Appendix 1 Updated Cabinet 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	**NHSE** - NHSE take seriously the results of the National Patient Survey and include these in monitoring all primary care contractors. In addition to enabling comparative analysis the survey provides a means of assessing overall primary care capacity within the area. - NHSE are working with RCCG to develop a coherent place based strategy for improving health care and outcomes for the population of Rotherham. As part of that there is a commitment to reinvest any funding released from one practice (following the PMS contract reviews) into primary medical care within RCCG area, ensuring that we secure real improvements in care and outcomes for patients. Consultation with public, patients and GPs is due to commence in June 2015. **CQC** - Inspections involve preparation beforehand - they send out comment cards to the practices and ask them to place them for patients to complete. CQC look at patient surveys, CCG data on the profile of patients and other data. We specifically look at patient themes of vulnerability, mental health illness, work age population, children, over 75, those with long term conditions. - The key to the inspection is to speak to all the staff in the practice and 8-10 patients on the day about their experience and use of the practice. - We want to see policies, procedures and processes on how practices capture patient feedback, how they investigate incidents, their outcomes, how they measure actions and	NHS England (NHSE) Rotherham Clinical Commissioning Group (RCCG) Care Quality Commission (CQC)	October 2014 CQC visits begin nationally, Rotherham from April 2015 September 2015 Primary Care Strategy (PCS) in place for Rotherham

		implementation so it is a robust process - corroboration and evidence. **CCG** The ability to have varying co-commissioning of services has been incorporated into the 5 year strategy, with access and improving access highlighted. Now have delegated responsibility. **March 2016** The CCG is submitting a bid to improve telephony systems within a significant number of GP practices this financial year. It is also working with practices to review how capacity can be flexed to meet high levels of demand. A number of schemes are ongoing to support freeing up practice capacity e.g. telehealth (patients taking their own BP and texting results to practices), electronic notification of blood results, telephone consultation. Along with different workforce models e.g. 5 practices have now recruited Practice Pharmacists who are able to undertake medication reviews and manage LTC patients whilst also improving prescribing (quality and waste) in practices. A quality contract for general practice is currently in progress with consistency in access a significant element with a core standard of being seen within 24 hours if urgent and within 5 working days if the issue is routine.		
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	Accepted	**NHSE** 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 addressed. In December 2014 the new compulsory Friends & Family Test 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 (the first is mandatory): a. Would you recommend this Practice to another person? b. One other question the Practice want to ask the patient	Rotherham CCG NHS England CQC	On-going monitoring of contract compliance

practices should be encouraged either to participate in the PPDES or to establish other effective mechanisms for ensuring patient engagement.		(this could be agreed with the Patient Participation Group) Following national negotiation on revised contractual arrangements, the existing PPDES ceased on 31 March 2015 as existing arrangements should be largely embedded in general practice. From 1 April 2015 it has been a contractual requirement for all practices to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population. **March 2016** CCG The primary care committee has reviewed data regarding the variance in compliance with PPGs. Support has been offered to practices to develop or improve their arrangements e.g. Healthwatch has been commissioned to work with some practices. Action completed		
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. All GP practices should be encouraged to have a part of each day for sit and wait slots.	Accepted that helpful to have a flexible approach to appointments and access but not sit and wait slots.	*Context (Dr John Radford)* *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 (CQC) should be requested to produce a report summarising the adequacy of access on the basis of these reports to Health and Wellbeing Board in Oct 2015.* **NHSE** All practices have processes and systems in place that enable them to respond to requests that are clinically appropriate. Most GP practices operate as independent contractors and are responsible for organising the delivery of primary medical care services as they choose, subject to meeting specific contractual requirements. As such it is for each individual Practice to determine how they meet patient demand for appointments and NHSE is unable to require them to respond in specific ways.	NHS England Rotherham CCG	Report October 2015 September 2015 Primary Care Strategy

		- An increasing numbers of practices are offering more flexible opening times and new innovative ways of contact with patients e.g. electronic prescriptions, text reminders, emails, better use of telephone triage 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 and new approaches to improving patient access. - A new national agreement has been reached to enable direct data sharing between all GP IT systems such as EMIS and SYSTM1 which will enable access to patient records and support new says of working collaboratively between practices. - NHSE has worked with the Royal College of General Practitioners and other organisations such as NHS IQ to support practices to operate more efficiently and effectively to respond to their patients' needs. - RCCG and NHSE 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. A review of the extended hours DES will consider what delivers best access for patients. - The vast majority of patient s would prefer to be able to make a specific appointment and such arrangements also provide a more manageable way for practices to manage their workload. NHSE 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, they 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. NHSE propose the following potential actions: - Looking to extend the availability of General Practice • Expanding PM Challenge Fund pilots: models for 7-day		Doctor First pilot from

