

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2015**

**GENERAL PRACTITIONER SERVICES
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to review and discuss with representatives of Bracknell Forest General Practitioners and NHS England (the commissioners of most General Practitioner (GP) services): the latest GP Patient survey results; the Care Quality Commission's 'Intelligent Monitoring' ratings for Bracknell Forest GP practices; and national concerns regarding the capacity of GP Practices and the ease of obtaining GP appointments.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 **Reviews the latest GP Patient Survey results at Appendix 1, and the Care Quality Commission's 'Intelligent Monitoring' ratings at Appendix 2, for the GP Practices in Bracknell Forest.**
- 2.2 **Discusses with representatives of Bracknell Forest GPs and NHS England the national concerns regarding the capacity of GP Practices and the ease of obtaining GP appointments.**
- 2.3 **Considers further scrutiny of survey themes or individual GP practices where the survey results are markedly different to the England average.**

3 SUPPORTING INFORMATION

- 3.1 The Health O&S Panel has previously decided to obtain direct knowledge of the service user's perspective of public services, through a regular flow of relevant and timely information about the quality of NHS services provided to Bracknell Forest residents. This is to include the periodic GP survey.
- 3.2 The visitors present are anticipated to be:
- Helen Clanchy, Director of Commissioning, Thames Valley Area Team, NHS England
 - Dr Martin Kittel, Forest End Medical Practice, and Bracknell and Ascot Clinical Commissioning Group
 - Dr William Tong, Chair, Bracknell and Ascot Clinical Commissioning Group
 - Nicky Wadely, Primary Care Team, Thames Valley Area Team, NHS England

GP Patient Survey

- 3.3 The GP Patient Survey is run every six months by NHS England. It is designed to give patients the opportunity to comment on their experience of their GP practice. Every 6 months, over one million questionnaires are sent out to adult patients, randomly selected from all patients registered with a GP in England.

- 3.4 The survey asks patients about a range of issues related to their local GP surgery and other local NHS services. This includes questions about how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, and the quality of care received from their GP and practice nurses, amongst other things.
- 3.5 The full results of the July 2014 GP Patient survey are accessible on the NHS England website at <http://www.gp-patient.co.uk/>. The survey results for 'core questions' for patients of the Bracknell Forest GP Practices are attached in graphical form, also showing comparisons to the previous survey results, the averages for England, and the average for all GP practices in the Bracknell and Ascot Clinical Commissioning Group area. The survey includes additional questions, for example on people's preferences for the mode of contact with their surgery, also the frequency of their contact with their surgery.

Care Quality Commission's 'Intelligent Monitoring' ratings

- 3.6 The CQC published in November, for the first time, information on every general practice in England to show the public how it will decide which GP surgeries it will inspect and what it will focus on. The 'intelligent monitoring' of general practices is made up of different types of evidence on patient experience, care and treatment, based on sources including surveys and official statistics. This is explained further in the CQC press release at the end of Appendix 2.

Information Provided by NHS England

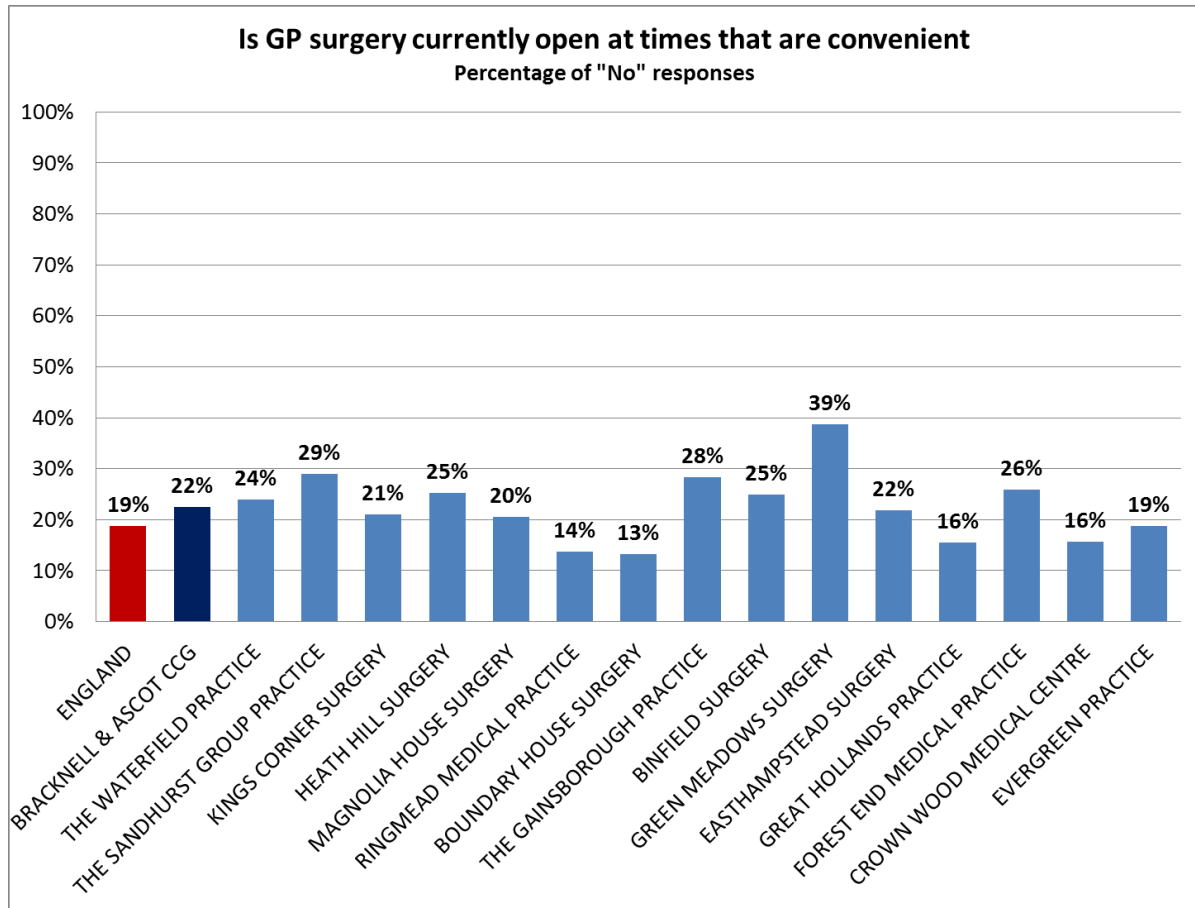
- 3.7 The Thames Valley Area Team of NHS England have produced information at Appendix 3, describing how NHS England:
- Plans sufficient GP capacity to meet current and anticipated future demands
 - Identifies under-performing GP Practices, and
 - Ensures that processes are in place that can enforce higher standards when the need arises.

