

REPORT FOR SCRUTINY BOARD (ADULTS AND HEALTH)
DELIVERY OF PRIMARY CARE (GP) SERVICES IN LEEDS

1.0 BACKGROUND AND PURPOSE

- 1.1 The GP Forward View sets out a strategic aim of building sustainable and resilient general practices to enable the development of new models of care as set out in the five year forward view.
- 1.2 This paper will seek to identify some of the proposals and opportunities for developing a strong foundation of general practitioner services in Leeds and builds upon previous presentations made to the board, specifically the GP Forward View Delivery plan for Leeds which was presented in January 2017.
- 1.3 It should be noted that through the CCG One Voice programme, the primary care teams are now working as an integrated team and therefore this paper reflects the approach of the city wide team.

2.0 NATIONAL CONTEXT

- 2.1 The vision for primary care in the future is to strengthen the capability and capacity of general practice and to be integrated with wider primary, community and mental health services. The aim is to have a greater emphasis on population based interventions with a specific focus on prevention, self-care and pro-active management of frail and vulnerable populations.
- 2.2 The GP Forward View (April 2016) focussed on 5 key areas aimed at improving general practice services: investment, workforce, workload, infrastructure and overall care redesign with national planning guidance setting out some key deliverables such as
- Building sustainable and resilience general practice
 - Extending access and enhancing services offered to patients in a primary care setting
 - Increasing the primary care workforce
 - Increase investing in primary care
 - Development of 'at scale' primary care organisations
- 2.3 NHS England has recently published a useful animation which reiterates the GP Forward View and provides a national stocktake against the delivery plan. For reference, this can be found here
<https://www.youtube.com/watch?v=bMDTp23vy3c>

3.0 CURRENT POSITION

- 3.1 Approximately 90% of patient contacts in the NHS take place in primary care and on average, there are over 370,000 consultations taking place each

month in Leeds general practices, demonstrating the high volume of demand and workload.

- 3.2 General practice continues to have high patient satisfaction, with the recent patient survey (July 2017) demonstrating that 87% of those surveyed would rate their overall experience of their general practice as good, which is higher than the national average and an overall increase for Leeds on the previous year. The Friends and Family Test for general practice also indicates that 89.9% of responses (Leeds average) would recommend their general practice.
- 3.3 There are now 103 separate General Practice contractors in Leeds delivering services from 130 separate premises. These range from state of the art purpose built modern health centres to converted residential properties that are a challenge to the delivery of high quality primary care.
- 3.4 The actual number of individual practices has reduced over the last 2 years due to the closure of a number of small and single handed practitioners and merging of practices. These include:
 - Merger of Moorcroft & Nursery Lane in March 2016 to create Alwoodley Medical Centre
 - Merger of Moor Grange and Abbey Medical Centre in April 2015 to create Abbey Grange Medical Centre
 - Closure of Richmond Medical Centre in November 2015
 - Closure of Hilton Road Surgery (following expiration of APMS contract) in May 2016
 - Closure of Whinmoor Surgery in June 2017
- 3.5 There has also been a reduction in the number of sites that are delivering services from as practices look at ways they can support their own resilience through reducing the number of sites they are operating from such as the recent closure of the branch at Holt Park Health Centre following public consultation.
- 3.6 There are currently a number of proposals being considered that aim to support the sustainability of individual practices. There are specific actions that the CCG must undertake in considering any proposal and the CCG is specifically responsible for ensuring that the practices undertake robust patient engagement on any change that may affect patients.
- 3.7 It should be noted that we encourage practices to discuss proposals at an early stage so that we can ensure we have a strategic oversight of the future delivery of care. However, due to the sensitive nature relating to some proposals we cannot always share the details of any plans until it is clear that the practice agrees that they wish to pursue a formal application.

