

15th November 2016

Sent by email to avoid delay

Richard Beaumont
Head of Overview and Scrutiny
Chief Executive's Office
Bracknell Forest Council
Town Square
Bracknell
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Dear Richard

RE: Review of General Practitioner Capacity

Thank you for sending me the report of the Health Overview and Scrutiny Panel into General Practitioner capacity, which we welcome and which supports our STP and Primary Care Transformation plans. I am writing to respond to the recommendations made as they relate to the CCG and the Joint Commissioning Committee with NHS England, which noted the report on 11 October.

For ease of navigation I have reproduced below the recommendations in section 4.2 of the report with the CCG response or comment added in italics:

We recommend to the Council's Executive that:

- a. The Council should engage – both by Members and Officers - more proactively with the Joint Commissioning Committee (JCC), for example by attending all meetings or arranging a substitute as necessary.
The Council has a standing seat at the JCC.
- b. The Health and Wellbeing Board (being the forum where the Council and the Clinical Commissioning Group (CCG) come together) should review what needs to be done to establish and maintain clear communication of health needs. This should include clear commitments in the Comprehensive Local Plan, and reference to healthcare facilities in the Community Infrastructure Levy Infrastructure Delivery Plan/ Regulation 123 List or Section 106 agreements.
Agreed.
- c. Both the Comprehensive Local Plan, and the aims of the Health and Wellbeing Board should explicitly recognise the need to ensure that the necessary healthcare facilities will be in place to meet the demands of the expanding population.
Agreed.

We recommend that the Joint Commissioning Committee should:

- d. Encourage Practices to have a good range of specialist interests and then make those services available to patients beyond their own List. This is in line with the Forward View and the STP, whereby the CCG should look to commission locally delivered services where appropriate, based around practices, clusters of practices, or integrated service delivery hubs.
This is being progressed through both the STP work and the CCG development of a Quality framework. The anticipated flow is for activity to move from acute hospital setting into community, from community to self-care, and from self-care to prevention. In general equity and resilience considerations will support delivery at cluster or hub scale. A new scheme, the Primary Care Quality Framework, is under development to enable practices to work more closely together at scale to provide a range of extended services and also to ensure commissioning accounts for the needs of the whole population. This framework will be taken to JCC in January 2017.
- e. Adopt a target, based on best practice, for the GP patient survey satisfaction survey question about the ease of making an appointment at a GP Practice. The JCC should openly and regularly monitor the achievement of that target by all GP Practices.
Access continues to be an important aspect of future service delivery. The available data is drawn from an annual survey and development of access needs to go hand in hand with patient education to use services appropriately, as there has been an almost two-fold increase in frequency of GP visits over the past decade. The CCG has committed to supporting our practices in achieving a 3% improvement in the overall patient experience for 2016/17. Improving access to GPs is also a core element of the GP transformation work stream of the Frimley Sustainability Transformation Plan.
- f. Re-state clearly and comprehensively who are the partner organisations involved in ensuring sufficient GP capacity, how they have a shared commitment to the task of ensuring there is sufficient GP capacity, and say how their performance is to be monitored and reported openly.
Agreed. The CCG is currently co-commissioning general practice services with NHS England – GP Members voted not to transition to full delegation of Primary Care commissioning. Therefore the key partners concerned with GP capacity are NHS England, the CCG, the Deanery, TVHEE, and Member practices.
- g. Systematically collect and publish data on workload and workforce, etc., to ensure that their plans are intelligence-led and timely.
Practice workforce data is published annually (see <http://www.hscic.gov.uk/catalogue/PUB20503>). We have a local workforce development project in East Berkshire that is reviewing and confirming baseline data by end 2016/17.
- h. Periodically publish information showing that they are aware of the changing population numbers – using figures agreed with the Council – showing that they are responding to forecast changing levels of demand.
This already happens: population forecasts are agreed through the JSNA; “Current” population numbers are collated by NHSE from practice registered lists; the STP forecasts have used a blend of national and local assumptions to estimate growth. However, close working with the Local Authority and Planning Office is required to ensure specific local requirements for changed capacity are met.
- i. Periodically publish information showing the changing pattern of long term conditions and that they are responding to changing levels of demand.
This is primarily in place through the JSNA, and the CCGs use local Public Health profiles to inform our operating plans. There is also the recent commencement of publication of CCG performance nationally against 6 core clinical priority areas. This is a key area which we need to address through prevention, and through innovation of care and building capacity and resilience to serve these patients.

