

Overview and Scrutiny Review of GP Services in County Durham

Report of Councillor John Robinson, Chair of Adults Wellbeing and Health Overview and Scrutiny Committee

Electoral division(s) affected:

None

Purpose of the Report

- 1 The purpose of this report is to present the key findings and recommendations of 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 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 Overall, whilst health and wellbeing has improved significantly in County Durham it remains worse than the England average. County Durham has an ageing population with higher than average numbers of people living with long term conditions many with complex health needs. Access to effective, high quality primary care to help achieve improved health outcomes and reduced health inequalities is essential. An increasing population coupled with high deprivation levels in some parts of County Durham means that demand for General Practice (GP) services is likely to increase and in order to meet this anticipated demand we need to insure that the County has adequate numbers of GPs and other healthcare professionals and that practices have effective appointment systems and a wide ranging skills mix within their practice teams.

- 4 The review examined the extent of GP coverage across County Durham including practice numbers, staffing structures and skills mixes, GP appointment capacity and demand including non-attendance rates. The effectiveness of GP service provision as reflected in inspection ratings was considered, as well as patient satisfaction with GP services. Colleagues from the clinical commissioning groups explained existing and future workforce and demographic pressures which may impact upon access to GP services as well as setting out plans to address workforce pressures including the recruitment and retention of GPs and other health professionals. The role of public health, health promotion and ill health prevention together with planning policies and transport initiatives in ensuring that GP services are sustainable and accessible was also assessed.
- 5 The Review makes a series of recommendations which aim to improve the sustainability and accessibility of GP services across County Durham.
- 6 Since the review was undertaken we have been impacted by the greatest medical emergency in our generation and the COVID-19 pandemic has resulted in major changes to the way in which general practice services are delivered. A number of these changes support recommendations arising from this review including the increased use of technology to facilitate remote consultations and appointments. This experience will hopefully provide reassurance to patients that alongside face to face services, an increase in the use of such technology can be an effective, efficient and safe way of accessing GP services.
- 7 The review identifies nine recommendations for the Council ,CCG, NEAS and CQC to consider and address through partnership working. In addition it is recommended that a review of progress with the report is undertaken six months after consideration by Cabinet and the Health and Wellbeing Board.

Recommendation(s)

- 8 Members of the Health and Wellbeing Board are recommended to:
 - a) Endorse the recommendations contained within the review report and agree to work in partnership to deliver the identified improvements:
 - i. Recommendation One

The development of Primary Care Networks and the additional workforce investment planned are supported. Revised medical indemnity arrangements to promote cross GP practice peer support should be promoted where

workforce pressures are impacting upon the availability of GP appointments.

ii. Recommendation Two

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.

iii. Recommendation Three

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.

iv. Recommendation Four

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.

v. Recommendation Five

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.

vi. Recommendation Six

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.

vii. Recommendation Seven

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.

viii. Recommendation Eight

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.

ix. Recommendation Nine

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

- 6 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
- 7 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.
- 8 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.
- 9 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.
- 10 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.
- 11 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.
- 12 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.

- 13 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.
- 14 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.
- 15 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.
- 16 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.
- 17 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.
- 18 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.
- 19 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.

- 20 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.
- 21 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.
- 22 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.
- 23 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.
- 24 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.
- 25 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.

- 26 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.
- 27 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.
- 28 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.
- 29 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.
- 30 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.

Service Response

- 31 NHS County Durham Clinical Commissioning Group have provided an initial response to the review report and recommendations.
- 32 The CCG acknowledges the report and the immense work undertaken by the members of the review group. Recommendations within the report have been incorporated into the revised CCG Primary Care Strategy which will be presented to the January AHWOSC meeting.
- 33 The CCG continue to work on Care Navigation, which includes introducing new templates and revising existing ones to ensure new staff roles and services are part of the process.

- 34 Following the outcome of the County Durham HealthWatch survey the CCG, in conjunction with HealthWatch, produced an action plan. This action plan addressed areas of note contained within the survey. Refresher training continues to be provided on a regular basis for both new staff and current reception staff.
- 35 Digital technology is a priority for the CCG and its use was accelerated due to the COVID Pandemic for example, 'Triage First' was introduced which moved primary care from a model of almost entirely face-to-face consultations to almost all consultations taking place by telephone/video call, together with greater use of e-consult. It must be emphasised that patients are still accessing face to face consultation where clinically necessary.
- 36 A range of campaigns have been undertaken to promote the use of NHS 111, most recently the "Think GP First" campaign. This was promoted through a range of mechanisms including the County Durham News.

Conclusion

- 37 This report provides an overview of activity undertaken, findings and recommendations contained in the review group report at Appendix 2.

Background papers

- None

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Appendix 1: Implications

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