proposal for the current practice to operate within a purpose built site has also been approved.

In the Thames Valley these decisions are made by NHS England, with input from NHS Property Service expertise and the CCG view as to the fit with local strategic plans. Where there is a planned increase in population through housing development, NHS England will be approached by Local Authorities, who have responsibility for developing housing strategies, to determine whether in the current GP practices there is capacity to accept additional patients, both in terms of the buildings and their workforce. The local co-commissioning committee will have an important role in enacting these decisions.

Where it is identified that additional population would result in the need for additional capacity, NHS England will apply to the Local Authority for funding known as Section 106 or Community Infrastructure Levy (CIL). This can be in the form of land or money to be spent on capital programmes to build or extend practices.

If the new population growth is of significant size, viability as a practice and potential value as a contract to deliver services will need to be considered. NHS England will consider options for future provision of primary care to the new population following the principles of procurement legislation.

4 Life Expectancy in Slough

Life expectancy in Slough is increasing in line with the national rate. However, there are variations between wards in Slough and between different socio-economic groups within the town. These differences need to be considered.

All age deaths for both males and females are reducing over time. The mortality rate is similar in Slough to that across England and Wales and to the average of local authorities with similar level of deprivation. It is higher than the mortality rate of the south east region with this gap more apparent in females than it is in males. (source Slough profile 2015).

In terms of life expectancy, a child born in Slough today is predicted to live until the age of 78.4 years (if male) and 82.5 years (if female). These life expectancies have improved markedly over the past decade and are broadly similar to the England average.

However, life expectancies for Slough still lag behind those of other neighbouring areas, reflecting the many differences in lifestyles and outcomes experienced by residents of these communities. Life expectancy is 8.3 years lower for men and 6 years lower for women in the most deprived areas of Slough than in the least deprived areas. (JSNA).

To address this variation in life expectancy, the 5 year plans across Health and Social Care have a range of strategies to develop preventative, supportive, screening and treatment interventions to work across the whole system and with the population themselves. It is not the intention to revisit those here. However, the question is raised – Does a low doctor to patient ratio allow this to be effectively addressed?

5 GP provision in Slough

In September 2014, there were 80 full time equivalent (FTE) GP's in Slough. This was an

Clinical Commissioning Group

increase of 4 from the same time the previous year. The majority of these GP's work full time with the second largest cohort working half to full time. 8.5% work quarter to half time and there are no GPs working less time than this on a regular basis.

The table below shows 2 measures of GP capacity. The number of GP's (headcount) per 100,000 patients compared to the national average and also the Full Time Equivalent GP's per 1,000 population and reflects a rapidly growing population in Slough.

The population of Slough is set to rise by 2020 to 158,306, an increase of 7% on today's figures.

HSCIC DATA SEPT 2014

GP Patient Ratio

Table 11 C

	All patients	Patients per practice	Patients per GP (excl ret & reg)	All GPs (excl ret & reg) Headcount per 100,000 pop	All GPs (excl ret & reg) Full time equivalent per 1,000 pop
NHS Slough	148,422	9,276	1,810	57.3	0.48
NHS WAM	153,894	8,100	1,673	65.8	0.54
NHS Bracknell and Ascot	138,362	9,224	1,667	61.8	0.54
England	56,469,999	7,171	1,577	66.5	0.58

Slough has 16 GP's or 19.2% (headcount excl. registrars and retainers) over the age of 55 years and so this presents a real challenge in coming years for training, recruitment, and retention. These are reflective of other local CCG figures and slightly lower than the England figure of 22%.

Practices are reporting that some Locum GPs have become permanent staff to work in the PMCF (Prime Minister's Challenge Fund) and also that some part time staff have increased their hours. Senior GP principles continue to play a leading role in the provision and management of the PMCF service.

There had been a significant wide reaching recruitment campaign during 2014 but this did not result in any permanent new GPs and so we are also reaching out to encourage new recruits at an early stage in their careers e.g. engaging them from the beginning of their placements in the work we do across Slough on programmes of work e.g. stroke care, dementia and health education in schools Having recently qualified herself, Dr Priya Kumar contacted the local Slough GPVTS group and designed a presentation on the basic concepts of commissioning services. To enhance learning experience, a second session incorporated an interactive session by which the GPVTS trainees were requested to design and commission a service for Slough. All the students have been given the opportunity to be linked with a clinical lead at Slough CCG to observe them and take on their own projects to encourage other potential leaders of the future.

