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Clinical Commissioning Group

Briefing on the Current State of General Practice in Oxfordshire and Transforming Primary Care for Health Overview and Scrutiny Committee Oxfordshire

NHS England Thames Valley Area Team
and
Oxfordshire Clinical Commissioning Group

19th January 2015

Executive Summary

The aim of this paper is to inform the Health Overview Scrutiny Committee (HOSC) on the current state of general practice in Oxfordshire. It has been brought to HOSC in order to brief members on the quality and access to services provided by general practice in Oxfordshire, and to inform them about the challenges facing the sustainability of GP services. Services locally face demographic changes, increasing public expectations regarding access, workforce pressures and economic and financial challenges. This paper outlines the national vision to address these challenges by transforming primary care and sets out the emerging local strategy to support and develop primary care in the next five years.

The national strategy described in Transforming Primary Care' issued by NHS England (March 2014[1]) identifies six key priorities:

1. Offering **holistic care**: addressing people's physical health needs, mental health needs and social care needs in the round. The paper describes how general practice is planning to co-ordinate more closely with integrated community health and social care teams.
2. Ensuring fast, **responsive access to care** and preventing avoidable emergency admissions and A&E attendances. The paper sets out a number of initiatives which will collectively have an effect of enhancing patient access to Primary Care (physically and digitally).
3. Promoting health and wellbeing, **reducing inequalities and preventing ill-health** and illness progression at individual and community level. The paper describes how GP Practices undertake health prevention as part of the 'making every contact count' approach, encouraging patients to adopt healthy lifestyles that will promote health and wellbeing, as well as specific initiatives to address the needs of more deprived communities.
4. **Personalising care** by involving and supporting patients and carers more fully in managing their own health and care. The paper sets out how practices are increasing their support for patients with complex care needs, and enabling patients to manage their own care better
5. General practice operating at **greater scale,** for instance through networking, federation or merger, whilst preserving strengths of **continuity of care** and **relationship with local communities.** The paper provides information on the primary care federations that have been set up in Oxfordshire in the last year to promote collaboration between practices.
6. General practice working as a more **integrated** part of a wider set of community-based services. Detail is provided on the local vision for increasing more services to be offered out of hospital, enabling people to access more care closer to home.

What this means for patients is reflected in Appendix E.

This is a joint paper produced by Oxfordshire Clinical Commissioning Group and NHS England Thames Valley Area Team, the two organizations responsible for commissioning general practice services. Oxfordshire County Council is responsible for commissioning public health interventions from primary care.

[1] Improving General Practice – A Call to Action Phase 1 Report March 2014: NHS England

Briefing on the Current State of General Practice in Oxfordshire and Transforming Primary Care for Health Overview and Scrutiny Committee Oxfordshire

Introduction

1. The aim of this paper is to inform the Health Overview Scrutiny Committee on the current state of general practice in Oxfordshire, which currently comprises 80 practices with 547 GPs, 138 Practice Nurses and 243 other health care professionals.

   It describes the challenges facing the sustainability of GP services, outlines the national vision for transforming primary care and articulates the emerging local strategy to support and develop primary care in the next five years.

   This is a joint paper produced by Oxfordshire Clinical Commissioning Group and NHS England Thames Valley Area Team.

   The Appendices provide additional information on how primary care services are commissioned and funded, their quality monitored and the plans for increasing joint commissioning of general medical services.

National vision and strategic direction for transforming primary care

2. The Department of Health with NHS England describes the vision of 'Transforming Primary Care' (March 2014[2]) as 'the next step towards safe, personalised, proactive out-of-hospital care for all, starting with the 800,000 patients with the most complex health and care needs who will be given a personal care and support plan, a named accountable GP, a professional to co-ordinate their care and same-day telephone consultation if needed.

3. In its vision NHS England identified six key national strategic priorities for improving general practice, namely:

   - Offering **holistic care**: addressing people's physical health needs, mental health needs and social care needs in the round.

   - Ensuring fast, **responsive access to care** and preventing avoidable emergency admissions and A&E attendances.

   - Promoting health and wellbeing, **reducing inequalities and preventing ill-health** and illness progression at individual and community level

   - **Personalising care** by involving and supporting patients and carers more fully in managing their own health and care

[2] Improving General Practice – A Call to Action Phase 1 Report March 2014: NHS England

- General practice operating at **greater scale,** for instance through networking, federation or merger, whilst preserving strengths of **continuity of care** and **relationship with local communities**

- General practice working as a more integrated part of **a wider set of community-based services**

4. The local commissioning strategy aims to achieve these objectives and to address local challenges to the sustainability of general practice

Local Challenges to the Sustainability of General Practice.

5. Health and Social Care services locally face a number of challenges including demographic changes, changes in public expectations regarding access, workforce pressures and economic and financial challenges.

