

HEALTH SELECT COMMISSION

Venue: Town Hall,
Moorgate Street,
Rotherham S60 2TH

Date: Thursday, 15th January, 2015

Time: 9.30 a.m.

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972
2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency
3. Apologies for Absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Response to Access to GPs Scrutiny Review (Pages 1 - 40)
To be presented by:-

Carys Murray Cook, Inspector, South Yorkshire and Bassetlaw, Care Quality Commission
Richard Armstrong, NHS England
Chris Edwards, Rotherham Clinical Commissioning Group,
8. Date and Time of Next Meeting
- Thursday, 22nd January, 2015 at 9.30 a.m.

Access to GP Services

GP Patient Survey –an
analysis of the Access
Questions

January 2015

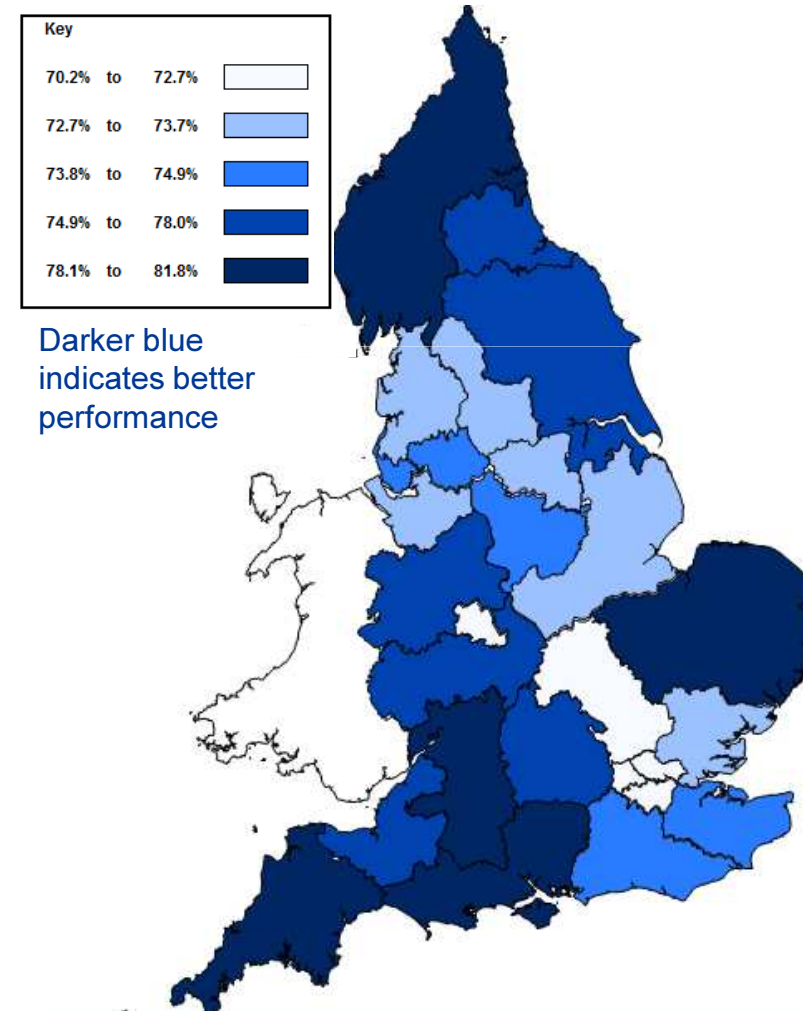
There is considerable geographical variation in patient experience of access

There is **significant variation in the reported experience of access to GP services across geographical areas** in England (Fig 1). Differences in population demographics partly explain this variation.

In 2013-14 there was a difference of 12 percentage points between the areas with the highest and lowest proportions of people reporting a good **overall experience of making an appointment** (82% in Devon, Cornwall & the Isles of Scilly; 70% in Birmingham & the West Country. In Rotherham, 75% people reported a good overall experience of making an appointment.)

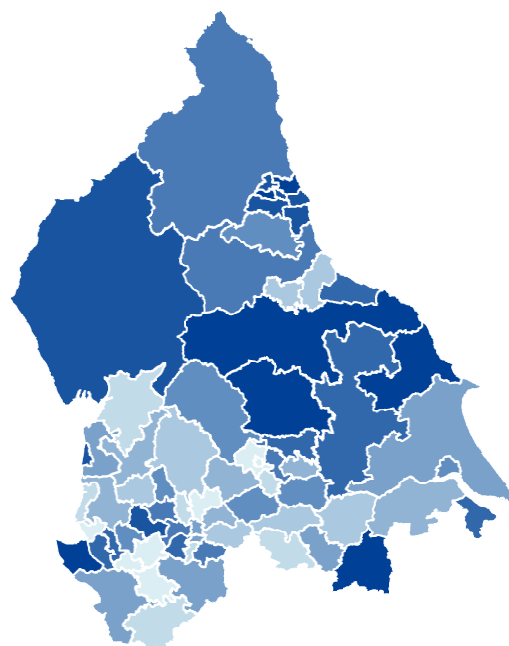
The **national trends in the key drivers of experience of access are reflected at Area Team level** though there is variation in regional rates of decline over time. For example, between 2011-12 and 2013-14, the proportion of people who felt that their last appointment was convenient fell by 2.2 percentage points in Cheshire, Warrington and Wirral, compared to 0.5 points in Greater Manchester. In Rotherham change has been decline of 1 percentage point over the same period

Figure 1: Proportion of patients who describe their overall experience of making an appointment as good, 2013-14

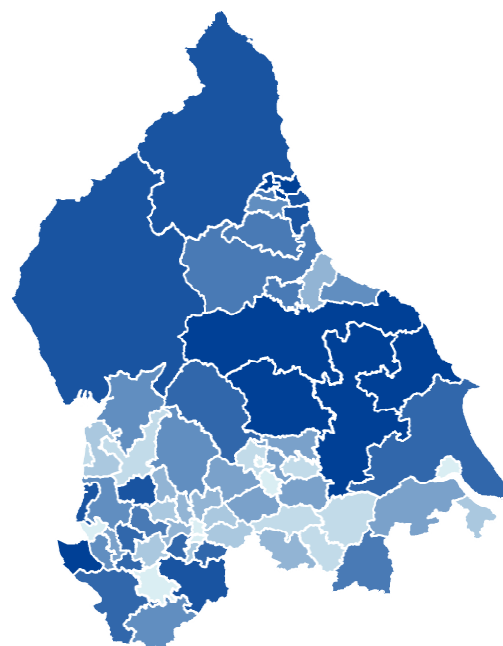


GP Access Metrics: CCG Benchmark in the North of England

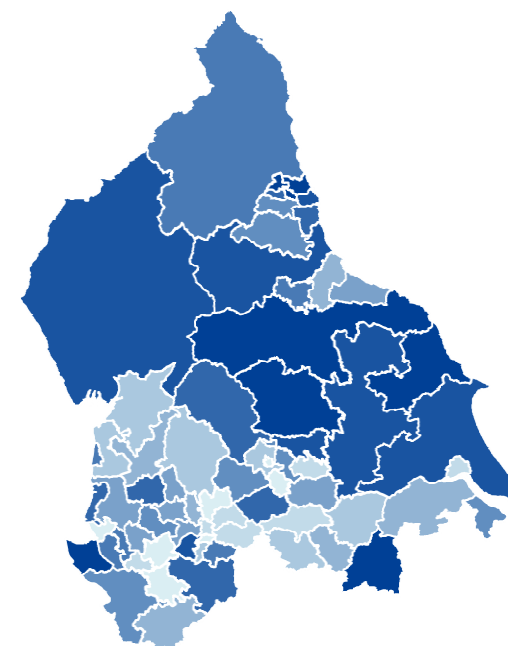
Satisfaction with Access



Satisfaction with Consultation



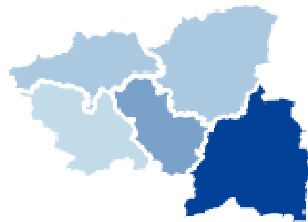
Satisfaction with Care Overall



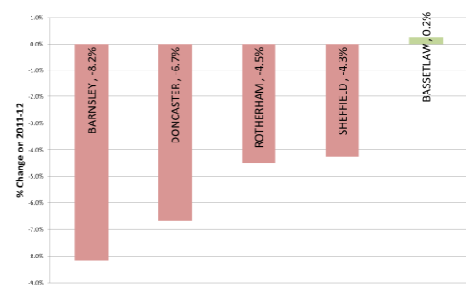
- CCGs ranked on 2013-14 performance on 3 primary care metrics – coloured in 10% bands: Rotherham CCG practices fall into average access across the Region (although North Region performs above national average)

South Yorkshire & Bassetlaw CCGs

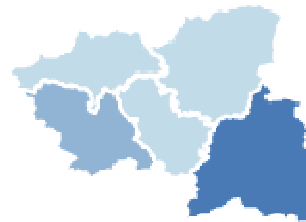
Satisfaction with Access



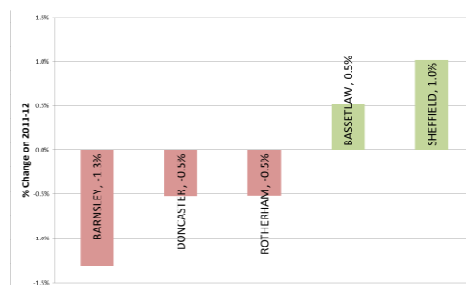
AT Total	Score	Change on previous year	Change on 2011-12
2011-12	255.3		
2012-13	249.0	↓ -2.5%	
2013-14	242.3	↓ -2.7%	↓ -5.1%



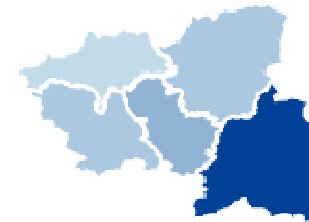
Satisfaction with Consultation



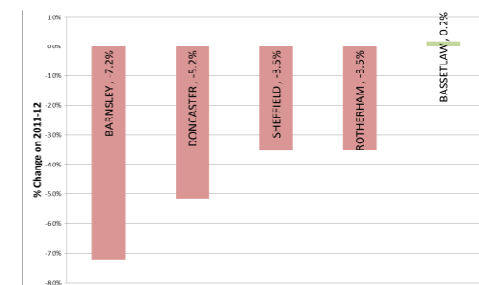
AT Total	Score	Change on previous year	Change on 2011-12
2011-12	629.0		
2012-13	633.3	↑ 0.7%	
2013-14	628.9	↓ -0.7%	↓ 0.0%