NHS England in collaboration with Health Education England (HEE), the Royal College of General Practitioners (RCGP) and the BMA have agreed a 10 point plan, *Building the Workforce - the new deal for general practice*, to increase the number of GPs and develop

the role of other primary care staff such as nurses and pharmacists.

There are three key strands to this work:

- improving recruitment into general practice
- retaining doctors within general practice
- supporting those who wish to return to general practice

Whilst extremely important to address the impending GP shortage highlighted above, there are other ways of responding to the needs of the population and helping them stay healthy and manage their care if they do have health related issues and this does not always need the intervention of a GP. We have worked closely with our in-house pharmacist team to design innovative ways of utilising their skillsets and support better management of chronic illnesses e.g. diabetes. Many practices have recruited health care assistants to undertake simple tasks in a supervised setting e.g. phlebotomy, health checks.

6 Changing GP consultations

Consultations by nurses rose from 21% to 34% between 1995 and 2008, 0.8 to 1.9 consultations per patient per year.

Over this same period the proportion of all GP consultations conducted on the telephone trebled from 3% to 12% and the proportion recorded as visits halved from 9% to 4%. (QResearch & HSCIC 2009).

The average patient had 3.9 consultations (all types) in general practice each year in 1995 rising to 5.4 consultations per year in 2008. It remained fairly steady however for GP's only, rising from 3 up to 3.4 GP consultations per year by 2008.

This study did not look at the length or complexity of appointments but remains the largest study of trends undertaken in primary care.

In Slough we have provided access to an extra 60,000 appointments over the last 2 years. 48,000 of those being in the last year alone through the Prime Minister's Challenge Fund (PMCF) appointments after 6.30pm weekdays and 9am to 5pm at weekends.

Our early review of PMCF indicates that this could be in excess of what is now required as DNA (did not attend) rates have been very high on some occasions, with average numbers of appointments lost in this way being around 10-15% percent. Work is underway to analyse this data further.

Slough has a growing population with more complex health problems and people often have more than one long term condition. This requires a different way of thinking and not just more 10 minute appointments.

Work is currently taking place to introduce Group Consultations, Peer Support Groups, and training to encourage clinicians to use simple language to enable patients to understand the first time. These are just some examples of how access is being looked at in a way that was co-designed by GPs and their patients and is different to just providing more appointments in the system. The pilot is indicating that this is not the only solution to achieving best outcomes for patients and best value from the service provision.

7 Home visits and boundaries

Neither NHSE nor the CCG collect details on the number of home visits conducted by practices on a routine basis. However, Langley Health Centre has provided details of a typical visit pattern for their registered population of 17,282 patients. See Appendix B. This shows a total of 477 home visits being undertaken across 5 months. With a range from 0 to 10 on any one day, it also reflects the variance in demand.

It has been raised that if patients that are registered at Ragstone Road surgery in Chalvey, do they receive home visits if they live in Langley? The answer is yes they do if their clinical need requires a home visit. GP's will sometimes have conversations with patients about registering at surgeries near to where they live if they require frequent home visiting a long way from their registered practice. GP records will be transferred to a new surgery and the GPs will arrange to have a conversation when cases are complex.

Every practice will have in place, a home visiting policy that meets the requirements of its contract. This will refer to patients being seen that are too ill or physically incapable of coming to the surgery. Reception staff will accept requests for visits and the patients request is then reviewed by the GP to decide whether a visit needs to take place or if the patient can be helped in any other way.

From 5 January 2015, all GP practices in England have the option of registering patients from outside their practice boundaries without the obligation to provide home visits.

NHSE hold details of each GP surgery's 'practice area'. This forms part of the medical services contract and should be available to patients at the surgery and be indicated on the practice leaflet and website.

8 Access to GP surgeries in Langley

- Langley residents have to travel to Chalvey and Cippenham to see a GP. Is that fair?
- Patients queue from 7.30am to get an appointment. Is that acceptable?
- Are practices aware of the strength of feeling around this?

Both Orchard and Langley practices have open lists and this means that any patient can apply to register there. For whatever reason however, some people may choose to register at a practice outside of the area where they live and that is their right, if the practice agrees to accept them.

Patients can find out about GP practices in the area by entering their postcode on the NHS Choices website. Practice leaflets and websites and the CCG website also have information connecting them to the site. Many patients will also come through to the CCG PALS (patient advice and liaison) service who can also guide them.