6. Nationally there is an ageing population, with increasing numbers of citizens having multiple long-term conditions and complex health and care needs. The number of people with multiple long term conditions is set to grow from 1.9 to 2.9 million from 2008 to 2018 and this is resulting in a large increase in consultations, especially for older patients. Nationally the average patient had 3.9 consultations each year in 1995 rising to 5.5 consultations each year by 2008.[3]

7. In addition Oxfordshire is set to experience significant growth in the population in areas identified for new housing over the next 20 years, as outlined in the Strategic Development Plans for each of the respective District Council areas. NHS England, along with NHS Property Services, are working to actively engage with Local Authorities in order to understand their housing growth plans. We are currently undertaking a mapping exercise for each of the council areas, so that all the major house development sites are identified and the quantity of housing and expected population increase is understood. In addition, we also have the housing trajectories so that the phasing for each of the developments is known, so giving a better insight into when the expected growth is likely to have an impact (it is recognised that some of this growth is already underway and the impact is already being felt). The mapping exercise also identifies which practices are likely to be most impacted by each of the house developments.

   NHS England Thames Valley Area Team works closely with Oxfordshire Clinical Commissioning Group to ensure that any expansion of premises in response to population growth can be aligned with local strategic plans as well as working closely with other partner organisations such as NHS Property Services and Community Health Partnerships so that there is an broader understanding of the NHS estate and facilities available.

   The process that NHS England Thames Valley Area Team uses to assess future demand for GP services linked to population growth is described in

[3] http://www.hscic.gov.uk/catalogue/PUB01077/tren-cons-rate-gene-prac-95-09-95-08-rep.pdf

Appendix B. The mapping exercise being undertaken by NHS England will feed into a wider review of the estate available across primary care, community health and social care which is underway to understand what property is available and the extent to which it is fully utilised.

8. As in other areas of health and social care public expectations relating to access to services are changing, with more people wanting to be able to see a GP in the evenings and at weekends.

   In 2014 HealthWatch Oxfordshire[4] undertook a public consultation on access to GP services and its results have identified specific issues relating to GP access for Oxfordshire. These include:

   - Although 71 % reported being able to access their GP within a week, 29% reported dissatisfaction with waiting times; waiting more than one week for a GP appointment is acceptable to some people.
   - 18% of respondents were dissatisfied with the length of time to answer their call; and there was significant interest in alternative methods of making appointments such as email, text and web-based.
   - Awareness of GP Practice opening hours could be improved: 27% were unaware of opening times.
   - Extended access: 77% of respondents would like access to weekend and evening appointments
   - Some respondents also expressed dissatisfaction with Out-Of-Hours services: long waiting times, unhelpful advice
   - Access to own GP: 34% did not see their own GP; 12% of these were over 76
   - Unnecessary A&E attendances: 176 respondents reported using A&E instead of GP

9. Public views on how practices could improve care for patients are also identified by practice Patient Participation Groups. Each practice in Oxfordshire has a Patient Participation Group whose role is to ensure that the public voice is heard throughout the commissioning process, including decisions made by practices. In addition there is a Patient Participation Forum for each of the six localities in the County. These include representation from patient participation groups, local third sector agencies and district councils. They enable greater patient, carer and public face to face involvement in the design, planning and provision of health services, the development and consideration of proposals for changes in the way these services are provided, and decisions to be made by the OCCG affecting the operation of services.

10. Primary care is also facing workforce problems in terms of retention and recruitment and overall morale. The GP workforce has grown at only half the rate as other medical specialties and practices are experiencing difficulties in recruiting GPs and practice nurses to vacancies.

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4 http://healthwatchoxfordshire.co.uk/sites/default/files/oxfordshire_healthwatch_gp_survey_final_october_2014.pdf

The Horsefair Surgery in Banbury which had experienced significant problems in recruiting GPs undertook a survey in 2014 to identify whether other practices in the Thames Valley were experiencing similar problems. Their survey found that:

- Of the respondents 38% were unsure if their practice would be in existence in 5 year's time increasing to 48% unsure if their practice would exist in 10 year's time.

- In response to 'My practice finds it easy to recruit GP partners', 64% responded 'No', in response to 'My practice finds it easy to recruit salaried doctors', 51% responded 'No' and 65% when asked about is it easy to find locums responded 'No'.

- 79% recorded that 'one or more GPs in my practice is experiencing 'burn-out' due to increasing and unsustainable pressure of work'.

- Respondents were asked if they have an intention to retire or take a career break in the next 5 years to which 48% responding 'Yes', and in asking respondents of plans to leave general practice in the next five years, the highest age-band indicating 'Yes' is in the 45-54 age-group and the highest number indicating their intention to leave in the next year are in the 60-65 age band.

11. As in other parts of the local health and care system, general practice is experiencing financial pressures. Spending on services has been relatively static since 2008 despite the increase in demand, whilst spending on acute care has increased during this period. The proportion of the total healthcare budget directed to primary care services shrank from 27% in 2006/07 to 23% in 2012/13[5]. Some practices are experiencing particularly acute financial difficulties especially those losing those Minimum Practice Income Guarantee (see Appendix A for details), raising concerns regarding their long-term viability, and a number of practices have merged to increase their economies of scale.

12. *''Improving general practice – a call to action'* [6] reported a growing dissatisfaction with access to services. The Extended Hours Directed Enhanced Services (DES) supports practices in providing GP and Nurse appointments outside of the core contracted hours of 08:00 to 18:30.