Satisfaction with Care Overall



AT Total	Score	Change on previous year	Change on 2011-12
2011-12	171.9		
2012-13	168.5	↓ -2.0%	
2013-14	164.7	↓ -2.3%	↓ -4.2%



Quality

Delivery

Commissioning

Finance

HR

OACP

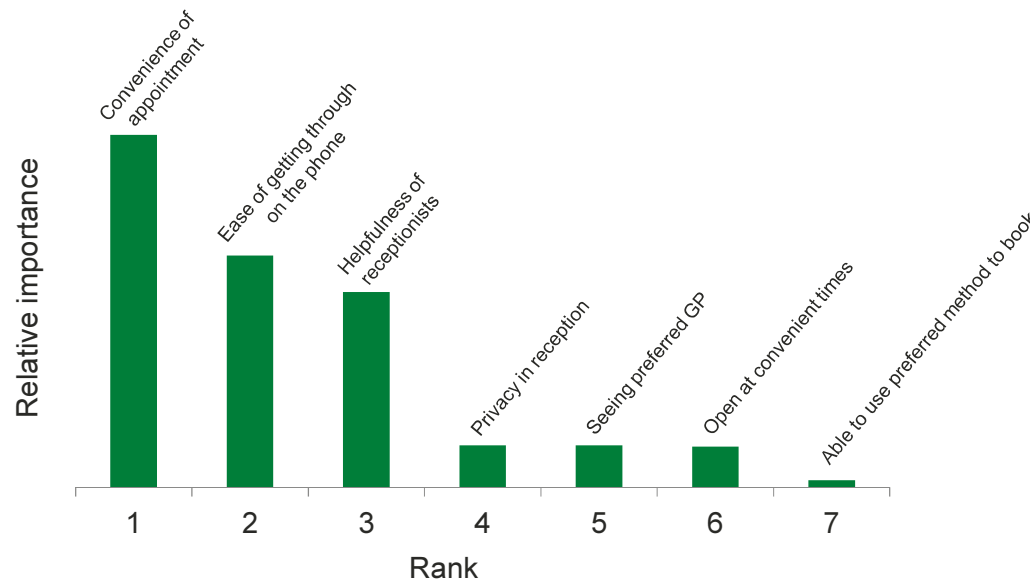
Strategic

Key drivers of satisfaction with general practice appointments

- Overall levels of patient satisfaction with primary care remain high, but experience of access to general practice is deteriorating.
- Analysis of the GP Patient Survey by Ipsos-MORI highlights that the convenience of the appointment has the most impact on a person's rating of their experience of making an appointment, followed by ease of getting through on the phone and experience with reception in making an appointment

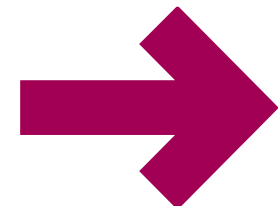
Key National Drivers for Q18

Drivers of overall experience of making an appointment



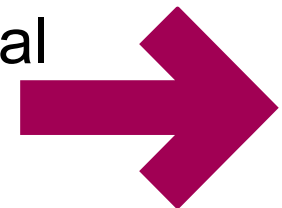
Q18: Overall, how would you describe your experience of making an appointment?

61.7% of the variance explained by the model



Deep dive into appointments

- Within the North we have used this to delve deeper into what types and times of appointments patients want compared to the types and times of appointments patients get and what impact that therefore has on their overall experience of making an appointment
- This analysis looks specifically at whether patients are getting appointments and how that affects their experience.
- In addition, as the chart on the previous slide shows, being able to get through on the phone and helpfulness of receptionists are also key drivers, so making improvements in these areas will also contribute to improving patient experience of accessing general practice overall



Age and state of health are two of the strongest predictors of experience of access to primary care services

The significant geographic variation in reported experience of access to GP services across England can partly be explained by differences in population demographics.

Analysis indicates that **Age** and **State of health** are two of the strongest predictors of patient experience of access:

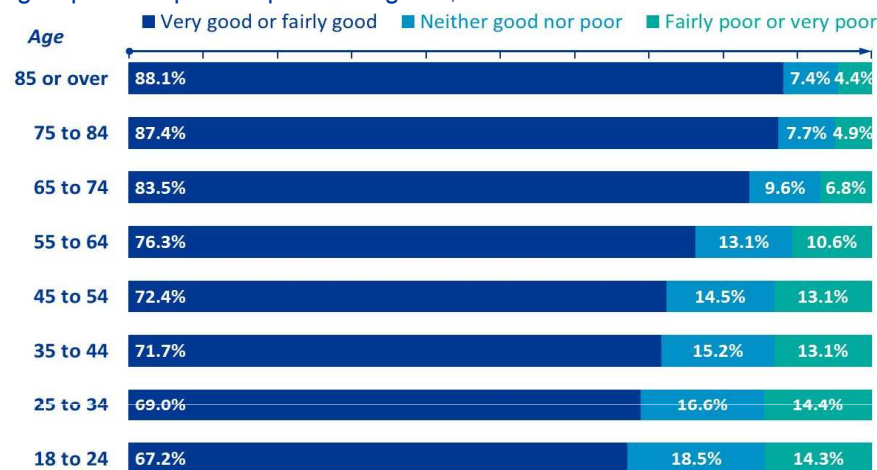
Older patients are **more likely** to report a **positive** experience of accessing GP services compared to younger patients (fig 5).

Patients with **one or more long-standing health conditions (LSHC)** are **more likely** to report a **positive** experience of accessing GP services compared to patients without an LSHC (fig 6).

We also know that **experience of access varies by ethnicity**: while three-quarters (75%) of people from white backgrounds report good overall experiences of making an appointment, only around two-thirds (64%) of those from Asian and Asian British backgrounds report this way.

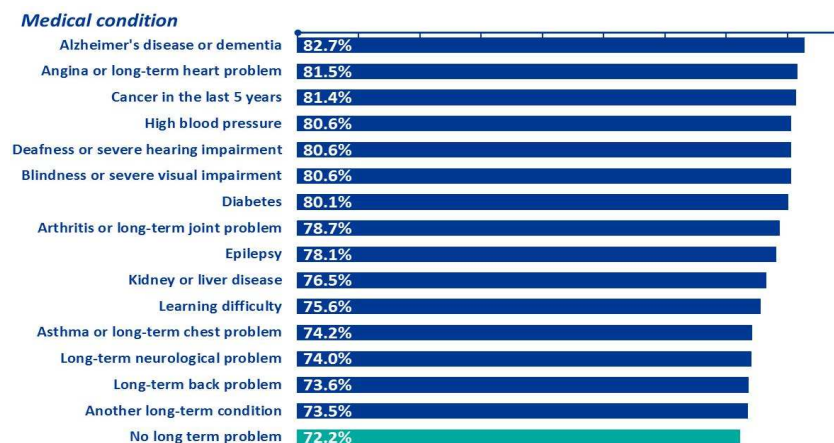
³Unpublished research commissioned from Ipsos MORI by NHS England in 2014.

Figure 5: Overall experience of making an appointment by age group. All response options. England, 2013-14



Data source: NHS England, GP Patient Survey 2013-14. Fieldwork periods Jul - Sept 2013 & Jan - Mar 2014

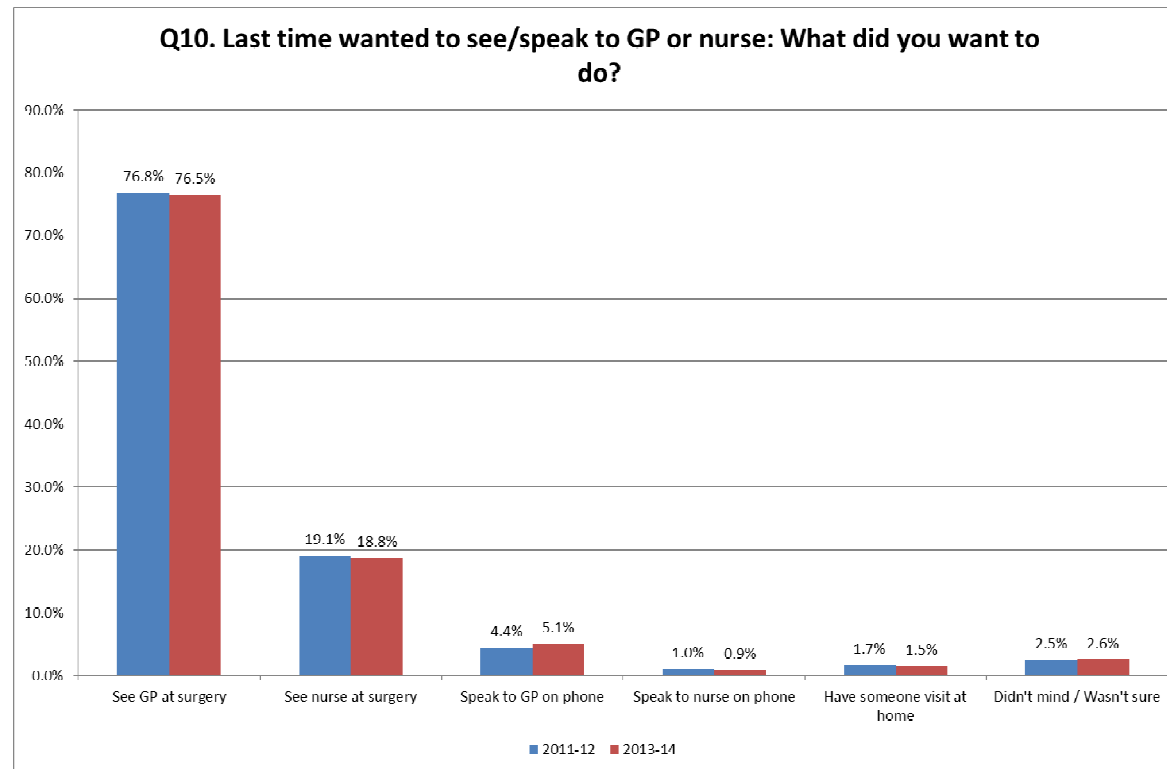
Figure 6: Overall experience of making an appointment by health status. All response options. England, 2013-14



Data source: NHS England, GP Patient Survey 2013-14. Fieldwork periods Jul - Sept 2013 & Jan - Mar 2014

