

# Adults Wellbeing and Health Overview and Scrutiny Committee

2 October 2020

## Overview and Scrutiny Review of GP Services in County Durham



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### Report of John Hewitt Corporate Director of Resources

#### Electoral division(s) affected:

None

#### Purpose of the Report

- 1 The purpose of this report is to present for comment the Adults Wellbeing and Health Overview and Scrutiny Committee's review report focusing on GP Services in County Durham. A copy of the report is attached at appendix 2.

#### Executive Summary

- 2 During the course of 2018/19 the Adults Wellbeing and Health Overview and Scrutiny Committee was engaged in a number of applications to review, merge or close General Practitioner (GP) branch services across County Durham. As part of these consultations, members received representations from patients, GP practice staff and councillors regarding the potential cumulative impact of these proposed changes and decided to undertake a review of the provision of and access to GP services across County Durham.
- 3 The following terms of reference were agreed by the committee at its meeting on 19 January 2019:
  - To establish the respective roles and responsibilities of NHS England and Clinical Commissioning Groups in terms of the commissioning of GP services across County Durham.
  - To establish the extent of GP coverage across County Durham including information in respect of:-
    - The number of GP practices in County Durham;

- Practices boundaries in County Durham including practice list sizes;
  - Staffing structures within GP practices;
  - Single vs multiple branch GP practices;
  - Skills mix across GP practices;
  - GP Appointment capacity and demand for appointments across GP practices including DNA rates.
- To ascertain the effectiveness of GP service provision is monitored including CQC inspection ratings across County Durham together with information in respect of the CQC Inspection of GP process.
  - To establish patient satisfaction ratings for GP practices from the patient survey on a practice by practice basis and to compare these with the national picture.
  - To establish existing and future workforce and demographic pressures which may impact on current and future access to GP services.
  - To identify areas of good practice and share learning in respect of management of appointments and access to services to all patients.
  - To identify the work undertaken and planned by Clinical Commissioning Groups to:-
    - address workforce pressures and skill mix.
    - Resilience.
    - address recruitment and retention at start and end of career.
    - to improve access.
    - to improve quality.
    - to commission additional services to support primary care.
  - To identify and examine the local authority's role and responsibilities in developing and delivering sustainable transport solutions which support access to GP services.

4 The Working group met on six occasions and evidence supporting the recommendations came from North Durham and DDES CCG; North East Ambulance Service NHS FT; Care Quality Commission; DCC Public Health, Planning Policy and Transport teams; NHS England's 2018 GP Patient Survey and reports by County Durham Healthwatch

into Care Navigation; Access to GP Services survey and GP Enter and View visits.

- 5 The Review Group identified key findings and recommendations which include:-
- The provisions of the NHS Long Term Plan, the development of Primary Care Networks and the proposed levels of investment to improve and increase staffing resources and skills mixes within General Practice.
  - The findings of Healthwatch County Durham's review of Care Navigation and the need for a robust communications and engagement strategy to promote Care Navigation across all GP Practices in County Durham.
  - The promotion of alternative methods of accessing Primary Care appointments to face to face by utilising new technology which will facilitate online service provision.
  - The use of local intelligence by the Care Quality Commission as part of its revised inspection regime.
  - The use of Section 106 agreements and any resources generated therefrom to contribute to enhanced health services where increased demand is demonstrated.
  - The need for an integrated transport solution which supports people to access GP services and associated marketing and communications information.
  - Continuation of and support for the workforce development initiatives identified and introduced by County Durham CCGs to address GP recruitment and retention as well as the practice vulnerability toolkit developed across County Durham.
  - NHS 111 service's role in arranging direct appointments with GPs where appropriate and the promotion of this facility across the community of County Durham.
- 6 The report will be considered by the Adult and Health Services Management Team and the service will be asked to provide a response to the report

## **Recommendation(s)**

- 7 Adults Wellbeing and Health Overview and Scrutiny Committee note and comment on the Scrutiny Review Report on GP Services in County Durham as attached at appendix 2.
- 8 The report is submitted for consideration by Cabinet at the meeting on 16 December 2020.