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[5] An inquiry into Patient Centred Care In The 21st Century – Royal College of General Practitioners 2014
http://www.rcgp.org.uk/policy

[6] The NHS Belongs to the People – A Call to Action
http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

Improving General Practice – a call to action Slide pack
http://www.england.nhs.uk/wp-content/uploads/2013/08/igp-cta-slide.pdf

Improving General Practice – a call to action Evidence pack
http://www.england.nhs.uk/wp-content/uploads/2013/09/igp-cta-evid.pdf

Currently 86% of practices in Oxfordshire are providing Extended Hours to their patients.

Directed Enhanced Services (DES) are offered out to all Practices and NHS England and Oxfordshire CCG work collaboratively to encourage all practices to provide these nationally commissioned services in order to improve access and improve patient satisfaction with access to services; however it is the Practices choice as to whether they provide the service. Practices made decisions on signing up to the Extended Hours Directed Enhanced Services (DES) by reviewing the National Patient Experience Survey data, Practice satisfaction surveys and in consultation with their Patient Participation Groups.

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14. From the 31st March 2015 it will be a contractual requirement for all practices to offer online booking for their patients. 75% of practices in Oxfordshire are already offering this service along with access to records and repeat prescription requests.

15. **The GP Patient Survey**
The GP Patient Survey is sent out every six months, commissioned by NHS England and implemented by Ipsos MORI. It is designed to give patients the opportunity to comment on their experience of their GP practice. Every six months, over one million questionnaires are sent out to adult patients, randomly selected from all patients registered with a GP in England.

The survey asks patients about a range of issues related to their local GP surgery and other local NHS services, including: how easy or difficult it is for patients to make an appointment at their surgery; satisfaction with opening hours; and the quality of care received from their GP and practice nurses.

The GP Patient survey results published in January 2015 show that satisfaction with access to services has again declined, as reported in the *'Improving general practice – a call to action'.*

Satisfaction in Oxfordshire remains above the national average and that of the rest of the NHS England Thames Valley Area. Table 2 in Appendix D shows an analysis of the keys access and quality questions in the National Patient Survey. But Oxfordshire is performing below the national average in terms of how long it takes to see or speak to a GP or nurse.

In summary, satisfaction with telephone access has decreased in Oxfordshire by 1% from 82% in 2013/14 t0 81% in 2014/15 (nationally, there has been a decrease of 1% from 73% in 2013/14 to 72% in 2014/15). There has also been a 1% decline in the satisfaction in opening hours from 78% to 77% (nationally, a 1% decline from 77% to 76%).

Patient satisfaction in the overall experience they have at their practice, their confidence in their GP and their nurse and whether they would recommend their practice to a family or friend has remained the same in Oxfordshire from

2013/14 to 2014/15 and as shown in Table 2 remains higher than that of the NHS England Thames Valley Area and national averages.

Local Views on how to improve GP services

16. Following publication of NHS England's priorities identified in 'Improving General Practice – A Call To Action' (2014)[7] Oxfordshire Clinical Commissioning Group undertook a public consultation in the summer of 2014 to establish public views on what aspects of GP services they wished to retain and what aspects they would like to see improved. A wide range of voluntary organisations, community groups, practice patient participation groups were consulted as to how best to develop GP services. The following key themes emerged:

17. **Respondents are happy with/would like to keep…**

- 90% (439) of respondents agreed that they received good quality of care from their GP practices, compared to 7% who felt that they did not.
- 31% (149) of respondents said they received good care in managing their long term condition
- 67% of respondents (324 people) felt that making an appointment is easy or acceptable compared to 32% (156) who felt it was not easy or difficult

18. **Respondents would like to change…**

- 57% would be willing to attend a different surgery for an urgent appointment, compared to 33% who declined while 10 % remained neutral. These results were similar for urgent nurse appointments.
- 65% (172) of people said they would be willing to see a specialist nurse at another surgery to manage their long term condition compared to 35% (110) who strongly disagreed with this approach.
- 50% (160) of those with a long term condition said they would be interested in using more technology to help them manage their condition, 19% (61 people) said they would not be interested and 31% (97) remained neutral.
- When asked about what technology people would like GP practices to adopt, 274 people (57%) said they would like text message appointment reminders, 80% would like to book an appointment online (there are further results that indicate that while online appointment booking is in place in some surgeries, people feel it needs improving), 62% said they would like test results by text and 71% would like to be able to email their GP for advice.
- 109 people called for greater communication around the role of the pharmacist in supporting patients while 86 people said further work needed to be done to increase

[7] Improving General Practice – a call to action Slide pack
http://www.england.nhs.uk/wp-content/uploads/2013/08/igp-cta-slide.pdf

patient's confidence in consulting a pharmacist and raising awareness of the level of training and the qualifications that pharmacists have attained. A further 69 respondents suggested greater privacy was needed to encourage patients to consult pharmacists about their ailments.

How National Priorities, Challenges to the Sustainability of General Practice and local priorities are being addressed

19. In order to address these pressures and to support the development of a strong and sustainable general practice capable of managing demand and increasing care out of hospital, the Oxfordshire Clinical Commissioning Group (OCCG) has identified the transformation of primary care as one of its five strategic priorities. A joint development board has been established with membership including NHS England Thames Valley Area Team, Oxfordshire Clinical Commissioning Group, Local Medical Council and HealthWatch Oxfordshire to progress this work.