Proposal	Aim of Proposal	Comments
Practice Mergers	Practice mergers can support practices in sharing clinical and business functions across a larger footprint to support workforce and capacity solutions to reduce duplication and consolidate resources.	There are at least three active proposals being considered by practices in Leeds. Once a formal application for merger is received, this will be considered by the Primary Care Commissioning Committee and is subject to consultation with patients and stakeholders.
Branch Surgery Closures	Branch surgery closures support practices in managing their workload. Maintaining a service across a number of sites means practices have additional staff members available to support the service and potential for time travelling between sites.	There are two known proposals relating to branch surgery closures with one proposal currently out to consultation in respect of Green Road Surgery in Meanwood.
List Closure	Practices can formally apply to close their list to support the practice in managing any specific workload or workforce issues. Any application needs approval from the Primary Care Commissioning Committee	There are two formal list closures in place in Leeds at East Park Medical Centre and Fountain Medical Centre. We are aware of two practices that may consider applying to close their practice list but these have not yet been received as formal applications.
Surgery Closures	<p>There have been two recent decisions relating to surgery closures in Whinmoor (June 2017) and York Road (September 2017) following the retirement of the existing GPs. Interim arrangements were identified for both sites but ultimately resulted in closure. The practice list size at closure was approx. 600 in Whinmoor Surgery and 1400 at York Road.</p> <p>In these circumstances, patients have choice of where to register once their surgery has closed. These decisions have arisen following a review of the provision of services in the area and an assessment on the capacity, premises suitability, the longer term sustainability of services and availability of suitable providers.</p>	
Procurement	A number Alternative Provider Medical Services (APMS) contracts are in place across the City which are time limited contracts with specific providers. A number of these APMS contract will require re-procuring as the contract term ends.	Early conversations have already commenced with regard to specific contracts in the South of the City which expire on 31 October 2018. Future patient engagement is planned to support the development of the service specification.

Proposal	Aim of Proposal	Comments
		<p>Additional APMS contracts exist in the City. 2 of which were procured in 2016 and 2017 (Shakespeare Community Practice and York Street Health Practice) and are 5 year contracts.</p> <p>An APMS contract is also in place for the surgery at The Light which will be reviewed in May 2019.</p> <p>An interim APMS contract has also been issued in respect of Cottingley Community Practice (list 1800c) following the retirement of single handed GP. Contract in place till 31 March 2017</p>

3.8 Many practices are now choosing to be part of a collaboration of practices which are often referred to as networks, federations or alliances to support future resilience. GP networks and federations are organisations that can support the delivery of GP services across a larger footprint by either sharing resources or costs or in order to bid for new services such as the development of access models etc. Two formal organisations have been established in Leeds which is the South and East Leeds GP Group and the Leeds West Primary Care Network. It is voluntary to be part of a federation/network and the type of services that are available through these organisations varies such as back office support, employment of staff or the ability to hold contracts such as the provision of extended access services. Existing patient engagement mechanisms would be utilised as part of the networks/federations particularly linking back to patient participation groups.

3.9 All practices in Leeds have now received an inspection from the Care Quality Commission (CQC), the regulator for health and social care in England. CQC ensures that practices are providing services that are safe, effective, caring, responsive and well-led.

3.10 The findings of inspections of general practices nationally have recently been published and an overview of how these compare to the Leeds pictures can be found below:

	National	Leeds
Outstanding	4%	6% (6)
Good	86%	91% (93)
Requires improvement	8%	3% (3)
Inadequate	2%	0%

- 3.11 There was one practice that was previously rate inadequate which has now been re-inspected with an outcome of requires improvement. The CCG remains committed to ensuring that patients receive high quality, accessible services and continues to work with those practices that have been rated as requires improvement to ensure that by the time the practice is re-inspected that the practice can demonstrate improvements.
- 3.12 A list of practices and the overall CQC assessment can be found at Appendix A. All reports can be found on the CQC website.

4.0 GP DELIVERY PLAN (GPFV) – PROGRESS

- 4.1 The following section identifies some of the key actions and progress from the GP Forward View that supports the sustainability of practices and patients to have access to a broader range of services.

WORKFORCE

- 4.2 The need to increase and invest in the primary care workforce and to enhance the services offered to patients in primary care settings is a core component of the GPFV.
- 4.3 The national commitment made in the GPFV around workforce focuses on:
- **Recruitment and workforce expansion.** This commits to building the workforce capacity and an additional 5,000 doctors working in general practice by 2020 and a minimum of 5,000 other staff by 2020/21. Other staff are detailed as; 3,000 mental health therapists (1 WTE in every 2-3 practices); national investment for clinical pharmacists (1 per 30,000 population); pilot new medical assistant roles and primary care physiotherapy services. Across West Yorkshire there is an opportunity for expressing an interest in participating in an international recruitment scheme for general practitioners.
 - **Development of capabilities within the workforce.** This commits to investment in a practice nurse development strategy; investing in skills development to support reception staff to navigate patients to the right professional/service first time and to be able to manage clinical correspondence; training investment in physician associates and practice manager development
 - The CCG partnership has undertaken a formal procurement exercise to appoint a provider of training for active signposting which aims to support patients to the most appropriate service through signposting. The outcome should ensure that clinical capacity and the skills and expertise of the whole primary care team is used effectively, ensuring the patient has a positive experience of care
 - **Supporting the health and wellbeing of staff to retain current workforce.** In Leeds a programme of support has been commissioned through the GP resilience programme to support staff and ultimately support retention