The CCG and practices are very aware that patients feel very strongly about the difficulties they sometimes face in booking an appointment in Slough. In the Langley Health Centre, this has been a particular problem, and staff have worked extensively with their Patient Participation Group to engage and inform patients and had this statement;

Patients do not need to queue at 7.30am for an appointment; in fact we strongly discourage this. Our appointment lines and doors open at 8am and we now have an improved telephone system which has meant much diminished queues as patient's have learnt that booking via telephone is much more convenient for them. In addition we provide online booking for appointments. If patients choose to come to the surgery on foot to book an appointment, we also accommodate this by having an

additional reception staff now at 8am to book patients as they arrive into the practice. We are advertising the improved telephone system via waiting room media and via our PPG newsletter so patients do not need to queue to book an appointment.

Integrated and active patient groups are key to helping practices understand key issues and problems like this and the PMCF has supported practices and patients in working together and co-designing solutions. We hope to begin to see the fruits of this work.

From 1 April 2015, the GP contract requires all practices to establish (if it has not already done so) and maintain a patient participation group (PPG) and make reasonable efforts during each year for this to be representative of the practice population.

The purpose of the Patient Participation Group (PPG) is to ensure that patients and carers are involved in decisions about the range, shape and quality of services provided by their practice. The requirement aims to promote the proactive and innovative involvement of patients and carers through the use of effective PPGs and to act on a range of sources of patient and carer feedback in order to improve the services delivered by the practice. 14 Slough practices currently have active PPG's.

9 What do we know about patient satisfaction with access?

The national GPPS (GP patient survey) has been the main source of independent measure of satisfaction and the responses for Slough practices can be seen at Appendix C. Next survey results are due out in July 2015 and will show us any progress.

Furthermore, we have undertaken 3 local surveys of over 500 patients across Slough relating to the extended PMCF hours and this asked about ease of booking an appointment. 89% of respondents said that their experience of making an appointment was good or very good and for Langley and Orchard practices this was 82%.

These figures are significantly higher than in the GPPS survey and we should reflect on the learning if that differential persists in July.

From the high DNA rates to the significant number of extra appointments, the variance in patient satisfaction responses and the extra availability of on line booking and texting reminder and cancellation services it is important to try and understand the complexity of human behaviour and the impact on access to services. This is not always predictable or consistent. However, the combination of patient and clinician engagement has strengthened considerably over the last year in the form of the Patient Reference Group, links to surgeries and several primary care events. There is a willingness to try new approaches and to work on improving the patient experience together.

10 CCGs recommendation and direction of travel

Through our work with the patient groups and the practices we have gathered some key learning and it informed our 5 year vision for primary care.

Patients want a quick and responsive service for their urgent medical queries but want a continuity care through named professionals for their chronic illnesses and complex needs. All patients want more support to help themselves keep well and to use medical services only when they need to.

Strategically the CCG and NHS England policy drivers are toward supporting existing practices to deliver at scale, enable spread of best practice and to move away from small

individual single professional types of services.

This is even more important in service located within areas of high deprivation where health needs outstrip availability of highly skilled medical professionals.

