

Leicester City Clinical Commissioning Group

Report on delivering the General Practice Forward View in Leicester City

January 2019

Summary

1. The General Practice Forward View (GPFV), published in April 2016, sets out the national plan to improve general practice. The document contains specific, practical and funded steps about how investment, workforce, workload, infrastructure and care redesign will be supported.
2. The intention is to deliver this support over a five year period starting in April 2016 and ending March 2021. We are now entering the final stages of the third year of investment. This presents an opportunity to review progress and identify next steps.
3. Locally, delivery of the GPFV work is supported at a Sustainability and Transformation Partnership (STP) level by a document called The Blueprint for General Practice. This document sets out Leicester, Leicestershire and Rutland's collective view about how the GPFV work streams will be delivered.
4. There has been steady progress in delivering the aspirations of the GPFV, with work focussing on supporting resilient general practice and addressing workforce challenges; as well as infrastructure support to ensure premises and technology functions are in place to support the work programme.
5. This report highlights the positive areas of progress, and goes on to describe the priority areas for the next two years.

Background

6. The General Practice Forward View (GPFV) details five areas for specific, practical and funded support. These are:
 - Investment
 - Workforce
 - Workload
 - Practice Infrastructure
 - Care redesign
7. For investment, the GPFV details an increase in recurrent funding for general practice, with the aim of growing the funding spent in primary care at national level, and describes a turnaround package of investments which include those relating to staff, technology and premises.
8. The workforce section of the GPFV looks at growing the GP workforce through recruitment and training incentives. There is also investment to support the recruitment and retention of other health professionals who provide support to general practice, such

as Clinical Pharmacists. The GPFV details funded support for practice managers and nurses already working in primary care, to allow them to meet the challenges of those roles.

9. On workload, there are details of a practice resilience programme to support struggling practices, and a scheme to release GPs from the burden of unnecessary administrative tasks.
10. For the infrastructure element, there is a scheme of investment in technology and GP premises to support development of new premises and better technology.
11. Finally for care redesign, the GPFV describes direct funding for improving access, meaning patients can access to appointments at evenings and weekends. Linked to managing workload more effectively, this part of the GPFV also describes a national programme to release time for care, freeing up 10% of GPs time by reducing bureaucracy and releasing capacity.

The local context

12. The time since the publication of GPFV has seen activity focused on delivering the work streams both at individual CCG level and at STP level with the CCGs in Leicestershire, via the local Blueprint for General Practice document.
13. The Blueprint for General Practice recognises some of the activities are better delivered across the STP footprint, and others delivered at more local level. This is particularly important because some of the funding for certain areas of work is attributed to individual CCGs and some designed to be invested on a bigger footprint.
14. The local plan recognises that services should meet the needs of patients, taking into account the differences of geography and culture across the three CCGs.
15. The next section of the report highlights the areas where Leicester City CCG has made progress against delivery of GPFV.

Premises and Technology

16. Funding for new premises has been a key focus in the city, with three practices being the recipients of money to improve or build new premises. These are:

Location	Investment	Registered Patients
Saffron Health– extension to surgery	£1.5m	17,800
Heatherbrook Surgery – extension to surgery	£106,000	3,439
Pasley Road (Dr G Singh) – new build surgery	£664,464	4,832

17. There has been investment in IT infrastructure including an e-consult service, which allows patients to access a GP remotely via an on-line 'app'. All practices in the city will have access to these schemes. Examples of funding is detailed below:

Scheme	Investment
E – consult service	£133,585
Electronic record sharing	£140,000

18. Patients attending an appointment at their GP practice now have access to free patient wi-fi. Patients who wish to can also book appointments, order repeat prescriptions and gain access to their medical records on-line.

Resilience

19. Resilient general practice is a key enabler to support sustainable services. There are a range of reasons why practices may find themselves less resilient, these are:

- Poor CQC ratings
- Losing a key member of staff (Practice Manager or GP)
- Difficulties in recruiting GPs and nurses
- Poor premises
- Small list sizes

20. The CCG have supported five practices with resilience funding following a successful bid for funds from NHS England. The support has centred on understanding the particular areas where practices are less resilient and targeting the funds to those areas. The support package totalled £46,000 in 18/19, with the opportunity to access further funding in early January 2019.

21. Practices receiving this support are:

Practice	Registered patients
Spinney Hill Medical Centre	20,699
Evington Medical Centre	8,970
Highfields Medical Centre	8,879
East Park Medical Practice	12,085
Belgrave Surgery	4,549

Access

22. One of the key areas of GPFV is extended access to primary care. CCGs are tasked with commissioning primary care services which are available to patients in the evenings and at weekends. These services are pre-bookable via either NHS 111 or through GP practices.

23. In order to fulfil the access element of GPFV the CCG commissions primary care access hubs in the following locations:

Location	Times and Days
Westcotes Health Centre	8am – 8pm every day
Saffron Lane Surgery	6:30pm – 10pm weekdays 12:30pm – 8pm weekends and bank holidays
Belgrave Health Centre	6:30pm – 10pm weekdays 12:30pm – 8pm weekends and bank holidays

24. The primary care extended access hubs contribute an extra 1208 appointments into the system per week.
25. In addition to the above services, the CCG commissions a further service at Merlyn Vaz Health and Social Care Centre, which provides walk-in and pre-bookable appointments from 8am to 8pm every day.
26. A recent CCG led patient experience survey showed that the service provision for the access hubs was valued highly by patients, with the service generally being rated good across the board - from booking, contact with reception to clinical care.

