

## Item 6 (i)

3<sup>rd</sup> April 2013

The purpose of this paper is to respond to questions and information requested by the Scrutiny Committee to the National Health Service Commissioning Board now known as NHS England, regarding provision of medical services in the Uttlesford area. The Scrutiny Committee produced a scoping report which included the questions below.

### **1. What steps are being taken to recruit GPs within the district?**

The table in question 3 details the current provision of GP services in the Uttlesford area. There are currently no NHS England plans to recruit additional GPs to the area. GP practices are commissioned by the NHS England but remain independent contractors and the clinical manpower resource to meet patient need is determined within each practice. As an average it is expected that GP provision will be in the region of approximately one whole time equivalent GP to every 2000 patients registered at the practice. However this will vary slightly with the skill mix within the practice. Many practices now have Nurse Prescribers and practice nurses who are highly skilled and can deal with many areas, such as long term conditions management.

### **2. GP provision for new estates: how is the increased demand of GP services being alleviated in areas such as Dunmow and Felstead?**

The PCT routinely commented on proposed housing developments which would have an impact on the provision of primary care in the area. NHS England is currently in discussion with developers who are considering planning applications in this area and use an agreed formula to work out the cost of improving facilities attributable to increased population.

The Essex Area Team and NHS Property Services will be looking at the viable options for increasing provision. This may be by expanding existing practices or commissioning a new surgery, if appropriate. At the present time the NHS England is unaware of what the allocation of capital monies will be to support potential developments. A primary care strategy for Essex will be developed, an outline of which, will be available in June 2013.

In Dunmow, John Tasker House is at capacity in terms of patient numbers. Angel Lane does have some additional capacity to accommodate growth and is currently being extended to add additional capacity.

In recognition of the fact that neighbouring settlements have no direct GP provision and are served by surgeries within Great Dunmow, the level of planned growth in these areas has also been considered.

On behalf of NHS North Essex (NHSNE), representations to the draft Uttlesford Local Plan were submitted in July 2012. In summary, the representations sought

flexibility in the means of mitigating the likely healthcare impacts arising from planned growth across the District. Specifically, it was requested that policy references to the provision of GP floor space be removed as it would be too inflexible to limit mitigation to the allocation of floor space within a proposed local centre only. Instead, it was requested that policies should be flexible to allow for alternative means of mitigating healthcare impact, such as the payment of financial contributions to increase capacity within the catchment surgeries of development proposals.

It was confirmed in supplementary representations submitted in November 2012, that NHSNE would require the impact of planned growth to be mitigated by way of developer funding to build further capacity into existing healthcare facilities. Such funding would be secured via planning obligations, in the form of S106 Agreements or via the CIL charging procedures.

### 3. What is the ratio of patients per GP? Do you have the data to ensure this is being met?

GP Practice	WTE					Practice List Size	Number of patients per GP	Number of patients per GP and Nurse Practitioner	Extended Access Opening Hours (Per Week)	Bottom 10% practice?
	GPs	GPs inc Registrars	Nurse Practitioners	Practice Nurses	Health Care Assistants					
Angel Lane Surgery	5.5	5.5	0	2.12	0.62	9223	1677	1677	Do not Provide	Yes
Borough Lane Surgery	2.5	3.5	1	1.2	0.42	5399	2160	1543	Tuesday - 18:30-20:00 Saturday - 09:00-11:00	No
Elsenham Surgery	2	2	0	1.5	1.3	5214	2607	2607	Monday - Friday - 18:30-19:00	No
Eden Surgery	4.1	6.1	0.77	1.87	0.77	8779	2141	1803	Saturday - 08:30-11:00	No
John Tasker House Surgery	6.75	8.75	0	3	0.5	13625	2019	2019	Monday - 18:30-20:00 Thursday - 18:30-20:00	No
Newport Surgery	3.75	3.75	0	1	1.81	8027	2141	2141	Do not Provide	No
Rectory Practice	3.75	3.75	0	1.8	0.9	6529	1741	1741	Do not Provide	No
Stansted Surgery	3	3	1.3	1.4	0.94	8801	2934	2047	Monday - 07:30-08:00 Wednesday - 07:00-08:00 Saturday - 08:00-12:00 (every 4th Saturday)	Yes
Steeple Bumpstead Surgery	2	2	0	1.2	0	2602	1301	1301	Saturday - 09:00-10:00	No
Thaxted Surgery	4.5	4.5	0	1.6	2	7048	1566	1566	Monday - 18:30-19:15 Tuesday - 18:30-19:15 Wednesday - 18:30-19:15 Saturday - 08:30-12:00 (1 Saturday per month)	No
The Gold St Surgery	3.64	5.51	0.7	1.88	0.71	9980	2742	2300	Monday - 07:00-08:00 & 18:30-19:30 Saturday - 08:00-12:00 (1 Saturday a month)	No