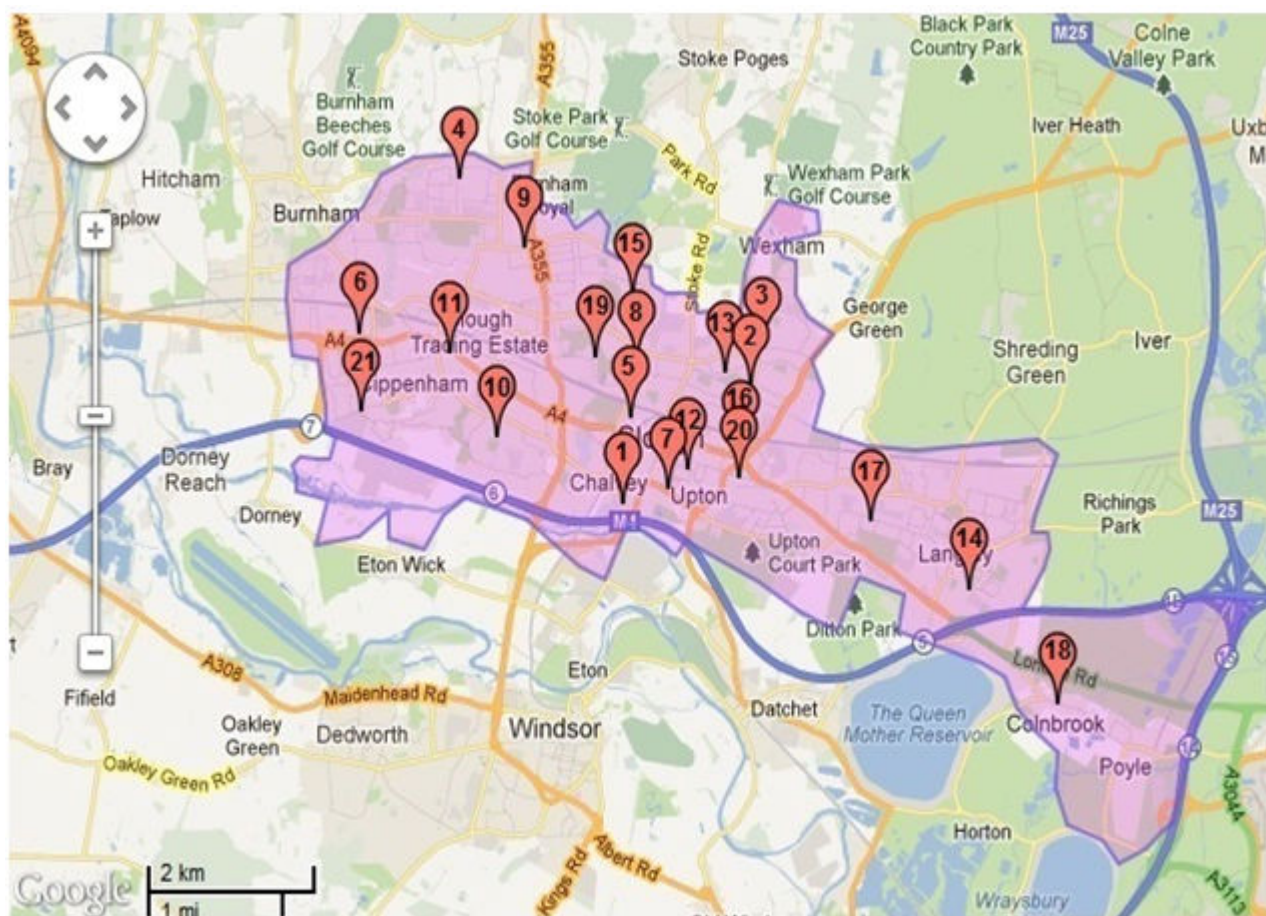
The proposed Langley Hub development site with a small GP practice would not enable the CCG and NHS England to deliver the strategic direction of travel set out above. In fact it may hinder us to deliver high quality responsive services to the population.

The CCG and NHS England however be interested in looking at the feasibility of using the hub to relocate some existing primary care services and this could potentially include a practice relocation . This solution may require support from the council around lease issues.

If this is not feasible we would still want to actively engage as a commissioner to assess whether the hub could be used for wider community services.

APPENDIX A

Member Practices



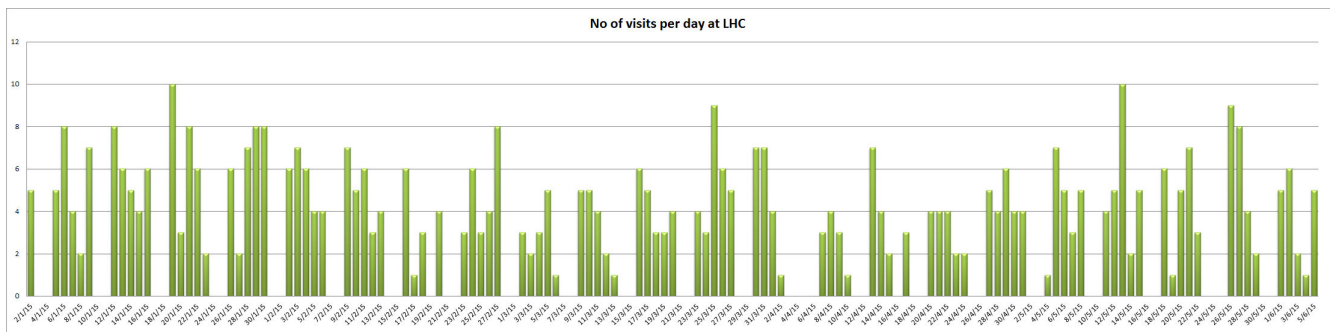
1. 40 Ragstone Road
2. 240 Wexham Road
3. 242 Wexham Road
4. Avenue Medical Centre
5. Bharani Medical Centre - Lansdowne Avenue
6. Bharani Medical Centre - Bath Road
7. Slough Walk-In Centre
8. Crosby House Surgery
9. Farnham Road Surgery - Farnham Road
10. Farnham Road Surgery - Weekes Drive
11. Cippenham Surgery
12. Herschel Medical Centre
13. Kumar Medical Centre
14. Langley Health Centre
15. Manor Park Medical Centre - Lerwick Drive
16. Manor Park Medical Centre – Princes Street
17. The Orchard Practice - High Street, Langley
18. The Orchard Practice - Wheelwrights Place
19. Shreeji Medical Centre
20. Upton Medical Partnership - Sussex Place
21. Upton Medical Partnership - Village Medical Centre, Mercian way

