

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
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Report of:	Cambridgeshire and Peterborough Clinical Commissioning Group	
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UPDATE ON CHANGES IN PRIMARY CARE LANDSCAPE IN PETERBOROUGH

R E C O M M E N D A T I O N S
It is recommended that the Health Scrutiny Committee receives and notes the updates provided in this report.

1. ORIGIN OF REPORT

- 1.1 The Health Scrutiny Committee has requested an update report on the changes in the primary care landscape in Peterborough.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The report is being presented to provide an update on primary care, and specifically general practice to Committee members. The Committee received a report in November 2018 which advised members of the local implementation plans of the national General Practice Forward View (GPFV).

Information provided in this report is for the whole of Cambridgeshire and Peterborough, however, where available, specific data or information on Peterborough has been included.

- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions; paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

- 3.1 The General Practice Forward View (GPFV) was published in April 2016 as a response to the pressures facing general practice and outlines how the government plans to act. It contains specific, practical, and funded steps on new care models/primary care at scale, improved access, workforce, workload, and infrastructure.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) developed a local strategy in conjunction in response to the national ambitions of the GPFV. The strategy was submitted to NHS England in 2017 and was assured as being a robust plan to be implemented locally.

Furthermore, the CCG has recently refreshed its Primary Care Strategy which will be used to support the development of the Cambridgeshire and Peterborough STP response to the NHS Long Term Plan which is due to be submitted in November 2019.

This report provides an update on Primary Care Networks, workforce, GP Access and mergers, detailing progress to date and highlighting any relevant risks. The risks are managed through the CCG's assurance framework and directorate risk registers and, where possible, mitigations are identified and documented.

3.2 **Primary Care Networks**

Cambridgeshire and Peterborough have established 21 Primary Care Networks (PCNs) which have been operational within the STP footprint and Alliance geography since 1 July. PCNs are an essential building block of Integrated Care Systems. A new Network Contract (called a DES), backed by financial entitlements, has been established. PCNs cover a typical population of 30,000-50,000 – and cover 100% of our geography. The intention is to provide resilience to practices by working at scale and working more closely with local communities, the local authority and other local providers. This works well with the new place-based neighbourhood teams we are developing alongside our partners. It should be noted that the PCNs have only just been set up and will take time to be more established and will develop at different paces.

Each PCN has nominated an accountable Clinical Director, and on the 17 July the CCG hosted a welcome event for all Clinical Directors. This was an opportunity to welcome new PCN Clinical Directors, networking with their peers and outline the CCG support offer. The agenda included practical information around the Network Contract DES, discussions around the new roles outlined in the DES (Social Prescribers and Clinical Pharmacists) and possible options for recruitment alongside agreeing how Clinical Directors would like to be involved moving forward.

Working as a system, we are increasingly looking at transformation projects through a North and South model through the alliances of the STP. Members of the North Alliance include the CCG, Directors local primary care representatives, the local authority, public health and NWAFT. Appendix one and two shows the geography of the Primary Care Networks in the North Alliance and their Clinical Directors.

3.3 **Workforce**

The new GP Contract is being implemented and, through a new Additional Roles Reimbursement Scheme, PCNs will be guaranteed funding for up to an estimated 20,000+ additional staff, nationally, by 2023/24, including:

- Clinical pharmacists (from 2019/20);
- Social prescribing link workers (from 2019/20);
- Physiotherapists (from 2020/21);
- Physician associates (from 2020/21); and
- First contact community paramedics (from 2021/22).

The Additional Roles Reimbursement scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, physiotherapists, and first contact community paramedics; and 100% of the costs of additional social prescribing link workers. We recognise the importance of the wider primary care workforce and the need to develop a community multi-disciplinary team (MDT), as set out in the new GP contract and the NHS Long Term Plan. More GP's, social prescribers and pharmacists will help reduce pressure and stabilise primary care and the domiciliary workforce.