## Background

- 9 During the course of 2018/19 the Adults Wellbeing and Health Overview and Scrutiny Committee was engaged in a number of applications to review, merge or close General Practitioner (GP) branch services across County Durham. As part of these consultations, members received representations from patients, GP practice staff and councillors regarding the potential cumulative impact of these proposed changes and decided to undertake a review of the provision of and access to GP services across County Durham
- 10 Primary care is often described as the 'front door of the NHS' and provides patients with community-based access to medical services for advice, prescriptions, treatment or referral, usually through a General Practitioner (GP) or nurse. It is estimated that around 90% of interactions in the NHS takes place in primary care.
- 11 The NHS Long Term plan published in 2019 sets out a shift from care in hospital settings to more community and primary care provision. Pressures within the healthcare system in terms of funding, staffing, increasing inequalities and an increasing and ageing population are highlighted, which coupled with the shift in provision have a big impact on GP service demand.
- 12 County Durham Clinical Commissioning Groups (CCGs) are clinically-led organisations made up of their respective GP practices. They have previously developed local primary care strategies which aim to ensure the sustainability of general practice in light of the challenges, building on existing strengths and ensuring safe, effective and high-quality care. The merger of North Durham CCG and DDES CCG to form a single CCG for County Durham will require a new countywide primary care strategy to be developed.
- 13 At the time of the review there were 67 GP practices across County Durham - 30 in North Durham CCG and 37 in Durham Dales, Easington and Sedgfield CCG each having a wide range of clinical staff and skills, with on average 27 staff per practice.
- 14 Pressures identified across primary care include an aging population with multiple long-term conditions and complex health needs; workforce pressures such as GP recruitment, retention and retirements; an overdependence on face to face appointments and the lack of innovation in alternative methods of consultation and take up of such options.
- 15 As part of the delivery of the NHS Long term plan, the development of Primary Care Networks (PCNs) provides the opportunity for service reform and supports the aspiration of fully integrated community-based healthcare. There are 7 new national service standards which have been developed for PCNs to deliver, and County Durham CCGs have

committed investment to support delivery of these reforms. These standards relate to medications review; improved health in care homes; high needs patients' care; personalised care; early cancer diagnosis, cardio-vascular disease prevention and diagnosis and tackling neighbourhood inequalities.

- 16 Additional workforce investment identified for PCNs includes clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics. An additional role reimbursement scheme has been established to provide 70% of the total cost of these additional posts. Changes to medical indemnity arrangements arising from PCN development means that staff are free to work across GP practices within a PCN and support practices who may be struggling.
- 17 The working group supports the work proposed in respect of the development of Primary Care Networks, investments planned, and recommends adoption of arrangements to work across practices to address any local shortfalls in access to GP services and balance demand.
- 18 It is further recommended that the new staff roles introduced as a result of workforce investment are built into the local care navigation system to ensure that patients get the most appropriate support for their needs.
- 19 The review considered a wide range of user feedback, including evidence from three Healthwatch survey reports and CCG patient surveys. Most patients experience when seeing their GP in County Durham is positive, with 76% of North Durham CCG patients and 75% of DDES patients who completed the 2018 GP Patient survey saying that it was easy to get through to someone at their practice, compared to 70% nationally.
- 20 Patients welcome the ability to speak confidentially when visiting their GP and some expressed issues with the physical environment of GP reception areas to be able to do this. A well-managed GP reception area with clear access to posters, information and display screens reflected in positive patients' experience.
- 21 The lack of availability of same day/urgent appointments was highlighted as a concern by patients contacting their GP. The biggest concern identified by Healthwatch was the ability to get through to practices by telephone and successfully make an appointment.
- 22 Many patients when surveyed were also unaware of the care navigation initiative. Whilst Care Navigation has been introduced across County Durham GP practices, the Healthwatch County Durham review of this identified issues around the communication of the rationale for and benefits of care navigation to patients. It is recommended that the CCG

address the issues identified in the Healthwatch review of care navigation including communication of the process.

- 23 A further area identified via the CCG survey was that fewer than 20% of patients used online services within their GP practice to book appointments, order prescriptions and access medical records with over 50% of patients being unaware of the availability of these services. The working group recommend that promotion of digital technology is built into the new Primary Care Strategy.
- 24 Consistently higher levels of satisfaction were reported across County Durham than the national average in terms of how good healthcare professionals are in giving patients sufficient time in appointments, listening to patients, treating patients with care and involving patients in decision making.
- 25 Turning to external regulator and partner views on County Durham GP services. General practice is regulated by the Care Quality Commission (CQC), who rate 94% of GP practices in County Durham as either outstanding or good.
- 26 A new CQC inspection regime is being introduced, which will focus more strongly on those services judged to be “requires improvement” or “inadequate”. As part of its inspection regime, it is recommended that the CQC should consider utilising information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when assessing the effectiveness of GP services provision.
- 27 Public Health is a key partner who work with the CCG, GP Services and other partners to improve health and prevent ill-health. They also work in conjunction with the CCG, NHS Property and County Council planning team to ensure that capacity within the healthcare system and population growth are considered when new housing developments are being examined and built in as part of the emerging County Durham Plan. As part of local planning authority approval for new developments, developers are expected to contribute to new community facilities (so-called Section 106 funding). The use of Section 106 resources has contributed to improvements to GP facilities in some areas in County Durham and should continue to be supported in line with new infrastructure policy proposals in the emerging County Durham Plan.
- 28 As well as the availability of GP appointments, concerns exist regarding the ability of patients to access GP services particularly in the more rural areas of County Durham. There are a range of transport solutions available for patients to access GP services which, whilst not directly commissioned by the Council, are available via the Council’s Travel Response Centre.

