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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 25 November 2014

Subject: Primary Care Services in Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	⊠ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	⊠ No
Is the decision eligible for Call-In?	☐ Yes	⊠ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	⊠ No

1 Purpose of this report

1.1 The purpose of this report is to provide the Scrutiny Board with an overview of Primary Care Services in Leeds and on-going developments.

2 Main issues

- 2.1 Primary Care was identified as an area for consideration as part of the Scrutiny Board's discussion around its work programme earlier in the municipal year. Therefore the purpose of this report is to provide an overview of Primary Care Services in Leeds and on-going developments.
- 2.2 Primary Care Commissioning was the subject of a report to the Health and Wellbeing Board at its meeting on 22 October 2014. The report prepared and presented to the Health and Wellbeing Board by NHS England (West Yorkshire Area Team) is appended to this report. The relevant extract from the minutes of the Health and Wellbeing Board meeting as detailed below:

Further to Minute 7 of the meeting held 18 June 2014, Moira Dumma, NHS England, West Yorkshire, presented a report on the NHS England commissioning approach and plans for primary care services in Leeds for 2014-2016, covering the major commissioning areas of General Practice, Dental Services, Community Pharmacy and Community Optometry.

A revised version of the appendix to the report had been circulated prior to the meeting.

The Chair reported that she had responded on behalf of HWB to NHS England's request for comments on co-commissioning by welcoming the move to more local decision making and seeking a role for the HWB.

In considering the report, the following matters were highlighted:

- Co-commissioning noted the development work being undertaken across the CCGs in readiness for implementation in April 2015. Updates would be provided as plans emerged
- Oral health noted the progress made by Leeds and that the Oral Health Strategy would be presented to HWB early next year
- Links and monitoring the need to ensure that issues raised in various partner meetings were fed into the co-commissioning plans and that monitoring of the new working arrangements would ensure progression
- Ambitions commented that the plans did not reference co-commissioning as an ambition for Primary Care and that additional narrative on how patient feedback shaped service provision was required in order to meet the criteria of the JHWS
- Recognition of the need to discuss how change will be instigated and delivered, and the external factors which might affect delivery.
- Existing practice recognised that some existing practices had grown out of immediate service need rather than an overview of provision being taken.

HWB discussed examples –

- HWB discussed the example of child mental health which was dependent on individual teachers and cluster organisations taking a role and required behavioural changes in adults to recognise children in difficulty. Noted the comment that Clusters should be involved in service planning for this issue
- deprivation and it's influence on provision, noting that individual former PCTs would have had regard to the deprivation indexes and shaped provision accordingly although it could be said that those indicators were now out of date. A workshop scheduled for the New Year would consider this issue and service structure

Extended GP opening hours - noting that West CCG had implemented extended service as a pilot scheme to test uptake, HWB considered the demand for the services, the role of third sector for provision of some services, resources and capacity. HWB felt it would be useful to receive the results from West CCG and national pilots

RESOLVED -

a) To note the report and associated work being carried out in Leeds to deliver high quality primary care services and improve general practice, dental, pharmacy and optometry services.

- b) That the comments made on the challenges and opportunities facing primary care in Leeds, in particular relating to access, quality and sustainability of services, be noted.
- c) That a further report be provided to HWB members in due course on the results and/or success of the 7 day General Practice working undertaken by Leeds West CCG and nationally; to include information on the access and uptake of services and reference to any impact of the move of some provision from acute to General Practice provision.
- d) That a further performance report on the CCGs be presented in due course following the implementation of the new ways of working.
- 2.3 Given the ongoing development of the health system, the following information relevant to local primary care (in particular GP services) is also appended to this report.
 - Next Steps Towards Primary Care Co-commissioning NHS England (November 2014).
 - Framework for Responding to CQC Inspections of GP practices NHS England (October 2014)
- 2.4 Representatives from NHS England (West Yorkshire Area Team) and Leeds' Clinical Commissioning Groups have been invited to attend the meeting and contribute to the Scrutiny Board's discussion..

3. Recommendations

- 3.1 Members are asked to:
 - a) Note the content of this report and attached appendices.
 - b) Consider the information provided and identify any specific issues or matters, associated with the commissioning and/or delivery of Primary Care Services in Leeds, that require further scrutiny.
- 4. Background papers¹
- 4.1 None used

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¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.