

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

**UPDATE PAPER MARCH 2018**

**1.0 BACKGROUND AND PURPOSE**

- 1.1 The Leeds Clinical Commissioning Group Partnership is made up of 102\* member practices covering a registered population of 878,874.
- 1.2 Clinical Commissioning Groups have a specific statutory responsibility to improve the quality of primary care services. NHS England is responsible for commissioning primary care services however specific functions have been delegated to CCGs from April 2016 which include:
  - a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
    - i) decisions in relation to Enhanced Services;
    - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
    - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
    - iv) decisions about 'discretionary' payments;
    - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
  - b) the approval of practice mergers;
  - c) planning primary medical care services in the Area,
  - d) undertaking reviews of primary medical care services in the Area;
  - e) decisions in relation to the management of poorly performing GP practices
- 1.3 The Primary Care Commissioning Committee is the decision making body which oversees the primary care functions. This is a formal committee which is Chaired by a Lay-Member with (non-voting) representatives from Healthwatch, the Health and Wellbeing Board and NHS England.
- 1.4 The overall budget for primary care services in Leeds is £109,000,000 which accounts for 9.15% of the overall CCG budget in Leeds.
- 1.5 There are a number of key workstreams that have been identified to support the transformation of primary care services and improve services for patients. A number of these workstreams are as a result of the General Practice Forward View published in April 2016 and the Leeds response was shared with the Board in January 2017 and a further update provided in October 2017.
- 1.6 With rising demand and challenges facing the workforce, there is a need for general practice to continue to build capacity and resilience and this paper will highlight some of the initiatives that are being considered and implemented to continue to develop a strong foundation of primary care in Leeds.

\*for transparency there are 102 practices across the City but there are 2 additional practices with specialist contracts for specific patient cohorts

## 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 This vision is set in a context of a growing “crisis” in general practice with the BMA publishing its “Saving General Practice” report in November 2017 <file:///C:/Users/turnerk01/Downloads/Saving-general-practice.pdf> highlighting that significant change was needed and identified the following key areas of action:
- Recurrent and sustainable funding
  - Rapid workforce expansion
  - Indemnity solutions
  - Workload solutions
  - Estates solutions
- 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 The planning guidance for 2018/19 has outlined that the overall goals for 2017/19 are to:
- stabilise general practice today and support the transformation of primary care and for tomorrow, by delivering General Practice Forward View and Next Steps on the NHS Five Year Forward View
- 2.4 Deliverables for CCGs for 2018/19 (nationally) are identified as:
- Providing extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018.
  - Delivering the workforce commitment to have an extra 5,000 doctors and 5,000 other staff working in primary care.
  - At national aggregate level we are expecting the following for 2018/19:
    - CCGs to recruit and retain their share of additional doctors via all available national and local initiatives;
    - 600 additional doctors recruited from overseas to work in general practice;
    - 500 additional clinical pharmacists recruited to work in general practice
  - An increase in physician associates, contributing to the target of an additional 1000 to be trained by March 2020 (supported by Health Education England);
  - Deliver increase to 1,500 mental health therapists working in primary care.
  - Actively encourage every practice to be part of a local primary care network, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000.

- Investing in upgrading primary care facilities, ensuring completion of the pipeline of Estates and Technology Transformation schemes, and that the schemes are delivered within the timescales set out for each project.

### **3.0 LEEDS 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. Please see appendix A as how Leeds compares to the England average.
- 3.3 There are now 102 separate General Practice contractors in Leeds delivering services from approximately 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.
- 3.5 There have been a number of requests for details of closures or mergers through Freedom of Information requests and it is worth reiterating that since April 2013 there have been 5 closures of practices across Leeds:
  - a. Whinmoor Surgery
  - b. The Surgery at York Road
  - c. Hilton Road Surgery
  - d. 178 Chapeltown Road
  - e. Richmond Medical Centre
- 3.6 8 practices have merged since April 2013 creating 4 new practice entities:
  - a. Alwoodley Medical Centre (with new practice premises)
  - b. Abbey Grange Medical Centre
  - c. Oakwood Lane Medical Centre (with new practice premises)
  - d. Chevin Medical Practice
- 3.7 It should be noted that CCGs became responsible for approving mergers / closures from April 2016 when the Primary Care functions were formally delegated from NHS England to the CCG.
- 3.8 There has been a reduction in the number of sites that are delivering services from as practices look at ways they can support their own resilience. In the past two years there have been two closures of branch surgery premises specifically at Holt Park Health Centre and the imminent closure of the site at Green Road in Meanwood. Both decisions were approved following public consultation.
- 3.9 Since the publication of the scrutiny report in October 2017, the provider of services at Radshan Medical Centre in Kippax presented their formal resignation. This resignation was received without prior warning and therefore was not considered as part of the scrutiny report in October 2017. We have produced a small case study for debate at the scrutiny meeting relating to Radshan to support improvements in our processes across the health and care system which can be found at Appendix B.