- 29 These services do have restrictions/criteria placed upon their availability and use and it is recommended that a more joined up approach between the offer of healthcare appointments for both hospital and GP services and any patient transport requirements should be adopted to ensure access is equitable across the County. This may help in part to address the do not attend (DNA) rates for missed appointments across County Durham, which from October 2017 to November 2018 were 3.9% equating to 129,000 missed appointments.
- 30 County Durham CCG has identified a range of initiatives as part of a five-point plan to provide additional support to General Practice. These include a GP Career start initiative; a Federated Salaried GP scheme; international recruitment, a GP Resilience scheme and a GP Retention Scheme.
- 31 A practice vulnerability tool has also been developed by CCGs and the Local Medical Committee utilising information from NHS England, Health Education England and individual GP practices to enable early identification of vulnerable practices and the availability of support to them.
- 32 In view of the challenges facing General Practice across County Durham and nationally and having experienced first-hand the problems facing vulnerable practices, the review group recommends the further development of the sustainability toolkit and supports its use.
- 33 The final area considered by the review was the way in which the NHS 111 service is used to book in hours GP practice appointments across the CCG. At the time of the review there were fewer than one third of available booking slots utilised via NHS 111 across the CCG area. In view of this the working group agreed that it was essential that CCGs and GP services publicised and communicated the role of NHS 111 in signposting patients to the most appropriate health service together with the ability to access GP appointments through this system should this be clinically required.

## **Recommendations**

### **Recommendation 1**

- 34 The development of Primary Care Networks and the additional workforce investment planned are supported. Revised medical indemnity arrangements to promote cross GP practice peer should be promoted where workforce pressures are impacting upon the availability of GP appointments.

### **Recommendation 2**

- 35 New practice staff roles being introduced as part of the NHS Long Term Plan are built into the local care navigation to ensure the appropriateness of future patient appointments as part of any Primary Care Strategy.

### **Recommendation 3**

- 36 An extensive communications programme identifying the purpose of Care Navigation and its benefits should be implemented by the CCG and promoted across all GP practices within the County.

### **Recommendation 4**

- 37 The use of digital technology to access primary care services as an alternative to face to face consultations/appointments with GPs should be promoted as a way of facilitating more accessible and timely GP advice and support.

### **Recommendation 5**

- 38 As part of its inspection regime, the CQC should utilise information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when gathering evidence to assess the effectiveness of GP services provision.

### **Recommendation 6**

- 39 Use of section 106 agreements to contribute to the development of enhanced health care services where development is taking place is supported in line with the emerging County Durham Plan.

### **Recommendation 7**

- 40 An integrated transport solution is developed to address the challenges faced by patients in accessing appointments to include specific and widely publicised patient information relating to the travel support available.

### **Recommendation 8**

- 41 The CCG's workforce development initiatives detailed within this report are supported and further development and use of the practice vulnerability toolkit to support vulnerable practices through peer support across and within Primary Care Networks is recommended.

### **Recommendation 9**

- 42 The CCG and North East Ambulance Service NHS Foundation Trust develop an effective communications and marketing campaign to raise awareness and promote the availability of GP appointments via the NHS 111 Service.

## Background papers

- None

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## **Appendix 1: Implications**

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### **Legal Implications**

None

### **Finance**

None

### **Consultation**

Key consultations have been used as evidence as part of the review as detailed throughout the report and underpins the report and recommendations.

### **Equality and Diversity / Public Sector Equality Duty**

An Equality Impact Assessment initial screening has been undertaken in producing this report and recommendations

### **Human Rights**

None

### **Climate Change**

None

### **Crime and Disorder**

None.

### **Staffing**

None

### **Accommodation**

None

### **Risk**

None.

### **Procurement**

None