20. Oxfordshire Clinical Commissioning Group clinical chairman has articulated a vision for general practice which aims to see it both sustained and improved in the next five years. This vision is to have high quality, safe, equitable and sustainable general practice across Oxfordshire. It aims to preserve the parts of general practice that work well- the small team approach, personalised service close to patients, continuity of care, and the autonomy of individual practices. At the same time practices will collaborate more to gain the advantages of working together in business planning, management, Information Technology, organisational development, capital etc.

21. The vision proposes that Primary Care would provide the 'broad foundation' of care, but for patients with greater needs access could be via community 'hubs'/intermediate care, for example Community Multispecialty Providers. These could be run by groups of practices, potentially working together with community services. For more specialist or 'hyper acute' care specialist acute hospitals would be used. Crucially the access to the different 'tiers' would be managed by primary care working with the other providers. These new models of care are consistent with national proposals outlined by NHS England in its *Five Year Forward View*. GP practices in Oxfordshire have been consulted on this vision and broadly support it. Oxfordshire Clinical Commissioning Group are now developing a strategy to deliver this vision and the six key national priorities. Proposed action includes the following:

22. **Providing holistic care**
As the complexity of patients' care needs increase it is important to address people's physical health needs, mental health needs and social care needs in the round and to offer more proactive care. This requires primary care to coordinate more closely with neighbourhood integrated community health and social care teams. To support this integration, practices working together collaboratively as federations plan to use care navigators to help co-ordinate the care of patients with complex needs. Funding to support these roles is being sought from the Prime Ministers Challenge Fund.

23. In addition new workforce roles such as physicians assistants, generalist community nurses, and emergency care practitioners will be tested to support a multi-disciplinary approach and to expand the range of workforce roles in primary care.

24. Ensuring fast responsive access to services

Currently 86% of practices offer Extended Hours, providing GP and Nurse appointments outside of the core contracted hours of 08:00 to 18:30.
Practices decided whether to provide Extended Hours by reviewing National Patient Experience Survey data, Practice satisfaction surveys and in consultation with their Patient Participation Groups. Outside these hours patients are able to seek GP advice from the Out-of-Hours service.

In addition from the 31st March 2015 it will be a contractual requirement for all practices to offer online booking for their patients. 75% of practices in Oxfordshire are already offering this service along with access to records and repeat prescription requests.

Oxfordshire's Out-Of-Hours Service has seen a rise in numbers of over 5% in the period April to October 2014 with a number of individual months reaching between 9 - 10% higher than in previous years. This, together with other indicators and public feedback, suggests that access to GP care at weekends and in the evenings needs to be expanded.

A proposal requesting funding for a range of schemes that will improve access to GP services across the county is currently being sought from the Prime Ministers Challenge Fund. The interventions will collectively have the effect of enhancing patient access to Primary Care (physically and digitally), increasing focus on patients with complex care needs, and supporting patients in managing their own care better. Key initiatives include: Neighbourhood Hubs providing same day urgent care delivered by GPs, Emergency Care Practitioner Early visiting teams, Care Navigators and the introduction of Video and E-Consultations. Collectively they will produce 70,000 new consultations or appointments per year.

Prime Minister's Challenge Funding is only available for 2015/16 but it is anticipated that, if the increased access to GP services reduces demand on A&E and unplanned acute admissions, funding for these services will be continued by Oxfordshire Clinical Commissioning Group. The schemes to improve access have been designed and will be delivered by Oxfordshire's GP Federations (see 26.)

25. Reducing Health Inequalities and Preventing Ill-Health

Compared nationally, overall, Oxfordshire has relatively low levels of deprivation. However, there are particular areas in Oxford City, Cherwell, and Vale of White Horse districts which are among the 20% most deprived areas in the country.

Oxfordshire Clinical Commissioning Group, examples include:

For patients of the Leys Health Centre, a project is running to increase the uptake of childhood immunisations by additional telephone and letter contact to patients to encourage uptake and book patients into appointments. Another project has aimed to increase uptake of cervical screening appointments by South Asian and new migrant women, through telephone contact and booking women into appointments.

Banbury

In Banbury, 5 of the 13 Practices are located in, or will take patients from areas of inequality. Banbury Health Centre is situated in Grimsbury & Castle ward, serving patients in that deprived community. It is open from 8.00am until 8.00pm, every day, all year round.

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The Banbury regeneration programme (Brighter Futures in Banbury), focuses on three key wards: Grimsbury and Castle; Neithrop and Ruscote. The Oxfordshire Clinical Commissioning Group North Locality Clinical Lead is engaged with the Brighter Futures programme. A project was conducted at West Bar surgery, targeting all women who hadn't taken up a cervical screening invitation, many of whom were from the South Asian community. The Cooking Skills project is another project which takes place in key areas of inequality in Banbury, with group sessions for people who want to learn how to cook and to cook healthy meals on a budget. It works through groups such as the children's centres; food bank; homeless hostels; Black and Minority Ethnic (BME) groups; older people's groups; Learning Disability Trust and many others. The cooking tutor is employed by a local GP Practice and the project steering group comprises the Practice Manager and Practice Nurse, as well as the cooking tutor and the Equality & Access Manager.

