

Report of: CCG Clinical Chairs

Report to: Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 24 November 2015

Subject: **Development of Primary Care Services (General Practice)**

2 Sentence Strap line: This report informs members of the developments taking place in General Practice across Leeds within the context of improving access and developing 7 day services. It also provides an overview of the local and national evaluation of schemes supporting improvements in access.

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

NHS England has signalled an intention to develop seven day working across the NHS including primary care. This is within the context of a drive to transform primary care services in order to both meet the increasingly complex needs of an ageing population and improve quality and outcomes for patients.

This report provides an overview of how NHS Leeds North CCG, NHS Leeds South and East CCG and Leeds West CCG are working to improve access to **general practice services** and the challenges faced by general practices in reconfiguring both teams and infrastructure to achieve this.

1 Purpose of this report

- 1.1 The purpose of this report is to provide the Scrutiny Board (Adult Social Services, Public Health, NHS) with an overview of work underway to improve access and quality within primary care, specifically general practices, including the citywide response to the national drive to develop 7 day working.
- 1.2 Around 90% of healthcare contacts take place within primary care (including general practices, dental practices, community pharmacies and high street optometrists); often these contacts will be the first or only interaction a patient may have with the healthcare system.

Primary care therefore has a unique opportunity to treat patients but also to support patients to lead healthier lifestyles and improve their health outcomes.

- 1.3 The Leeds Joint Health and Wellbeing Strategy 2013-2015 sets out five outcomes for Leeds. Primary Care is clearly integral to achieving these outcomes and improvements in access will further strengthen the position of primary care to contribute to improving the health and wellbeing for the Leeds population.

2 Background information

- 2.1 The NHS Five Year Forward Plan, supported by 'The NHS England Business Plan 2015-2016' and 10 point General Practitioner (GP) workforce action plan recognises the strengths and achievements of the NHS. It also strongly communicates a case for change in order to keep up with not just the increasing needs of an ageing population but with patient preferences, technology and the need to embrace new models of care. A resilient NHS must break down barriers between providers, communities and patients to respond effectively and deliver best possible health outcomes.

- 2.2 List based general practice is still recognised as the cornerstone of the healthcare system however, there is much that can be learned from innovative emerging models of care nationally and beyond.

- 2.3 General practice services are currently commissioned by NHS England. Nationally, all general practices are contracted to provide primary medical care to registered patients between 08.00-18.30.

- 2.4 General practices can choose to be commissioned by NHS England to provide, through an optional (National) Enhanced Service agreement, a number of extended hours appointments before 08:00hrs, after 18:30hrs or during the weekend. The numbers of hours of extended opening is determined by the practice list size and practices are required to consider patient survey responses before finalising the extended hours provision.

Out of the 108 practices in Leeds, this is currently provided by 20 practices in NHS Leeds North CCG, 30 practices in NHS Leeds South and East CCG and 37 practices in NHS Leeds West CCG. It should be noted that an additional 4 practices in Leeds South and East CCG and 2 in Leeds North CCG hold an alternative primary care medical services (APMS) contract and are required to provide extended hours opening as part of their core contract provision. Appendix A provides the details of all practices extended opening arrangements.

- 2.5 In terms of access to other primary care contractors the current position is as follows:

NHS dental practices opening hours are dependent on individual practice contracts and therefore vary across the area. Access to out of hours dental care is provided by Local Care Direct based at Lexicon House and accessed via 111. There are no current national plans to support 7 day working with regard to dental practices.

Pharmacies and optometrists open a variety of hours, some covering 7 days, especially those in high foot fall areas such as city centres and those based in supermarkets. In Leeds we already have 73 pharmacies open on Saturdays, and 38 open on Sundays. There are no current plans to try to enforce 7 day opening as pharmacies and optometrists are predominantly business led; it is likely that if GP practices open 7 days then local pharmacies will look to mirror their opening times to support the primary care provision in the local area.

- 2.6 For the purpose of this paper, we are focussing on the access of routine general practice services. This includes an element of urgent care but could also include long term

conditions management and pro-active care, as opposed to access to urgent care services which patients can currently access 7 days per week via the out of hours service.

3 Policy and National Context

3.1 National policy has indicated that general practice should be identified as “*Wider Primary Care, provided at Scale*”. This includes the expectation that general practices will be commissioned to offer extended opening hours and move towards the NHS providing access to all services 7 days a week.