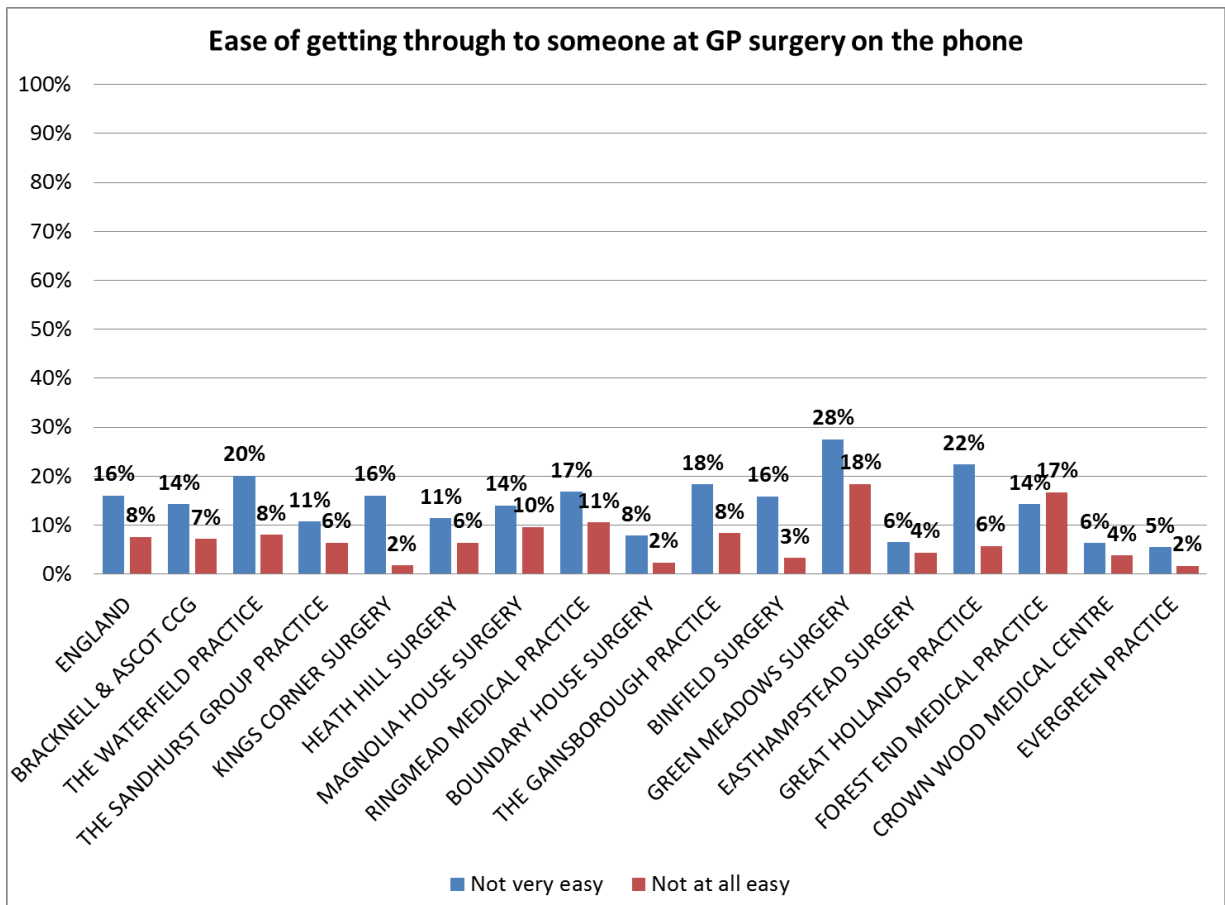
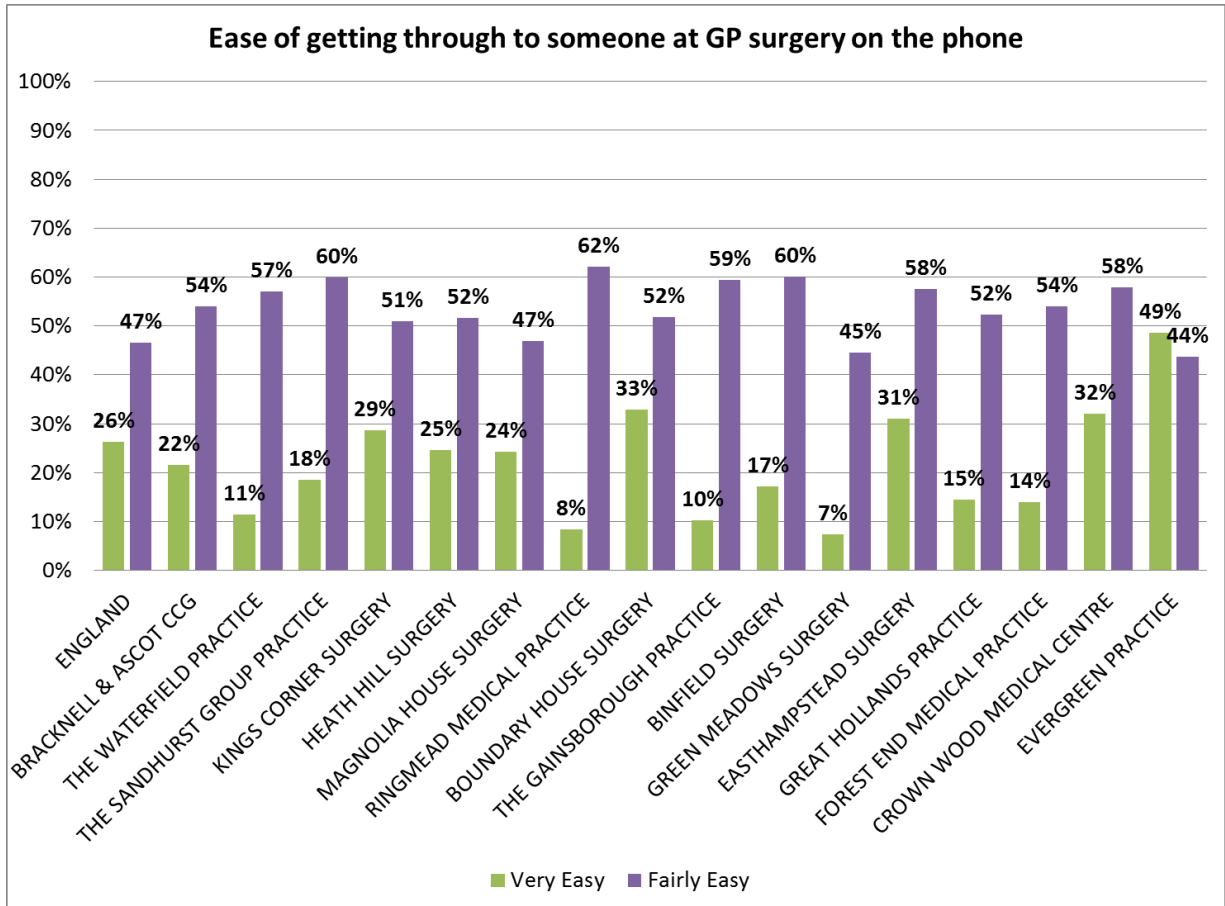
ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