Promoting Good Health and Preventing Ill-Health

Much of the work of general practice is geared to preventing disease from becoming worse through early detection and prompt treatment. For example, prescribing of anti-cholesterol drugs and treatments for raised blood pressure have done much to decrease mortality from heart disease and stroke over recent decades.

Primary care also plays an active role in pre-natal healthcare, carrying out immunisations and some screening programmes eg cervical screening. Primary care is also a major provider of contraception services and is plays a part in the detection and management of outbreaks of infectious disease.

Preventing Ill-Health

Practices also undertake health promotion as part of the 'making every contact count' approach, encouraging patients to adopt healthy lifestyles that will promote health and wellbeing. In addition specific initiatives include:

- A pilot is currently underway of a carers information pack being given to carers when consulting their GP to support their health and wellbeing;
- All Practices have trained Smoking Cessation Advisers. They receive regular update training and information.
- One Practice in Banbury employs a Health Trainer to support patients with healthy lifestyle issues;
- The County Council commissions practices to undertake the NHS Health check programme.

26. Personalising Care

Personal care planning is being used to ensure that patients have personalized care plans that address the full range of their needs. All practices in Oxfordshire are offering a national directed enhanced service to develop care plans for the 2% of patients who have the highest complex care needs in the practice and who are more at risk of an unplanned hospital admission and who would be likely to benefit from more tailored, active support from their GP surgery. Under this programme, the patient has a named GP who has overall responsibility for the care and support that the practice provides and for ensuring that they have an up-to-date personal care plan.

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Many patients with the highest health needs reside in care homes. National evidence suggests that enhanced primary care medical services to care/nursing homes has had success in driving up the quality of care and reducing admissions and attendances to hospital and length of stay for patients where admittance to hospital is unavoidable. In nursing homes where there is no arrangement for a GP practice to provide weekly, routine visits and reviews, care is often reactive.

There are 108 care homes in Oxfordshire (40 care homes and 68 care homes with nursing) giving a total of 4,887 bed spaces. In 2013-14 there were 2,482 attendances to A&E, 2,196 non-elective admissions, and South Central Ambulance Services received 2,530 emergency 999 calls for residents of care / nursing homes. Oxfordshire Clinical Commissioning Group is in the process of commissioning a service from practices whereby they would offer to provide additional medical support to care homes including initial assessment of new care/ nursing home residents; medication reviews; anticipatory care planning, and a weekly schedule visit by the usual GP for all patients needing a review. This new service will be available from April 2015.

27. Primary Care operating at greater scale

In order to access the benefits that can be gained by practices collaborating with one another, practices across Oxfordshire have been involved in discussions as to whether to form primary care federations, legally separate organisations that can offer benefits to member practices and that can offer a wider range of services. In 2014 seven federations have formed:

- Oxfed – comprising 22 of the 27 City practices
- Abingdon federation – comprising 3 practices, 2 in Abingdon and 1 in Berinsfield
- NOxfed – comprising 12 practices in the north
- Westfed – comprising 8 practices in the west
- ONE fed – comprising 10 practices in the north east
- Valefed – comprising 11 practices in the south west

Noxfed, Westfed, ONE fed and Valefed have formed as not-for-profit federations with the support of Principal Medical Ltd, a GP owned not-for-profit company that currently provides Out-of-Hours and Hospital at Home services in Oxfordshire. Practices in the South East locality are currently reviewing whether they wish to federate with their support.

The legal arrangements for the federations were completed by the end of 2014 and the federations are now in a position to respond to requests to tender as provider organisations. They have actively led the development of proposals for the Prime Ministers Challenge fund.

28. General Practice offering a wider range of community services

Currently individual practices provide a range of services over and above primary care national core services, offering patients an alternative to attending secondary care. GP practices can elect to provide these services providing the service criteria are met.

Amongst the services provided in primary care in Oxfordshire are:

- Arrhythmia Primary Care Services
- Dermatology (Skin Cancer) Primary Care Services
- DVT Primary Care Services
- Examination of the Newborn Primary Care Service
- Minor Injury Primary Care Scheme
- Near Patient Testing Primary Care Scheme
- Oxfordshire CCG Leg Ulcer Primary Care Services
- Secondary Care requested procedures Primary Care Services
- Warfarin Monitoring Primary Care Services

In the *Five Year Forward View,* NHS England's strategic vision[8], there is a clear commitment to increase the range of services being offered out of hospital to enable people to access more care closer to home. A number of care pathways for long term conditions such as diabetes and dementia care are currently being redesigned to identify opportunities to increase care out of hospital, potentially in neighbourhood or locality hubs. An example of how this is being taken forward is being demonstrated by the Primary Care Memory Assessment Service (PCMAS). This primary care based service aims to achieve access to more timely diagnosis and support services and primary care is well placed to play a bigger role in the treatment and care of patients with dementia and improve the rate of diagnosis.

The initiative sets out a three-stage assessment process so that diagnosis and management of mild cognitive impairments and dementia can be made in primary care in most cases safely and appropriately. This is an alternative to the usual referral to a specialist memory clinic. This service has been tested in six general practices in Oxfordshire Clinical Commissioning Group South west Locality and is now in the process of being offered to all Oxfordshire general practices.

