



Agenda Item No. 13

Reference No. IESCCG 16-30

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GENERAL PRACTICE IN IPSWICH

1.0 Purpose

- To brief the Governing Body on the issues facing General Practice in Ipswich
- To set out, for approval, the proposed actions to reinvigorate and sustain General Practice at the heart of health services in Ipswich.

2.0 Background and Key Issues

2.1 Population

The population of the town of Ipswich is 133,400. The registered list size of the 13 practices within the town is 172,686¹; many practices also serve adjacent villages. The population is growing and changing with a number of major developments planned² coupled with significant movement within the town centre, meaning a high turnover of patients for some practices. Some 26.6% of the town's population lives within the most deprived fifth of areas in England. Nine wards in the town are ranked within the top 10% of most deprived wards nationally most of these patients are registered with Orchard Street, Burlington Road, Solway, Whale and Mallick and Barrack Lane.

2.2 Patients' Views

Since the inception of the CCG we have taken a proactive approach to listening to patients' experiences and views about what works well and what should be improved. Events have included "Town Talk, Village Voices" and "Feet on the Street"; where open conversations have taken place between members of the public and CCG GPs and officers about the NHS including GP services on the Norwich Road, Crown Pools and Town Hall Market. We have also held dedicated events, for example, about self-care, dementia and diabetes as well as with individual groups. We have established a Practice Patient Participation Group Network including representatives from Ipswich Practices. The messages are consistent:

- i. Patients highly value their local GP practice;
- ii. They seek joined up care between their practice and other health care professionals;
- iii. Continuity of practice care is particularly important to frail, elderly individuals and people with complex needs;

¹ NHS England, Registered Practice List Sizes, 1st January 2016

² Northern Fringe

- iv. People are keen to self-care and manage their own conditions but need more clear information and advice in plain English or Easy Read. Some key information is needed in other languages;
- v. Patients seek a range of options to book appointments easily.

2.3 Practices' Views

The CCG has sought the views of GPs and wider practice teams about their current concerns and the future at dedicated link visits, training and education events and most recently, alongside NHS England, in individual practice meetings. Suffolk GP Federation and Suffolk Local Medical Committee (LMC) have also engaged with practices about the challenges and debated various solutions. The key issues raised are:-

- i. The increasing demands on primary care;
- ii. The difficulty in recruiting and training GPs, nurses and other team members; and
- iii. Falling practice income.

Each of these issues is explained further below. Practices are strongly of the view that urgent action is needed to enable the high quality of primary care currently provided to be sustained and future potential to be realized, individually and collaboratively.

2.3.1 Demand

The number of telephone or face to face consultations per Duty Doctor per day is reported to be an average 60, in some cases rising to 80.³ The rate of consultations is a product of the volume of demand and number of GPs and other senior clinicians available. The reasons for increases in demand are reported to be: the number of elderly patients with complex, multi-factorial illnesses; the rise in individuals seeking advice for minor ailments who may be able to pursue self-care options and, in four practices in particular, the need for longer and more frequent appointments for marginalised and vulnerable adults

2.3.2 GP and Other Clinical Vacancies

There is not a precise number of GP and nurse vacancies for individual practices or for the town as a whole. It is a very dynamic picture, which includes movement between practices and is influenced by changing skill mixes i.e. the recruitment of clinicians such as Emergency Care Practitioners and Nurse Practitioners. However, almost all practices have at least one vacancy and many will have two-three GP vacancies now or in the near future

2.3.3 Financial Challenges

The need to meet locum costs is identified as a risk to financial stability for many practices with vacancies in Ipswich and elsewhere. This, coupled with a decrease in real funding in primary care as compared with investment in hospitals over the last ten years, presents a major challenge to sustainability.

2.3.4 Estates and Infrastructure Challenges

The thirteen practices in Ipswich provide care from 16 sites (main and branch surgeries). Ten years ago new premises were built at Ravenswood Medical Practice in south east Ipswich and this year the new Two Rivers Practice will open in north east Ipswich, merging two practices into one. Capacity is likely to be most constrained over the next five years in south west Ipswich, north-west Ipswich and the town centre unless alternative premises solutions are implemented. Many practices need small investments in the short term to ensure accessibility and sufficient clinical space as list sizes increase.