3.2 On 4 October 2015, David Cameron announced a development of a voluntary GP contract for groups of practices with a combined population of 30,000 patients. The contract, to be available from April 2017, would allow groups of general practices to work together to deliver better integrated care and work more closely alongside community nurses, hospital specialists, pharmacists and other health and care professionals. The voluntary contract will also enable participating groups of practices to provide 7 day access to general practice services by 2020.

3.3 For general practices, the development of extended access has most recently been reflected in initiatives such as the ‘Prime Minister’s Challenge Fund’ which has now been renamed as the Prime Ministers GP Access Fund which has previously been available for practices to bid for monies to work towards and pilot seven day, 8am until 8pm access to services.

3.4 At the time of writing, the initial evaluation report of wave one of the Prime Minister’s Challenge Fund had just been published. A full copy of the report is provided at Appendix B and key conclusions drawn from the 20 pilot sites participating in the pilot are as follows:

- The pilots have been successful at providing additional GP appointment time as well as more hours for patients to access other clinicians.
- Low reported utilisation of appointments on Sunday would suggest additional hours are more likely to be well utilised if provided during the week or on Saturdays, particularly Saturday mornings.
- Where pilots did choose to make appointment hours available over the weekend, evidence suggests these might be reserved for urgent care rather than pre-bookable slots.
- Telephone-based GP consultations models proved most popular and successful. Other contact modes such as video or e-consultations have yet to prove significant benefits.
- Across the 20 pilot sites, there has been a 15% reduction in in minor self-presenting A&E attendances compared to a 7% reduction nationally. There was no discernable change in emergency admissions or out of hours services.

3.5 Whilst general practice services are commissioned and performance managed by NHS England; CCGs have a statutory duty for improving the quality of primary care services. It is through this statutory duty that CCGs have a responsibility to improve access and patient experience as a recognised marker of quality.

3.6 Co-commissioning of general practice services between CCGs and NHS England is offering more scope for CCGs to have influence and delegated responsibility for the commissioning of general practice services. To date, the Leeds CCGs have opted to work with NHS England as Level 1 co-commissioners, which allow CCGs to have more influence over decision making. All three Leeds CCGs have recently submitted an

application to NHS England for full delegated responsibility for the commissioning of general practice services. Feedback from NHS England is expected later this year.

3.7 NHS England have previously shared eight high impact interventions for system resilience that every System Resilience Group (SRG) is responsible for delivering. The first of these eight interventions states that “No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services”.

3.8 Representatives from the three Leeds CCGs are working closely with the citywide Urgent Care Team to ensure that clear and responsive arrangements are in place between general practices and the Out of Hours (OOHs) provider at known times of system demand. In order to achieve the transformational change required across the whole system to deliver new models of care outlined in the Five Year Forward View it is clear that CCGs will need to ensure primary care is at the heart of these developments through additional primary care commissioning.

4 Patient Experience

4.1 The most recent national GP survey was published in July 2015 covering the periods July – September 2014 and January – March 2015. The survey demonstrates results for Leeds that are fairly consistent with the national results however; there is wide variation across GP practices as demonstrated in Figure 1.

Figure 1	% patients giving a positive response					
	LNCCG	LSECCG	LWCCG	National	Highest Leeds Value	Lowest Leeds Value
Able to get an appointment to see or speak to someone	86%	83%	86%	85%	100%	56%
Ease of getting through to someone at GP surgery on the phone	76%	69%	72%	71%	98%	40%
Frequency of seeing preferred GP	60%	56%	59%	60%	93%	22%
Convenience of appointment	92%	91%	92%	92%	100%	72%
Rating of GP involving you in decisions about your care	77%	74%	76%	74%	91%	51%
Satisfaction with opening hours	74%	74%	77%	75%	100%	51%

4.2 All three CCGs will continue to work with individual general practices to address the variation highlighted which does indicate some specific areas of focus such as the ability to contact the surgery by telephone and the ability to see a preferred GP.

4.3 A number of workstreams and specific projects are already underway within Leeds, which supports the wider definition of improving access to general practice services and ensures sustainable high quality services for patients.