- 3.10 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.
- 3.11 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.
- 3.12 A series of practice visits is due to commence to enable a conversation regarding sustainability and resilience and to ensure we are sighted on early discussions at practice level. The CCG has also developed a Practice Support Policy that outlines our approaches for working with practices to identify solutions relating to the resilience of services. This policy will be considered at the March 2018 Primary Care Commissioning Committee.
- 3.13 A summary of existing considerations are:

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 three merger proposals being considered by practices in Leeds although none have formally sought approval yet. 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. The approval process is twofold, firstly the CCG will give approval for the practice to commence engagement and then consideration is given to the formal application supported by the outcomes of the patient engagement.
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.	Leeds South and East CCG has previously given approval for a practice to commence engagement on a branch surgery closure. However, the practice are not actively pursuing this option at this stage.
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. No further applications are in the pipeline.
Surgery Closures	The most recent decision in relation to surgery closures has been Radshan Medical Centre in Kippax. In these circumstances, patients have choice of where to register once	

	<p>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	<p>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.</p>	<p>Significant engagement has taken place regarding New Cross Surgery, Middleton Park Surgery and Swillington Health Practice which has informed the decision to procure.</p> <p>The CCG has supported an option to develop Swillington as a branch surgery site to maintain services for this population.</p> <p>An APMS contract is also in place for the surgery at The Light, which the contract ends in May 2019. The CCG has approved the re-procurement and therefore this process will now commence.</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. In January 2018, the CCG confirmed its intention to retain Cottingley as a branch surgery site and a local process of awarding the site to local practices has commenced.</p>

#### **4.0 PRIMARY CARE AT SCALE**

- 4.1 Nationally many general practices are choosing to be part of collaborative arrangements bringing practices together in 'networks', 'federations' or 'alliances', with the aim of supporting and improving resilience and sustainability.
- 4.2 These collaborative arrangements can support the delivery of general practice services across a larger geographical footprint by sharing resources or costs.
- 4.3 In Leeds, 3 collaborative organisations have formed around general practice: South East Leeds General Practice Group; Calibre Care; and Leeds West Primary Care Network. Nearly all 102 practices in the city are members of their local federation / network.
- 4.4 Increasingly the 3 general practice organisations are seeing the benefits that collaborating together can bring to patients, their member practices and to the health and care system as a whole.
- 4.5 A single city-wide General Practice Confederation has been agreed and is currently being formed. It is proposed that the Confederation will represent all practices in the city, the main purpose of which is to:

- Enable primary care to play a full and active role in service integration and pathway development, aligned with the local care partnership vision, coupled with developing Integrated Care Systems and the Leeds Plan & Health & Wellbeing Strategy.
- Support the implementation of the General Practice Forward View (GPFV) at practice level as well as city wide.
- Help primary care be sustainable, reduce variation and support the delivery of the GPFV via transformation work including developing new roles and greater integration of primary care provider roles, for example nursing.
- Create a governance system and way of working that enables primary care be active in contributing to locality work right the way through to citywide strategy. This includes the ability to engage with elected members, for example at community committees.
- Included in the governance is the ability to hold contracts and deliver services across primary care in Leeds working in partnership with other providers in the city.

## **5.0 LOCAL CARE PARTNERSHIPS**

- 5.1 The term 'local care partnership' (LCP) has been adopted in Leeds to describe the model for integrated health and care for local people, recognising general practice and the registered list as the cornerstone of community planned and urgent care provision.
- 5.2 It has been adapted from the national 'primary care home' model which describes care being delivered across footprints of 30,000-70,000 populations. LCPs provide an infrastructure for the integration and collaboration of a number of providers (statutory and third sector) in understanding and responding to strategic commissioner outcomes and local health needs – designing, developing and shaping the delivery of integrated services.
- 5.3 The key feature is a range of people working together, regardless of who employs them, to deliver integrated care that meets the needs of the identified population.
- 5.4 Currently we have a number of geographies including the natural communities which the people of Leeds would describe. There is a recognised geography of 13 neighbourhoods – within which Leeds Community Healthcare and Leeds City Council adult social care services are organised and delivered.
- 5.5 We have 102 general practices collaborating to varying degrees across 15 localities, which in some cases are different to the current neighbourhood team geographies. Leeds has 33 electoral wards covered by 10 Community Committees – each with an elected member as Health Champion. This provides us with a firm foundation and history of integration and collaboration across our city from which the local care partnerships will emerge to deliver services and support people to live well in their local communities.
- 5.6 Appendix C provides a map showing the emerging 18 Local Care Partnerships in Leeds.