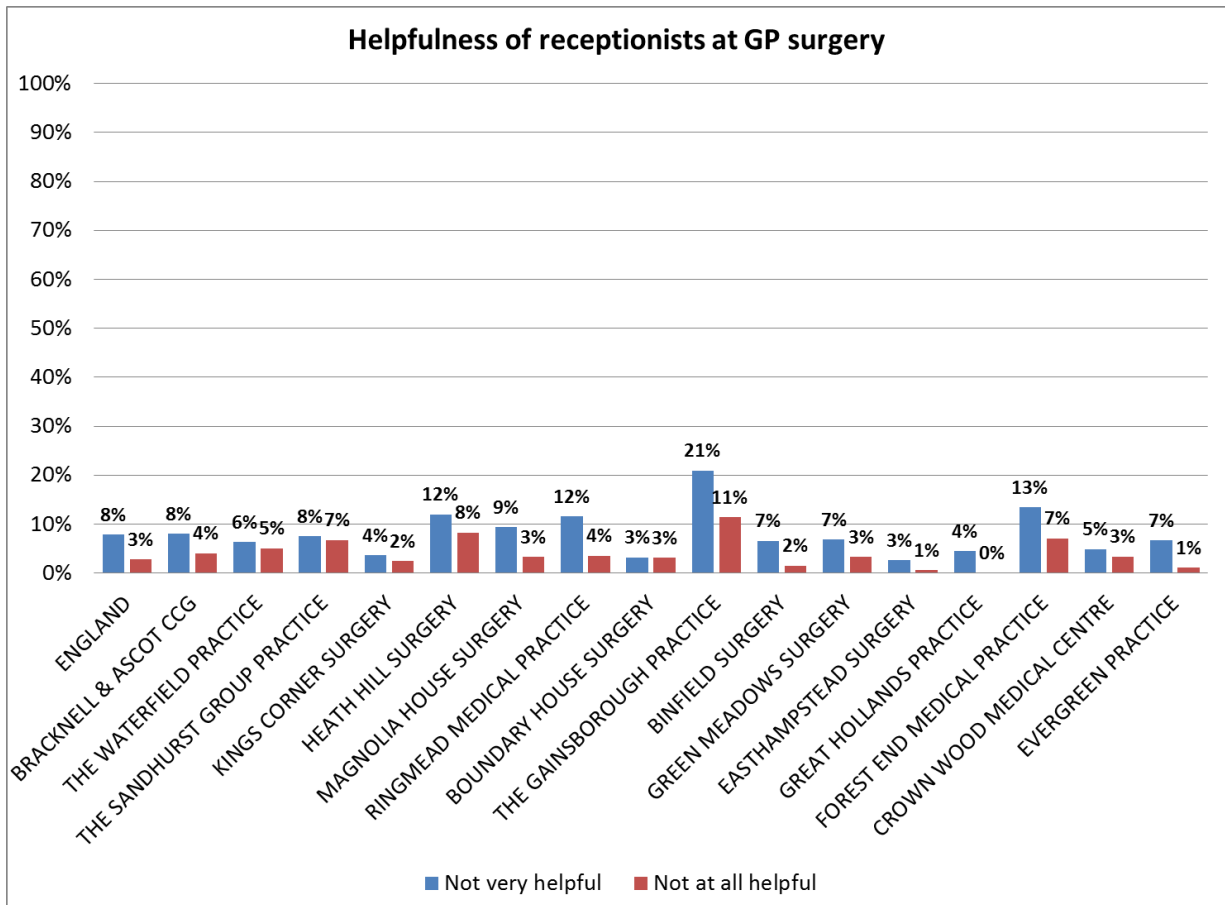
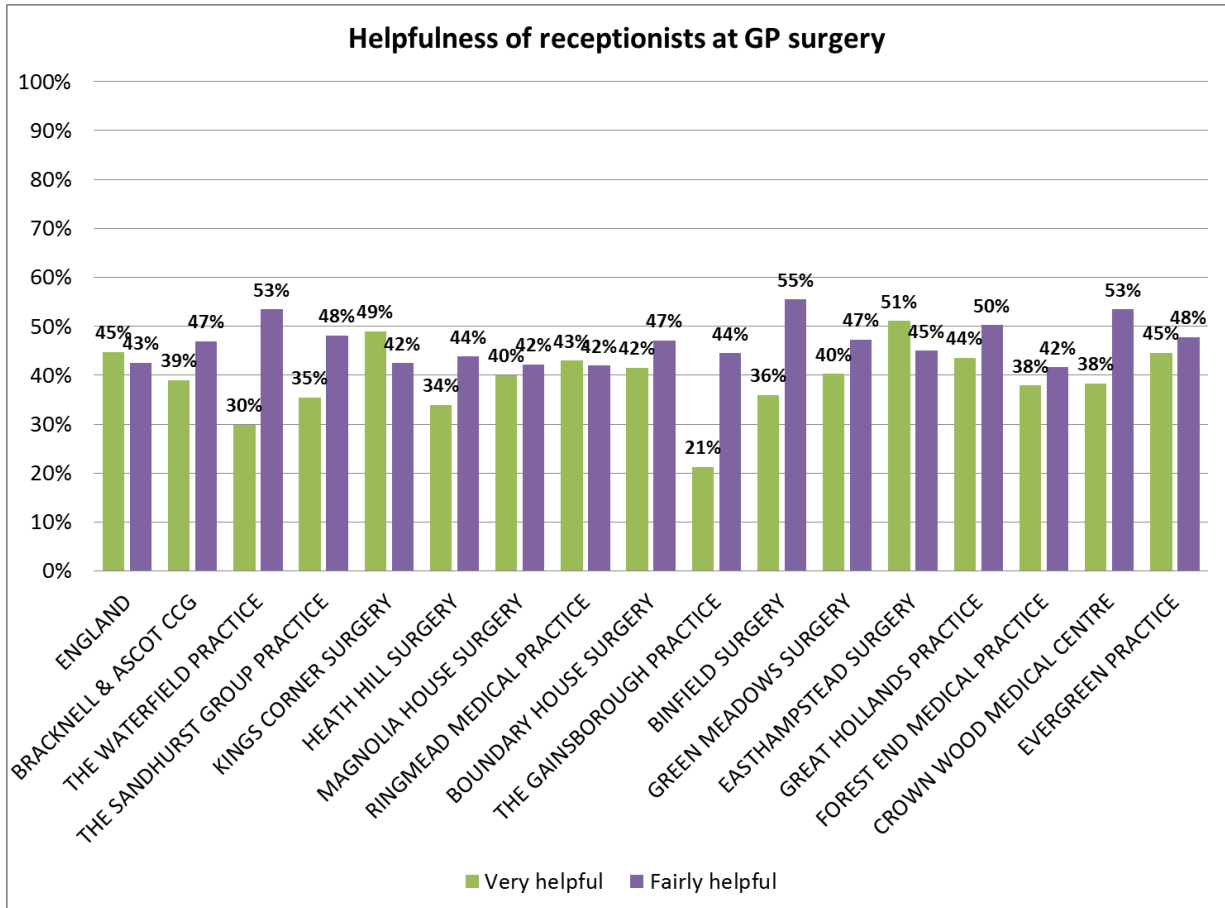
Contact for further information

