**Durham Dales, Easington and Sedgefield
Clinical Commissioning Group**

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18 February 2016

Councillor John Robinson
Chair
Adult Wellbeing and Health Overview
and Scrutiny Committee
Durham County Council
County Hall
DURHAM
DH1 5UJ

Dear Councillor Robinson

Response in relation to Urgent Care

Thank you for your letter of 19th January 2016 outlining some concerns and questions from the Overview and Scrutiny Committee in relation to the review of urgent care across Durham Dales, Easington and Sedgefield (DDES) CCG.

I have outlined your specific queries below along with our response to each one.

1 *Members have highlighted concerns regarding the ability of GP practices to meet the anticipated demand on the future model, given that GP capacity and access is an issue of concern nationally, regionally and locally.*

It is recognised by the Centre for Workforce Intelligence that there is a shortage of GPs nationally, the numbers not having risen since 2009.

The GP ratio per 100,000 of population for DDES CCG is 67.3 compared to a North East average of 68.0 and an England average of 63.4, meaning we are above the national average. The GP workforce within DDES CCG is predominantly UK trained (65%). In addition, DDES CCG has a higher ratio of single-handed GP practices compared to both the North East and England figures.

In January 2015, NHS England announced £10m investment to expand GP recruitment. This is aimed at retaining GPs by establishing a new scheme to encourage GPs who may otherwise be considering a career break or retirement, to remain working on a part-time basis. It will also encourage doctors to return to general practice. Health Education England (HEE) and NHS England will publish a new induction and returner scheme, recognising the different needs of those returning from work overseas or from a career break.

The CCG has developed and implemented a Primary Care workforce plan within the CCG which is summarised below:

- Continued development of the Career Start GP scheme building on Phase I , which has seen seven newly trained GPs come to work in the area;
- Phase II will see the development of GPs with specific health interests, by providing access and support to development/courses in areas of interest;
- The CCG promotes the Career Start scheme as an employment route for aspirant/trainee GPs who are in their final stages of education (ST3);
- We are exploring portfolio opportunities with other providers as part of the GP career start development;
- HENE is developing schemes for return to practice and near retirement GPs;
- We are in the process of expanding a career start programme for practice nurses which will support the transition of nurses working in the secondary care setting who wish to work in primary care;
- Access to clinical leadership programmes for GPs. This will include building on the already developed clinical leadership programmes, where appropriate. Two of our GPs (Dr Satinder Sanghera and Dr Jonathan Smith) have previously both attended the North East Leadership Academy (NELA) clinical fellowship programme;
- Developing the pharmacy workforce by working with the HENE Pharmacy subgroup to ensure appropriate development of the pharmacy workforce in primary care. This will be in addition to the national pilot for expanding the pharmacy workforce in primary care where DDES federations are part of a national pilot.

The CCG has supported and developed federated working amongst GP practices across DDES. This enables practices to collaborate and share resources and has enabled us to offer weekend opening to whole DDES population for the last eighteen months.

The CCG has commissioned additional community services for the frail and vulnerable population that wrap around GP practices. These services provide additional resource to support some of the more complex patients both for patients at risk of admission to hospital or those that have been recently discharged from hospital. This is, in effect, an additional resource for GP practices which frees up or extends capacity across primary care.

We are collecting activity data from primary care which enables us to compare appointments provided across all of our practices. This will be implemented across the region of part of the Urgent and Emergency Care Vanguard, but DDES had already implemented this across all of its practices.

We have implemented direct booking from the 111 service into GP practices both during the week and on Saturdays. This enables 111 to book patients into a GP practice if their need can be met in primary care.

Finally, we are about to conduct an audit into access and booking across all of our practices. This will enable us to identify and share good practice.

2. *Outline steps that GPs have taken to promote the availability of appointments within the current model of urgent care, given the assertion that 70% of patients at walk in centres could have been seen within primary care.*

GP practices generally make contact with patients who inappropriately use urgent care services. These patients are encouraged to use the GP practices.

The CCG has incentivised practices this year to hold slots open daily for 111 to remotely book in patients who need to be seen. To date, these are not overly used and work will continue with this to encourage patients to contact 111 for signposting to appropriate services ensuring we utilise the capacity available.

Some practices across DDES now also do telephone appointment/triaging and this has proven successful.

A communications strategy is being developed to educate patients on the appropriate use of services, triaging and signposting. This will run alongside all consultation and development work and will be widely promoted by the CCG and practices.