³ CCG-NHS England Practice Visits, April – May 2016

3.0 Quality of Care

3.1 Measuring the quality of primary care is nationally recognized to be complex and multi-faceted. The quality of care, as assessed by the Care Quality Commissions (CQC) inspections to date is high. Five practices in Ipswich inspected by the CQC all have “good” ratings. Patients’ overall experience of their GP surgery is above the England average of 85% in eight out of 13 practices in Ipswich. Other access metrics are also generally above average although there have been reductions in patient satisfaction with “ease of getting through on the telephone” in 12 out of 13 practices. This is likely to be as a result of increased demand.

4.0 Impact

4.1 It is clear that GPs as well as other clinicians, management and administrative support staff are under immense pressure and these high standards of care may be jeopardized if action is not taken to support individuals and practices individually and collectively. General practice is the bedrock of the local health system with its unique dedicated patient list. ‘If general practice fails, the whole NHS fails’⁴. Small changes in general practice capacity have a big impact on demand for hospital care’.⁵ For these reasons primary care in Ipswich is included within our Governing Body Assurance Framework with a risk rating of 16.

5.0 National Context and Policy

5.1 In April, the House of Commons Health Committee published its findings and conclusions on primary care. These national findings mirror many of the local issues, specifically that primary care is ‘highly valued by the public but is under unprecedented strain and struggling to keep pace with relentlessly rising demand’ The Committee concluded that ‘the priority should be for Government to train, develop and retain not only more GPs but wider multi-disciplinary teams working within an integrated system of care’.⁶

In May, the King’s Fund published its findings with the key message that ‘General practice is in crisis’. Workload has increased substantially in recent years and has not been matched by growth in either funding or workforce’.⁷

In April, NHS England, Royal College of General Practitioners and Health Education England published the General Practice Forward View. Many of the challenges Ipswich practices and other practices in east Suffolk are facing are also articulated in this document which provides a framework for action, with the following commitments:

- **Investment** – an acceleration of funding for primary care
- **Workforce** – an expansion and support for GP and wider primary care staffing
- **Workload** – a reduction in practice burdens and help to release time
- **Practice infrastructure** – development of the primary care estate and investment in better technology
- **Care design** – provision of a major programme of improvement to support practices

⁴ GP Forward View, April 2016, p4

⁵ GP Forward View, April 2016, page 6

⁶ House of Commons Health Committee, Primary Care, Fourth Report of Session 2015-16

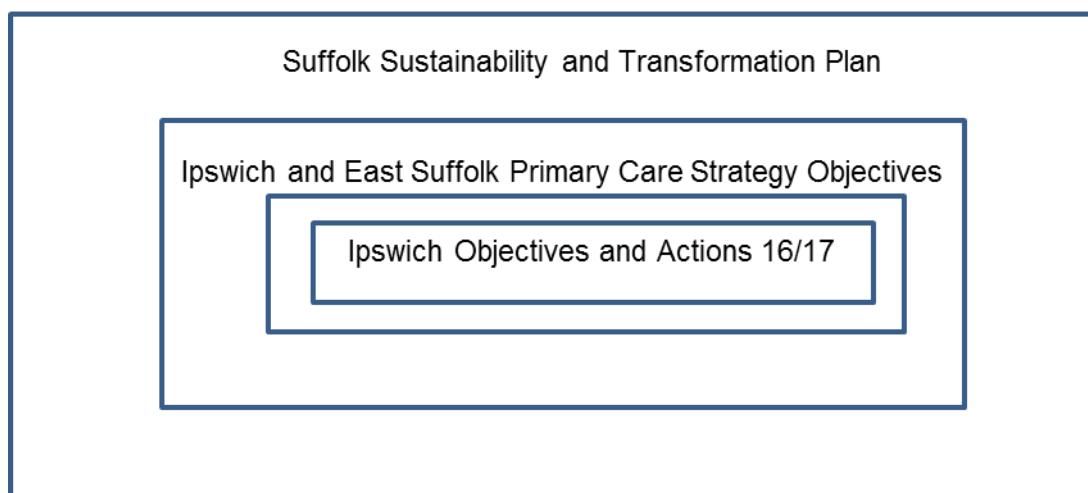
⁷ Understanding pressures in general practice, King’s Fund, May 2016