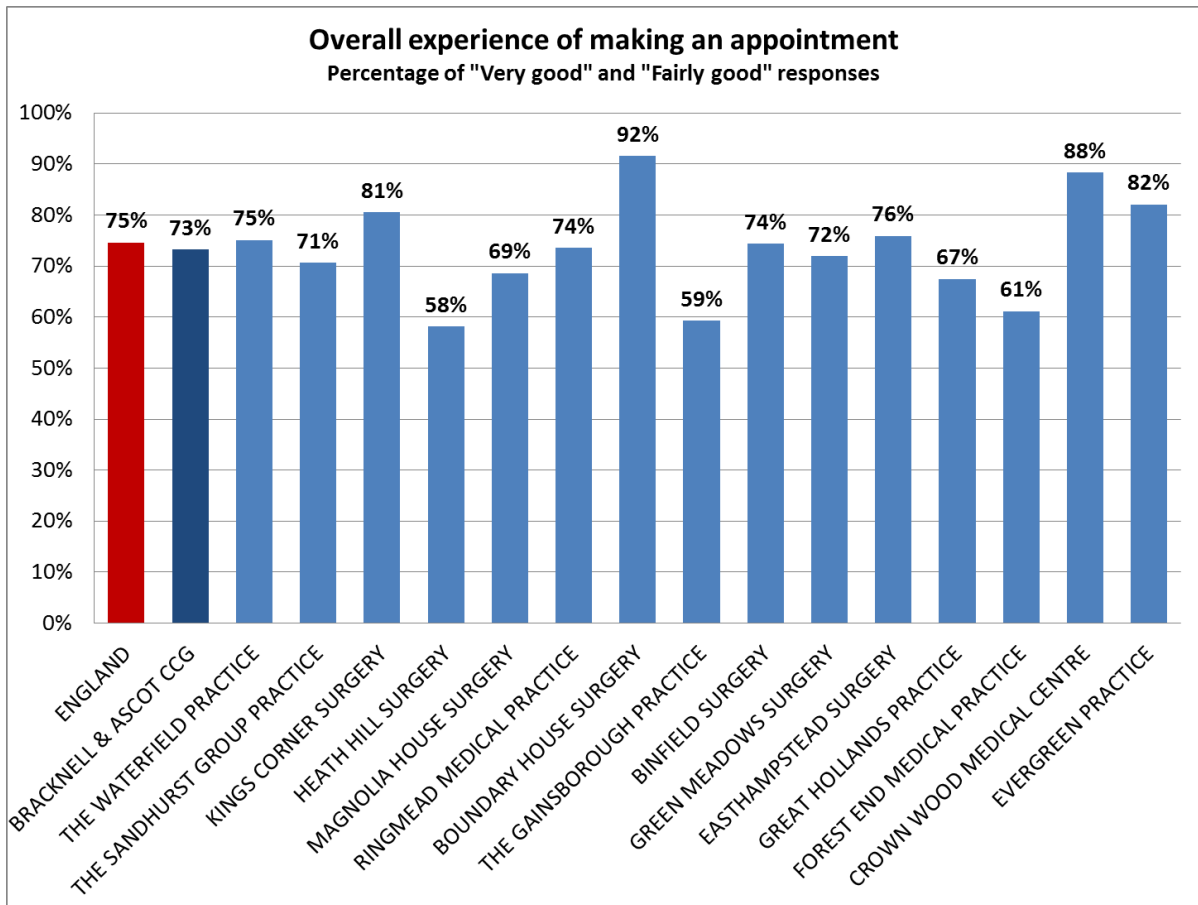
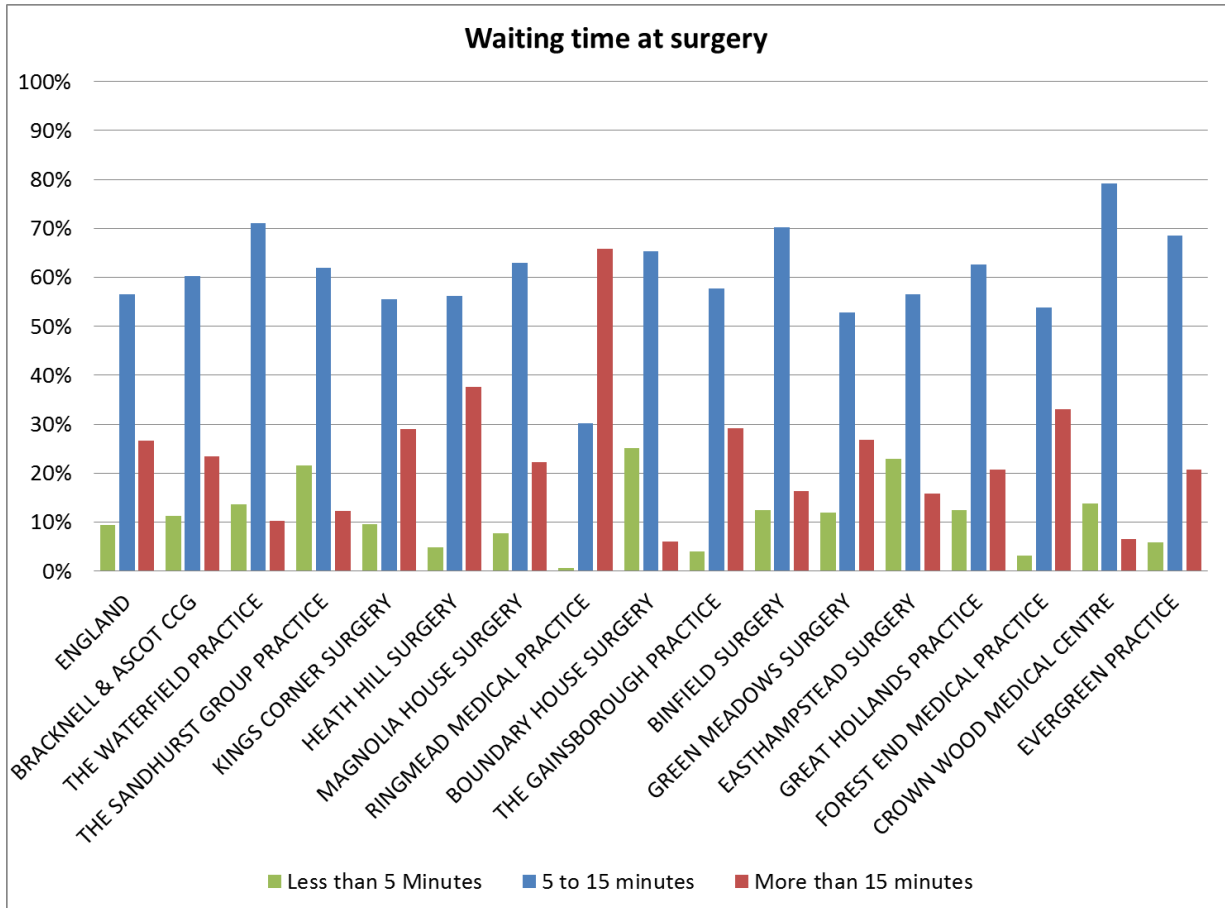
Richard Beaumont – 01344 352283
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