

## 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)
<p>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.</p>	Accepted	<p><i>Context</i></p> <p><i>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".</i></p> <p><i>The new CQC inspection regime focusses on patient experience and quality of that experience as part of the regime.</i></p> <p><i>Access will form a key aspect of CQC inspection of the NHS. All General Practices will be inspected and rated from October</i></p> <p><b>NHS England Response</b></p> <p>NHS England take seriously the results of the National Patient Survey and include these in our monitoring of all primary care contractors.</p> <p>We agree that the way patients access GPs still vary from</p>	<p><b>NHS England Rotherham CCG CQC</b></p>	<p><b>October 2014 CQC visits begin</b></p> <p><b>April 2015 Place Based Plan in Place for Rotherham</b></p>

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		<p>practice to practice. It is important however 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.</p> <p>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 we aim to reinvest any funding released from one practice into primary care within Rotherham CCG area, ensuring that we secure real improvements in care and outcomes for patients.</p>		

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<p>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.</p>	<p>Accepted</p>	<p>NHS England agree that patients should be well informed and empowered to challenge poor access and suggest improvements. NHS E continue to encourage practices to work closely with their Patient Participation Groups, and to act upon their suggestions for improving access and services within the Practice. Likewise the Care Quality Commission (CQC) will 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 &amp; Family Test, which is compulsory, will be 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"> <li>a. Would you recommend this Practice to another person? (mandatory question)</li> <li>b. One other question the Practice want to ask the patient (this could be agreed with the Patient Participation Group)</li> </ul> <p>This will provide further stimulus to practices to respond to the views expressed by their patients.</p>	<p>Rotherham CCG NHS England CQC</p>	<p>On-going</p>

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<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. All GP practices should be encouraged to have a part of each day for sit and wait slots.</p>	<p>Deferred</p>	<p><i>Context</i></p> <p><i>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.</i></p> <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. Furthermore, 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</p>	<p>NHS England Rotherham CCG</p>	<p>October 2015</p>

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		<p>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>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.</p>	<p>Accepted</p>	<p>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</p>	<p>NHS England</p>	<p>Immediate</p>

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		working together we can ensure people are able to access care services appropriate to their needs and are able to easily navigate such services.		
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. Sharing existing good practice	Accepted	<p>NHS England agree 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. It is hoped that further pilots will 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.</p> <p>NHS IQ (Improvement and Quality), also operates a 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</p>	<b>NHS England</b>	<b>Immediate</b>



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<p>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 right person in the practice team.</p> <p>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.</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 NHS E would welcome the opportunity to engage with the Health &amp; Wellbeing Board on this matter.</p>		<p>d.e. NHS England</p>

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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	<p>NHS England 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.</p> <p>In order to have a sustainable workforce we need to make 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</p>	NHS England	On-going

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		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.		
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>	<b>Rotherham CCG</b>	<b>By April 2015</b>
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	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	<b>NHS England</b>	<b>Immediate</b>

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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	Rotherham MBC Planning fully agree with this.	Rotherham MBC	Immediate