- 5.2 The CCG will work closely with NHS England and practices to ensure maximum support and investment from the national programme to Ipswich and the rest of east Suffolk.
- 5.3 The GP Forward View also envisages primary care working at scale. In 2017 the Government is expected to announce a new voluntary GP contract for practices working at scale, which is likely to mean a population of at least 30,000.

6.0 Local Action to Date

- 6.1 The issues which Ipswich practices are now facing have been growing. Practices have taken significant action themselves to flex and change their ways of working and workforce. Following widespread engagement, the CCG published its primary care strategy in 2015. At the same time the CCG and NHS England, working with Suffolk Local Medical Committee (LMC), ensured the continuation of the PMS contract and introduction of the new Local Enhanced Services (LES) for GMS practices. Additional evening and weekend GP appointments have been provided by Suffolk GP Federation with funding secured from the Prime Minister’s Challenge Fund. Some assistance has been provided directly or via the Marginalised Vulnerable Adult service to support the town centre practices. The CCG has continued to invest in training and education for GPs and wider clinical and management teams.
- 6.2 The Suffolk GP Federation and the LMC have engaged practices in detailed discussions about working collectively at scale. The Federation has developed a specific proposal for practices to consider, to form a Suffolk Super Partnership over a five year period. The purpose to strengthen primary care for the future and enable continuous improvement in patient services whilst supporting GPs and wider staff teams.

Five Year Forward View



6.3 Objectives for 2016

Within this context, however, action is required now to alleviate some of the immediate pressures. The Governing Body is asked to consider and endorse objectives and core work programmes for this year, for further discussion with Practices at a locality training and education meeting on 19th May. Five objectives are:

- i. **Workforce:** To increase the number of GPs and other clinicians in general practice and develop the total primary care team
- ii. **Workload:** To manage and reduce demand, particularly through self-care and direct access to other health professionals as well as by reducing the number of inappropriate re-referrals and requests from other providers
- iii. **Infrastructure:** To address immediate estates issues
- iv. **Care redesign:** To enable time to plan and initiate longer term solutions including opportunities to collaborate and generate increased confidence and hope in the future
- v. **Investment:** To accelerate investment into primary care

6.4 Core Work Programmes

Priority programmes for further development and implementation with practices, patients and partners in 2016/17, to meet these objectives are summarised below:

- i. **Workforce:**
 - Recruitment of pharmacists across a cluster of practices to release GP capacity by providing medication reviews, responses to medication queries and reviews of discharge summaries
 - Recruitment of physiotherapists across a cluster of practices to increase GP capacity by providing dedicated, alternative clinical expertise within the practice
 - Recruitment of mental health workers across a cluster of practices to release GP capacity and provide additional expertise
 - On-going delivery of programmes and plans to attract the maximum number of GPs possible to Ipswich and East Suffolk, working with Health Education East, Suffolk GP Federation and other partners
 - On-going investment in training and education for GPs, nurses and practice managers
 - New programmes to develop receptionists who are the first point of contact for patients
- ii **Workload:**
 - A visiting service to increase practice-based GP capacity by reducing travel time
 - A care home service to increase GP capacity within practice and ensure consistent delivery of proactive primary care to residential and nursing homes
 - Streamlining transitions and communications specifically including discharge summaries from community services, Ipswich Hospital and NSFT to practices and patients
 - Additional GP appointments to increase the number of appointments through GP+, managed by Suffolk GP Federation and funded by the Prime Minister's Challenge Fund
 - Patient communication and engagement to increase understanding of the issues and to enable and empower self-care, where appropriate⁸ and involvement in decision making and co-creation of management plans.
 - A forward plan for the Marginalised Vulnerable Adults Service