## **6.0 QUALITY**

- 6.1 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.

- 6.2 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 October 2017	Leeds February 2018
Outstanding	4%	6% (6)	6% (6)
Good	86%	91% (93)	92% (94)
Requires improvement	8%	3% (3)	1% (1)
Inadequate	2%	0%	1% (1)

- 6.3 Since the October report, we are pleased to report that one practice that was previously reported as “requires improvement” has now been rated as “good”. Unfortunately, one practice that was previously rated as “requires improvement” has been re-inspected with an overall rating of “inadequate”.
- 6.4 Since the publication of the CQC report, the CCG has been seeking assurance on the immediate actions and contractual breaches identified through the report including implementing a full Quality Risk Profile to review all aspects of service delivery.
- 6.5 The practice has implemented a formal change in partnership and the CCG is supporting the new partners to implement their turnaround plan which the CCG is confident they can deliver.
- 6.6 An interim CQC inspection has taken place to address some specific contractual breaches identified through the original inspections and improvements have been documented. A full CQC inspection will take place in the near future.
- 6.7 A formal quality review process has been implemented and is monitored through our Quality Surveillance Group and the CCG can report demonstrable improvements and the practice has plans to engage patients and wider stakeholders as they develop their service plans.

## **7.0 PATIENT AND PUBLIC ENGAGEMENT**

- 7.1 Patient Participation Groups (PPGs) play an important role within the healthcare system and help ensure that patients and carers are involved the decisions about the range, shape and quality of the services provided by the practices. It embodies the importance of working with individuals and communities to collectively coproduce solutions to tackle key issues.
- 7.2 The requirements of the GP contract specify that the practice must engage with the PPG throughout each year, at a frequency and in a manner as agreed with its PPG, including to review patient feedback (whether from the PPG or other sources) and feedback from carers of registered patients, who themselves are not registered patients. The purpose of this engagement is to identify improvements that may be made in the delivery of services by the practice. Where the practice and PPG agree, the practice must act on suggestions for improvement using reasonable endeavors to implement these.
- 7.3 From an assurance perspective, practices are required to declare in the annual electronic practice self-declaration (eDEC) that they have fulfilled the contractual requirements regarding the PPGs.
- The practice can evidence that they have **acted on suggestions** for improvement.

- The practice is able to show that the PPG is properly **representative of its practice population**
- 7.4 The practices should develop their PPG in the most appropriate way to effectively reach the broadest cross section of its patient population and meet the contractual requirements. PPG activities may include virtual meetings, emails, surveys and face to face meetings.
- 7.5 After analysis of the e-declaration submissions made in 16/17 by the 103 GP Practices in Leeds:
- **93.3%** have declared themselves compliant with the first element of the contract regarding evidencing engagement with their PPG.
  - **93.3%** have declared themselves compliant with the second contractual element regarding a representative PPG.
- 7.6 The practices who have stated that they are not compliant with the contractual elements will be contacted by the contracting and commissioning teams to follow up the contractual position. Following a discussion with those practices it may be that an offer of developmental support can be made to those practices to support them to establish PPGs either within their practice or across the locality/neighbourhood.
- 7.7 Although there is much variation in Leeds, there are some excellent PPGs that display best practice.
- A PPG in Leeds South and East CCG have acquired an allotment which allows the practice to address social isolation, healthy eating and physical activity.
  - In Leeds North CCG a PPG has developed the Caring Hands project. This a user involvement initiative run by patients for patients, invests in health literacy, gives people more information about coping with daily living activities and provides opportunities to become involved in practice and community support groups.
  - In Leeds West CCG a PPG has set up a range of patient activities including a diabetes support group and chair aerobics for older people.
- 7.8 In October 2017, the first PPG Conference was established was a fantastic way to share some of the excellent work that our practices and PPGs are undertaking and provide useful information to support the development of other groups.