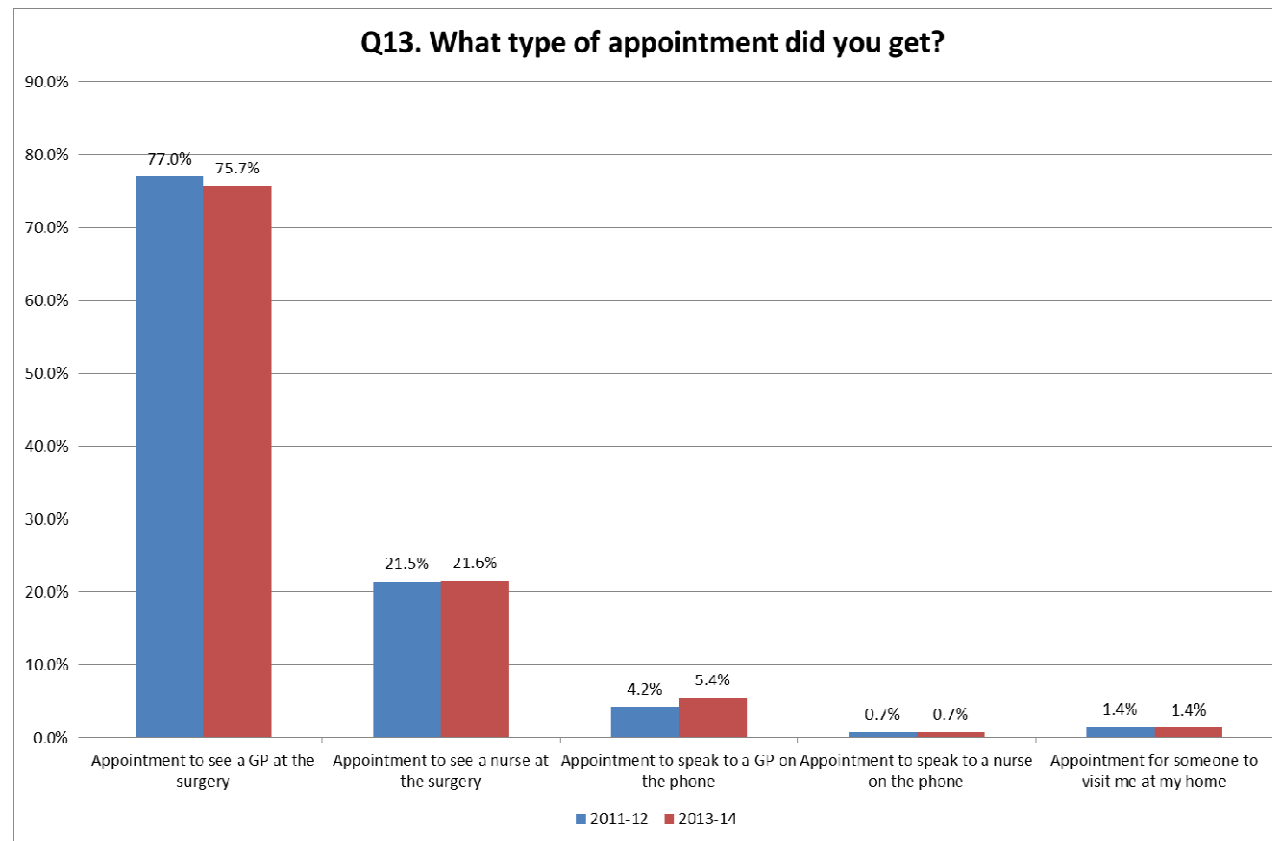
Type of appointments - wanted

- The GPPS shows that the vast majority of patients still want to see a GP at the surgery, however, that proportion has dropped slightly in 2013 and there has been an increase in the proportion of people wanting to speak to a GP over the phone



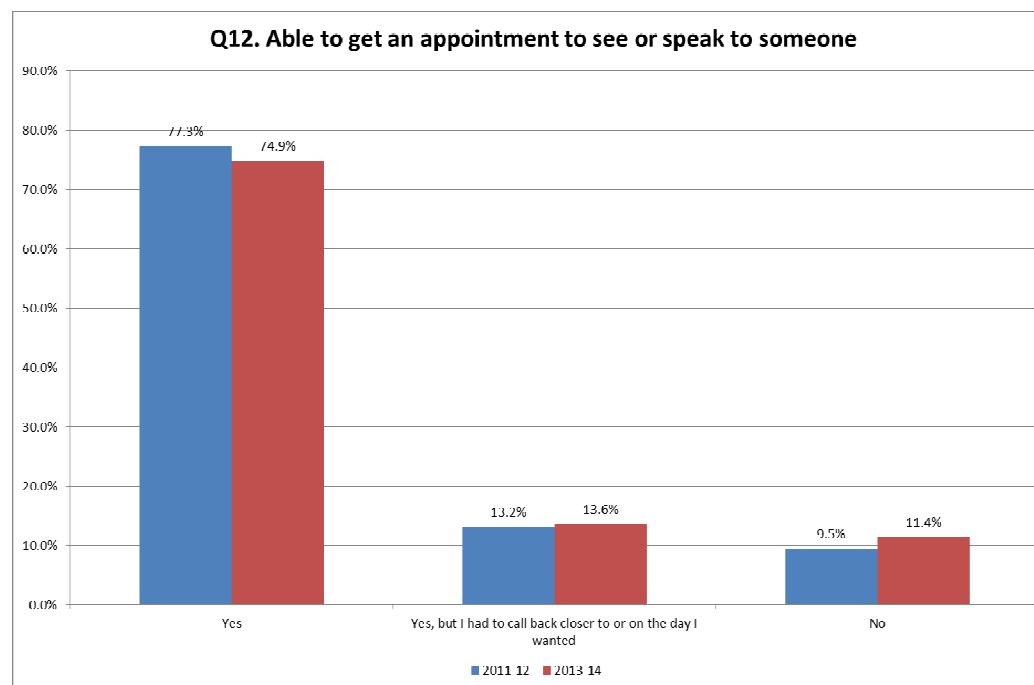
Type of appointments - getting

- Most patients are getting appointments in the surgery with the GP, in a similar proportion to the numbers requesting those types of appointments



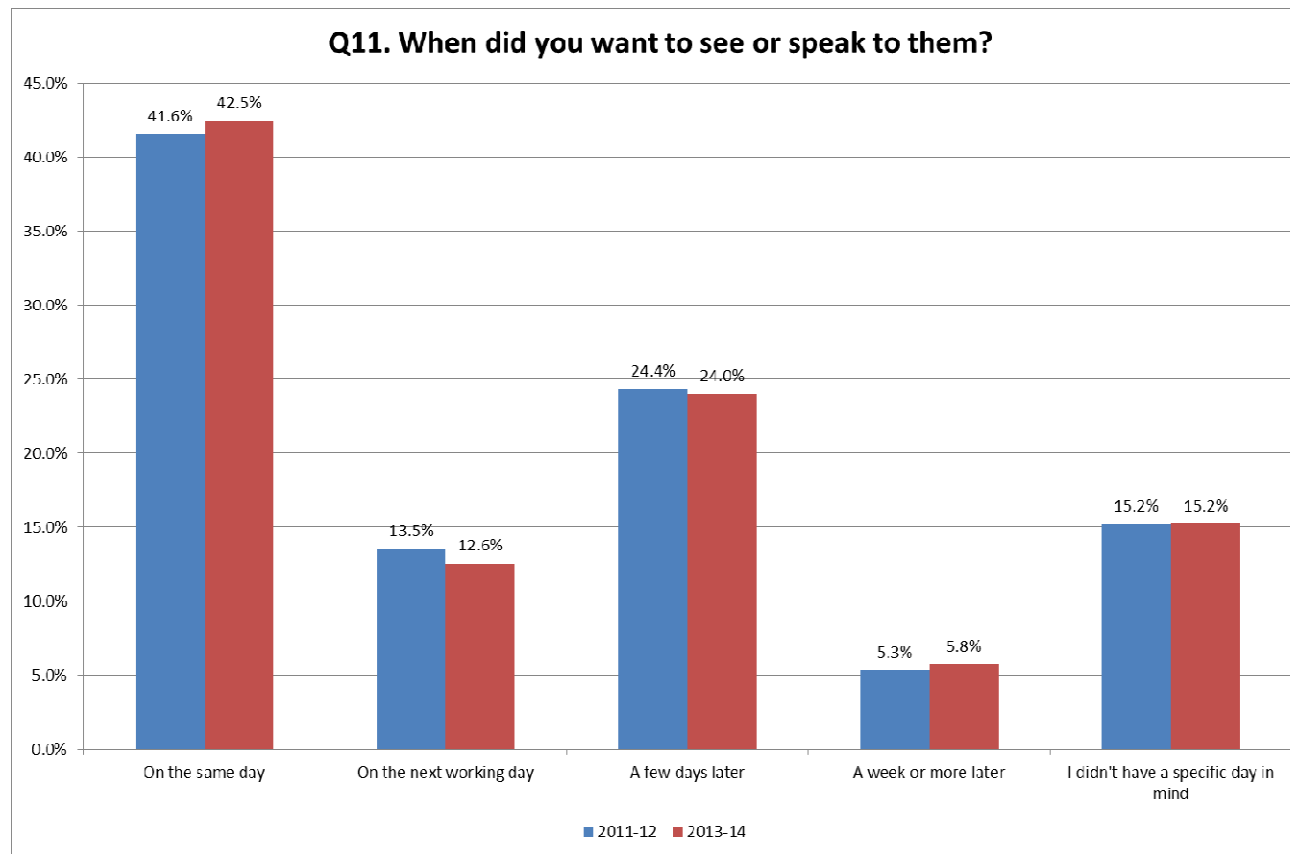
Are people getting appointments

- Only 89% of patients in the North region (85% in Rotherham) are actually able to get appointments to see or speak to someone at their surgery in 2013-14 -
- Alongside that, 14% of respondents (12% in Rotherham) are having to call back in order to get those appointments – which has gone up 0.4 percentage points from 2011-12