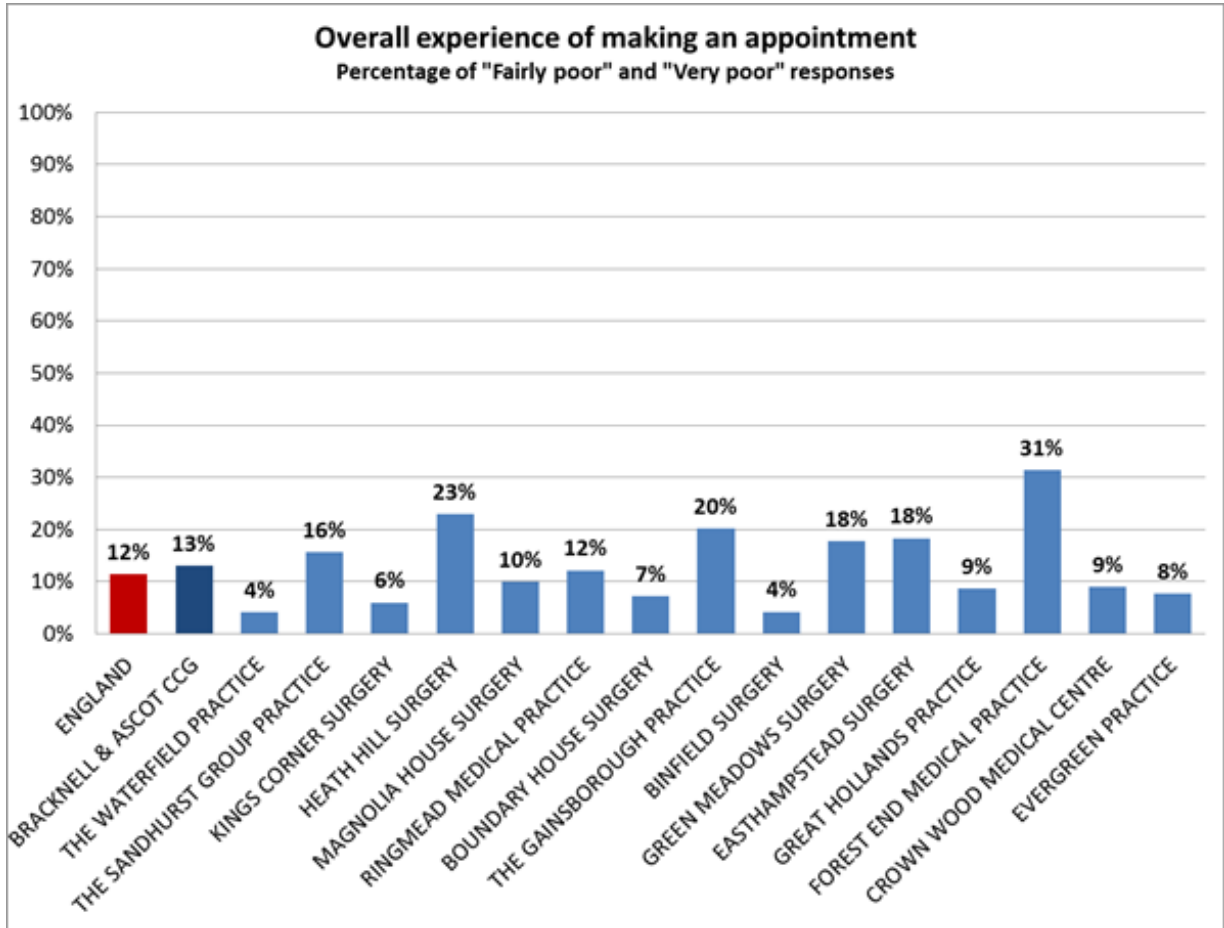
GP Patient Survey Results for Bracknell Forest Practices July 2014: Core Questions