APPENDIX B

HOME VISITS FOR PRACTICE OF 17,000 PATIENTS

January to early June 2015

Average 5 per day. Range 0 to 10 visits



APPENDIX C

National GP Patient Survey

Results are from December 2013 and Green (shaded) indicates an improvement since December 2012. Next results are due in July 2015.

9 Questions from the GPPS survey that are being looked at as a KPI for the Prime Ministers challenge Fund. (practices are just sorted alphabetically)	Q3 Ease of getting through to someone at GP surgery on the phone. Total positive.	Q4 How helpful do you find the receptionists at your GP surgery? Total helpful.	Q18 Overall Experience Making an Appointment - Total Good	Q22 Confidence and trust in the GP you spoke to? - Total Positive	Q24 Confidence and trust in the nurse you spoke to? - Total Positive	Q25 Satisfaction with Opening Hours - Total Positive	Q29 Recommend your GP surgery to someone who has moved into area? - Total Positive	Q33 How confident are you to manage your own health? - Total Positive	Q28 Overall experience of GP surgery - Total Positive
240 WEXHAM ROAD	84.8%	91.4%	77.7%	92.8%	93.4%	79.7%	71.0%	90.1%	87.8%
BHARANI MEDICAL CENTRE	38.6%	74.3%	49.1%	90.1%	95.5%	73.8%	58.3%	84.1%	68.7%
CROSBY HOUSE SURGERY	49.2%	82.9%	62.4%	89.9%	96.3%	76.6%	56.1%	89.2%	71.4%
DR NABI	68.0%	65.4%	61.0%	96.9%	97.8%	57.5%	56.3%	84.3%	70.7%
ENGLAND	74.4%	86.9%	73.8%	95.3%	97.2%	75.7%	78.0%	92.5%	85.2%
FARNHAM ROAD PRACTICE	27.2%	79.5%	55.8%	87.6%	94.7%	69.2%	64.9%	88.2%	72.5%
HERSCHEL MEDICAL CENTRE	60.4%	76.1%	70.6%	98.5%	94.0%	70.9%	74.9%	90.4%	78.9%
KUMAR MEDICAL CENTRE	83.6%	79.1%	62.3%	84.4%	98.0%	64.9%	51.4%	86.4%	61.3%
LANGLEY HEALTH CENTRE	17.2%	67.4%	32.9%	93.7%	95.8%	60.7%	43.1%	84.1%	58.9%
MANOR PARK MEDICAL CENTRE	60.0%	85.6%	61.8%	92.7%	96.0%	72.2%	65.4%	90.3%	78.5%
NHS Slough CCG	47.7%	79.2%	56.1%	91.9%	95.0%	69.1%	61.5%	88.5%	71.4%
RAGSTONE ROAD SURGERY	75.3%	85.7%	50.1%	92.6%	97.3%	67.1%	54.1%	94.3%	74.1%
SHREEJI MEDICAL CENTRE	69.9%	81.8%	68.7%	97.8%	96.0%	74.8%	77.4%	90.5%	74.2%
SLOUGH WALK-IN HEALTH CENTRE	53.7%	72.0%	60.3%	88.3%	90.3%	77.5%	56.2%	86.7%	67.5%
THE AVENUE MEDICAL CENTRE	72.3%	93.7%	77.9%	89.5%	94.1%	84.8%	76.9%	89.8%	83.6%
THE ORCHARD SURGERY	34.2%	87.4%	50.4%	94.7%	88.9%	58.1%	67.3%	92.2%	70.4%
THE VILLAGE MEDICAL CENTRE	36.1%	80.1%	37.2%	90.5%	98.1%	56.5%	53.9%	92.0%	62.5%
WEXHAM ROAD SURGERY	92.6%	86.1%	80.5%	95.9%	88.5%	78.9%	76.1%	87.7%	89.3%