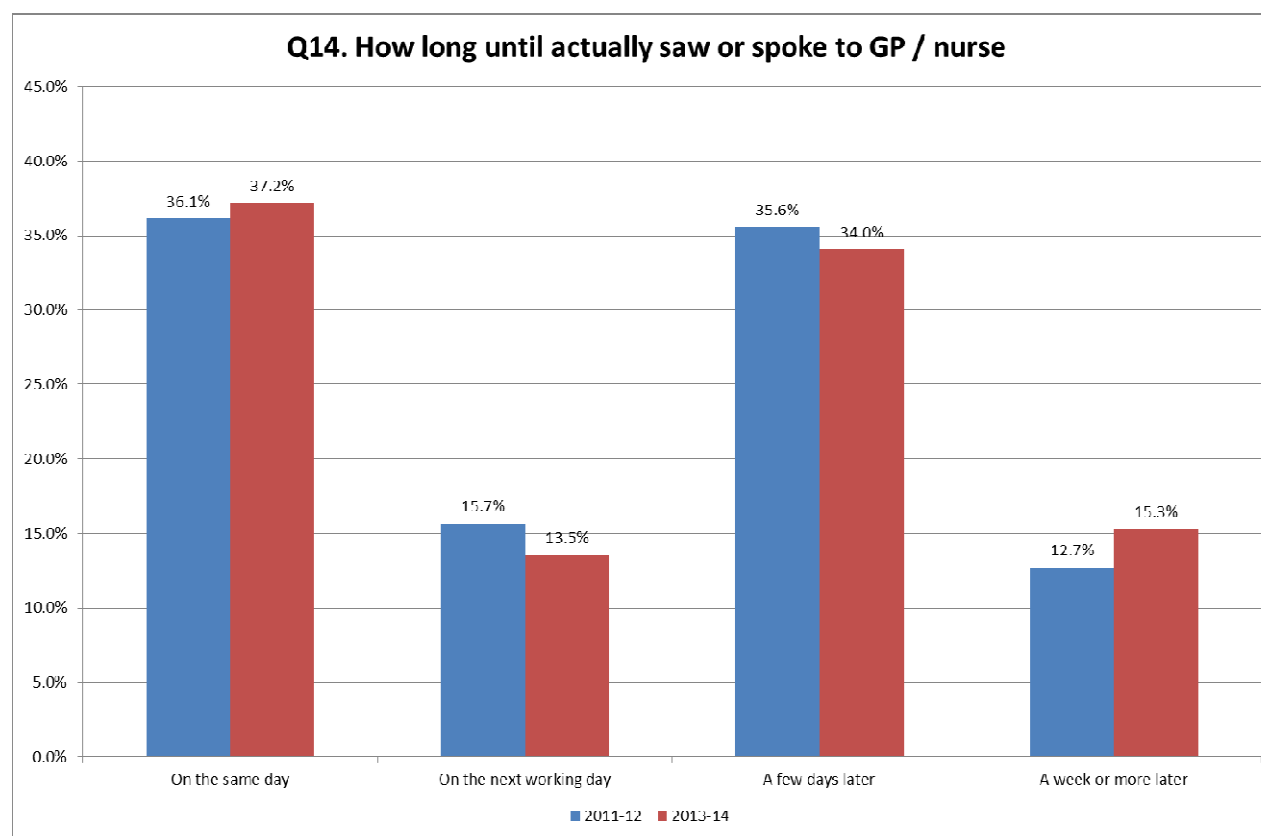
When do people want appointments

- In 2013-14 around 43% of respondents across North of England wanted a same day appointment (41% in Rotherham), an increase of 1 percentage point on 2011-12



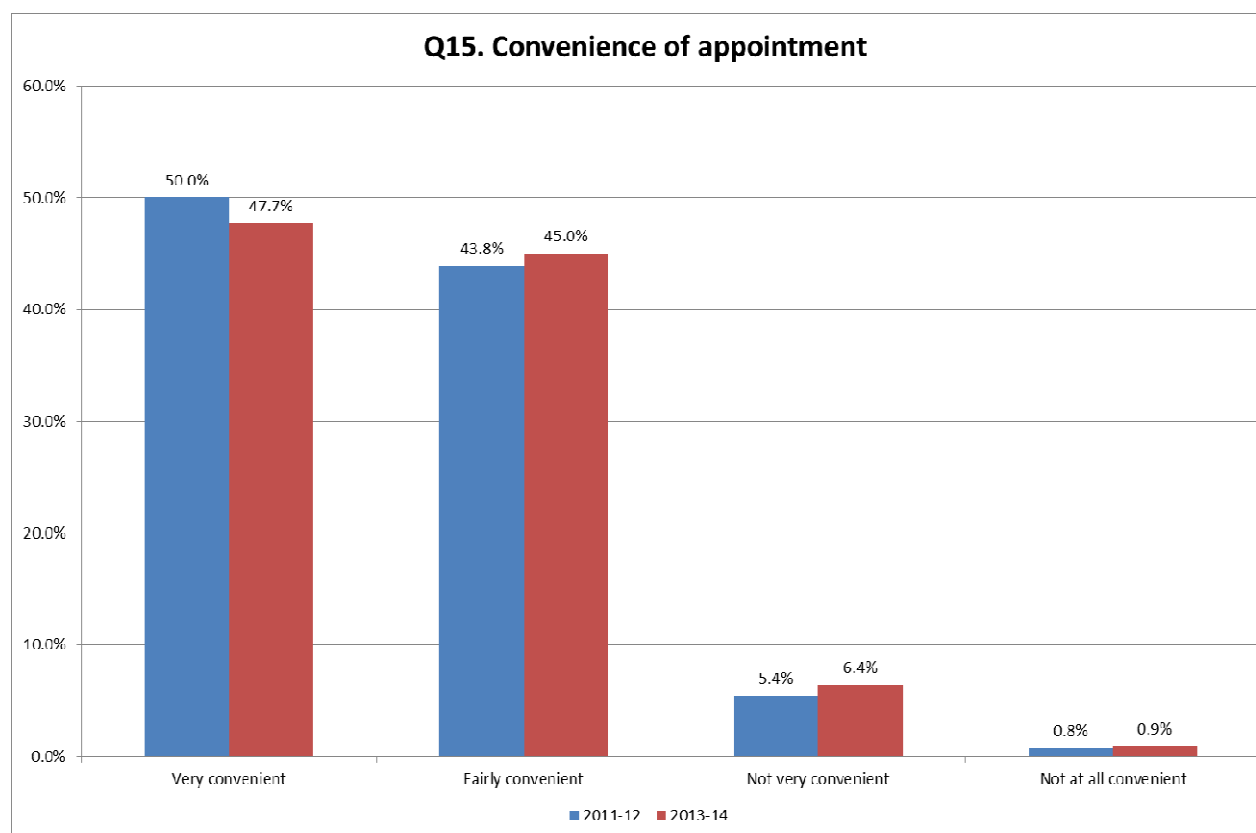
When are people getting appointments?

- In contrast, only 37% of patients (35% in Rotherham) in 2013-14 were actually able to get a same day appointment.



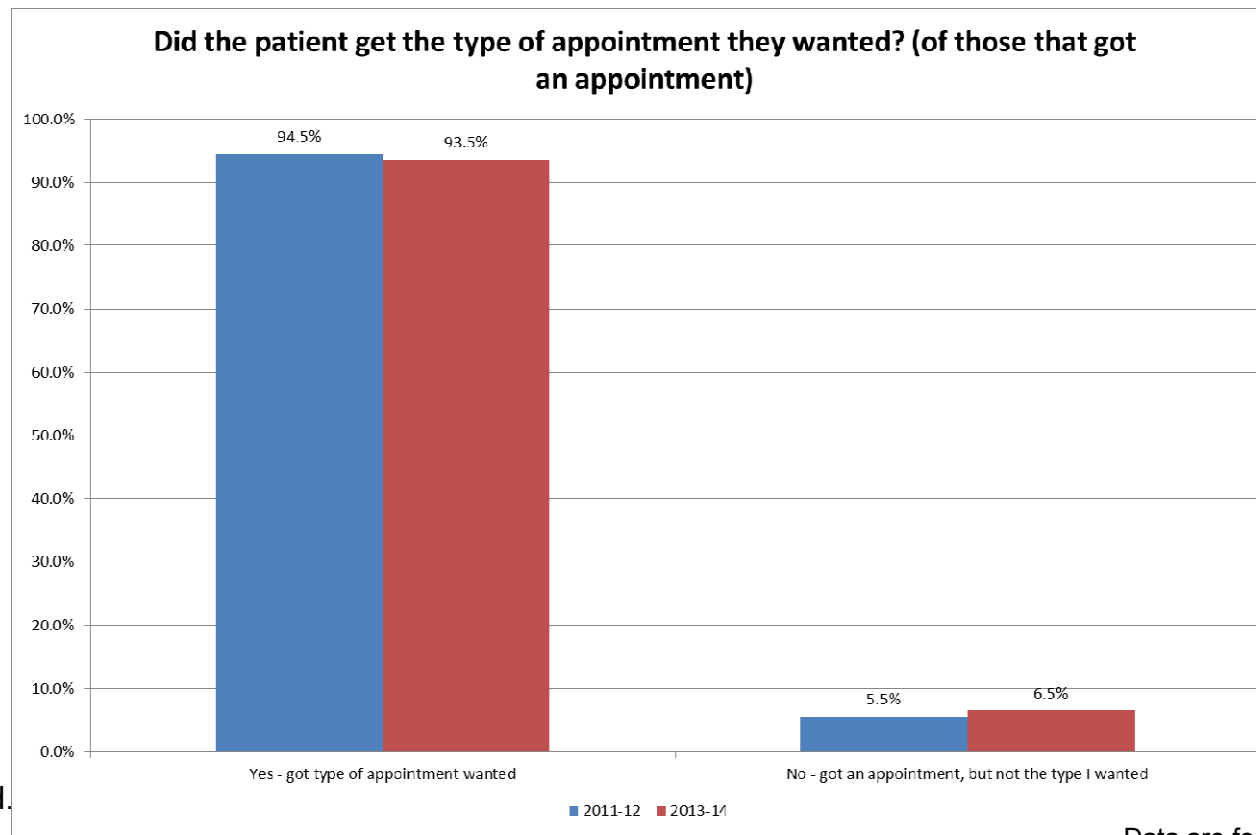
Convenience of Appointment

- This may be why slightly more people in 2013-14 are reporting their appointments as not very convenient