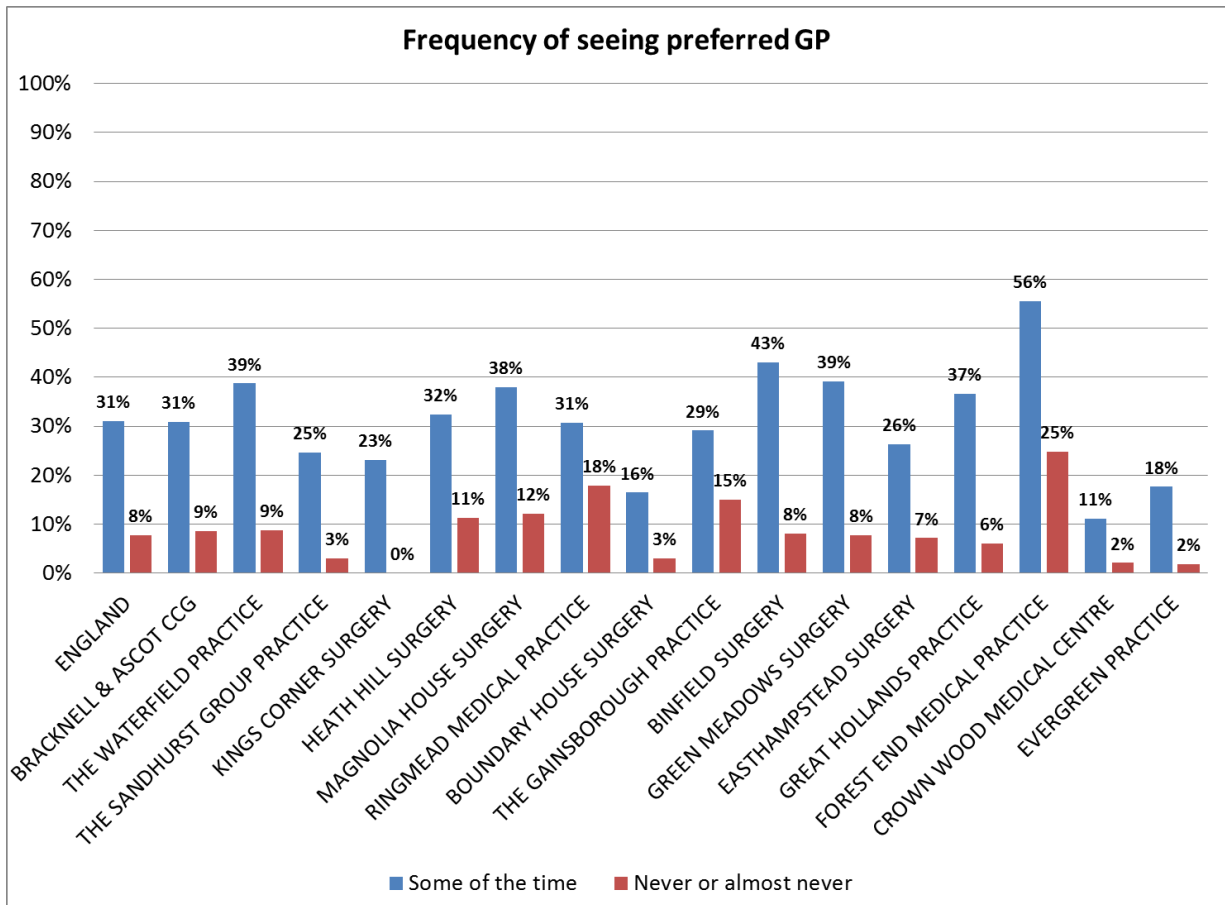
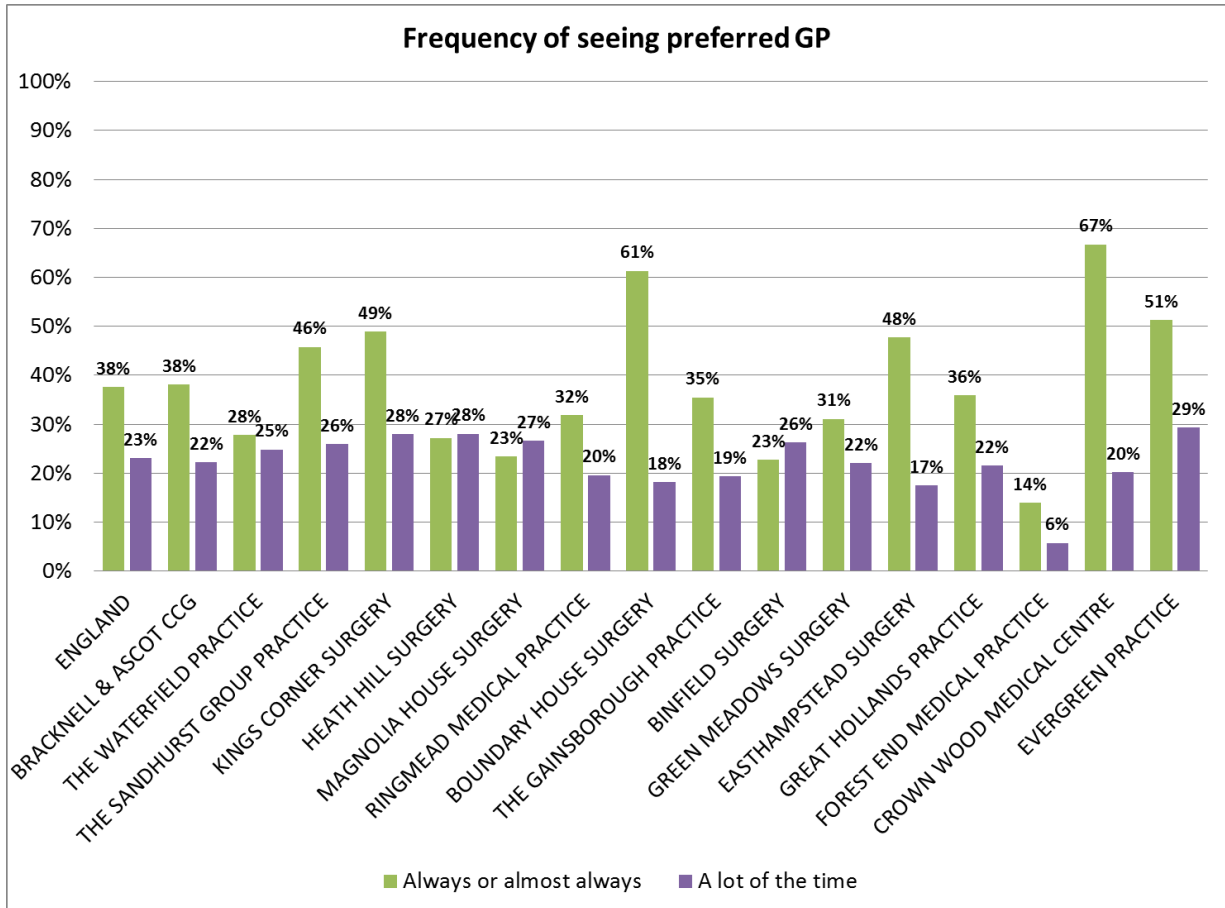