29. Quality Monitoring and Improvement of Primary Care

Appendix C describes how NHS England Thames Valley Area Team monitors quality amongst Oxfordshire Clinical Commissioning Group practices. In addition it has worked with Oxfordshire Clinical Commissioning Group on a joint scheme in 2013/14 to improve quality and reduce unwarranted variation. The quality initiatives include review of out-patient referrals to secondary care with the aims of improving quality of patient referrals by using the most appropriate pathway. There are a number of ways in which the quality of general practice is measured; including patient experience.

[8] http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004.

The Quality and Outcomes Framework rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. All Oxfordshire practices participate in the Quality and Outcomes Framework.

All Practices Quality and Outcomes Framework data is published nationally via the Health and Social Care Information Centre in the October following the financial year end. i.e. 2013/14 Quality and Outcomes Framework Achievement data was published in October 2014.[9]

Achievement for 2013/14 shows that;

The national average achievement score for practices was 831.4 points out of 900. This is 92.4% of the total available.

The Oxfordshire average achievement score for practices was 862.2 points out of 900. This is 95.8% of the total available.

162 practices in England achieved the maximum of 900 points, 2 of which were in Oxfordshire; Wallingford Medical Practice and Islip Medical Practice.

NHS Friends and Family Test in Primary Care

The NHS Friends and Family test (FFT) is an important opportunity for patients to provide feedback on the services that provide care and treatment. Patient's feedback will help NHS England to support Practices in improving services for everyone.

The NHS Friends and Family Test question is set out as follows;

"We would like you to think about your recent experience of our service.

How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?"

The responses are: "Extremely Likely"; "Likely"; "Neither likely nor unlikely"; "unlikely"; "Extremely unlikely" or "Don't Know"

GP practices are required to implement the NHS Friends and Family Test from 1st December 2014. However, December will be a bedding-in period, and practices are not required to submit the data relating to feedback received in December 2014 to NHS England. The first submission of data will, therefore, take place in February 2015 relating to the NHS Friends and Family Test feedback received in the month of January 2015.

[9] http://www.qof.hscic.gov.uk/index.asp

The monthly data will be published on NHS England's website and on NHS Choices. In common with the introduction of the NHS Friends and Family Test in other service areas, this is currently expected to start after the first three month's data has been submitted, to give the process time to bed in before monthly publication starts,[10] therefore publication will start from May 2015.

Next Steps

This paper has identified the challenges facing general practice in Oxfordshire and has outlined the emerging vision and strategy to address these challenges and to sustain and improve the quality of primary care. The authors would welcome comments from Health Overview Scrutiny Committee on this emerging strategy and its advice on the public consultation which will be undertaken to seek wider views on these proposals.

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[10] http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/GMS/Friends%20and%20Family%20Test%20in%20General%20Practice%20guidance.pdf

Appendix A: How Primary Medical Services are commissioned NHS England Thames Valley Area Team

NHS England Thames Valley Area Team monitors the contracts to deliver primary medical services held between NHS England (The Commissioning Board) and the 240 GP practices across the NHS England Thames Valley Area, 80 of which are in Oxfordshire. In order to do this with limited Area Team resources we use various sources of information to check that practices are meeting their contractual requirements such as the Quality and Outcomes Framework data, GP Patient Survey results, Care Quality Commission (CQC) reports, complaints, Friends and Family test and comparable benchmarking data with similar practices via a tool called the Primary Care web tool. All of this includes working closely with all the Clinical Commissioning Groups (CCGs) across the Thames Valley to share data and information about the practice's commissioning data and share local intelligence. Clinical Commissioning Groups have a statutory duty to support NHS England Area Teams to improve the quality of primary care delivered by their constituent practices.

NHS England Thames Valley Area Team works closely with the Local Medical Committees (LMCs) if an issue of underperformance is identified to ensure that the practice is treated fairly and the LMC can provide support and guidance to the Practice. It is important that information is triangulated rather than looking at data in isolation to ensure that an accurate and up to date picture of how practices are performing is gathered.

Joint Plans for Primary Care Co-Commissioning in Oxfordshire

Primary Care Co-Commissioning is about joining up the commissioning arrangements between NHS England and the Clinical Commissioning Group in order to:

- Co-ordinate focused support for primary care
- Deliver local priorities better
- Reduce system barriers and inefficiencies
- Put clinicians at the heart of commissioning primary care
- Increase the quality of primary care commissioning
- Improve patient experience

Oxfordshire Clinical Commissioning Group is proposing that it undertakes joint commissioning with NHS England Thames Valley. The benefits of this will be greater scope to develop local schemes to deliver primary care strategy and to amend national Directed Enhanced Services. It is an opportunity to have locally sensitive and place based commissioning to improve the quality of primary care commissioning. Both Oxfordshire Clinical Commissioning Group and the NHS England Thames Valley Area Team are responsible for quality of primary care – joint commissioning will avoid duplication and allow alignment of approach to quality.

GP Funding

The General Medical Services (GMS) contract rewards practices for essential services, as well as additional services that practices can choose to offer.

Practices' receive income through a number of different funding streams for different services including essential services, additional services, the Quality and Outcomes Framework (QOF) and enhanced services. Some practices may also receive seniority factor payments and payments for dispensing services.

