

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

<b>1. Meeting:</b>	<b>Health Select Commission</b>
<b>2. Date:</b>	<b>16 April 2015</b>
<b>3. Title:</b>	<b>Updated response to Scrutiny Review: Access to GPs</b>
<b>4. Directorate:</b>	<b>Resources and Transformation All wards</b>

### **5. Summary**

This report provides an updated response to the Access to GPs scrutiny review after the original response was referred back to Scrutiny by Cabinet for further consideration.

### **6. Recommendations**

**That the Health Select Commission:**

- 6.1 Receive the updated response to the Scrutiny Review following the further work undertaken.**
- 6.2 Request that the Health and Wellbeing Board ensures responsible agencies report progress to the Board and to Scrutiny.**
- 6.3 Request that the Health and Wellbeing Board discuss the relevant elements of recommendation 7 with regard to borough wide publicity and awareness raising.**
- 6.4 Note that further liaison with NHS England will be undertaken to finalise certain timescales.**
- 6.5 Agree to forward the report to Overview and Scrutiny Management Board.**

## **7. Proposals and details**

### **7.1 Scrutiny review**

The Health Select Commission (HSC) carried out a full scrutiny review of Access to GPs, focusing on identifying any anomalies, issues or barriers which impact on patients in Rotherham accessing their GP and in particular in respect of obtaining a convenient appointment within 48 hours. The review resulted in 12 recommendations which addressed improving access; sharing good practice; improving information for patients; and capacity to deliver primary care.

Further to Minute No. 86 of the meeting of the Cabinet held on 5<sup>th</sup> November 2014, the response to the scrutiny review was referred back to the HSC for further consideration, due to concerns over the lack of detail regarding implementation of certain recommendations (11 of the 12 were accepted and one deferred). At the request of Overview and Scrutiny Management Board a special meeting of the HSC considered the response on 15 January 2015. NHS England South Yorkshire and Bassetlaw Area Team (NHSE SY&B) and Rotherham Clinical Commissioning Group (RCCG) were requested to attend and asked to provide further written information in advance of the meeting. The Care Quality Commission (CQC) was also invited in light of their forthcoming inspections of Rotherham GP practices in 2015.

### **7.2 Background**

Since the review was carried out there have been changes in the NHS that impact upon the original review recommendations. These changes are outlined in section 7.4 below. As a result of the additional information received by the HSC an updated version of the response template is attached at appendix 1 for consideration (updates are in blue). Timescales for actions need to be finalised and some will depend on work at national level by NHSE.

Improving access to GPs is a complex issue due to the roles and responsibilities of various health bodies and the fact that each GP practice is an individual business. Uncertainty with regard to national level changes in the NHS persists, such as revisions to the funding formula for GP contracts to take greater account of deprivation. Outcomes from the review of Personal Medical Services (PMS) contracts are unknown as yet.

Balancing the different priorities and expectations of patient groups is a key question and is summed up in this extract from a report by Monitor in 2014:

“... different patient groups want different things from general practice. In particular, for many older patients, those with long-term conditions, disabilities or communication and language barriers, continuity of care is an important requirement. These patients prefer to develop an ongoing relationship with an individual GP who can help them to manage their treatment and co-ordinate their care. Many time-constrained or less frequent users of general practice place a greater emphasis on swift and easy access than on continuity of care.”

It is also reflected in the satisfaction rates of different patient groups from the National GP Patient Survey. For England as a whole older patients and patients with one or more long-standing health conditions are groups who are more likely to report a positive experience of accessing GP services. The lowest satisfaction rate is people aged 18-24 years from a minority ethnic background because they are expecting a different service.

### **7.3 Waiting times**

Long waits for appointments have regularly featured in the national media. One local GP was recently quoted as saying there was a wait of up to four weeks for an appointment at his practice and citing a recruitment crisis for GPs and rising patient demand. RCCG has funded additional weekday put-of-hours appointments until the end of March in areas of high need to help practices cope with demand.