Our CCG is currently focused on providing PCNs with opportunities regarding the new roles for 2019/20. Social Prescribers may be new to some PCNs, however, currently the Local Authority and Community Voluntary Services (CVS) employ this role and there is an opportunity to work with these colleagues moving forward. One option is that CVS could potentially employ the social prescribers, on behalf of the PCNs, however, it would be dependent on the social prescribing model the PCN may choose to implement.

In June 2019, the CCG worked with PCNs to determine baseline numbers in regard to the new additional roles. The CCG are currently working with PCNs in Cambridgeshire and Peterborough, to support how this investment could be maximised to enable PCNs to deliver on the seven service specifications set out in the Network Contract DES, for their respective local populations. The CCGs continues to work with PCNs to ensure that the opportunities that the Additional Roles Reimbursement Scheme provides, are maximised to support creating a sustainable workforce in Cambridgeshire and Peterborough.

3.4 GP Access (Extended Hours and Improved Access)

Extended Hours

Delivery of the extended hours agreement requires GP practices to deliver additional capacity for their own registered populations. From 1 July 2019, the funding for Extended Hours transferred into the Network Contract DES and PCNs' constituent practices will deliver extended hours access to their collective registered population.

In addition, the Network Contract DES also requires each GP practice to provide one practice appointment per day, per 3,000 patients will be made available for direct appointment booking by NHS 111, commencing 1st July 2019.

Extended Access

The General Practice Forward View (GPFV) published in April 2016 sets out a plan of investment to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to improve patient care and access and invest in new ways of providing primary care by 2020. By 1st October 2018, CCGs were required to implement improved access for 100% population coverage to ensure easier and more convenient access to GP services, including pre-bookable and same day appointments at evening and weekends by delivering additional capacity (30mins per 1,000 population rising to 45 minutes). Cambridgeshire & Peterborough CCG achieved this requirement.

The core criteria for Improved Access 2019/20 are currently being confirmed. Proposed changes include:

- Delivery of at least 75% utilisation of extended access appointments by 31 March 2020 if the service went live in in 2017/18; and at least 85% utilisation if the service was live before 2017/18;
 - NOTE: Greater Peterborough Network Federation (GPN) have been providing improved access for Peterborough population since 2017/18 services and will be required to deliver the higher target rate of 85% utilisation from September 2019.
- 100% of CCGs have fully addressed inequalities based on implementation of their local plans by 30 September 2019;
- Ensure extended access appointments have parity with digital access to other general practice services, this includes offering online consultations for extended access appointments, and ensuring extended access appointments can be booked online;
- 100% of practices are utilising reports from the NHS England GP Workload Tool or equivalent tools to measure capacity and demand for services and take appropriate actions to redesign and reduce workload by 30 September 2019;
- 100% NHS 111 direct booking into extended access services for the whole population covered by 31 March 2020.

In July 2019 GPN provided an additional 3194 appointments. This resulted in an additional 2,724 patient consultations booked in the evening and at weekends. The current utilisation rate is 78%, which includes 248 appointments that were booked, but patients did not attend (DNA). GPN would have achieved 85% utilisation rate if the DNA rate had been at zero, therefore continue to monitor and implement processes to reduce the DNA rate. Overall, GPN are performing well compared with the other Extended access providers across CCG population.

GP Access Review – plans going forwards

By April 2021 NHSE expect that the funding for the existing Extended Hours Access DES and for the wider CCG commissioned extended access service will fund a single, combined access offer as an integral part of the Network Contract DES, delivered to 100% of patients including through digital services such as the NHS App. NHS England will work with stakeholders including GPC England on a single coherent access offer that PCNs will make, for both physical and digital services. This will deliver convenient appointments 'in hours', reduced duplication and better integration between settings such as 111, urgent treatment centres and general practice.

NHSE continue to engage with various stakeholder groups and expect to report outcomes by

October 2019. The CCG will review their commissioning plans for 2020/21, to reflect the outcomes of the national review.

3.5 **GP Practice Mergers and other updates**

The General Practice Forward View (GPFV) confirmed the need for practices to come together to explore new, innovative ways of delivering Primary Care at scale. As with many issues there is no 'right answer' and the decision about the scale of joint working and whether to formally merge or simply work in a federated model will depend on local circumstances.