## **8.0 GP DELIVERY PLAN (GPFV) – PROGRESS**

- 8.1 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**

- 8.2 Over recent months, partners in the City have been developing a Vision and Strategic Aims for the Primary Care Workforce in the City. A stakeholder event was held on 5 September 2017 at which participants reviewed and discussed the emerging Vision and Priorities and what we need to do to get from where we are now to where we need and want to be in the future.
- 8.3 The Leeds Primary Care Workforce Vision is that:
- The health and care workforce in Leeds will operate as multi-disciplinary teams designed and delivered at a locality level, working with people within the local population to improve their physical, mental, and well-being outcomes
  - The workforce will be valued, well trained and supported. Through better conversations and recognising the assets within the local population, the



workforce will enable and support people to live healthy lifestyles and manage their own long-term conditions.

- The locality workforce will be designed and planned around the needs of the local population, including all ages, through a full range of health and care services currently described as general practice, community services and other independent and voluntary sector organisations.

- 8.4 Leeds CCGs have been supporting an STP proposal to participate in the NHS England international recruitment programme. We have recently heard that the proposal has been successful and we are currently awaiting further details on the next steps for the programme.
- 8.5 There are a number of initiatives to help retain the workforce with a mindfulness programme running across the City and we are currently exploring with NHS England schemes around mentoring and coaching.

### **Online Consultations**

- 8.6 NHS England issued guidance on 30 October 2017 regarding the deployment of online consultations which was followed up by a communication strongly encouraging CCGs to work through their Sustainability and Transformation Plans (STP) to agree a high-level approach to procurement and implementation.
- 8.7 A proposal was produced on behalf of the STP, submitted for consideration by NHS England and subsequently approved. It was agreed that a regional procurement would be run through the national procurement hub for a first wave of practices ready now. The procurement would be divided into Lots which put “like minded” CCGs working together. This also allowed for each Lots to undertake its own evaluation and award locally.
- 8.8 The WYH CCGs have all agreed to procure a 2 year contract with a possible 1 year extension and a 1 year break clause if the service does not deliver as agreed. The total value of the contract for the 3 year period is £158,581.
- 8.9 In Leeds, there are 24 practices included in wave 1 along with 3 from Harrogate CCG. There are another 11 practices ready to go in wave 2 in addition to the 23 practices already using and existing online consultation system. A wave 2 procurement is currently being planned.
- 8.10 Engagement with member practices is continuing with strong support from the 23 Leeds West practices who have expressed confirmation of their wish to use the system that has been developed through the GP Access Fund. The supplier is currently in the process of becoming approved through the NHS England Dynamic Purchasing System.
- 8.11 The project includes some evaluation measures to assess the impact of the online consultation system on practice workload. These will be reviewed and compared through the regional project steering group being established. This regional steering group will also report to the STP Primary and Community Care and Digital Technology Workstream Groups

### **Access**

- 8.12 Leeds has a positive history of being one of the early implementers of access models and having early access to the national funding available. This funding will be rolled out (proportionately) to the rest of the City during 2018 and patients should start to see additional hub locations from mid-March 2018.

- 8.13 The planning guidance issued in February 2018 has revised the trajectories in relation to access as being:
- ensure that 100% of the population has extended access to GP services, including at evenings and weekends by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.
- 8.14 The CCG through the work undertaken to date had already aspired to ensure that 100% of the population would be able to access extended services in advance of the original March 2019 deadline through working with the evolving confederation to ensure equity of approach.
- 8.15 Currently we are still working on the three CCG footprint in terms of reporting however our trajectory for the City is:

	March 2018	October 2018	March 2019
Leeds Overall	70%	100%	100%

- 8.16 Models of testing are currently underway with practices in Leeds North currently testing a virtual model of access with hub locations in each locality being implemented from March 2018. Practices in the South have identified two locations for hubs, the first of which will be integrated into the development of an urgent treatment centre located at St Georges in Middleton.

## **9.0 ESTATES DEVELOPMENTS**

- 9.1 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.
- 9.2 A number of proposals have been submitted for funding as part of the Estates and Technology Transformation Fund (ETTF) which is being managed by NHS England.
- 9.3 A total of 10 schemes were put forward for Leeds which are all at various stages of approval with at least two schemes expected to proceed imminently. Whilst the ETTF supports the capital costs of developments, the CCG is responsible for securing the ongoing revenue for developments such as the notional rent costs. A policy to support these increased costs has recently been approved by the CCG which in some cases will help support the progression of these schemes.

## **10.0 SUMMARY**

- 10.1 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.