### **7.3 Context**

#### **Contractual obligations of GPs**

NHSE SY&B emphasised that GPs have a contractual duty to meet the urgent or immediate clinical needs of their patients, providing access, including opening hours and sufficient appointments that are appropriate to the population served. New contractual duties come into force in April regarding patient engagement through patient participation groups and the Friends and Family test was introduced for GPs last December.

#### **Commissioning and management of GP contracts**

At the time of the review commissioning and managing GP contracts was the responsibility of NHS England. This will change from 1st April 2015 with co-commissioning as RCCG will assume delegated responsibility for GP contracts from NHSE SY&B, joining up the CCG and primary care and benefitting from localised decision making about services.

#### **Place based plan**

Each area will be responsible for developing a “place based plan” which will include the development of local services, commissioned separately from the core GP contract. These plans will be central to ensuring services meet local needs.

NHSE’s vision for the future, shared by CCGs, is to achieve 24/7 access to a range of community based diagnostic treatment, care and advice for patients with community and hospital based services also available in the community. In time this may 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. This will be considered as part of the proposed co-commissioning arrangements with the CCG and will feature in the place based plans referred to earlier.

#### **Personal Medical Services (PMS) contracts review**

This national review is significant for Rotherham as 75% of GP practices have this contract type and it relates to funding. NHSE say that as some practices lose some gain. The difference could be quite small in some places but very big in others and adjustments would be made for practices which have an atypical population. NHSE SY&B have given a commitment to reinvest any funding released from an individual practice into primary care within the Rotherham area. Reviews have started in Rotherham and NHSE SY&B anticipate all reviews will be completed by mid-April 2015.

Where it is a question of the range of services practices offer, and these are services the CCG wish to continue to buy, these will be explicitly commissioned and funded. Practices may not see a change in funding but will be commissioned by the CCG.

### **CQC inspections of GP practices**

The new CQC inspection regime focusses on patient experience and quality of that experience. Access will form a key aspect. All General Practices will be inspected and rated from October 2014 onwards and inspections in Rotherham commence in April 2015.

### **National Patient Survey**

NHSE relies heavily on the annual survey to capture patients' views and satisfaction levels with GPs. Analysis of the most recent survey indicates that the time of the appointment has more impact on satisfaction than the type of appointment i.e. satisfaction is higher for patients getting an appointment at the time they wanted, even if it was a different style or with a different person than originally requested.

In addition to enabling comparative analysis the survey provides a means of assessing the overall primary care capacity within the area. For example looking at clusters of practices serving the same locality and using the results as the basis for making judgements about commissioning new practices or the scope for existing practices to improve or expand to meet local 'gaps' in delivery of high quality, accessible care.

### **Recruitment and retention of GPs and health professionals**

Nationally although there is a target to increase the numbers of doctors training to be GPs to 3,250 per annum, numbers have only averaged 2,700 in the last four years. NHSE are focusing on the wider workforce within a GP practice as a means of reducing demands on GPs and this also links with plans to have more services delivered in community settings.

### **New ways to improve access to GP services**

For 2015, NHSE agreed with the General Practitioners Committee that the GPC will actively promote and support practices in a number of national initiatives to use ICT to improve patient access to GP services. This includes:

- improving the offer of electronic transmission of prescriptions – 60% of practices will be expected to be transmitting prescriptions electronically using Electronic Prescription Service EPS Release 2 by 31 March 2016.
- practices offering patients secure electronic communication with the practice.
- All GP practices will promote and offer the facility for patients to receive consultations electronically, either by email, video consultation or other electronic means.

### **NHS Improving Quality (NHS IQ)**

NHS IQ foster innovation through sharing best practice across the country and supporting training for practices, including how they can be more effective in responding to patient needs and be more efficient in running their business. Practices pay a fee for support.

## **8. Finance**

NHS bodies will need to incorporate any financial consequences from the recommendations in their annual planning arrangements.

## **9. Risks and Uncertainties**

It is essential that people in all parts of the borough have accessible and high quality primary care to help achieve improved health outcomes and reduced health inequalities for our community. People's health in Rotherham is generally worse than the average for England and with a growing and ageing population and high incidence of long term conditions and co-morbidities, demand for GP services is high and likely to increase further over time.

