

## ***Cabinet's Response to Scrutiny Review Access to GPs***

<b>Recommendation</b>	<b>Cabinet Decision</b> (Accepted/ Rejected/ Deferred)	<b>Cabinet Response</b> (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	<b>Agency Responsible</b>	<b>Action by (Date)</b>
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>

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		<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>		

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		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 &amp; 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"> <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>		
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

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		<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&amp;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>		

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<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.		<b><i>Signing up to RMBC's framework agreement for interpretation services</i></b> <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 &amp; 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 &amp; 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 &amp; 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>	<b>Rotherham CCG</b>	<b>By April 2015</b>

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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 &amp; 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