The table above gives an average number of patients per whole time equivalent GP. As previously mentioned this may vary dependant on the other skills available within each individual practice. The Primary Care Trust (and from 1<sup>st</sup> April 2013 NHS England) receives quarterly capitation figures detailing the number of patients registered at each practice so that this can be monitored.

### 4. What steps are in place to ensure there is access to services in these areas?

NHS England is responsible for commissioning core General Practice Primary Medical Services under three different types of contract:

- General Medical Services (GMS)
- Personal Medical Services (PMS)
- Alternative Provider Medical Services (APMS)

Directed Enhanced Services (DES) and National Enhanced Services (NES) are offered to all practices and they are able to choose which services they wish to provide and deliver under these smaller contracts. The DES/NES which the practices can provide over and above their core services for 13/14 are:

- Alcohol DES
- Extended Hours DES
- Learning disabilities DES
- Influenza Immunisation DES
- Minor Surgery DES
- Patient participation DES
- Pneumococcal Polysaccharide Immunisation DES
- Services for Violent Patients (SAS Scheme) DES
- Anti-coagulation NES
- Pertussis NES

Also new for 2013/14, the Secretary of State for Health has directed NHSE to offer all GP practices the opportunity to provide four new Directed Enhanced Services:

- Risk profiling and care management – this will be funded by NHSE but managed by CCG's
- Facilitating timely diagnosis and support for people with dementia
- Improving patient online access
- Remote care monitoring (preparation)

Practices will be invited to sign up to these services before the end of June 2013.

There are also Locally Enhanced Services (LES) commissioned by the Clinical Commissioning Group (CCG) or Local Authority (Public Health). Each practice is able to choose which Locally Enhanced Services they wish to provide. These include from 1st April 2013:

Chlamydia LES  
Diabetes LES  
Extended access LES  
Health checks LES  
IUCD LES  
Learning disabilities LES  
Minor Surgery/Minor Injury service LES  
Near Patient Testing LES  
Patient Choice LES  
Stop Smoking Provision LES  
Heart Failure LES  
24 Hour BP Monitoring LES

Both the DES and the LES which are commissioned are usually for a period of one to two years and their uptake and provision is closely monitored. Many consultations and treatments which would have necessitated a trip to the hospital can now be managed within Primary Care within the patient's own GP practice or

by referral to a nearby GP practice which has the expertise to provide the service such as minor surgery.

In terms of physical access patients may have to travel further in rural areas to visit their GP practice. All of the practices within Uttlesford currently have open lists and accept new registrations giving patients choice. Although each practice has their own catchment area, from 1st April there will be outer boundaries agreed with NHS England, increasing the area from which practices may register patients.

To improve patient access to services, NHS 111 is a national service that is being rolled out in phases area by area. In north Essex the launch is scheduled for 16 April. This will be a "soft launch", that is, the new service is operational but it is not promoted publicly for some weeks to give the new system a chance to bed down. It is expected that there may be some operational issues in the first few weeks.

There are also contingency plans in place, should the Department of Health require North Essex to shift to a later launch date. NHS Direct is being used as the NHS 111 service provider and they are rolling out in a number of areas nationally at this time. There is a possibility that call volumes may peak and the Department of Health may require us to delay the go live date.

One of the benefits of going later is that we are able to learn from the experiences of those areas that have gone before.

The NHS 111 system has a team of highly trained call advisers who work with two main IT call support systems. One is a triage system called NHS Pathways, which was developed nationally by clinicians to progress with a caller through a number of questions and answers to determine the nature of the problem and the best type of service response. This could be anything from simple health advice to contact your GP surgery within 24 hours to immediate dispatch of an ambulance.