As the NHS undergoes considerable change this is presenting difficulties and challenges for practices and patients. As much is determined at national level scope for change at local level through effective commissioning of services matched to local need and sharing innovative practice is paramount.

Patients' experiences of accessing GPs do vary from practice to practice; their expectations and preferences are changing, and it is a question of striking the balance between clinical need, patient expectations and convenient access. Supply side factors of funding and investment; workforce planning, recruitment and retention; and suitable premises to deliver the full range of GP based services will all need to be addressed to meet growing demand.

## **10. Policy and Performance Agenda Implications**

RMBC Corporate Plan Priorities:

- Helping to create safe and healthy communities.
- Ensuring care and protection are available for those people who need it most.

Rotherham Joint Health and Wellbeing Strategy

Public Health Outcomes Framework

## **11. Background Papers and Consultation**

See Section 8 and appendices of the review report.

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**Appendix 1 Updated Cabinet Response to Scrutiny Review Access to GPs**

<b>Recommendation</b>	<b>Cabinet Decision</b> <i>(Accepted/ Rejected/ Deferred)</i>	<b>Cabinet Response</b> <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	<b>Agency Responsible</b>	<b>Action by (Date)</b>
<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>	<p>Accepted</p>	<p><b>NHSE</b></p> <ul style="list-style-type: none"> <li>- 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 the overall primary care capacity within the area.</li> <li>- 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 RCGG area, ensuring that we secure real improvements in care and outcomes for patients.</li> </ul> <p><b>CCG</b></p> <p>The ability to have varying co-commissioning of services has been incorporated into the 5 year strategy, with access and improving access highlighted.</p> <p><b>CQC</b></p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- The key to the inspection is to speak to all the staff in the</li> </ul>	<p>NHS England (NHSE)</p> <p>Rotherham Clinical Commissioning Group (RCCG)</p> <p>Care Quality Commission (CQC)</p>	<p>October 2014 CQC visits begin nationally, Rotherham from April 2015</p> <p>April 2015 Place Based Plan in place for Rotherham</p>

		<p>practice and 8-10 patients on the day about their experience and use of the practice.</p> <p>- 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 implementation so it is a robust process - corroboration and evidence.</p>		
<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>	Accepted	<p><b>NHSE</b></p> <p>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.</p> <p>In December 2014 the new compulsory Friends &amp; 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):</p> <p>a. Would you recommend this Practice to another person?</p> <p>b. One other question the Practice want to ask the patient (this could be agreed with the Patient Participation Group)</p> <p>Following national negotiation on revised contractual arrangements, the existing PPDES will cease on 31 March 2015 as existing arrangements should be largely embedded in general practice. From 1 April 2015 it will be 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.</p>	<p>Rotherham CCG</p> <p>NHS England</p> <p>CQC</p>	On-going
<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</p>	Accepted that helpful to have a flexible approach to appointments and access but not sit	<p><i>Context (Dr John Radford)</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 (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.</i></p>	<p>NHS England</p> <p>Rotherham CCG</p>	October 2015

<p>appointments.</p> <p>All GP practices should be encouraged to have a part of each day for sit and wait slots.</p>	<p>and wait slots.</p>	<p><b>NHSE</b></p> <p>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.</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> </ul>		
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		<p>NHSE propose the following potential actions:</p> <ul style="list-style-type: none"> <li>- Looking to extend the availability of General Practice <ul style="list-style-type: none"> <li>• Expanding PM Challenge Fund pilots: models for 7-day access to general practice</li> <li>• ‘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.</li> </ul> </li> <li>- Ambition of ‘Patient Online’ – providing the ability to book appointments, prescriptions and view medical records online</li> </ul>		
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.	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.	Accepted	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.	NHS England	Date needed
6. GP practices should regularly showcase best practice and share successes on providing good access to patients through existing means such as the practice	Accepted	<b>NHSE</b> 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	NHS England Rotherham CCG	NHSE Immediate RCCG Actioned