		access to general practice • '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 **CCG** The primary care strategy consultation will be looking at this issue. **March 2016** CCG Sit and wait was not highlighted as an overall patient preference when consultation took place on the strategy. Overall patients preferred to be given an appointment time and to be seen as close to this time as possible. As detailed above, the CCG is working with practices to ensure there is sufficient capacity across all practices and deliver a standard of being seen within 24 hours if urgent and within 5 working days if it is a routine issue. Feedback from patients is that it is the routine appointments are the appointments they are struggling to obtain. **Practice Managers Forum meeting** Following from the issues raised at OSMB HSC surveyed the practice managers to capture their recent experiences, if any, of having open surgery sessions. 26 responses were obtained (out of 35 practices) and only 5 currently have such sessions, 3 had previously had them but had stopped and 17 hadn't had them within the last five years. Of these only 3 practices said they would perhaps consider having open sessions. A number of reasons were cited for not having them – present system works, no need to have them, staffing issues, managing demand, possible detrimental knock on effect on undertaking home visits, have a book on the day appointment system, on-call doctor for urgent cases supplements booked appointments, triage – either		April 2015, evaluation Autumn 2015.

		full GP-led or nurse-led when all appointments have gone, lack of room, patient frustration with waiting, GP workload/stress. Of the practices that do have open surgeries patients like them/the idea but there are issues over increasing demand leading to increased waiting time, especially with patients not realising that they are supposed to be for acute not routine problems. Waiting can be an issue for some, including working patients. Also some patients have a preferred GP which is difficult on open surgeries.		
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	NHSE have agreed a national service specification (early 2015) and asked the main players to procure a framework contract for the NHS people to use a group of providers who can meet that service specification to secure consistent and reliable access for patients across England. 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. **March 2016** NHSE A specification has not been released for use nationally, and existing local arrangements are still in place. CCG We are still awaiting	NHS England	Immediate

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.	Rejected as need to comply with national specification and framework.	NHSE 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 the 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. RCCG and NHSE are committed to get better interpretation services because we are wasting money between us in buying the different services. **March 2016** NHSE As referred to in item 4 above, local arrangements are still in place, and services are commissioned from SCAIS, Big Word, and Language Line.	NHS England	
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. (Please see pages19-22 of review report)	Accepted	**NHSE** New national programmes to support General Practice to improve patient access to primary care provision have been established, including the Prime Minister's Challenge Fund. We will fully support Rotherham practices to take the opportunity to innovate themselves or to learn from existing PM Challenge Fund pilots. (Note: no practices from SY&B took part in the first tranche and no Rotherham practices have submitted applications for the second funding round in 2015.) Sheffield has a 3 hub model for evenings and Saturdays in which all practices participate. NHS IQ operated a programme to improve the efficiency and effectiveness of GP practices, which practices were encouraged to participate in. NHSE are considering whether an e-based learning platform could be developed to further support practices to share and learn from each other. NHSE regionally will continue to hold events that will support GP practices and CCGs to learn from new innovative approaches that	NHS England Rotherham CCG	NHSE Immediate RCCG Actioned

		will support delivery of better and more accessible care to patients. A number were planned across the north of England for February and March 2015 to try and showcase what practices are doing and learn from each other but they can only ever reach 100 GPs at a time so are more reliant on what the CCG are doing. **CCG** RCCG is building relationships with NHSE so that quality in GP practice can be developed. The bi-monthly practice managers' forum already has designated time for NHS England. Best practice is a standing item on that agenda. There is a regular programme of events and although we schedule things in, we leave space for topical issues. Sharing of best practice will also become a topic for consideration when planning future Protected Learning Time (PLT) events which happen bi-monthly and cover a wide range of topics aimed at improving care and outcomes for patients. Sharing of best practice is also considered when GP Peer review visits are undertaken. We also encourage practices to have their own in-house events and we monitor what topics are looked at. March 2016 Action completed		
7. Patient information and education is important, both generic information about local services and specific information about how their surgery works.	Accepted bar 7b which was deferred	*Since the initial response was received the Health and Wellbeing Board has launched a new health website which may provide an opportunity for promotional health campaigns*. Links to new Primary Care Strategy **See sub-recommendations a-e below**.	NHS England Rotherham CCG	September 2015 Primary Care Strategy
a. GP practices should ensure their practice leaflets and websites are kept up to date about	Accepted	**NHSE** 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, although the format is not	NHS England	Immediate