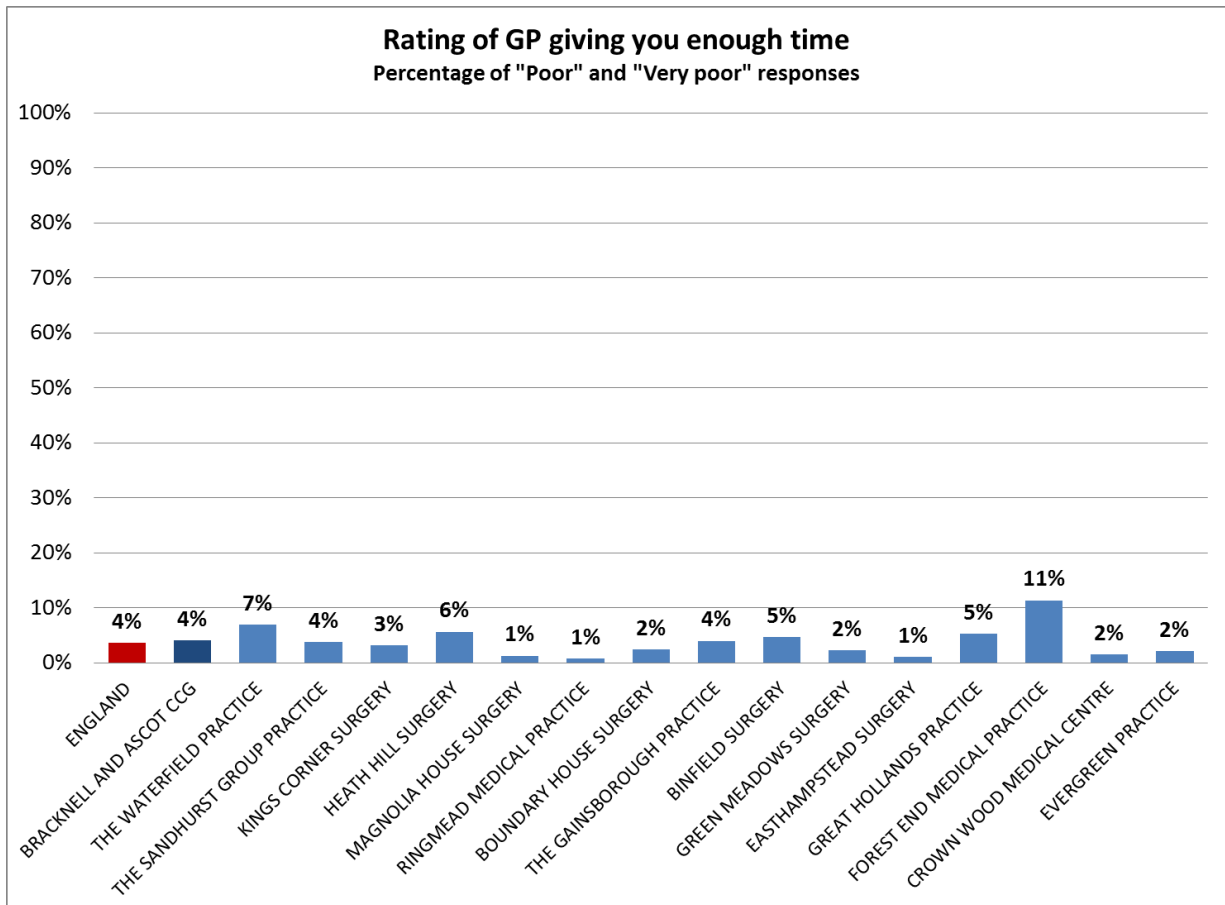
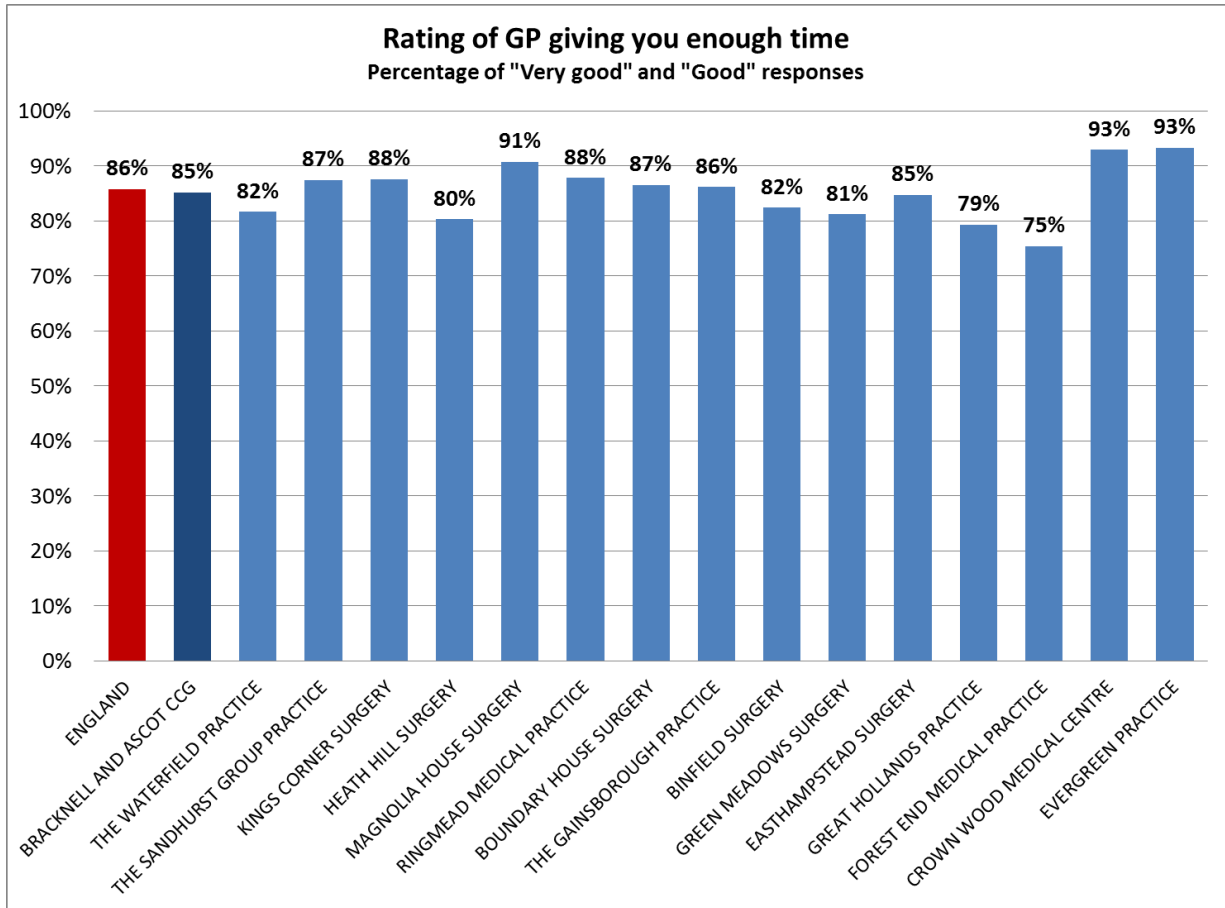