The CCG has promoted weekend opening in Stewart Findlay's newspaper column and in the Stakeholder newsletter, as well as on the CCG's website.

Our GP federations (groups of practices working together), have carried out communication campaigns throughout the year to advise of capacity within GP practices on a weekend/ over the Christmas and Easter breaks and how to access which is proving very successful. This has included text messaging to patients to make them aware of availability.

We will continue to work with our GPs over the coming months on a patient education programme and acknowledge that promoting access to services needs to be improved to ensure any future model is successful.

3. *Demonstrate that GPs are exploring why patients are bypassing their GP practices to attend an urgent care / walk in centre or Minor Injuries Unit when there are appointments available.*

We have commissioned 'Care in the Chemist' so that patients can bypass urgent care and general practice.

We commissioned Healthwatch to undertake an audit of the reasons why patients had attended urgent care services and shared this with practices.

4. *Explain what steps will be taken with regards to financial considerations arising from the remodelling of the Urgent Care service, with the potential redistribution of resources from existing providers to GP practices.*

All financial modelling around the potential redistribution of resources is open and transparent. At the time of writing this response, we are not able to share this level of detail as it is commercially sensitive.

NHS England will review all financial considerations as part of the assurance of the CCG's business case both pre and post consultation.

Bespoke governance arrangements have been developed to protect confidentiality give the conflicts of interest. A sub-committee of the Governing Body and the Executive Committee of the CCG is being established which only includes non-conflicted members of both groups.

Additional legal advice is being obtained on commissioning of primary care services.

5. *Explain how the OSC and patients can generally be assured that high quality, accessible and equitable services are being provided.*

NHS England is part of the Urgent Care Project Group as a critical friend, and all the CCG's plans are measured for suitability against NHS assurance framework. The CCG needs approval from NHS England before it can proceed with any large scale service changes such as urgent care. We should be able to share feedback from NHS England about our plans at the next Overview and Scrutiny meeting.

NHS England would not approve plans that were of poor quality, inaccessible or inequitable.

6. *Concerns have been raised by OSC members around the difficulties experienced 'getting past' the receptionists/gate keepers and the importance to maintain patient confidentiality.*

As mentioned previously, we are about to conduct an audit into access and booking across all of our practices. This will enable us to identify and share good practice.

7. *How are the CCG ensuring that access to primary care is equitable?*

The CCG began recording the number of primary care contacts in May 2015, recording the number of face-to-face, home visit and telephone appointments for GPs, nurses and healthcare assistants. From May 2015 to December 2015 there were 1,178,000 contacts, and the forecast for 12 months using this figure is 1,765,000 primary care contacts (source: NECS Information Analysis team).

As mentioned previously, DDES CCG has been collecting activity data from all of the practices for some time and is able to compare and share activity rates.

GP access is challenging to assess as there are no established mechanisms to determine whether or not a practice has access issues. The metrics that are available relate to the information that is collected as part of the patient survey undertaken at practice level which focuses on:

1. Accessing GP services;
2. Making an appointment;
3. Opening hours;
4. Overall experience.

DDES practices perform very well in the GP National Patient Survey, achieving over the England average for the following measures:

Table 15: GP patient survey results, Jan-16 (Source: National Patient Survey: https://gp-patient.co.uk/)

Measure	DDES CCG	England
Ease of getting through to someone at GP surgery on the phone, % Easy	77%	70%
Frequency of seeing preferred GP, % always, almost always or a lot of the time	61%	59%
Impression of waiting time at surgery, % Don't normally have to wait too long	63%	58%

We will carry out a skills gap analysis with all member practices to establish the implications for future workforce. A full training and development programme will be developed and implemented within primary care in DDES. It is acknowledged that this will need to cover reception and administration to ensure that services are easy to access. Some practices are exploring GPs directly triaging patient calls and consulting if appropriate over the phone.

8. *Provide an assessment of exactly where the 70% of appointments available were located and whether these were available in the GP practices of the patients choosing*

The figure of 70% refers to when appointments were available in primary care when patients attended an urgent care centre.

The figures below relate to availability of appointments when the condition could be treated in primary care:
Durham Dales – 61%
Easington – 45%
Sedgefield – 50%

9. *OSC have highlighted 2 potential periods of purdah within the potential formal public consultation timescale.*

We have checked the information provided with NHS England and the view is that this will not affect our timescales.

I trust our response goes some way to alleviating your concerns about any potential services changes however should you require any more information, please do not hesitate to contact me.

Yours sincerely

Sarah Burns
Director of Commissioning