- 4.4 The building of capacity and capability in the primary care workforce is core to system integration in order to deliver out of hospital care and a sustainable. Central to the strategic direction is the need to expand the workforce from core general practice to multi-disciplinary extended primary care teams. A further report on the progress of system integration will be presented to the Scrutiny Board in November.
- 4.5 This expansion will enable the freeing of GP capacity so GPs can focus care on the most complex patients, plus patients will get more access to the right person for their needs first time. The expectation is that this will be done through Primary Care Networks (primary care at scale) which means practices should be encouraged to work together to a level where they have a combined population of 30,000-50,000. This will allow practices to share the new workforce roles, community nursing, expanded diagnostic facilities, community urgent care and deliver an affordable extended 7 day access offer to patients.

ACCESS

- 4.6 NHS England have committed to ensure that:
- 50% of the population to be receiving extended access to evening and weekend appointments by March 2018
 - 100% of the population to be receiving extended access to evening and weekend appointments by March 2019
- 4.7 A national specification sets out some clear deliverables
- Weekday provision of access to pre-bookable and same day appointments to general practice services in evening (after 6.30pm) to provide an additional 1.5 hours per day
 - Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs
 - A minimum additional 30 minutes consultation capacity per 1000 population rising to 45 minutes per 1000 population
- 4.8 In the context of working across the City the total coverage of the population of additional extended access (over and above the existing extended access arrangements) currently stands at 53%.
- 4.9 The development of access models across the City is at a crucial point. Engagement across all neighbourhoods is currently taking place with a view to developing a model that delivers an integrated pathway across primary and community urgent care services.
- 4.10 GP providers are working effectively together and are exploring how they can work together to deliver access models. Trajectory for delivery:

	Current provision	March 2018	March 2019
Leeds Overall	53%	70%	100%

ESTATES DEVELOPMENTS

- 4.11 One of the commitments of the GPFV nationally was to ensure that capital investment is made available to support estate (and technology) developments to support transformation of care.
- 4.12 A number of proposals have been submitted for funding as part of the Estates and Technology Transformation Fund which is being managed by NHS England and a summary of the proposals can be found at Appendix B.
- 4.13 The process of approval is complex and we are currently still awaiting confirmation on the outcome of the proposals. Unfortunately, schemes are unable to be progressed until confirmation of funding is received.

5.0 SUMMARY

- 5.1 There is recognition that the provision of general practice services needs to transform to ensure sustainability for the future. We will continue to focus on the key areas of workforce, workload, estates and technology whilst supporting practices and wider primary care services to redesign the way services are provided. Increasingly, we will work with the evolving GP networks and federations to look at how services can be provided innovatively and at scale whilst securing the quality of service offered to the patients of Leeds.

Appendix A – CQC Summary

GP Practice	Safe	Effective	Caring	Responsive	Well led
Ashfield Medical Centre	Good	Good	Good	Good	Good
Ashton View	Good	Good	Good	Good	Good
Beeston Village Surgery	Good	Good	Good	Outstanding	Good
Bellbrooke Surgery	Good	Good	Good	Good	Good
Church Street Surgery Dr Hussain	Good	Good	Good	Good	Good
City View Medical Practice	Good	Good	Good	Outstanding	Good
Colton Mill Medical Centre	Good	Good	Good	Good	Outstanding
Conway Medical Centre	Requires Improvement	Good	Good	Good	Good
Cottingley Community Centre Dr Pai	Good	Good	Good	Good	Good
East Park Medical Centre	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Garden Surgery	Good	Good	Good	Good	Good
Garforth Medical Practice	Good	Good	Good	Good	Good
Gibson Lane Practice	Good	Good	Good	Good	Good
Drs Khan and Muneer	Good	Good	Good	Good	Good
Kippax Hall	Good	Good	Good	Good	Good
The Medical Centre (Laybourn & Partners)	Good	Good	Good	Good	Good
Leeds City Medical Practice	Good	Good	Good	Good	Good
Lincoln Green Medical Practice	Good	Good	Good	Outstanding	Good
Lingwell Croft Surgery	Good	Good	Good	Good	Good
Lofthouse Surgery	Good	Good	Good	Good	Outstanding