Some examples of the initiatives being progressed across all three CCGs in collaboration with NHS England that will help support improvements in patient experience are:

Initiative	LNCCG	LSECCG	LWCCG
Increase usage of online services to support self-	✓	✓	✓

management and access to appointments			
Development of pharmacy first services to support self-management and improved access to services	✓	✓	✓
Roll out of 'house of care' approach to long term conditions to support patients being involved in their care, led by Public Health	✓	✓	✓
Workforce development initiatives to support recruitment and retention in primary care including testing out new workforce models <ul style="list-style-type: none"> • clinical pharmacists in practice, • Health Care Assistant apprenticeships, • Physician associates • Nurse leadership initiatives 	✓	✓	✓
Ensure all practice complete the Health Education England workforce tool to understand the risks relating to workforce and prioritise initiatives to those areas of greatest need	✓	✓	✓
Development of social prescribing models to support people to access non-medical sources of support and activities in the community reducing the need to access primary and urgent care services and therefore creating more capacity and improved access to these services	✓	✓	✓
Development of medicines optimisation initiatives to improve the quality and efficiency of prescribing	✓	✓	✓
Reviewing Friends and Family test data to understand real time patient experience	✓	✓	✓
Supporting practices to tackle people who Do Not Attend (DNAs) through various initiatives such the use of technology to support patients to receive reminders for appointments and complete surveys etc.	✓	✓	✓
Identifying scope for productivity and efficiencies through Quality Improvement Programmes such as General Practice Improvement Programme (GPIP) or Productive General Practice (PGP). A module of these programmes support capacity and demand modelling to support improving internal systems for appointments	✓	✓	✓
CCG quality improvement schemes in place to support improvements through the identification of key actions that will help to address local priorities	✓	✓	✓
Utilise the Primary Care Webtool to understand variation across general practice by highlighting where practices are a statistical outlier against local and national benchmarks.	✓	✓	✓

4.4 In addition to the national GP survey, the citywide urgent care team have recently undertaken extensive public and patient engagement in relation to urgent care services across the city, which has also provided some insight relating to general practice services. The engagement demonstrated high levels of patient satisfaction with urgent care across Leeds with 84% of patients satisfied with urgent care services (including urgent primary care). Other feedback was that older patients generally valued the “traditional” relationship

with GPs, whilst our younger population increasingly want to access advice in different ways (including telephone and Skype consultations).

5.0 Approach to 7-day working across Leeds

- 5.1 Evidence shows that the limited availability of some hospital services at weekends can have a detrimental impact on outcomes for patients, including raising the risk of mortality. NHS England is committed to offering a much more patient-focused service. Part of this commitment will be fulfilled by moving towards routine NHS services being made available seven days a week. Led by Leeds Teaching Hospital Trust (LTHT), a 7-day service forum/task group has been established within Leeds.
- 5.2 The focus to date has been on acute services, with LTHT establishing their own internal 7 day services working group. It is however important that we ensure community services are also available to support flow of services through the 'system' 7 days a week especially to facilitate weekend discharge of patients.
- 5.3 Earlier this year, a system wide workshop was held to review the development of 7 day services across Leeds with all Health and Social Care providers.
- 5.4 One of the key findings from the workshop was an analysis of the data relating to admissions and activity across the week; the busiest day for the majority of services is Monday. In planning for seven days we need to be able to address and manage this peak demand for activity and admissions throughout the week and across weekends. It may be that additional in hours capacity can prevent patients from accessing services out of hours.
- 5.5 The overall recommendation from the workshop was that organisations be aware that seven day services cannot be developed in isolation or without consideration of system wide impact.

The following points were also highlighted as part of the workshop:

- 1. Leeds is making good progress on seven day service provision but it is clear that staff across organisations do not know what is available.
 - 2. A newsletter will be developed to share the availability of services and consider other ways of communicating what services are available.
 - 3. Capacity, resources and workforce constraints are a consistent theme. Workforce includes additional staff requirements/ recruitment and management cover and need to consider change to contracts / union liaison in development of 7-day services.
 - 4. Patients and service users and carers need clear communication on what is available and the services they can expect to receive out of hours and at a weekend.
- 5.6 The three Leeds CCGs are all working with members to develop and commission approaches to extended access to primary care. Leads from the three Leeds CCGs meet regularly to share the developing approaches and also work in close partnership with the citywide urgent care team.
 - 5.7 A summary of the approaches being progressed across the three Leeds CCGs in relation to providing extended access to primary care is provided below.

NHS Leeds West CCG

- 1. In September 2014, the NHS Leeds West CCG Governing Body approved a proposal to pilot increased access to GP services in response to a growing interest in testing out 7 day services to meet the increasing demands being placed on primary care.