Workforce

27. The GPFV cannot be delivered without recruitment and workforce expansion. The CCGs have produced a workforce plan which details the areas for focus when developing a robust workforce model. This includes plans to grow the medical workforce by linking in with national recruitment schemes and being involved in the national retention programme which aims to support GPs to remain in the workforce, after they have retired from full time general practice.
28. With regards to recruitment, the CCG is involved along with the other CCGs in the International GP recruitment scheme, a national initiative to attract GPs from other countries to come and work in the UK. The scheme is fully endorsed by Health Education England and NHS England, providing a package of support including training, and mentoring, with access to supported placements for recruits. Four city practices have expressed an interest in being involved in cohort one of this scheme.
29. Building a wider workforce to support primary care includes recruiting clinical pharmacists to support GP practices. 13 GP practices in the city have clinical pharmacists in their teams. Clinical pharmacists are able to offer a range of services such as minor illness clinics, medication reviews, and long term conditions management. Clinical pharmacists can prescribe medicines and have a range of clinical skills underpinned by a clinical qualification.
30. Retention of the GP workforce is crucial to ensure the sustainability of general practice. There have been a number of national schemes to support retention, the latest supports GPs who have retired from partnership but wish to keep working, to do so. The package includes financial support for the practice and a mentoring scheme for one year. The CCG have three practices using this support currently. These practices are:

Practice	Investment	Registered patients
The Hedges Medical Centre	£20,000	6,038
Saffron Health	£20,000	17,800
Hockley Farm Medical Practice	£20,000	10,823

Releasing time for care

31. Workload is recognised in the GPFV as a key reason why GPs leave general practice. With the above in mind, NHS England released a national programme delivering 10 high impact actions to release time for care, these are:

- Active signposting – training practice receptionists to offer alternatives to a GP appointment
- New consultation types – offering telephone or on-line consultations
- Reducing DNA – understanding why patients book appointments and do not attend, including offering easier ways to cancel appointments and text reminders of pre-booked appointments
- Develop the team – use of other clinicians such as advanced nurse practitioners or clinical pharmacists
- Productive Workflows – conducting regular capacity and demand audits to enable planning to meet demand
- Personal Productivity – supporting personal resilience
- Partnership working – working in federations and with other providers of service e.g community pharmacy
- Social Prescribing – guiding patients to other services such as those provided by the voluntary sector
- Support Self-care – helping patients manage their long term condition
- Develop Quality Improvement (QI) expertise – use of tools and techniques to support change and improvement processes in general practice

32. The programme has been supported by a number of workshop events attended by city practices, in particular focusing on active signposting and introducing productive work flows.

33. The Active Signposting module of the programme supports practices to signpost patients to the right clinician or service, recognising that a GP appointment might not be the best option for a patient.

34. Each practice in the city has been involved with at least two of the 10 high impact actions.

Care redesign and 'at scale' working

35. As part of a programme of transformation support to strengthen and redesign general practice, CCGs are funded to support practices to come together and explore 'at scale' working, to stimulate implementation of 10 high impact changes and secure sustainability of general practice to improve core hours access.
36. Practices in the city were given the opportunity to bid for these transformation funds. All 57 practices across the city received funding and have used the funding in the following ways:
 - Two practices with a student population used the funds to provide tailored mental health support and signposting to that cohort of patients; an example of active signposting and working 'at scale'
 - 5 practices have come together to employ a Data Protection Officer to support GDPR requirements; an example of working 'at scale'
 - 2 practices are exploring working more closely together and sharing staff, with a view to eventually merging contracts; an example of working 'at scale' and supporting resilient and sustainable primary care

Priority areas for future work

37. The theme of 'at scale' working is being driven by further work focussing on primary care networks. Primary care networks are intended to build on core primary care and enable provision of personalised, co-ordinated and integrated health and social care. This means practices will work together to cover discrete geographical areas, delivering locally sensitive services to address local health need. Primary care networks will result in the whole CCG area being covered and will be linked to the Health Need Neighbourhood (HNN) footprint, which is the footprint the CCG want to use to plan and deliver services.
38. An outcome of mature Primary Care Networks is reduction in variation of services, and more consistent delivery and quality of services for patients. For example shared care prescribing could be delivered by another member of the network if the patients registered practice were unable to provide that service.
39. Networks should be small enough to make sure delivery of person centred care, valued by both GP and patient is delivered, and large enough to realise economies of scale. The network focus further drives sustainability of general practice. In terms of size, networks are thought to work best with a population of 30-50,000 patients.
40. The CCG is working with practices to support development of the network model. This includes making sure IT enablers are in place to be allow sharing of patient records across different providers of care. There is also focus on developing the 'at scale' model of working, supporting resilient general practice, and supporting integration of services to meet the needs of patients.
41. As well as developing primary care networks, the CCG will continue to focus on delivery of the other elements of GPFV work streams, including supporting practices to remain

resilient by bidding for further funding, supporting extended access to primary care services via the primary care hubs, and ensuring involvement in workforce measures to increase numbers of the medical and non-medical workforce.

Conclusion

42. General practice in Leicester has benefitted from access to funds and support as part of national GPFV initiatives. The programme of work will be supported so that practices can continue to feel the difference investment brings.
43. There are clear areas of focus both in terms of continuing to deliver the core components of GPFV as well as involvement in primary care networks, which will further enhance the sustainability of primary care.
44. The CCG recognises the importance of primary care as a crucial part of healthcare, with sustainable and resilient general practice contributing to keeping patients well against a backdrop of increasing demand, and an ageing population.