GP Practice	Safe	Effective	Caring	Responsive	Well led
Manston Surgery	Good	Good	Good	Good	Good
Middleton Park Surgery	Good	Good	Good	Good	Good
Moorfield House	Good	Good	Good	Outstanding	Good
New Cross Surgery	Good	Good	Good	Good	Good
Nova Scotia	Good	Good	Good	Good	Good
Oakley Medical Practice	Good	Good	Good	Good	Good
Oulton Surgery	Good	Good	Good	Good	Good
Park Edge Practice	Good	Good	Good	Good	Good
Radshan Medical Centre	Good	Good	Good	Good	Good
Roundhay Road Surgery	Good	Good	Good	Good	Good
Shaftesbury Medical Centre	Good	Good	Good	Good	Good
Shafton Lane Surgery	Good	Good	Good	Good	Good
Shakespeare Community Practice	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Swillington Clinic	Good	Good	Good	Good	Good
The Arthington Medical Centre	Good	Good	Good	Good	Good
The Family Doctor	Good	Good	Good	Good	Good
The Practice at Harehills Corner	Good	Good	Good	Good	Good
The Surgery	Good	Good	Good	Good	Good
Whitfield Practice	Good	Good	Good	Good	Good
Windmill Health Centre	Good	Good	Good	Good	Good
York Street	Outstanding	Good	Good	Outstanding	Good

GP Practice	Safe	Effective	Caring	Responsive	Well led
Chapelton Family Surgery	Good	Good	Good	Good	Good
Newton Surgery	Good	Good	Good	Good	Good
The Light Surgery - OneMedicalGroup	Good	Good	Good	Good	Good
St Martins Practice	Good	Good	Good	Outstanding	Good
Westfield Medical Centre	Good	Good	Good	Good	Good
Woodhouse Medical Practice	Good	Good	Good	Good	Good
Allerton Medical Centre	Good	Good	Good	Good	Good
Meanwood Group Practice	Good	Good	Good	Good	Good
North Leeds Medical Practice	Good	Good	Good	Good	Good
Oakwood Surgery	Good	Good	Good	Good	Good
Rutland Lodge Medical Centre	Good	Good	Good	Good	Good
Shadwell Medical Centre	Requires Improvement	Good	Good	Good	Good
The Avenue Surgery	Good	Good	Good	Good	Good
Street Lane Practice	Good	Outstanding	Good	Good	Good
Alwoodley Medical Centre	Good	Good	Good	Good	Good
Foundry Lane Surgery	Good	Good	Good	Good	Good
Oakwood Lane Medical Centre	Good	Good	Good	Good	Outstanding

Bramham Medical Centre	Good	Good	Good	Good	Good
Collingham Church View Surgery	Good	Good	Good	Good	Good
Crossley Street Surgery	Good	Good	Good	Good	Good
The Spa Surgery	Good	Good	Good	Good	Good
Wetherby Surgery - OneMedicalGroup	Good	Good	Good	Good	Good
Chevin Medical Centre	Good	Good	Good	Good	Good
Aireborough Family Practice	Good	Good	Good	Good	Good
Westgate Surgery	Good	Good	Good	Good	Good
Abbey Grange Medical Practice	Good	Good	Good	Good	Good
Armley Moor Medical Centre	Good	Good	Good	Good	Good
Beech Tree Medical Centre	Good	Good	Good	Good	Good
Burley Park Medical Centre	Good	Good	Good	Outstanding	Good
Burton Croft Surgery	Good	Outstanding	Good	Good	Outstanding
Craven Road Medical Practice	Good	Good	Good	Good	Good
Drighlington Health Centre	Good	Good	Good	Good	Good
Fieldhead Surgery	Good	Good	Good	Good	Good
Gildersome Health Centre	Good	Good	Good	Good	Good
Guiseley & Yeadon Medical Practice	Good	Good	Good	Good	Good
Hawthorn Surgery	Good	Good	Good	Outstanding	Good
Highfield Medical Centre	Requires Improvement	Good	Good	Good	Requires Improvement