⁸ Consistent with 'Developing General Practice today: Providing healthcare solutions for the future, BMA, 2013
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iii **Infrastructure**

- A number of bids for the have been received for the Estates and Technology Fund, which, if approved, will be supported through to the outline business case and implementation stages.

iv **Care redesign**

- The CCG's primary care strategy identifies the need and opportunity for collaboration in transformation plans and supports the range of options, which practices are exploring including the Super Practice and other locality or sub-locality based models. The CCG will further enable time for Practices to engage in longer term planning.
- Primary care will be a building block of the Suffolk Sustainability and Transformation Plan and associated national funding bids

v **Investment**

The CCG is currently assessing the costs and funding mechanisms for each of programmes listed above. They include:

- National funding from NHS England including the Prime Minister's Challenge Fund to Suffolk GP Federation for GP+ as well as the Vulnerable Practice Fund and sources listed within the GP Forward View
- Pooling of CCG LES funds, for example for delivery of a collaborative care home service
- CCG funding for service provision, for example, the Marginalised Vulnerable Adult Service
- CCG core funding for patient and public engagement and communications
- Health Education East funding for recruitment and retention initiatives for GPs, Nurses and Nurse Practitioners
- National, and potentially local, transformation funds.

It may be appropriate for practices to be asked to contribute to initiatives for which funding is already provided within baselines.

A number of other potential programmes have been explored but practices do not generally see value in pursuing them at this time but will remain 'on the table'. They include: telephone consultations as a first line; a collaborative minor Injury service; and collective long term condition management. Work will continue to identify further opportunities.

7.0 Implementation Management and Governance

- 7.1 The CCG's Clinical Executive Ipswich group currently meets fortnightly to discuss key issues and the development of, and progress in delivery of plans. The group reports to the CCG's Clinical Executive and Governing Body, as appropriate. The Ipswich group is chaired by Dr. John Hague and is supported by officers. The group has a number of GP members which also attend the CCG's Primary Care Forum to ensure similarities and differences in issues and action between Ipswich and the wider east Suffolk area of the CCG are fully explored and appropriately managed. The Primary Care Forum includes representatives from Suffolk GP Federation, Suffolk LMC, Healthwatch and representatives of other provider partners.

- 7.2 The CCG continues to engage its members through one to one meetings, Practice Manager forums and training and education events. There is daily contact on practical issues between members of the primary care and medicines management team with GPs and Practice Managers.
- 7.3 The CCG will also continue to involve patients and the public through the new network of Practice Patient and Public Participation Groups, individual events, Healthwatch and the Community Engagement Partnership. The CCG continues to brief local MPs and partners on the position and plans.
- 7.4 The CCG staff team has re-prioritised its resources to ensure increased focus on the key issues and actions required in Ipswich.
- 7.5 NHS England and the CCG officers are working ever more closely together on a day-to-day basis and meet formally as the Co-commissioning Committee to make decisions about GMS, PMS and APMS contracts; newly designed services; local incentive schemes; practice mergers; new formations; and any list closure applications.
- 7.6 All payments to practices from CCG Funds are considered and, as appropriate, approved and monitored by the Commissioning Governance Committee, which excludes GPs, in order that there can be no conflicts of interest in decision making.

8.0 Conclusion

- 8.1 GP-led primary care practices in Ipswich provide a high quality and efficient service. They are now facing immense challenges, which require urgent, collective action which will also contribute to the longer term vision for vibrant primary care at the heart of the local health economy. The issues which practices in Ipswich are tackling are also prevalent within the wider east Suffolk area and nationally, as identified within the GP Forward View. The CCG is committed to working with practices, Suffolk GP Federation, NHS England and the LMC as well as patients, the public and partners to drive forward necessary immediate and longer term action.