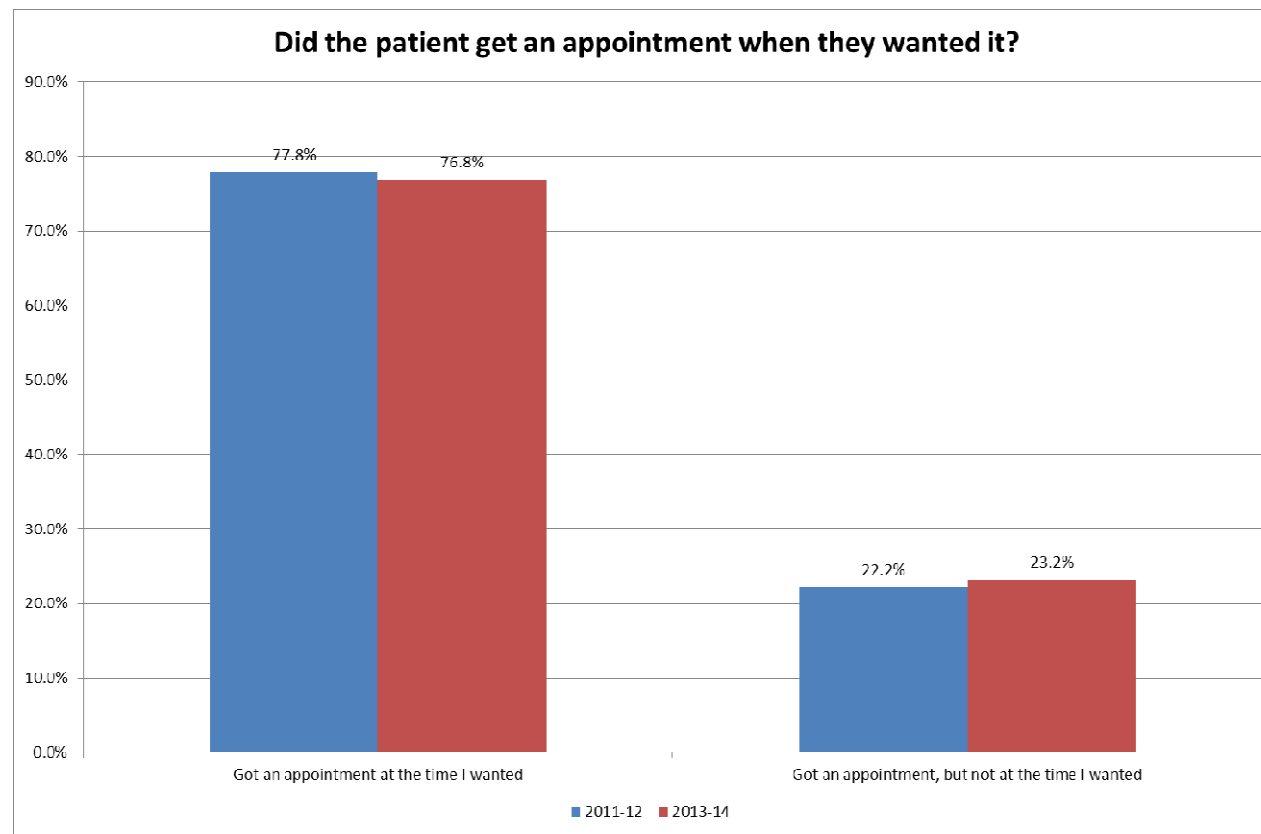
Giving patients what they want – Type of appointment

- These next slides show how many patients get the type and/or time of appointment they want
- Within the North Region our practices perform well in being able to meet the needs of their patients in terms of type of appointment



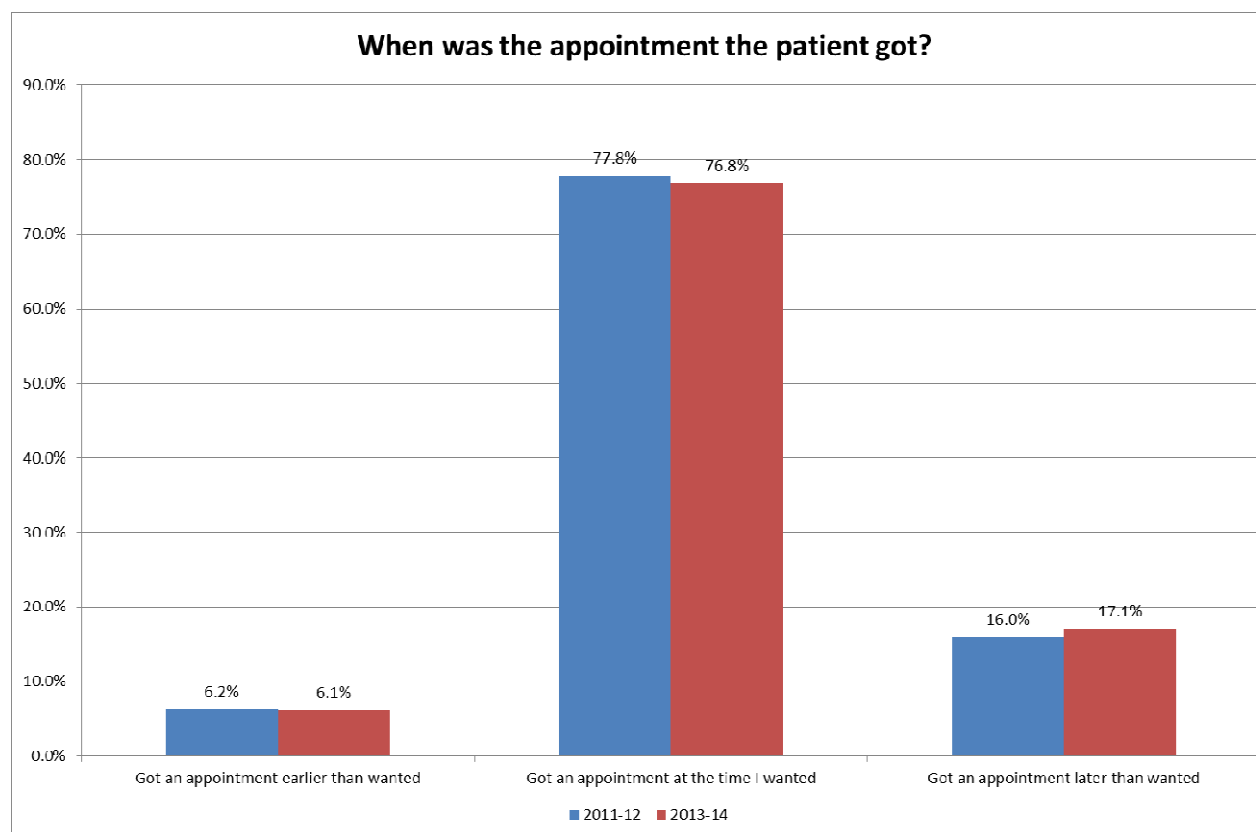
Giving patients what they want – timing of appointment

- However, when it comes to timing, only 77% of patients are being given appointments when they ask for them



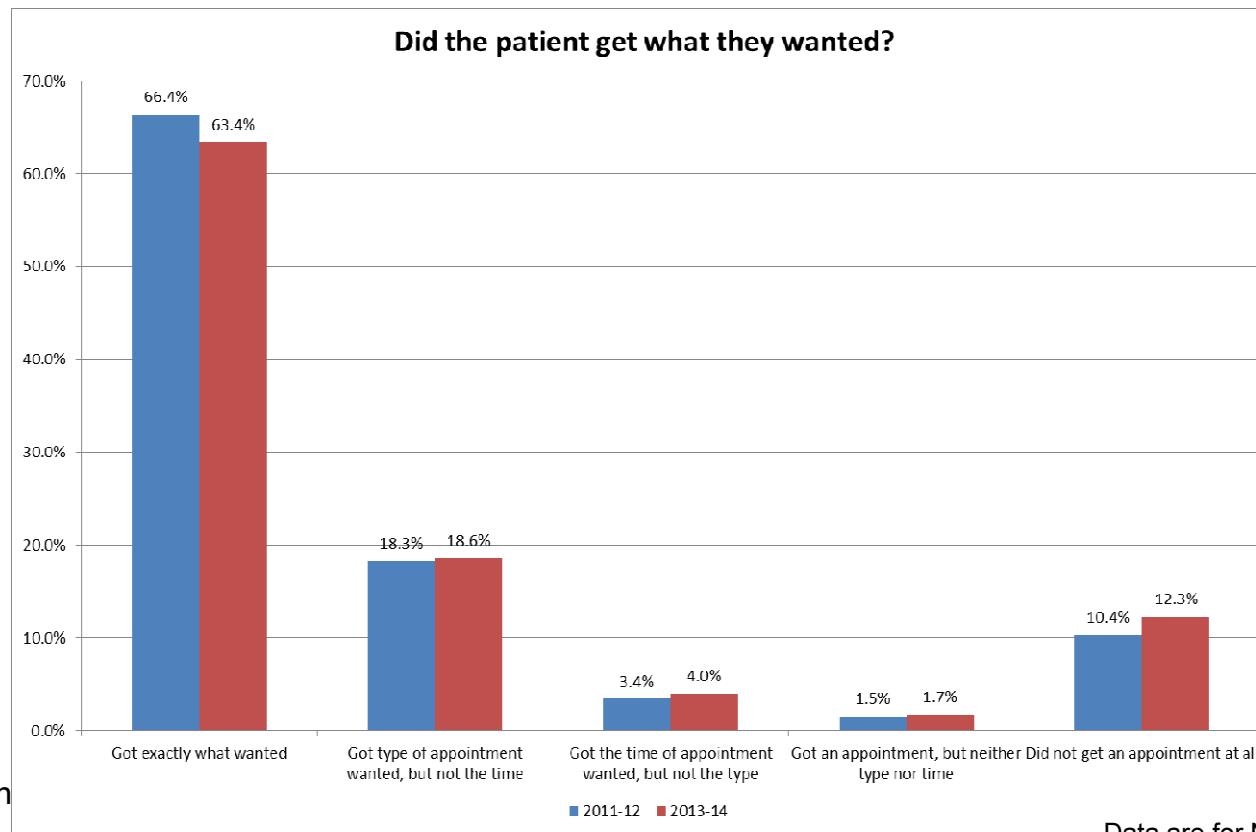
Timing of appointments

- A small proportion of patients are being given appointments sooner than they asked for them, but the majority who don't get what they want have to wait longer for an appointment