GP Practice	Safe	Effective	Caring	Responsive	Well led
High Field Surgery	Good	Good	Good	Good	Good
Hillfoot Surgery	Good	Good	Good	Good	Good
Hyde Park Surgery	Good	Good	Good	Good	Good
Ireland Wood & Horsforth	Good	Good	Good	Good	Good
Kirkstall Lane Medical Centre	Good	Good	Good	Outstanding	Outstanding
Laurel Bank Surgery	Good	Good	Outstanding	Outstanding	Outstanding
Leeds Student Medical Practice	Good	Good	Outstanding	Outstanding	Outstanding
Leigh View Medical Centre	Good	Good	Good	Good	Good
Manor Park Surgery	Good	Good	Good	Outstanding	Good
Menston & Guiseley	Good	Good	Good	Outstanding	Good
Morley Health Centre	Good	Good	Good	Good	Good
Priory View Medical Centre	Good	Good	Good	Good	Good
Pudsey Health Centre	Good	Good	Good	Good	Good
Rawdon Surgery	Good	Good	Good	Outstanding	Good
Robin Lane Medical Centre	Good	Outstanding	Good	Outstanding	Outstanding
South Queen Street Surgery	Good	Good	Good	Good	Good
Sunfield Medical Centre	Good	Good	Good	Good	Good
The Fountain Medical Centre	Good	Good	Good	Good	Good
The Gables Surgery	Good	Good	Good	Good	Good
Thornton Medical Centre	Good	Good	Good	Good	Good
Vesper Road	Good	Good	Good	Good	Good
West Lodge Surgery	Good	Good	Good	Outstanding	Good
Whitehall	Good	Outstanding	Good	Good	Good
Windsor House Group Practice	Good	Good	Good	Good	Good

GP Practice	Safe	Effective	Caring	Responsive	Well led
Yeadon Tarn Medical Practice	Good	Good	Good	Good	Good

KEY

Outstanding Overall (6)

Good Overall (94)

Requires Improvement Overall (3)

Appendix B - Estates and Technology Transformation Fund Summary

	Practice Name	Patient List	Summary
1	Hillfoot Surgery	9000	ETTF – Create 2 additional consulting rooms and refurbish 3 existing consulting rooms
2	West Lodge Family Practice - Glenlea Surgery	18371 (multi-site practice)	The proposal is to construct an extension to the existing Glenlea Surgery site that will provide 1. additional 2 multi-use consulting rooms fitted with ventilation at the rate of 10ac/h that can be used for nurse treatment 2. 1 patient education suite, with associated utilities, WC's and waiting/circulation space
3	Leeds Student Medical Practice	40905	Provision of 12 additional patient-facing rooms, split by 8 additional consulting rooms, 3 additional treatment rooms, and 1 interview room. This will both increase clinical capacity for existing clinics and support the practice's service development plans, creating a wrap-around service for students. Provision of enhanced training and conference facilities to support LSMP's role in training and as an ATP hub. Reception redesign to improve peak-time queue management. Collocation of admin and back office support services to support integrated working efficiencies.
4	Fieldhead Surgery	5317	The proposal encompasses: At ground floor level, the main building will be completely remodelled and the cellular nature of the original residence opened-up to provide level access. A large new patient waiting area, reception, reception office and confidential interview room. 3 additional consulting rooms and multi-function room to include practice meeting room, patient education and baby clinic. Clean Utility & Dirty Utility A new staircase and lift will provide access to the first floor which will accommodate the practice nurse team and additional administration space.
5	Westgate Surgery	5985	Expansion to surgery premises. Refurbishment of existing shell scheme expansion space to create additional consulting rooms.
6	St Martins Medical Practice	6565	New Build
7	Street Lane	13593	extension to deliver 3 additional consulting rooms, refurbished GP trainee room and improved waiting area

	Practice Name	Patient List	Summary
8	Meanwood	13624	refurbishment of vacant admin space to create 3 additional consulting rooms and 1 additional treatment room
9	Bramham	3538	Extension to building to provide one additional consultation room, a full sized treatment room, storage and improved admin area including improvements and redesign to current building to improve admin areas, reception, waiting area, staff amenities and storage.
10	Spa Surgery		Redevelopment and extension of the existing ground floor to offer improved accommodation with the potential incorporation of a pharmacy and/or space for use for other services. 2. Construction of an upper storey to the rear of the premises above an existing single storey part of the building. This would offer at least 2 and potentially up to 4 further rooms for consultation or other purposes
11	Moorfield House	4411	To extend the practice capacity by increasing clinical floor space (three extra consultation rooms) and accessibility by incorporating a lift from ground to first floor. This would allow space for additional services and access for the elderly and disabled to the first floor. Increase space for a meeting/training room (currently there is none) on floor two which is vital as we move forward, expand and collaborate.
12	Nova Scotia	5547	Reconfiguration of existing space to provide 2 additional consulting rooms
13	Windmill Health Centre	8597	New Build - a new health centre of circa 608m2 GIA on a site far more accessible and central to the local population.