The 37 member practices of NHS Leeds West CCG are therefore now implementing an ambitious and transformative business case, which was co-produced by the CCG and its member practices to deliver extensive improvements to accessing primary care, which responds to:

- National drive for seven day working in the NHS
- Current capacity of primary care and growing patient demand
- Feedback from patients regarding access to general practice services
- Local appetite from GP practices to improve services

- II. The proposal ultimately aims to transform local GP services. By extending the opening hours of member practices and supporting increased collaboration between practices in local neighbourhoods we aimed to improve the quality of care provided to local residents and improve their health and well-being while contributing to a resilient and financially sustainable health and care system.

Currently we have 15 practices covering a population of 148,000 providing services 7 days a week and 18 practices covering a population of 194,000 delivering extended services 5 days per week (7-7 or 8-8). With the remaining practices delivering the national enhanced service (commissioned via NHS England)

- III. Leeds West CCG has recently undertaken an initial evaluation of the Enhanced Access Scheme so far. This evaluation has shown the proposal to be deliverable and early indications suggest it is popular with patients and may be showing positive impact on the wider healthcare system.

A mid-term report was presented to the CCG Governing Body in September 2015 and early indications are showing:

- Increased primary care availability
- Increased patient satisfaction
- Reduction in Accident & Emergency(A&E) and Out of Hours services

A copy of the report can be found at Appendix C.

- IV. Since the introduction of the scheme, the appetite from member practices for further development of 7-day services and neighbourhood collaboration has increased, with more groups of practices wishing to explore further roll-out across the whole population of Leeds West.

This development would continue to test the local viability and impact of the national drive towards 7-day general practice and support the effort towards making the whole system a 7-day service. It would also act as a focus for local practice collaboration within neighbourhoods as a foundation to create the new models of community health and care provision set out in the NHS Five Year Forward View.

- V. Developing the project has, at times been challenging; with members highlighting the potential de-stabilising effect this could have on neighbouring practices. The CCG has continued to work with practices and listen to feedback and reflect those concerns in the development of the specification. Discussions have actually helped develop relationships locally with practices now working much more closely together to support each and find ways of delivering services effectively.

- VI. Feedback has been extremely positive from both staff and patients: patients are reporting feeling more engaged in their care and finding appointments easier to

obtain.

Engagement of member practices has been unprecedented with member practices actively involved in the design, implementation and on-going evaluation; everyone is committed to ensuring the scheme is a success so that we ensure the service can continue post the 18 month pilot.

- VII. To complement this increased access, the 37 member practices of Leeds West CCG submitted a further *successful* bid to the **Prime Ministers Challenge Fund** (now GP Access fund) **Wave 2** to implement further initiatives which support the broader aspects of accessing services.

The proposal focusses on:

- Promotion and increased use of online services; many patients comment on the experience of accessing services such as difficulty getting through on the telephone so we wish to encourage those patients that can access online services to do so
- Testing out alternative ways of delivering services through video and e-consultations
- Developing self-management tools including the Pharmacy First Scheme (launched 1st July 2015) which is showing a steady increase in utilisation by patients.
- Comprehensive and consistent sign posting to services through practice websites
- Developing a locality leadership team to ensure that primary care is represented in locality and neighbourhood developments

NHS Leeds North CCG

- I. NHS Leeds North Clinical Commissioning Group is currently working with member practices to improve access to GP services for the local population. Overall, levels of patient satisfaction with access to primary care are positive; 86% of patients responding to the latest GP survey reported that they were able to get an appointment when needed.
- II. 20 of 28 practices within the CCG already provide some form of extended hours as per the enhanced service commissioned by NHS England [See appendix A]
- III. However, we know that not all of our patients have a positive experience in accessing primary care and this can be affected by which population a patient belongs to and/or when they want to access primary care. Our approach to improving patient experience builds on a raft of existing initiatives to improve access to GP services and wider primary care.
- IV. To inform our medium to longer term approach, we have commenced work to understand the underlying demand for primary care and the associated 7-day service need. We are working with member practices to shape our approach to developing extended access to primary care and engaging with patients through practice reference groups to understand local views and experience. Another key input into the development of our local approach is the review of the evidence and learning emerging from areas already implementing different approaches to extended access to primary care. In particular, the recently published learning and evaluation from the national Challenge Fund pilots as well as from NHS Leeds West CCG in developing extended access to primary care, is of key importance in the local shaping of our response within NHS Leeds North CCG.