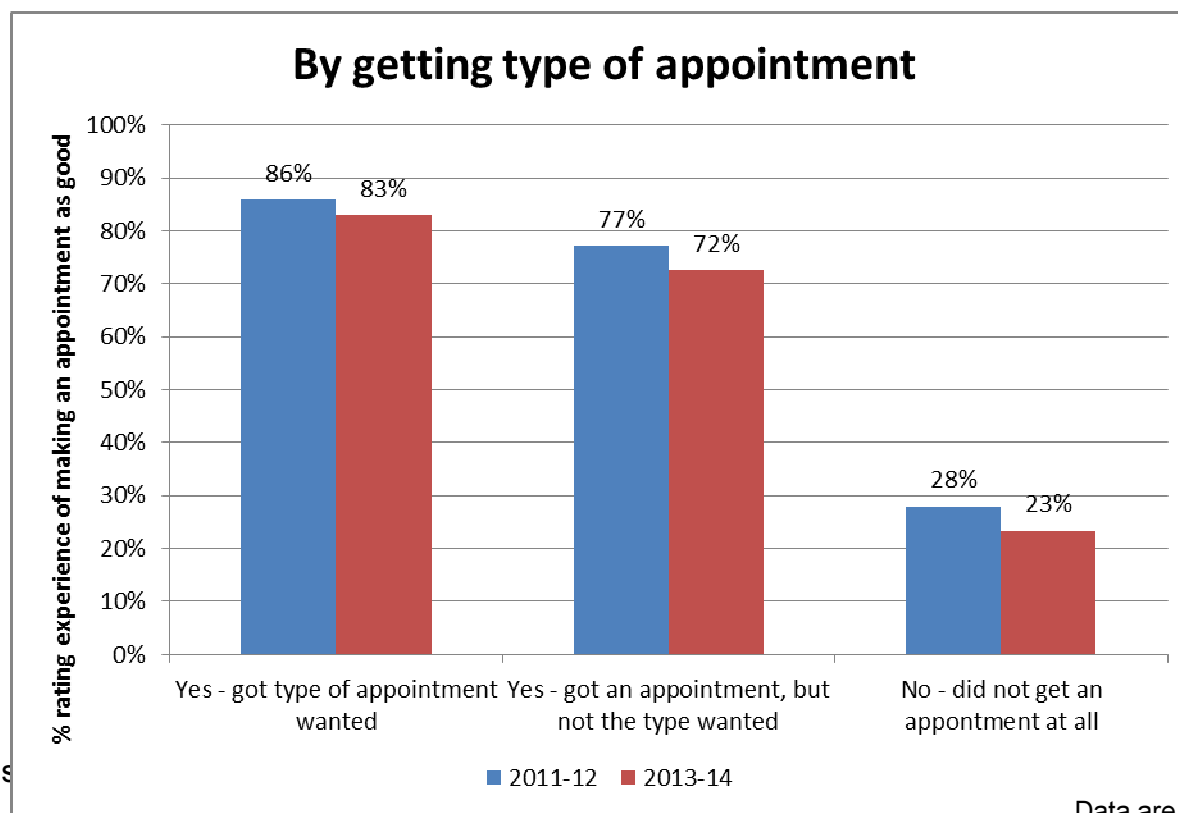
Summary of giving patients what they want

- In 2013-14 across the North Region, only 63% of patients got both the type of appointment and timing of appointment they asked for
- Of the remaining patients, the majority got the type of appointment they wanted, but not the timing



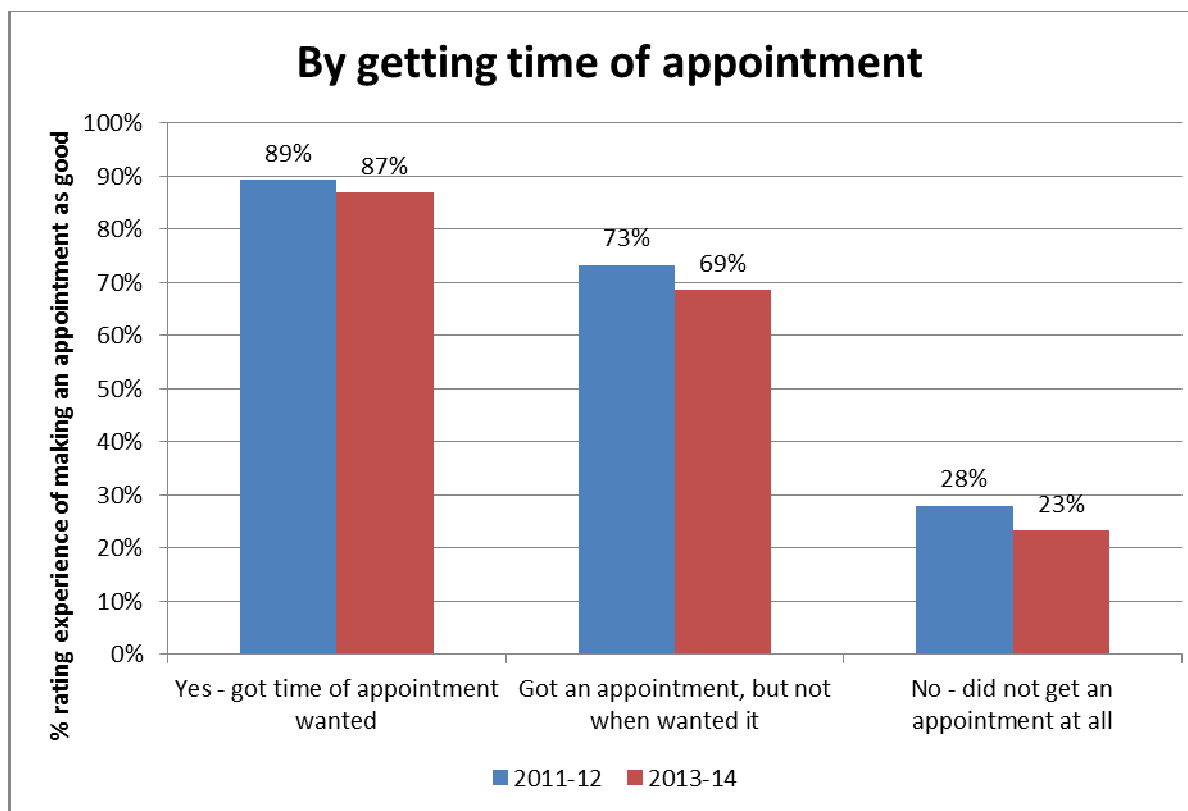
Impact on Satisfaction – Type of appointment

- Obviously patients that get exactly what they want will be the most satisfied, but the next few charts show which has more impact, getting the time or type of appointment
- Of Patients that got the type of appointment they wanted, 83% rated their experience of making an appointment as good in 2013-14



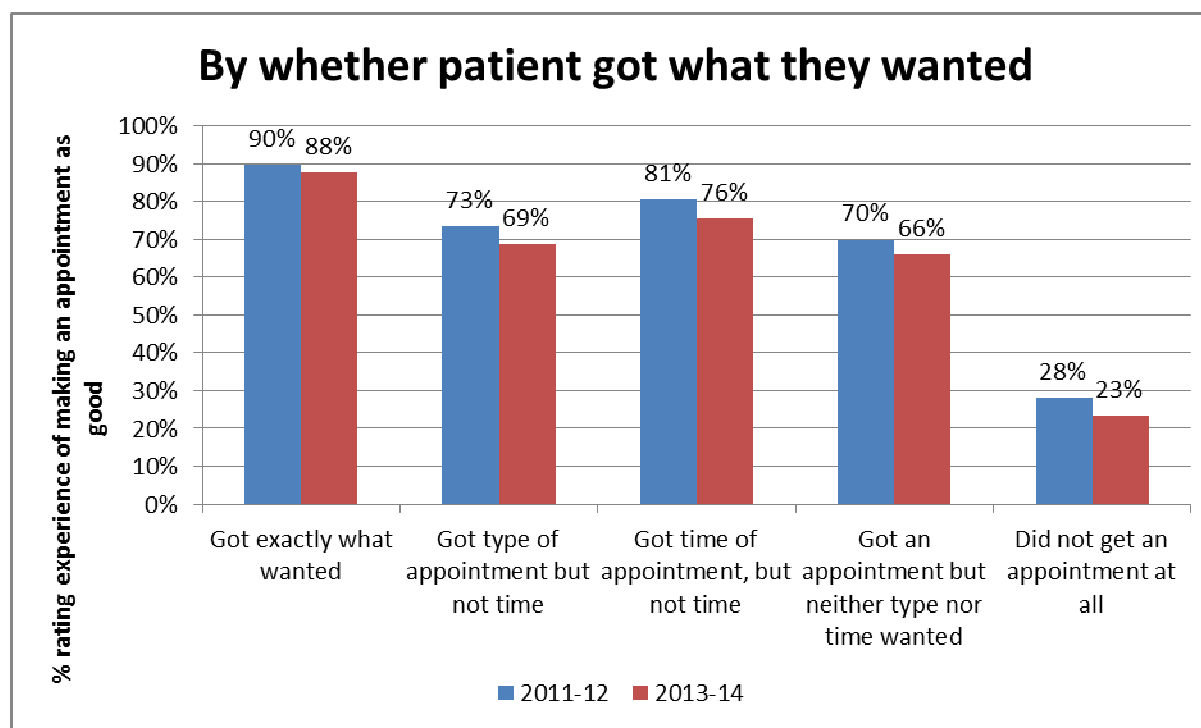
Impact on Satisfaction – Timing of appointment

- However, timing of appointment seems to have more of an impact – those patients that get appointments when they want them have a higher satisfaction score than those that get the type of appointment



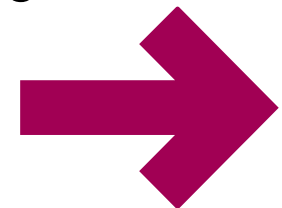
Impact on Satisfaction – Overall

- The chart below crystallises that point further. Those patients that got exactly what they wanted are obviously the happiest, but next happiest are those that got an appointment at the time they wanted, even though it was a different style or with a different person than they originally requested



Conclusion

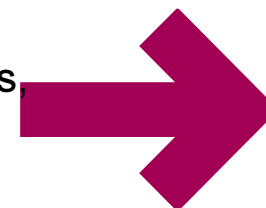
- Obviously meeting the needs of patients and being able to give them the types and times of appointments will lead to more patients being satisfied with their experience
- However, our practices are clearly focused on giving patients the types of appointment they want, and are generally successful in this
- But the analysis suggests that offering patients a different appointment, but at the time they wanted it may have more of an impact on patients overall experience of making an appointment
- So clearly need to seek to address how practices can better respond in being able to support patients to be able reliably book an appointment at a time convenient to the patient. This suggests a number of actions need to be explored



Potential Actions

Our proposition is that a number of factors are likely to be needed:

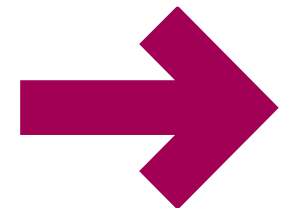
- **Increasing the overall supply of clinicians in primary care**, including:
 - increase the number of training places for GPs;
 - increasing number of doctors qualifying that wish to enter general practice;
 - changes to the induction and returner scheme to enable GPs to return more swiftly to the GP performers list;
 - **new models of care** which meet demand differently, including through widening skill mix; (e.g. minor ailments services, direct physio access, and e-consultations)
- **Looking to extend the availability of General Practice**
 - Expanding **PM Challenge Fund pilots**: exploring models for 7-day access to general practice (year 1: £50m established 20 pilots nationally (7 in North) covering 7 million patients. Year 2 additional £100m available to expand number of pilot areas)
 - **‘Doctor First’** – this is now being used by some practices. This enables same day telephone triage, with around two thirds of patients being dealt with by phone.
- **Ambition of ‘Patient Online’** – providing the ability to book appointments, prescriptions and view medical records online.