opening times, closure dates for training and how the out of hours service works.		specified. NHSE monitor practice compliance on a regular basis. We have been increasingly encouraging practices to use the internet to facilitate more access and make more information available on the practice website - being able to book appointments, order repeat prescriptions - and do more on electronic communication. Not all patients want to do that and information is available through NHS Choices and various helplines. We can still do more to improve communications - ourselves to practices and practices to patients - and we will continue to work on that to improve efficiency and effectiveness. **CQC** We do look at the information provided to patients and if we do not see it we give practices feedback. **March 2016** CCG It is a contractual requirement to keep websites up to date with this information. The CCG now annually review the websites and advise practices of required changes. Action completed		
b. NHS England should explore developing an App with practice information that people with smartphones and tablets can download.	Deferred	NHS E will explore this option further, recognising the importance of harnessing new technology, in use by many age groups. The GPC and NHSE will jointly promote the use of new technology, especially where it would bring benefits to both GP practices and patients. The new Primary Care Strategy will be considering ICT. **March 2016** NHSE GP practices will receive guidance on signposting the availability of apps to patients to allow them to book online appointments, order repeat prescriptions and access their GP record. Apps will be	NHS England	September 2015 Primary Care Strategy

		clinically and technically validated through the GPSoC programme during 2016/17 before being made available to patients. Technical support for patients in using the Apps will be provided by the App suppliers. Action completed		
c. Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.	Accepted	RCCG and NHSE would welcome the opportunity to engage with the Health & Wellbeing Board on this matter. NHSE do not collect data on missed appointments in a consistent manner and where there has been such an exercise it showed that the rate had not increased or changed. It is a bugbear for GPs that patients do not attend but also for many the 10-15 minutes without a patient means they can catch up time. RCCG are looking to publish more information in practices on the number of clinical hours lost through DNAs. At the Practice Managers Forum meeting on 12/05/2015 participants were asked via a show of hands if DNAs were a problem for their practice – with the majority indicating that they were. October 2015 The CCG provides a text messaging reminder service for patients, though this does rely on patients signing up. It should also be noted that a significant number of appointments made on the day are also missed, so forgetting appointments is clearly not the sole issue. Screens and posters in GP practices will promote messages asking patients to cancel unneeded appointments with the intention that practices may also maintain and publicise a running total of appointments missed and hours lost. The CCG and other partners will include similar messages in staff bulletins, emphasising the fact that the NHS is busy and missed	RCCG	Completed

		appointments cost money and prevent the slot being used for other patients who need help. This could include Rotherham Chamber pushing messages out through their member employers. Within the council, we can raise awareness amongst staff via the managing director's briefing, Friday Factfile (the weekly corporate bulletin) and Take 5 staff newsletter. The message will include a request to spread the word through friends and family. Finally, missed appointments/cancelling unneeded appointments will be picked up with the public at a 19th November CCG event on *the changing face of GP services*. **March 2016** CCG CCG has developed an A3 poster with a wipe clean space for practices to insert the number of appointments missed per month/cost so this can be displayed in practices. The CCG also publicises the cost of DNA along with cost of procedures at CCG events. Action completed		
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 right person in the practice team.	Accepted	NHSE 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. One reason patients are less satisfied is because of longer waiting times. NHSE think the solution is to improve the access and convenience, increase capacity and get more people who walk in general practices to make better use of practice nurses, doctors from hospitals, physiotherapists and other health professionals, which is also a big culture change for many. The	NHS England RCCG	

		Prime Minister's Challenge Fund was starting to demonstrate that the whole new skill mix placed in and around the GP can relieve some of the pressure on GP practices and ensure patients are still seeing a clinician. That is what we need to build on. **March 2016** CCG As outlined in 1, the CCG is submitting a bid for a telephony system to support practices with streaming patients. There are systems which allow patients to provide information to enable a call back from a relevant clinician. A local campaign is also taking place this year to provide information to the general public regarding the different roles within practices and to reduce perception that they are not being managed appropriately if they are supported by anyone other than a GP. Action completed		
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.	Accepted	NHSE propose the following potential actions: • Right Care: clearer to patients and the population how best to access the right care to meet their needs • 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 focusing on 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. Choose Well campaign is featured on TRFT website; RCCG website has Right Care, First Time on its website. Local publicity for Pharmacy First has been distributed.	TBC	To add