There is a clear process for practices who wish to merge or join an existing federation of GP practices.

NHS England East manages the legal and financial due diligence process which looks in detail at working models, business case development, financial and contractual arrangements, patient engagement and communication as well as staffing considerations. The due diligence process also looks at the benefits of the proposed merger for patients. This can often mean more specialist services available to patients, more support for clinical staff, ability for clinical staff to focus on training and practising areas of speciality, therefore reducing referrals to secondary care, reduced running costs for individual practices as cost such as insurance and back office functions are shared.

Octagon merged on 1 July 2018 in the first instance, following this due diligence process by NHSE and CCG teams. As part of the NHSE due diligence process Octagon were asked to describe in full how they would engage and consult with patients around these practice mergers. With support from the CCG a patient engagement strategy was drawn up. Octagon, the CCG and NHSE had to make decisions on what would be reasonable, proportionate and acceptable levels of patient engagement. Our local Healthwatch were also involved in drawing up these engagement plans and involved in representing the voice of the patients at planning meetings and were happy with the level of patient engagement and has since been really pleased that Octagon have responded positively to Healthwatch suggestions around patient engagement and patient experience

The CCG have sought further advice and wherever possible it would be preferable to contact each patient, costs permitting. The Primary Care Commissioning Committee will be considering this in future merger applications.

With regard to patient records the advice given by NHSE was that if the what the patient experiences with regard to their records, remains largely the same then reasonable and proportionate communication and engagement with patients around the merger is acceptable. In this case the patient records are still kept at the original practice and used in the same way. If a practice is closing and patients and patient records are being transferred to a new practice at a new location, then a letter would be the best way to let patients know. NHS England have confirmed that there has been no breach of confidentiality.

The Primary Care Commissioning Committee will be considering this in future merger applications. CCGs and NHSE continue to work with the Information Commissioner's Office to ensure that all patient data is protected and used within the guidance set out by GDPR.

Nightingale Scheme

The Nightingale Scheme has unfortunately been delayed due the electricity sub-station upgrade which has now been completed by UK Power Networks. The contractor is proposing 28th/29th September 2019 as the Practical Completion date; however, this is dependent on a number of issues including the date mains electricity will be live to the building and Health & Social Care Network (HSCN) being installed to support GP Clinical IT system. The projected timeline for patients to be accessing services from the Nightingale site is estimated to be end of October 2019, to allow sufficient time for final checks, contractual changes and quality assurances to be in place.

The CCG is working closely with the Project Team to implement the mobilisation plan as we move into the final phase of the project to ensure a smooth transition of the Welland Practice patients

to the new Nightingale site. The Welland Team have erected banners outside the site and are keeping patients updated. Once the site is operational, the CCG will be looking to disperse the patient list from Dogsthorpe Surgery and offering patients the choice to register at Nightingale or alternative GP provider within the catchment area.

Church Walk Branch Closure

Church Walk Surgery has been operating as a branch site to the GMS Contract of Welland Surgery, Eye Road in Peterborough. The closure of Church walk formed part of the overall plan to relocate services into the new Nightingale Medical Centre on Western Avenue when the building work on the new Nightingale premises were complete

The original timeline for completion, would have seen services operating from the new premises by June/July 2019 but inevitably there have been delays to the building work which means that the 'move in' date has had to be pushed back.

During the past month, an extension to the premises lease for Welland Surgery's main site on Eye Road has been agreed which will enable the Practice to remain in the current premises until the move to Nightingale Medical Centre. However, unfortunately, it had not been possible to secure an extension to the building lease on the Church Walk branch and therefore the site closed at the end of June 2019.

Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) and NHS England & NHS Improvement (NHSE&I) are working closely with the Partners at Welland Medical Practice to ensure the continued provision of primary medical care to all patients of the Practice.

Following the closure of the Church Walk branch, the majority of appointments will be held at the Practice's main site at Eye Road, with some services temporarily delivered from Parnwell Medical Centre, Saltersgate, Parnwell, Peterborough, PE1 4YL, until the new building is ready.