V. A number of the existing interventions being implemented by NHS Leeds North CCG to improve primary care access are:

- **Commissioning additional GP capacity at times of known system pressure:** High-levels of system pressure across acute, community and primary care in April 2015 resulted in Leeds North working with 111 and the OOHs provider to commission member practices to provide additional GP capacity over the four day Easter 2015 period.

Four Leeds North practices provided appointments which were booked by the GP Out of hours (OOHs) provider. Appointments were utilised by any Leeds (or non Leeds) patient triaged by 111 as needing an urgent primary care appointment in Leeds. The initiative therefore had a significant whole-system impact, alleviating pressure on the citywide GP OOHs service over Easter weekend and improving access to primary care services for patients across the city during this period.

Following the success of this initiative, the three Leeds CCGs are already working together with the GP OOHs provider to replicate this model for the Christmas 15 and Easter 16 periods. Beyond Leeds, other West Yorkshire CCGs are also planning to replicate this initiative.

- **Piloting new technologies to increase capacity within primary care:** we are working with member practices to trial new technologies which both improve the patient experience of accessing general practice and also free-up capacity within practice teams. Examples include the piloting of surgery pods (which enable key health checks to be undertaken at the convenience of patients) and the development of 'skype-like telephone consultations for specific populations such as care home patients and the working population.
- **Support for specific, newer migrant groups in accessing primary care:** Work is being undertaken by Public Health and member practices within the Chapeltown locality to provide support, advocacy and signposting support to Eastern European communities. This includes support to member practices from an Eastern European Migrant Community Networker worker who is working with communities in relation to the appropriate use of primary and urgent care services.

VI. Medium to Long-term Approach

- In June 2015, we held a workshop with member practices regarding the CCG's approach to extended access to primary care. The workshop provided detailed analysis on the known data and information relating to current activity, patient and members feedback to date, learning from elsewhere and national policy. The key themes emerging from the workshop were as follows:
 - Acknowledgement that through the existing GP OOHs service provided by 111 and Local Care Direct, patients living in Leeds can already see a GP 7 days a week.
 - Consensus that at times of system pressure it makes real sense to commission additional urgent, routine general practice services. However, this is not about every practice opening but about matching the total number of appointments made available with actual demand (across the CCG or city).

- Member practices fed back that the focus of additional opening after 6pm and/or weekends should be to provide urgent as opposed to routine care.
 - Members felt that practices' opening for longer does not currently have the evidence, workforce capacity or sustainable funding. Once published, there is a need to understand the evidence of impact emerging from the evaluation of local and national extended hours pilots.
 - If a model of extended primary care does become mandated, member practices would wish to deliver this through collaborative working possibly with CCG-wide organisation.
- NHS Leeds North CCG is taking forward these themes by engaging with patients within general practice patient participation groups with a view to understanding patient views and experience in relation to primary care. This will further inform our approach to extended access to primary care in Autumn 2015.
 - At present, no additional workforce or recurrent finance is being made available nationally to deliver extended primary care. NHS Leeds North CCG is acutely aware of the current demands within primary care. We will continue to work with member practices to improve the experience of patients access to GP services in-hours and shape a locally appropriate and sustainable approach to the provision of extended primary care that maximises the effectiveness of the Leeds £.
 - The current GP OOHs contract ends in March 2018 and NHS Leeds North CCG is working with the other Leeds CCGs and Urgent Care Team to align developing plans around extended primary care into decisions about future commissioning options.

NHS Leeds South and East CCG

- I. In October 2014, the CCG approved a proposal to support extended access throughout the winter period that was categorised as December 2014- 31 March 2015. Engagement with the public in NHS Leeds South and East was conducted as part of the development of the scheme and took place through surveys, discussion at the CCG Patient Representative Group and small focus groups.
- II. The scheme resulted in 23 practices participating to provide extended access to approximately 70% of the population. Practices worked collaboratively with other practices across eight hubs to deliver an additional 6000 appointments, including GP and Practice nurse availability. The scheme was supported by an extensive communication campaign including personalised letters to those households registered with the participating practices and bus stop advertising close to participating practices.
- III. Evaluation of the scheme in relation to impact on urgent care services has shown the following:
 - Reduction of A/E attendances in comparison to the same period in 2013/14
 - Reduction of unplanned admissions in comparison to the same period in 2013/14
 - Reduction of readmission, as measured by the 30 day readmission rates.
 - Patients who provided feedback responded positively to the increased opening hours, although some practices reported an increase in the non-attendance rates.