The GMS global sum formula (the Carr-Hill formula) distributes the core funding - called the global sum - to general practices for essential and some additional services. Payments are made according to the needs of a practice's patients and the cost of providing primary care services. The formula takes into account issues such as age and deprivation. Global sum formula - NHS Employers

From 2004, when the new General Medical Services (nGMS) contract was introduced, the Minimum Practice Income Guarantee (MPIG) has been used to top up the global sum payments for some practices, to match their basic income levels before the new contract. Payments made under Minimum Practice Income Guarantee (MPIG) are called correction factor payments.

However, as part of the GP contract settlement in 2013, the Department of Health decided to phase out Minimum Practice Income Guarantee (MPIG) top-up payments over a seven year period, starting in the financial year 2014/15.

Seniority factor payments were also introduced as part of new General Medical Services (nGMS) contract in 2004, to reward GPs' experience. Payments are calculated based on a GP's years' of reckonable service in the NHS and 'qualifying income fraction'. The qualifying fraction determines the proportion of the seniority payment a GP receives, depending on whether they earn between 1/3rd and 2/3rds, or more than 2/3rds, of the national superannuable income, but excluding seniority payments.

It has been agreed that seniority payments will cease on 31 March 2020. In the meantime, those in receipt of payments on 31 March 2014 will continue to receive payments and progress as currently set out in the Statement of Financial Entitlements (SFE). There will be no new entrants to the scheme from 1 April 2014. The current qualifying arrangements will continue for those currently in receipt of payments.

As well as providing essential General Medical Services, some practices, usually in rural areas, provide dispensing services to patients who find it more difficult to access a pharmacy. Dispensing doctors receive a fee for each item that they dispense. The dispensing doctors' fee scale is calculated by dividing dispensing doctors' remuneration, by the number of items expected to be dispensed in the relevant year.

In addition to the payments for essential services, practices can also choose to offer enhanced services. Practices get additional payments for any of the services that they choose to provide. Directed Enhanced Services (DESs) are commissioned nationally by NHS England. Local Authorities (LA) and Clinical Commissioning Groups (CCGs)

commission local services, e.g. Local Enhanced Services (LESs) and Local Investment Schemes (LISs).

Practices may also receive payments through the Quality and Outcomes Framework (QOF) which rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. Quality and Outcomes Framework includes incentives for some additional services.

In England, continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21). This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.[11]

[11] NHS Primary Care Transformation | 12 September 2013

Appendix B: Planning for Growth in Oxfordshire
Local challenges to the Sustainability of General Practice

Mapping information is used to assess whether the existing premises and facilities have the capacity to absorb proposed the population increase in housing developments. If it is established that there is capacity, then the additional patients will be absorbed by the local practices as and when the housing growth takes place. If it is identified there is not capacity to absorb additional patients, NHS England will work with practices to find solutions to this and this can take the form of either making modifications to the existing premises e.g. extensions and remodelling to create additional space or where this is not possible the relocation of a practice to new larger premises. In certain scenarios for example in areas of major housing development, the projected housing growth may be deemed too large to be absorbed by any one or even a combination of the existing practices, and in these instances NHS England will commission, via a tender process, an additional GP practice to provide these services to the new patients of specific house developments.

Ascertaining the capacity within the existing local infrastructure also informs discussions with the local council and house developers in order to gain Section 106 / Community Infrastructure Levy (CIL) monies to help make the premises modifications required to absorb this population increase.

The process for practices to gain approval for premises developments is currently under review and the new guidance is expected shortly. However, broadly this involves a practice submitting an Outline Business Case to NHS England, giving the general outline and rationale for why larger premises are required. The information gained from the mapping exercise, along with other considerations such as the general condition of the existing premises, will help to inform the decision making process for these cases. If approval is given, then the full Business Case is developed and submitted to NHS England for final approval.

NHS England will work closely with the local Clinical Commissioning Groups (CCG's), to understand their future primary care strategies so that any expansion of premises can be aligned with these plans as well as working closely with other partner organisations such as NHS Property Services and Community Health Partnerships so that there is an broader understanding of the NHS estate and facilities available.

Appendix C: NHS England Thames Valley Area Team
Measuring Quality and Performance Management

The publication of the Francis Report and the Winterbourne Report Governments response makes improving quality ever more pertinent and timely. There are many recommendations within the final report, fundamentally, it points to delivering a health service in which the patients must be the first priority in all that the NHS does. Also the vision for the NHS described in 'Equity and Excellence: Liberating the NHS' states "*to achieve our ambition for world-class healthcare outcomes, the service must be focused on outcomes and the quality standards that deliver them. The Government's objectives are to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all*". To be successful in delivering the scale of change required by the health service in England, the approach to putting patient's first, improving primary care and specifically general practice provision needs to intensify.

The Primary Care Web Tool enables NHS England access to data which provides an approach to Improve Quality, Access and Patient Experience in General Practice. The tool contains outcome standards which were developed by a wide range of clinicians and other health care professionals. The outcome standards represent the basic patients should expect to receive form general practice. Taken as a whole, they provide the public, patients, General Practice, Clinical Commissioning Groups and NHS England's Area Teams and regional hubs with a set of standards, at a minimum, a practice should be delivering against the contract and are a first step at putting in place foundations for GP practices, Clinical Commissioning Groups and Area Teams to support peer review. The focus is on taking a holistic view of practices outcomes and trends overtime and not individual targets.