Potential Actions

Our proposition is that a number of factors are likely to be needed:

- **Right Care:** clearer to patients and the population how best to access the right care to meet their needs: one study showed that 50% of people in A and E in a Birmingham hospital during the working day had not attempted to visit their GP).
- Using **111** can direct people to get the right care – which can include self-care
- **Encouraging use of pharmacy as an alternative to GP:**
 - Feeling Under the Weather is a national campaign focusing on the management of winter illnesses.
 - Treat Yourself Better is a national campaign led by the industry focusing on the management of illness without expectation of antibiotics.
 - Pharmacy First is a national 'brand' used by many CCGs which encourages patients with some minor ailments to use the pharmacy. Patients who are exempt from prescription charges receive free medicines from the pharmacist.



PM Challenge Fund: exploring new models of care

- The **Warrington** pilot is creating eight new virtual 'Primary Care Homes' (serving population of c30k) providing an integrated service hub that includes primary health, community services, social care and psychological therapies. Every 'Primary Care Home' benefit from shared services across practices, including heart monitoring and blood testing, and have dedicated care coordinators for patients with complex needs.
- The **Wakefield** pilot is introducing a new on-line signposting service to give patients better access to GP and other community based services, including consultations by email, 'real time' web chats or by phone with a care navigator, as well as being able to book appointments with a frontline physiotherapist for new problems without having to see a GP. Video consultations between GPs and patients, care homes and consultants will be available. A new pharmacy co-ordinator will work across the practices to promote integration with community pharmacy and self-care for minor ailments
- The **Care UK** pilot is exploring offering patients the facility to access services by phone or on-line – using a single contact point from 7am to 10pm, 7 days a week which will be rolled out 24/7 in October. Patients would be able to call their practice and talk to a GP or nurse who can provide diagnosis, treatment, handle routine queries, arrange prescriptions and signpost them to the right treatment or service that best meets their health needs



Cabinet's Response to Scrutiny Review Access to GPs

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Agency Responsible	Action by (Date)
1. Patients' experiences of accessing GPs vary from practice to practice; therefore NHS England needs to ensure that patients' views on access are reflected in the forthcoming Personal Medical Services contract re-negotiations and five year commissioning plan.	Accepted	<p>Context</p> <p>Contract negotiations are currently at a National Level for the GP Contract. PMS Contracts are being reviewed and in some practices reduced. Local variation will not be possible by NHS England. Responsibility for overseeing the GP Contract is however proposed to be shared with local management by the CCG and the development of local place based services. Such services would be commissioned separately from the core contract. Each area will be responsible for developing a "place based plan".</p> <p>The new CQC inspection regime focusses on patient experience and quality of that experience as part of the regime.</p> <p>Access will form a key aspect of CQC inspection of the NHS. All General Practices will be inspected and rated from October</p> <p>NHS England Response</p> <p>NHS England take seriously the results of the National Patient Survey and include these in our monitoring of <u>all</u> primary care contractors. <i>GPs have a contractual duty to meet the needs of the patients, providing access (including opening hours and sufficient appointments) that</i></p>	NHS England Rotherham CCG CQC	<p>October 2014 CQC visits begin</p> <p>April 2015 Place Based Plan in Place for Rotherham</p>

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Agency Responsible	Action by (Date)
		<p><i>are appropriate to the population served. The national GP patient survey provides one common comparative way in considering whether the needs of patients choosing to register with that practice are being served. In addition, it provides a means of assessing the overall primary care capacity within the area e.g. looking at clusters of practices serving the same locality and therefore providing the basis of making judgements about commissioning new practices. It is therefore important that as such decisions can impact on the 'livelihood' of existing GP contractors that the relevant commissioner can make common, informed judgements after considering the scope for existing practices to improve or expand to meet local 'gaps' in delivery of high quality, accessible care that will improve the health of the population and tackle any health inequalities.</i></p> <p>We agree that the way patients access GPs still vary from practice to practice: <i>this is both a strength and a weakness within an independent contractual relationship.</i> It is important to recognise that an increasing numbers of practices are offering new innovative ways of contact with patients e.g. electronic prescriptions, text reminders and there is further scope for e-consultations etc. We will be working with CCGs to encourage those practices that have not yet done so, to embrace new technologies <i>and new approaches to improving patient access</i></p>		

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Agency Responsible	Action by (Date)
		We also recognise that the move to deliver fair equitable funding to all GP practices, through reviewing Personal Medical Services contracts and the impact of the phasing out of Minimum Practice Income Guarantee, with redistribution of resources back into general practice, could have a destabilising effect on some practices. Therefore we are working with Rotherham CCG to develop a coherent place based strategy for improving health care and outcomes for the population of Rotherham. As part of that <i>there is a commitment</i> to reinvest any funding released from one practice into primary medical care within Rotherham CCG area, ensuring that we secure real improvements in care and outcomes for patients.		
2. The continuation of the Patient Participation Directed Enhanced Service in 2014-15 should be used to ensure patients are well informed and empowered through the Patient Participation Groups to challenge poor access and suggest improvements. All practices should be encouraged either to participate in the PPDES or to establish other effective mechanisms for ensuring patient engagement.	Accepted	NHS England agrees that patients should be well informed and empowered to challenge poor access and suggest improvements. <i>However, from 31 March 2015, following national negotiations on revised contractual arrangements to apply from April 2015, the existing Patient Participation enhanced services will cease on 31 March 2015 as the existing arrangements should be largely embedded in general practice. Those 'paid' voluntary arrangements are to be replaced with new contractual duties from 1 April 2015 for all GP practices. The associated funding will be reinvested in GP practice core funding.</i>	Rotherham CCG NHS England CQC	On-going

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		<p>Equally, the Care Quality Commission (CQC) will continue to look for evidence that access to clinicians is sufficient to meet reasonable need, and that patient survey results alongside any complaints are taken addressed. In December 2014 the new Friends & Family Test, which is compulsory, was introduced to all practices. All patients that attend the Practice on a given day, whether to see a clinician, or pick up a prescription, will be asked two questions:</p> <ul style="list-style-type: none"> a. Would you recommend this Practice to another person? (mandatory question) b. One other question the Practice want to ask the patient (this could be agreed with the Patient Participation Group) <p>This will provide further stimulus to practices to respond to the views expressed by their patients.</p>		
3. Although recognising the importance of clinical need, the expectations and preferences of patients are changing, and practices should explore more hybrid and flexible approaches to appointments.	Deferred	<p>Context</p> <p>All General Practices should have adequate arrangements to see urgent or same day cases. Appropriate arrangements will vary from practice to practice. These should form part of the new CQC inspections. The Commissioner should be requested to produce a report summarising the adequacy of access on the basis of these reports to the Health and Wellbeing Board in October 2015.</p>	NHS England Rotherham CCG	October 2015

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Agency Responsible	Action by (Date)
		<p>NHS England agree that a flexible approach to appointments and accessing primary care services is helpful and all practices already ensure that they can respond to urgent/ immediate requests for patient appointments that are clinically appropriate.</p> <p>NHS England believe, based on good evidence from other practices that the right approach to improve accessibility and convenience for patients is by practices having flexible electronic booking systems, enabling booking ahead as well as for same day appointments.</p> <p><i>For 2015, agreement was reached with the General Practitioners Committee of the BMA that they will actively promote and support practices in a number of national initiatives to support better utilisation of IM&T to improve patient access to GP services. This includes: improving the offer of electronic transmission of prescriptions – encourage all prescriptions to be transmitted electronically using Electronic Prescription Service unless the patient asks for a paper prescription or the necessary legislative or technical enablers are not in place. NHS Employers and the GPC have agreed that 60% of practices will be expected to be transmitting prescriptions electronically using EPS Release 2 by 31 March 2016. For practices to offer patients secure electronic communication with practice – and that all GP practices</i></p>		

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Agency Responsible	Action by (Date)
<p>All GP practices should be encouraged to have a part of each day for sit and wait slots.</p> <p><i>Whether dialogue has taken place with GPs about introducing sit and wait slots?</i></p>		<p><i>will promote and offer the facility for patients to receive consultations electronically, either by email, video consultation or other electronic means.</i></p> <p>Not all patients want or need a direct face-to-face appointment with a GP but are seeking clinical advice from the practice. Increasingly practices are making better use of telephone triage, emails, IT consultations as well as more flexible opening times. Our vision for the future is to achieve 24/7 access to a range of community based diagnostic treatment, care and advice that patients can use to consult with GPs, nurses and importantly with community and hospital based services available in the community. This vision is shared by CCGs.</p> <p>This may well involve practices increasingly working together, in networks or federations, pooling resources and cooperating to offer their patients wider and better access to a greater range of GP and other care services. We, together with Rotherham CCG recognise that this will not occur overnight nor will it be cost neutral. This will be considered as part of our proposed co commissioning arrangements with the CCG and will feature as part of the place based plans I referred to earlier.</p> <p><i>Most GP practices operate as independent contractors, therefore responsible for running and organising the delivery of primary medical care services as they choose,</i></p>		

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		<p><i>subject to meeting specific contractual requirements. As such it is for each individual Practice to determine how they meet patient demand for appointments and NHS England is unable to require them to respond in specific ways. We outlined above the new ways that many practices are responding to the increased demand for appointments and NHS England has worked with the Royal College of General Practitioners and other organisation such as NHS Improving Quality to support practices to operate more effectively to respond to their patients' needs.</i></p> <p><i>Rotherham CCG and NHS England will continue to work with practices to achieve our shared aim for a more varied and flexible approach to improve patient satisfaction with their access to GP services</i></p> <p><i>Over the past decade, in responding to changing patient views, practices have moved from operating a 'turn up and wait' appointment approach to a booked appointment system as this provides a better and more responsive way for meeting the varied needs of the patients the practice provides care to – i.e. not simply treating people who are sufficiently ill or able to sit and wait to see their GP. The vast majority of patient would prefer to be able to make a specific appointment to get advice, treatment or management of their condition. Such arrangements also provide a more manageable way for practices to manage their own workload, delivering a safe, sustainable and largely high quality service to patients.</i></p> <p><i>Recognising that patient satisfaction levels have</i></p>		