This evaluation is positive however, it should be noted that several initiatives across the health and social care systems in Leeds South and East will have contributed to the above findings and it cannot solely be attributed to the scheme.

- IV. The CCG developed a Quality Improvement initiative to commence throughout 2015, which would support the enhancement of improving access and extended hours across collaborative practice populations with a footprint of 30,000 registered patients, building on the work during December and March 2014/15. However, following feedback from member practices, clinical leads and colleagues within the CCG, consultation workshops were held in September and October 2015. This resulted in the redevelopment of the scheme and a new framework that incorporates four enablers which Practices should consider; these are collaboration between practices on a 30,000 minimum population footprint, access to services, long-term conditions and innovative local population needs approach.
- V. The CCG released the revised scheme to Practices on 10th November 2015, and it will provide an increase in collaborative working between practices, improve access through a variety of mechanisms and increase the workforce within primary care. The CCG will be offering support to Practices during the development and implementation phase, which will include learning from previous work such as the Challenge fund and successful business proposal writing.
- VI. However, due to the delay in implementing the above scheme, the CCG has re-released the winter scheme offered in 2014-15 to Practices. The rationale for this is to enable primary care to support a resilient health system in Leeds during periods of high demand, re-establish elements of collaborative working across Practices and provide transitional, learning approach to developing a wider service from April 2016. To date 30 Practices have signed up to deliver an extended hours service between November 2015 and 31 March 2016, covering a population of 217, 300 population. In the majority of cases, Practice collaborative groups will provide the extended hours on a Saturday. There is an increase in provision from last years' service.
- VII. Other initiatives within NHS Leeds South and East CCG to support improving access:
 - **Use of technologies to increase capacity within primary care:** The CCG has commissioned a patient messaging system for 39 practices from June 2015 which is able to send messages linked to appointments, reminders and targeted health messages such as book your flu vaccination. This sophisticated system enables patients to cancel their appointment through the messaging system whilst also removing the appointment from the GP clinical system. It is expected that this will have a significant impact on reducing the number of do not attenders (DNAs) within the practice. Initial feedback from one of the largest practices has suggested it has reduced DNA rates by 50%
 - **Improving access for specific populations:** Practices with 10 or more residents residing in a non-nursing home have been offered a scheme to support the delivery of high quality care through a weekly ward round, post hospital discharge assessment and annual review approach since 2013. Since October 2014 we have also offered a similar scheme to people living in nursing homes. This scheme is a proactive approach to support the needs of a defined cohort of the population which increases access to primary care. The scheme is delivered by 17 practices, across 26 non-nursing homes and 10 nursing homes and provides a service to 735 patients of the care home population.

- Evaluation to date from the non-nursing home scheme is positive and demonstrates a 20% reduction in A&E attendances and a reduction in admissions of 11% compared to 11/12 data. The stakeholder evaluation showed a high level of satisfaction from patient/carers along with care home managers.
- **Developments within primary care:** The CCG has supported practices to explore opportunities to work together to share resources including back office functions, staff and skills to enable primary care to become more resilient and can respond to the 5 Year Forward View. This has resulted in the formation of the Leeds South and East Group Federation, in which 27 practices are committed to working within this framework for specific aspects of primary care. The initial work from the Group has led to bids being developed for improving access, utilisation of technology within primary care and exploring the role of Clinical Pharmacist within primary care. If successful these initiatives collectively will contribute to improving access in primary care.

6 Governance

6.1 Consultation and Engagement

6.1.1 This paper aims to demonstrate the progress on seven day services across general practices and the current plans for development. Each individual organisation has undertaken its own specific consultation and engagement process in the development of the individual schemes identified. It also reports on the existing patient engagement processes already underway such as the GP Patient Survey and Friends and Family Test etc.

6.2 Equality and Diversity / Cohesion and Integration

6.2.1 As there is no national mandated specification for 7-day GP services there is the potential for differential service models across the City. Each CCG will be responsible for undertaking an equality impact assessment for the individual schemes commissioned locally.