		October 2015 Locally, *choose well* has been superseded by *right care, first time*, which has a similar focus on changing behaviour and encouraging people – in the appropriate circumstances – to use options such as Pharmacy First or self-care rather than a GP, or to call NHS 111 before attending A&E. The CCG have produced leaflets and other literature to support this initiative, which will tie-in with national campaigns, such as *stay well this winter*. The CCG have now produced a winter communications action plan, linked to *right care, first time*. Again, this will focus on four key steps: self-care, Pharmacy First, NHS 111 and GP or walk-in centre. There will be a multi-agency campaign utilising banner stands in practices, adverts and interviews in the local media, social media messages, websites and internal publications. **March 2106** Action completed		
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 RCCG 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. Commissioning Plan published. October 2015 Regarding 7c and 7e the board will have a role in bringing partners together to ensure consistent messages are delivered, though the board would not lead on any campaigns. Beyond that, the board will take a wider perspective – working with the new Rotherham Together Partnership – in promoting Rotherham as a destination and highlighting local health and wellbeing initiatives. The board will use a revamped website, a Twitter account and a new quarterly newsletter to raise awareness of partners' activity and disseminate important messages.	Health and Wellbeing Board	September 2015

		March 2016 CCG An interim strategy for General Practice has been developed and is being implemented of which there is now a workforce plan for general practice. Good progress is being made in relation to new roles to sustain capacity e.g. pharmacists and healthcare assistants however attention is drawn to the committee that there is no contractual requirement to adhere to the workforce plan and is reliant on practices thinking differently about their workforce. Action completed		
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	NHSE and RCCG are working with 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. 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. 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 care co-ordinator to patients with a number of chronic conditions. NHSE nationally propose the following potential actions to increase 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	NHS England	On-going

		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) **CCG** Rotherham has some very challenging communities which are difficult to attract GPs to and Sheffield attracts more. One big advantage in Rotherham is that we have a training scheme with 14 registrar GPs training. Rotherham is the only place that is fully staffed and our training scheme is perceived to be the best in Yorkshire and Humber. We have tried to get the 14 GPs to stay, embrace Rotherham and feel a sense of ownership. We have looked at everything from payments and financial incentives but cannot attract extra funding for that. It is still tough and primary care staffing levels are not where we would want them to be. New physician associate course in Sheffield from 2016 with training places in Rotherham will help put the borough on the map. **March 2106** CCG We are still attracting good numbers to train in Rotherham which is one of the main factors for recruiting. CCG is reinvesting monies released from a review of PMS contracting arrangements into a quality contract for practices to help stabilise practices to continue to recruit. Action completed		

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	NHS 111, who now provide the call handling information and Care UK (who provide the Out of Hours) have been asked to provide regular activity information. This will feed into the planning process for the Emergency Centre. RCCG regularly speak to the Walk-in Centre to see if demand has been catered for. 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. **March 2106** CCG The emergency centre is due to open in 2017 and building work is progressing well. Capacity and demand has been scoped utilising historical attendance at A&E and the Walk-in centre and therefore PLT days have been scoped in. The CCG has a business intelligence tool for regularly reviewing whether there is any pattern of increased attendance at A & E when a PLT is taking place, to date there is no impact. The WIC have also scoped a 6 month period to understand impact and the requirements are incorporated into the rosters for the new emergency centre. Action completed	Rotherham CCG	Emergency Centre opens in 2017
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.	Accepted	NHSE have established formative links with some Local Authority planning departments across South Yorkshire & Bassetlaw and welcome the recommendation that health partners are invited by the Planning Department to be part of a multi-disciplinary approach to proposed new developments in Rotherham. - Funding for practices is done on a weighted capitation basis, with core contract income adjusted on a quarterly basis to reflect any changes in practice list size. Therefore, as practices increase their list size so funding increases, enabling employment of more staff to deliver services to the registered list.	NHS England	Immediate

		-Where a significant new housing development is planned, NHS England and the relevant CCG will work ahead of that development to consider 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 population's needs. New national infrastructure fund that practices can bid into - £1bn over 4 years in addition to the existing capital fund. PCS will include an estate strategy and there will be a review/audit of all practices as some have void space which could be utilised. In a multi-agency approach all publically owned premises will be audited. **March 2016** CCG NHS England, have, released funding for a 6 facet survey of all GP surgeries across England to be completed to inform the CCG estates strategies. This will enable us to future proof existing housing development and there are now processes in place for informing the CCG of planning applications to ensure there is sufficient capacity for the area Action completed		

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	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. A meeting is planned with CCG Deputy Chief Officer to discuss this in early 2015. - 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. **March 2016** CCG The Head of Co-commissioning is now contacted in relation to planning applications although this is sometimes very late in process but allows the opportunity to identify whether there is sufficient health capacity in the area. Action completed	Rotherham MBC	Immediate