All households have received written communication to advise them of the above arrangements and will be informed of their exact appointment location when booking.

NHSE&I and the CCG will continue to work with the team at Welland Medical Practice to ensure a smooth transition to the new Nightingale Medical Centre with as little disruption for patients as possible.

3.6 Primary Care Quality

3.6.1 The Primary Care Commissioning Committee receives regular reports on the quality of primary care in the CCG area. The quality monitoring includes practices that are rated as 'Inadequate' or 'Requires Improvement' (RI) by the Care Quality Commission (CQC). The Committee meets in public and is a formal sub-committee of the Governing Body with a voting membership of lay member and Executive members. Healthwatch also sit on the Committee.

The report also highlights updates regarding key reportable quality indicators including Family and Friends Test Data, Complaints and Serious Incidents within Primary Care Practices.

3.6.2 Overview of the Care Quality Commission (CQC) Inspection Reports

A summary of all CCG General Medical Practices and Service Providers current CQC rating is attached as Appendix 1. The table below is all practices which have a rating of Requires Improvement or Inadequate

GP Name	Location	Report Date	O	S	E	C	R	W
Hampton Health	Peterborough	05-Jun-18						
Haddenham Surgery	E Cambs	30-Apr-19						
Dogsthorpe Medical Centre	Peterborough	16-Apr-19						
Orton Bushfield Medical Centre	Peterborough	14-Apr-19						
Welland Medical Practice	Peterborough	14-Jan-19						
Westwood Clinic	Peterborough	04-Jan-19						
North Brink Practice	Fenland	09-Jan-19						
Old Fletton Surgery	Peterborough	04-Dec-18						

KEY

Outstanding
Good
Requires improvement
Inadequate

	IA	RI	GO	OU	NR	Total
England	78	277	6031	314	360	7060
	1.2%	4.1%	90.0%	4.7%	5.1%	
East of England	14	32	609	25	33	713
	2.1%	4.7%	89.6%	3.7%	4.6%	
CPCCG	2	5	77	6	6	96
	2.2%	5.6%	85.6%	6.7%	6.3%	

3.6.3 CQC inspection update

Hampton Health have had a re-inspection during May and the report was published 5 June 2019. They have been rated 'requires improvement' overall and for 1 of the 6 population group ratings. This report was an improvement from October 2018 where the Practice were rated 'require improvement' in 4 Key Lines of Enquiry and 'inadequate' in 1 Key Line of Enquiry.

In June CQC inspections have taken place at Cedar House Surgery – Lakeside Healthcare and Welland Medical Practice. As part of the 'Dr Laliwala Partnership' at Welland Medical Practice, an unannounced inspection took place on the same day at Ailsworth Surgery. This inspection included the main surgery (Ailsworth) and both branch surgeries at Parnwell and Newborough.

In July CQC inspections have taken place at St Neots Health Centre, Westwood Clinic, Octagon and West Cambs Federation.

3.6.4 Quality update for practices rated as 'Inadequate' or Requires Improvement'

Provider	Key Issues	Key Actions	Progress since last report
Hampton Health PMS contract The practice has 4 partners and has applied to merge with Octagon. A soft merge of non-clinical aspects has commenced.	Requires Improvement Evidence of sustained improvement to responding to patient experience. Risk assessments – fire safety PGD's – out of date Systems for prescribing stationary		Previous inspection October 2018. Improvements noted for strengthened leadership.
Dogsthorpe Medical Centre PMS contract managed by McLaren Perry Will transfer to the Nightingale Practice in September 2019 led by Dr Laliwala and Partners.	Requires Improvement Third CQC inspection took place on 21.2.19 and rating improved from Inadequate to Requires Improvement. Governance systems and process now in place rating for 'Safe' has improved to 'Good'.	To improve Effective, Caring and Responsive domains. Local data has improved but the published data used for the inspection is last year's data.	
Orton Bushfield Medical Centre GMS contract The practice has 1 partner.	Inadequate CQC completed a second full inspection on 27.2.19 and practice continues to be Inadequate overall. The rating for Caring has moved from Ri to Good. Lack of leadership Lack of oversight to ensure systems and processes are in place to manage risks effectively. Remedial notice issued for poor governance of vaccine process.		Section 31 issued 6.6.19 Thorpe Road Surgery supporting for 12-week period. Patient safety risks identified by CQC are being addressed. Thorpe Road have provided a full-time practice manger and lead GP. A new CQC action plan is in place and areas have been identified and working towards addressing them.