<p>manager forum and Protected Learning Time events. (Please see pages 19-22 of review report)</p>		<p>no Rotherham practices have submitted applications for the second funding round in 2015.)</p> <p>NHS IQ 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.</p> <p>NHSE 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. A number are 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 we only ever can get to 100 GPs at a time so are more reliant on what the CCG are doing.</p> <p><b>CCG</b> 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.</p> <p>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.</p> <p>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.</p>		
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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>Accepted <a href="#">bar 7b which was deferred</a></p>	<p><i>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.</i></p> <p><b>See sub-recommendations a-e below.</b></p>	<p>NHS England Rotherham CCG</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>Accepted</p>	<p><b>NHSE</b> 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 specified. NHSE monitor practice compliance on a regular basis.</p> <p><a href="#">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. NHS IQ support and best practice aims to improve efficiency and effectiveness.</a></p> <p><b>CQC</b> <a href="#">We do look at the information provided to patients and if we do not see it we give practices feedback.</a></p>	<p>NHS England</p>	<p>Immediate</p>
<p>b. NHS England should explore developing an App with practice information that people with smartphones and tablets can download.</p>	<p>Deferred</p>	<p>NHS E will explore this option further, recognising the importance of harnessing new technology, in use by many age groups. <a href="#">The GPC and NHSE will jointly promote the use of new technology, especially where it would bring benefits to both GP practices and patients.</a></p>	<p>NHS England</p>	<p>To add</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>Accepted</p>	<p>RCCG and NHSE would welcome the opportunity to engage with the Health &amp; Wellbeing Board on this matter.</p> <p>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.</p>	<p>TBC</p>	<p>To add</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>Accepted</p>	<p>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.</p> <p>One of the reasons 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. The Prime Minister's Challenge Fund was starting to demonstrate that with the whole new skill mix placed in and around the GP this 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 and try to do more.</p>	<p>NHS England RCCG</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>Accepted</p>	<p>NHSE propose the following potential actions:</p> <ul style="list-style-type: none"> <li>• Right Care: clearer to patients and the population how best to access the right care to meet their needs</li> <li>• Using 111 can direct people to get the right care – which can include self-care</li> <li>• Encouraging use of pharmacy as an alternative to GP: <ul style="list-style-type: none"> <li>- Feeling Under the Weather is a national campaign focusing on the management of winter illnesses.</li> <li>- Treat Yourself Better is a national campaign focusing on management of illness without expectation of antibiotics.</li> <li>- Pharmacy First is a national 'brand' used by many CCGs which encourages patients with some minor ailments to</li> </ul> </li> </ul>		

		<p>use the pharmacy. Patients who are exempt from prescription charges receive free medicines.</p> <p>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.</p>		
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.	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>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.</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 care co-ordinator to patients with a number of chronic conditions.</p> <p>NHSE propose the following potential actions to increase the overall supply of clinicians in primary care, including:</p> <ul style="list-style-type: none"> <li>• increase the number of training places for GPs;</li> </ul>	NHS England	On-going

		<ul style="list-style-type: none"> <li>increasing number of doctors qualifying that wish to enter general practice;</li> <li>changes to the induction and returner scheme to enable GPs to return more swiftly to the GP performers list;</li> <li>new models of care which meet demand differently, including through widening skill mix; (e.g. minor ailments services, direct physio access, and e-consultations)</li> </ul> <p><b>CCG</b> 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.</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 Out of Hours) have been asked to provide regular activity information. This will feed into the planning process for the Emergency Centre. <a href="#">RCCG regularly speak to the Walk-in Centre to see if demand has been catered for.</a></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

<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>Accepted</p>	<p>NHSE have established formative links with some Local Authority planning departments across South Yorkshire &amp; 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.</p> <p>- 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.</p> <p>-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.</p>	<p>NHS England</p>	<p>Immediate</p>
<p>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.</p>	<p>Accepted</p>	<p>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.</p> <p>- 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.</p> <p>- 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.</p>	<p>Rotherham MBC</p>	<p>Immediate</p>