6.3 Resources and value for money

6.3.1 As detailed, each CCG is working within their member organisations and collectively across the system to ensure that the development of any 7-day service contributes to a sustainable health and social care system in Leeds.

6.4 Risk Management

6.4.1 Nationally, all CCGs face similar challenges in working with member practices to develop and commission extended access to primary care. These relate to primary care workforce, finance, clarity for patients and are described in greater detail below.

Risk	Mitigation
Workforce – The recruiting and retention of GPs and Practice Nurses is an increasing challenge on both a local and national	CCGs are developing individual and collective workforce recruitment and retention initiatives that will support

<p>scale. A recent survey undertaken by the General Practitioners Committee (GPC) in May 2015 highlighted a third of GPs planning to leave the health service in the next five years and a significant number considering a reduction in their working hours. The poll also highlighted that whilst there is willingness from GPs to consider offering extended hours, “however, almost all GPs (94%) do not feel practices should offer seven day opening in their own practices”. Extending the hours of existing primary care provision has been highlighted as a key risk by member practices across the three Leeds CCG of the sustainable delivery of primary care services.</p> <p>A recent survey by Leeds Local Medical Committee (LMC) of GP Practices relating to recruitment and retention of GP staff found that of the three quarters of GP Practices who responded to the survey had GP vacancies in the last year, up 25% from 2014. More than a fifth of the vacancies had been unfilled for the past 12 months or more.</p>	<p>the GP workforce for the future.</p> <p>NHS England and Health Education England have recently announced a number of new models to support a transformed primary care workforce. This includes moving away from a traditional workforce to use of more skill mix initiatives such as the employment of pharmacists, physios and physician associates.</p> <p>CCGs are supporting practices to collaborate to deliver services to support efficient and effective use of the existing workforce.</p>
<p>Finance</p> <p>No additional recurrent funding has yet to be made available nationally to support extended access to primary care. Additional investment to improve extended primary care access has been through national Prime Ministers Challenge Fund Monies and/or through CCG non-recurrent investment.</p>	<p>The Leeds CCGs will work with the Urgent care team to evaluate the evidence emerging from local and national pilot sites to shape local commissioning approaches to extended primary care access. We will need to ensure we maximise the impact of our collective spend of the Leeds £ to ensure that primary care and urgent care contracts are aligned to prevent duplication of funding and to maximise the utilisation of all capacity commissioned within primary care.</p> <p>CCGs need to utilise new opportunities for investment in primary care such as the national Infrastructure fund; this is ‘new’ money that can support wider access and delivery of CCG services that keep people out of hospital. Leeds already has two schemes that are supported in principle (St Martins and Windmill)</p>
<p>Engagement of Member Practices – The development of 7-day services is a further</p>	<p>Each CCG has indicated how it has engaged with its member practices in</p>

<p>pressure on an already stretched service. Imposing a scheme will be detrimental to the on-going relationship with member practices which will be required in order to engage practices in wider service transformation.</p>	<p>the development of plans in relation to 7-day service. Locally, the Leeds West scheme has been successful because of the level of interest and engagement from member practices who have been able to co-produce the specification.</p>
<p>Consistent Communications for Patients- As there is currently a difference in the approach of the 3 CCGs it is difficult to provide a consistent message for patients with regard to accessing their GP.</p>	<p>All CCGs have committed to the use of 111 as a service to support patients accessing urgent healthcare needs. As demonstrated in figure 2, there are also a number of consistent services that are available across the City that support patients in accessing GP services:</p> <ul style="list-style-type: none"> • Online services • Pharmacy First • Social Prescribing

Conclusions

- 6.5 The policy for delivering 7 day GP services is still evolving with a number of pilots underway as part of the Prime Ministers Challenge Fund and also local schemes such as the NHS Leeds West CCG scheme. The NHS Leeds West scheme is one of only a small number of large-scale schemes involving primary care and therefore the learning arising from NHS Leeds West should continue to be shared both locally and nationally to inform future plans.
- 6.6 There are varying views from patients and clinicians with regard to the policy development and ability to deliver within the context of limited workforce and infrastructure; there are significant resource implications to consider within a constrained financial envelope.
- 6.7 Overall, there is a willingness to test out new models of delivery to support the overall system resilience whilst continuing to learn from the existing schemes in operation.
- 6.8 CCGs should continue to work together to share learning and support overall system transformation and collaborations of practices to test out new models of care.