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		<p><i>somewhat declined over the past 5-6 years, nevertheless reported satisfaction by patients continues to be the highest levels not only across the NHS but including all other public funded organisations. The ambition of both Rotherham CCG and NHS England is to improve patient reported satisfaction levels and we will support practices consider approaches and models that achieve this. We cannot find evidence that having periods where patients “sit and wait” will improve patient satisfaction with either the quality of, or access, to the consultation they seek. Indeed, we believe such systems may only increase the demand and pressure on the provision of GP appointments by those who can wait rather than improve overall care for the whole population served.</i></p> <p><i>Attached is an analysis of ‘key patient drivers’ on getting an appointment to see a patient’s GP (or other primary care clinician). From this analysis of over 1m patient responses per year that has been underway for over 5 years. All of the evidence suggests that it is increasing the overall number of appointment slots that available to patients, at times that are most convenient to their needs, that will deliver the greatest improvement in patient access and satisfaction levels; this suggests a higher priority is to create the capacity to deliver 7-day service for patients and to improve ability of patients to book ahead a convenient appointment slot or to have alternative access to other clinicians within the practice, rather than try to cram more appointments into existing capacity.</i></p> <p><i>Nevertheless, we should be clear that GP contractors are</i></p>		

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		<i>both contractually and professionally obliged to meet the urgent or immediate clinical needs of any of their patients and all practices have processes and systems in place that enables them to respond to requests that are clinically appropriate.</i>		
4. NHS England should maintain access to interpretation services for GPs, with an emphasis on professional services, supported by training for GPs and practice staff to increase confidence in using telephone services where appropriate.	Accepted	NHS England agree that for many patients whose first language is not English that being able to access a good interpreting service will enable better understanding of patient needs and ensure a clinically appropriate response for the patient. NHS England at national level is looking to develop either a single framework provider contract or national service specification to secure consistent and reliable access for patients across England. In the meantime, we will continue to work closely with Rotherham CCG, Rotherham MBC Public Health, and the Health and Wellbeing Board, and where appropriate, other stakeholders, to consider how by working together we can ensure people are able to access care services appropriate to their needs and are able to easily navigate such services.	NHS England	Immediate

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5. NHS England should review their current interpretation provision to see if economies could be achieved through signing up to Rotherham MBC's framework agreement, which is open to partner agencies.		<i>Signing up to RMBC's framework agreement for interpretation services</i> <i>NHS England welcomes the opportunity to look at ways to jointly commission interpreting services with RMBC, so as to provide a more coherent and effective service for population of Rotherham within the level of expenditure each party currently spends. It should be noted that interpreting services are currently commissioned from a variety of different providers separately by NHS England and the 5 CCGs within the South Yorkshire & Bassetlaw area.</i>		
6. GP practices should regularly showcase best practice and share successes on providing good access to patients through existing means such as the practice manager forum and Protected Learning Time events. Improving information for patients	Accepted	NHS England agrees that best practice should be shared, and we will continue to work with and encourage the CCG and practices to share learning. A number of new national programmes to support General Practice to improve patient access to primary care provision have been established, these include the PM Challenge Fund pilots, which funds 20 areas across England (7 in the North of England) to innovate to improve GP access arrangements. <i>An additional £100m has been made available by the Government for 2015 to support development of</i> further pilots to be established in the coming year and, if so, we will fully support Rotherham practices to take such an opportunity to not only innovate themselves but to learn from the existing PM Challenge Fund pilots. NHS IQ (Improvement and Quality), also operates a	NHS England	Immediate

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		<p>programme to improve the efficiency and effectiveness of GP practices, which we are encouraging practices to participate in. We are also considering whether an e-based learning platform could be developed to further support practices to share and learn from each other. The CCG also facilitates a practice learning event on a regular basis covering a wide range of topics aimed at improving care and outcomes for patients.</p> <p><i>Additionally, NHS England regionally will continue to hold events that will support GP practices and CCGs to learn from new innovative approaches that will support delivery of better and more accessible care to patients.</i></p>		
	Accepted	<p>Rotherham CCG is building relationships with NHS England so that quality in GP practice can be developed. The practice managers' forum already has designated time for NHS England. 'Sharing of best practice' will become a standard agenda item for future meetings. Sharing of best practices will also become a topic for consideration when planning future PLT events. <i>Sharing of best practice is also considered when GP Peer review visits are undertaken.</i></p>	Rotherham CCG	Actioned

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<p>7. Patient information and education is important, both generic information about local services and specific information about how their surgery works.</p> <p>a. GP practices should ensure their practice leaflets and websites are kept up to date about opening times, closure dates for training and how the out of hours service works.</p> <p>b. NHS England should explore developing an App with practice information that people with smartphones and tablets can download.</p> <p>c. Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.</p> <p>d. GP practices should work with their reception staff, patients and Patient Participation Groups to encourage patients to provide more information to staff when contacting the practice, enabling them to see the</p>	Accepted	<p>a. NHS England agree that information for patients must be accurate, timely and relevant. It is a contractual requirement for each Practice to maintain a practice leaflet and website, containing up-to-date information for patients with specific information. NHS E continue to monitor practice compliance on a regular basis.</p> <p>b. NHS E will explore this option further, recognising the importance of harnessing new technology, in use by many age groups. <i>GPC and NHS E will jointly promote the use of new technology, especially where it would bring benefits to both GP practices and patients.</i></p> <p>c. Rotherham CCG would welcome the opportunity to engage with the Health & Wellbeing Board on this matter.</p> <p>d. NHS E agree that patients should be encouraged to provide sufficient information to aid their signposting to the most appropriate service/professional. Patients must also have a right to expect that personal information about their health and care is treated confidentiality to give confidence to them to share.</p> <p>e Rotherham CCG would welcome the opportunity to engage with the Health & Wellbeing Board on this matter.</p>	NHS England Rotherham CCG	<p>a. Immediate</p> <p>b. Deferred</p> <p>c. CCG Winter 2014/15</p> <p>d. e. NHS England</p>

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right person in the practice team. e. Health and Wellbeing Board should consider revisiting the “Choose Well” campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations.				
8. In light of the future challenges for Rotherham outlined in the report the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care.	Accepted	In the light of Co-commissioning of Primary care between NHS England and the CCG the Board has agreed to receive a report on GP access for patients and will expect the CCG Commissioning plan to reflect a proactive approach to ensuring Rotherham is an attractive place to undertake General Practice.	Health and Wellbeing Board	April 2015
9. NHS England should consider incentives to attract GPs to start their career in Rotherham following training in the area, to help address the demographic issues of our current GPs.	Accepted non financial	NHS England and Rotherham CCG recognise the challenges that practices face in terms of capacity to deliver primary care and the increasing difficulty to recruit to fill practice vacancies, not only GPs but also nurses and other care staff. We are working with Rotherham CCG and Health Education England (HEE) to explore how to minimise recruitment and retention difficulties so as to attract as many more GPs and Nurses as possible. In order to have a sustainable workforce we need to make	NHS England	On-going

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		<p>general practice an attractive place to work for the long term. We are looking at examples where non-traditional GP professionals (Physiotherapists, Pharmacists, etc.) have joined practices and the impact this has had on reducing GP workload.</p> <p>We will continue to work with HEE to promote practices becoming involved in the Advanced Training Practices scheme which aims to generate increasing numbers of qualified practice nurses. But it is not just about the practice workforce, we will support CCGs to explore further the scope for attaching community and current hospital based clinical staff to work closer with general practice so as to be able to offer a wider range of care and services close to the patient and enabling general practice to increasingly act as a co-ordinator of care to patients with a number of chronic conditions.</p>		
10. Rotherham CCG should collect and analyse monitoring information to ensure services are resourced to meet peaks in demand during protected learning time at the new Emergency Care Centre from 2015.	Accepted	<p>NHS 111, who now provide the call handling information and Care UK (who provide the OOH) have both been contacted and asked to provide regular activity information. This will be fed into the planning process for the Emergency Care Centre.</p> <p>The System Resilience Group set up by the NHS in all areas of the Country to ensure proper access to emergency care will also consider this matter.</p>	Rotherham CCG	By April 2015

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<p>11. NHS England needs to be more proactive in managing increases in GP demand due to new housing developments, rather than waiting for existing services to reach capacity.</p> <p>What measures NHS England could provide to support practices that face a sudden increase in list size other than making the links with planning departments?</p>	Accepted	<p>NHS England have already established formative links with some of the Local Authority planning departments across South Yorkshire & Bassetlaw and we welcome this reviews recommendations that health partners are invited by the Planning Department to be part of a multi-disciplinary approach to proposed new developments in Rotherham</p> <p><i>Funding for practices is done on a weighted capitation basis, with a Practice's core contract income adjusted on a quarterly basis to reflect any changes in practice list size. The weighted capitation funding uses a national formula that takes account of a variety of factors including numbers of patients registered adjusted by patient and population need factors such as age/sex, deprivation index, as well as employer market forces factors such as cost of living provision. Therefore, as practices increase their list size so funding increases, enabling employment of more staff to deliver services to the registered list.</i></p> <p><i>As previously explained, where a significant new housing development is planned, NHS England and the relevant CCG will work ahead of that development to consider the available primary care capacity in that locality to take on additional patients, and where that is assessed to be less than desirable, to undertake a new procurement for contractors to meet that populations needs.</i></p>	NHS England	Immediate

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12. Rotherham MBC, when considering its response to the scrutiny review of supporting the local economy, should ensure health partners are invited by the Planning Department to be part of the multi-disciplinary approach to proposed new developments.	Accepted	<p>Rotherham MBC Planning fully agree with this.</p> <p><i>Planning are aware of the request for GP's to be better informed on planning applications – particularly in relation to residential development and care homes as this may impact on their service. Planning have requested a central contact in the NHS who can feed into the process from a strategic perspective around provision of service and who can also provide information on capacity of local surgeries and collate GP's comments as necessary on individual applications. Meeting planned with CCG Deputy Chief Officer to discuss this.</i></p> <p><i>In relation to future housing sites in the local plan we have liaised with public health colleagues to allow them to comment on proposed sites but also to provide them with general information about areas of future development which may come forward during the next 15 years to assist them with their longer term financial planning.</i></p>	Rotherham MBC	Immediate