They are based on areas of general practice where there is evidence these will be effective in delivering priority health improvement outcomes in the NHS Outcomes Framework.

The tool allows Commissioners to analyse indicators and identify outlying Practices. Practices could be outliers in terms of over and under performance compared against their peers. The data therefore should be used to start a conversation between Commissioners and Practices.

Where contractual non-compliance is identified NHS England Thames Valley Area Team follows a single operating model which ensures remedial action is taken so that practices meet contractual compliance. In cases of significant failure contract breaches and notices to terminate contracts can be issued. NHS England works closely with the regulatory body, the Care Quality Commission (CQC) when contractual sanctions are required. The Care Quality Commission has the statutory powers to inspect GP practices, issue enforcement notices and place practices "in special measures" and in very extreme cases close practices. Again, NHS England Thames Valley Area Team works closely with the Clinical Commissioning Groups to ensure that they are aware of any such issues that may impact on the ability of practices in their area to deliver services to patients.

The Care Quality Commission (CQC) uses intelligent monitoring as part of the operating model for the way they regulate services, including:

- Registering those that apply to Care Quality Commission (CQC) to provide services
- Intelligent use of data, evidence and information to monitor services
- Using feedback from patients and the public to inform our judgments about services
- Inspections carried out by experts
- Information for the public on our judgments about care quality, including a rating to help people choose services
- The action taken to require improvements and, where necessary, the action taken to make sure those responsible for poor care are held accountable for it.

Each NHS GP practice has been categorised into one of six bands, with Band 1 representing the highest and Band 6 the lowest priority for inspection. The bands have been assigned based on the proportion of indicators that have been identified as a 'risk' or an 'elevated risk'.

The bandings give the Care Quality Commission, NHS England, Clinical Commissioning Groups and NHS GP practices, a guide to areas where they may need to look into in more depth. The bandings and indicators support the wider inspection approach and sources of information available to the Care Quality Commission teams. They should prompt NHS GP practices to ask questions, reflect and (if appropriate) take action in respect of their own performance in relation to others.

NHS England

NHS Clinical Commissioning Group Oxfordshire

Appendix D: Table 2 NHS England Thames Valley Area Team Results GP Patient Survey, Oxfordshire Clinical Commissioning Group, published January 2015

CCG	Satisfaction with Telephone Access				Satisfaction with Opening Hours				Overall Experience of GP Surgery			
	2012/13	2013/14	2014/15	Total Difference	2012/13	2013/14	2014/15	Total Difference	2012/13	2013/14	2014/15	Total Difference
Oxfordshire	84%	82%	81%	-3%	80%	78%	77%	-3%	90%	89%	89%	-1%
England Total	75%	73%	72%	-3%	80%	77%	76%	-4%	87%	86%	85%	-2%
TVAT Total	78%	72%	74%	-4%	78%	74%	74%	-4%	88%	84%	85%	-3%

CCG	Confidence in GP				Confidence in Nurse				Recommend Practice			
	2012/13	2013/14	2014/15	Total Difference	2012/13	2013/14	2014/15	Total Difference	2012/13	2013/14	2014/15	Total Difference
Oxfordshire	95%	94%	94%	-1%	89%	86%	86%	-3%	84%	83%	83%	-1%
England Total	93%	93%	92%	-1%	87%	86%	86%	-1%	80%	79%	78%	-2%
TVAT Total	94%	92%	86%	-8%	88%	85%	80%	-8%	81%	78%	79%	-4%

Key	
	Equal or Greater than England
	Less than England

NHS England

NHS Oxfordshire Clinical Commissioning Group

Appendix E: Oxfordshire Clinical Commissioning Group

Patient feedback on Access to GPs and Managing Long Term Conditions

	Patient Comments	Oxfordshire Clinical Commissioning Group
Access to GPs	• I wish to book an appointment on-line.	• In Oxfordshire 75% of practices already offer on-line booking. From the 1st April 2015 all practices will be required to offer on-line appointments.
	• I wish to have choice of appointments at weekends and evenings.	• In Oxfordshire 86% GP Practices offer extended hours appointments outside of the core hours 08:00 – 18:30. Outside these hours patients are able to seek GP advice from the Out-Of-Hours service.
	• I wish to wait less than a week for a GP appointment. • I would be willing to attend a different surgery for an urgent appointment.	• A proposal has been submitted for the Prime Ministers Challenge Fund that Neighbourhood Hubs provide same day urgent care delivered by GP. This proposal also includes a number of initiatives to help patients who have the highest complex care needs and who are more at risk of unplanned admissions, would lead to producing 56,000 new consultation slots or appointments per year.
Managing Long Term Conditions	• I would be willing to see a specialist nurse at another surgery to manage their long term condition. • I would be interested in using more technology to help manage their condition.	• Proposals for Prime Minister's Challenge Funding aim to expand the number of 20 minute appointments available for patients requiring complex care. It also includes plans to trial use of Video and E-consultations.