The second support system is a comprehensive Directory of Services which the call adviser then uses to give the patient their nearest open service for what they need. This Directory has been built and developed locally for the past several months. Each primary care service, out of hours services, community, hospital and mental health services have all had the opportunity to check their particular details on the Directory. The Directory will go on developing and in future will carry an even wider range of local service details, such as social care and voluntary organisations.

For some special patients, for example, those who may be on an end of life programme, the system has the capacity to carry special patient notes and these will override the NHS Pathways triage, if appropriate.

The NHS 111 system will be advertised nationally with media adverts, posters, leaflets and a household door drop. This will not happen until sometime after the service goes live in April. CCGs are preparing to send out leaflets and posters to

all primary care outlets when the go live date is confirmed. A significant media launch for radio and local press is also being planned.

The NHS 111 system is the next step on from the previous NHS Direct helpline. The system has the potential to be much more sophisticated for both patients and services. For the patient the call is likely to be much more detailed in its local service response and the patient should only need to be triaged once. All of the triage details taken during the call will be electronically transferred to the service that the patient is directed to. For commissioners the system can deliver more meaningful data about urgent care activity than has been possible before. It can give commissioners details of every patient call, the response that was given and the action that patient took subsequently.

#### **5. Progress update on Stansted Health Centre**

The proposed development is moving forward rapidly with on-going negotiations with identified tenants that should be concluded in the next couple of months when building can commence. Please note, this is subject to the NHS England approving the final business case which is currently being prepared. This business case will have the final details, but there are no anticipated major changes from that which has been previously approved by the PCT Board.

#### **6. Patients are finding it very difficult to book an appointment with a GP due to no one answering the phone. Then after 10 minutes when the phone is answered they are unable to get an appointment. There is a lack of appointments for those who work, have childcare commitments or are shift workers.**

Access to GP appointments is monitored through the annual patient survey. In Uttlesford there are two practices that are currently within the bottom 10% nationally for access so there is recognition that there is need for improvement. Both NHS England and the CCG are currently working with the practices to improve access through the use of action plans and with support from The Primary Care Foundation. The Primary Care Foundation is an organisation commissioned by NHS England with vast experience in working with practices to change their systems and processes to make quality improvements for patients.

If the Scrutiny Committee would like to provide specific examples of patients being unable to make appointments at their practice this will be investigated further.

#### **7. Why is there not more evening or weekend appointments for those who work and are unable to make appointments during the working week?**

An Extended Access enhanced service is also commissioned from practices and the table above (in question 3) shows which practices in the Uttlesford area have signed up to this and are providing appointments outside of the core hours of 8am to 6.30pm weekdays and on Saturdays. All enhanced services are offered

to all practices but it is not compulsory to provide these services as they do not form part of the core contract.

**8. The committee would like an update on the new structure. They would like to establish how the structure flows and where responsibility lies for the district in the various health care areas. I believe they would like to see a physical diagram if this is available?**

Whilst there is not yet a diagram available, the NHS England website outlines the responsibilities of the new organisations which came into being on 1<sup>st</sup> April.

*“From April 2013, the current NHS commissioning system – of primary care trusts and specialised commissioning groups – will be very different with most of the NHS commissioning budget managed by 211 clinical commissioning groups (CCGs). These are groups of general practices which come together over a defined geography to take on responsibility for commissioning the best services for their patients and population.*

*Nationally, NHS England will commission specialised services, primary care, offender healthcare and some services for members of the armed forces. It will have 27 area teams but will be one single organisation operating to a common model with one board.*

*CCGs and NHS England will be supported by new commissioning support units (CSUs). Their role will be to carry out transformational commissioning functions, such as service redesign; and transactional commissioning functions, such as market management, healthcare procurement, contract negotiation and monitoring, information analysis, and risk stratification.*

*Commissioning of public health services will be undertaken by Public Health England (PHE) and local authorities, although NHS England will commission, on behalf of PHE, many of the public health services delivered by the NHS”.*

More detail is available via the following link:

<http://www.commissioningboard.nhs.uk/wp-content/uploads/2013/01/com-dev-facts.pdf>