- j. Do more to minimise the call on GPs' time through more health promotion and encouraging self care.
Agreed. All the key plans – the Sustainability and Transformation Plan, the Public Health Plan, and the CCG Operating Plan – carry significant focus on prevention and self-care. With the Council, Bracknell and Ascot CCG work collaboratively with public health on specific projects such as the Health-makers, Emotional Health and Wellbeing for children and young people and the Green Gym, all of which have a positive impact on local people and their use of GP services. There is always more to do in this important area.
- k. Devise a method to strategically capture different ways of working in GP Practices and best practice possibilities and circulate the information to all Practices.
The STP work stream on reducing variation and inequalities includes significant focus on practice-level benchmarking and shared ways of working. This is one of the themes of the CCG's Primary Care Transformation work.
- l. Explore the feasibility of Bracknell Forest having a GP 'Training Hub'. Also, to optimise patient care, the JCC should explore the feasibility of supplementary roles, for example introducing 'Physician Associates'.
A training hub application was made in June, which was successful. We are awaiting funding but have plans in place with primary and community providers to sustain and recruit workforce including new roles.
- m. Continue its efforts to transfer appropriate work from GPs towards Nurses and Health Care Assistants; and with Health Education England and other partners seek to address any shortage of capacity in those professions locally.
Agreed – see comments regarding skills mix, above. We will do this where there is evidence that this contributes to the solution. In some specific cases it may be appropriate to try a novel approach and develop evidence locally.
- n. Consider how to improve capacity and economies by making fuller use of pharmacists and other appropriate professionals.
Agreed – see comments regarding skills mix and work transfer, above. There is a pilot in Slough of use of pharmacists in practices, and we will ensure the learning from this pilot is considered as part of our GP transformation work.
- o. Seek to minimise non-clinical contact, such as better signposting on GP Practices' websites and in surgery waiting rooms on where to go for help, which would help to divert people with non-medical issues elsewhere.
NHS England has offered support to deliver the GP Forward View. We will be applying for this in January. There are opportunities to promote key messages e.g. screens in GP waiting rooms for health and care, especially prevention.
- p. Explore what initiatives could be taken to minimise the clinical time lost through some patients not turning up for their appointments.
As above.

We recommend that the Clinical Commissioning Group should:

- q. Ensure, through their commissioning of hospitals, and the Sustainability and Transformation Plan, that work is appropriately shared between GP Practices and hospitals.
One of the seven key initiatives within the STP is to develop a new model of primary care, delivered at scale. As noted in response to recommendation "d" above, the drive is for care to flow to lower intensity settings including self-care and prevention.
- r. Explain the reasons for the delay in producing their Estates Strategy and give a firm date for its completion.

Initial work on an estates strategy was undertaken by NHS Property Services earlier in 2016. This has been subsumed in an estates stocktake as part of the STP process. In addition, the CCG is actively participating with local authority colleagues in the Berkshire-wide "One Public Estate" process which will develop more comprehensive plans for estates between public sector organisations. Critically, with regard to primary care estates, it has been a priority to develop our primary care and STP strategies which will drive the shape and content of future estates plans.

We recommend that the Health Overview and Scrutiny Panel should:

- s. Monitor the progress of the Sustainability and Transformation Plan, and the General Practice Forward View, robustly and regularly.
- t. Carry out a follow up to this review in 18-24 months' time, specifically to see whether the STP and the 'General Practice Forward View' are being delivered successfully, and whether the pressure on GPs is at a sustainable level in the light of increased demand, particularly from new housing developments.

Thank you again for sharing the report.

Yours sincerely



William Tong
Chair, Bracknell and Ascot Clinical Commissioning Group

Copy to: Cllr Sarah Peacey, Bracknell Forest Council