	Improvements made service resumed.		
Welland Medical Practice GMS contract The family run practice is led by Dr Laliwala and Partners. Welland has a branch practice at Church Walk (see Westwood Clinic).	Inadequate Lack of leadership and visibility Poor clinical governance and oversight Poor management of medicine risks. Unsafe practices regarding recruitment of staff Instability of practice leadership Transition of practice to a new build called Nightingale Medical Practice.	Extensive support from CCG quality directorate and Medicine Optimisation Team. Royal College of General Practitioners (RCGP) visited both Westwood and Welland Medical Centre on 21 st May. Practice have received a detailed action plan and resources to support. RCGP provided extensive support prior to re-inspection.	Practice closed branch surgery on 21.6.19. Patients have the choice to be at Parnwell MC or at Welland MP. Minimum patient engagement completed. RCGP provided intensive support prior to inspection. CQC re-inspection on 25.6.19 awaiting factual accuracy
Westwood Clinic GMS contract Family run practice led by Dr Laliwala and partners. Other practices include Welland Medical Practice and branch at Church Walk, Ailsworth Medical Centre and branch at Newborough and Parnwell.	Inadequate Inconsistent process patient and medicine safety alerts. Lack of support and oversight of clinicians Governance systems and processes not embedded No oversight of high-risk medicine prescribing Poor patient experience QOF data lower than CCG average and exception reporting very high	Royal College of General Practitioners (RCGP) have provided support from April 19. There is 18 hours of support left from the package.	Follow up CQC inspection on 04.07.19. The risks were escalated to CCG. Practice unable to provide assurance of clinical leadership to the risks and a Section 31 urgently suspending registration was issued on 16.07.19 Dr Shah at Thorpe Road has agreed to subcontract for a 4-week period. Action plan in place and Dr Shah has oversight of the practice. CCG supporting and gaining assurance weekly.
Old Fletton Surgery GMS contract The practice has 6 partners.	Requires Improvement Establish effective systems and processes of good governance.	Action plan in place improvements noted during quality visit.	

3.6.5

Friends and Family Test (FFT)

Data responses improved in May 2019 following a reminder letter sent to 57 of the 91 Practices that had not submitted their 'Friends and Family' to NHS England in January 2019. A second letter was sent in June to the 23 Practices that continued to not submit their 'Friends and Family' data. In June 2019 data submissions declined to 50 of the 91 Practices not submitting 'Friends and Family' data.

Of the 41 Practices, 12 submitted a zero response and 16 had over 80% of their patients recommending them. Five Practices received 100% recommending their Practice. The list of local Practices that submitted 30 or more responses were:

- Botolph Bridge Community Health Centre
- Wansford Surgery
- Yaxley Health Centre

4. CONSULTATION

4.1 Any decisions which result in changes to the provision of primary care services will require bespoke consultation and engagement, to be planned and implemented prior to variation requests being made to the CCG's Primary Care Commissioning Committee. This is a formal sub-committee of the CCG's Governing Body and is constituted to transact the delegated responsibilities that passed to the CCG from NHS England in April 2017. These committee

meetings are held in public for maximum transparency and engagement.

4.2 There are no other consultations to be suggested at this time.

5. REASON FOR THE RECOMMENDATION

5.1 The Health Scrutiny Committee is asked to comment and note the update

6. APPENDICES

6.1 Appendix 1 Primary Care Networks Overview

Appendix 2 Primary Care Networks Maps for Cambridgeshire and Peterborough