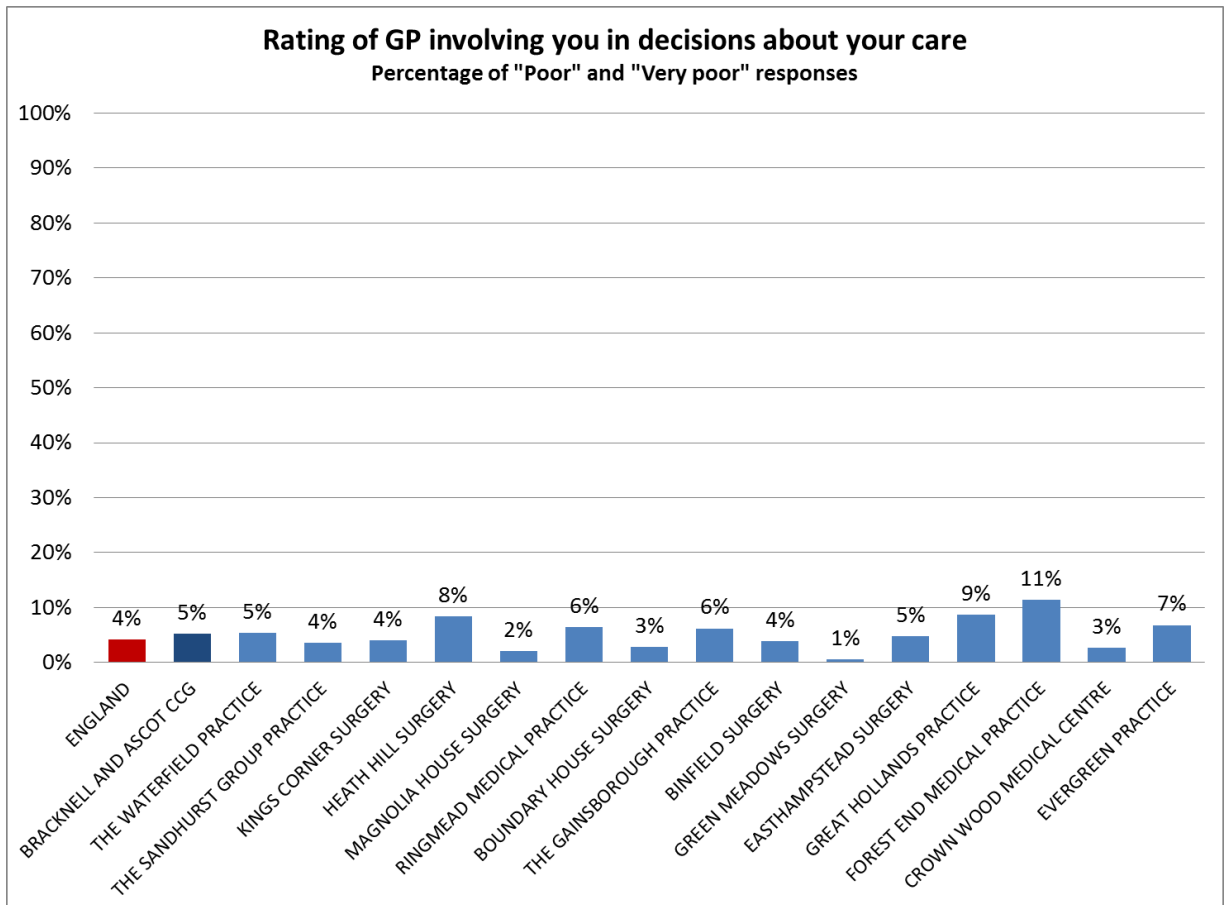
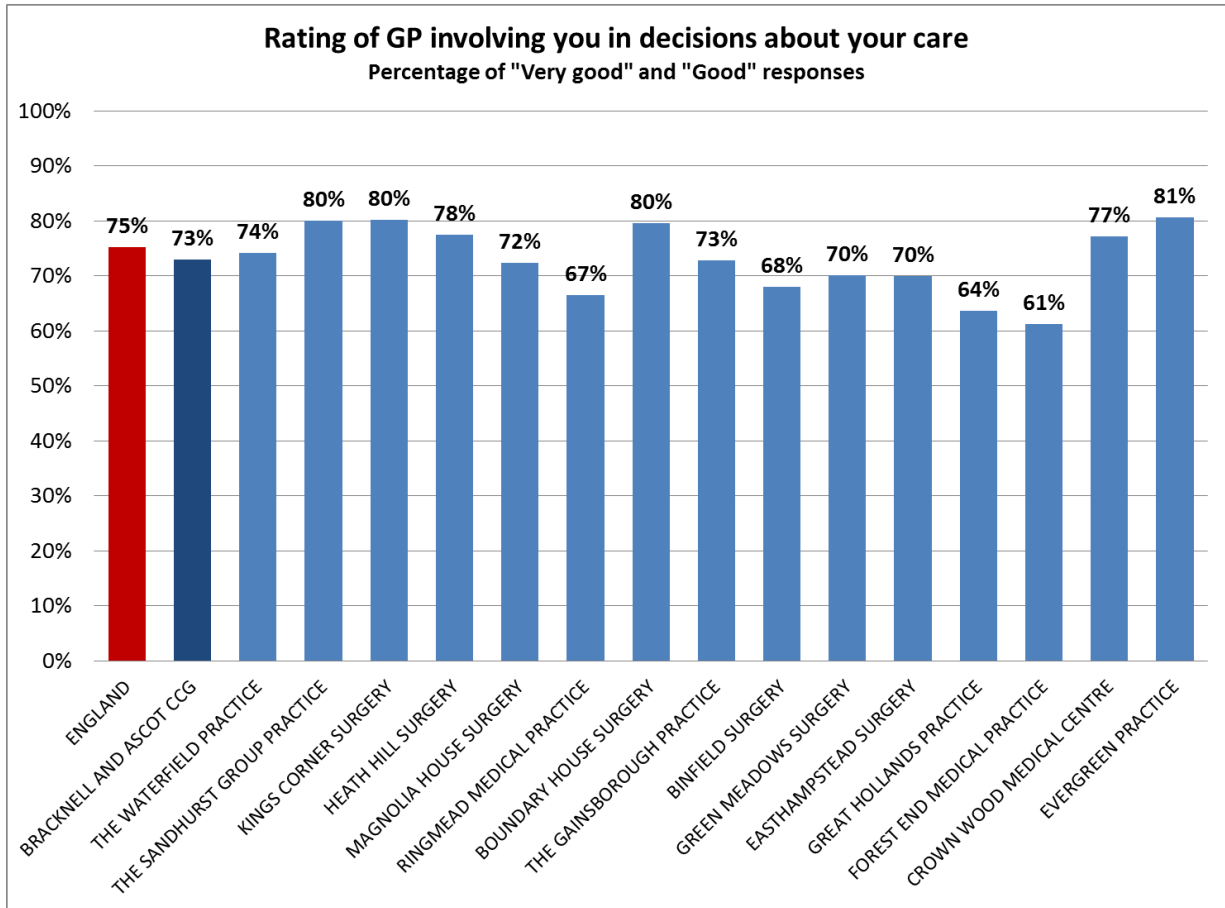


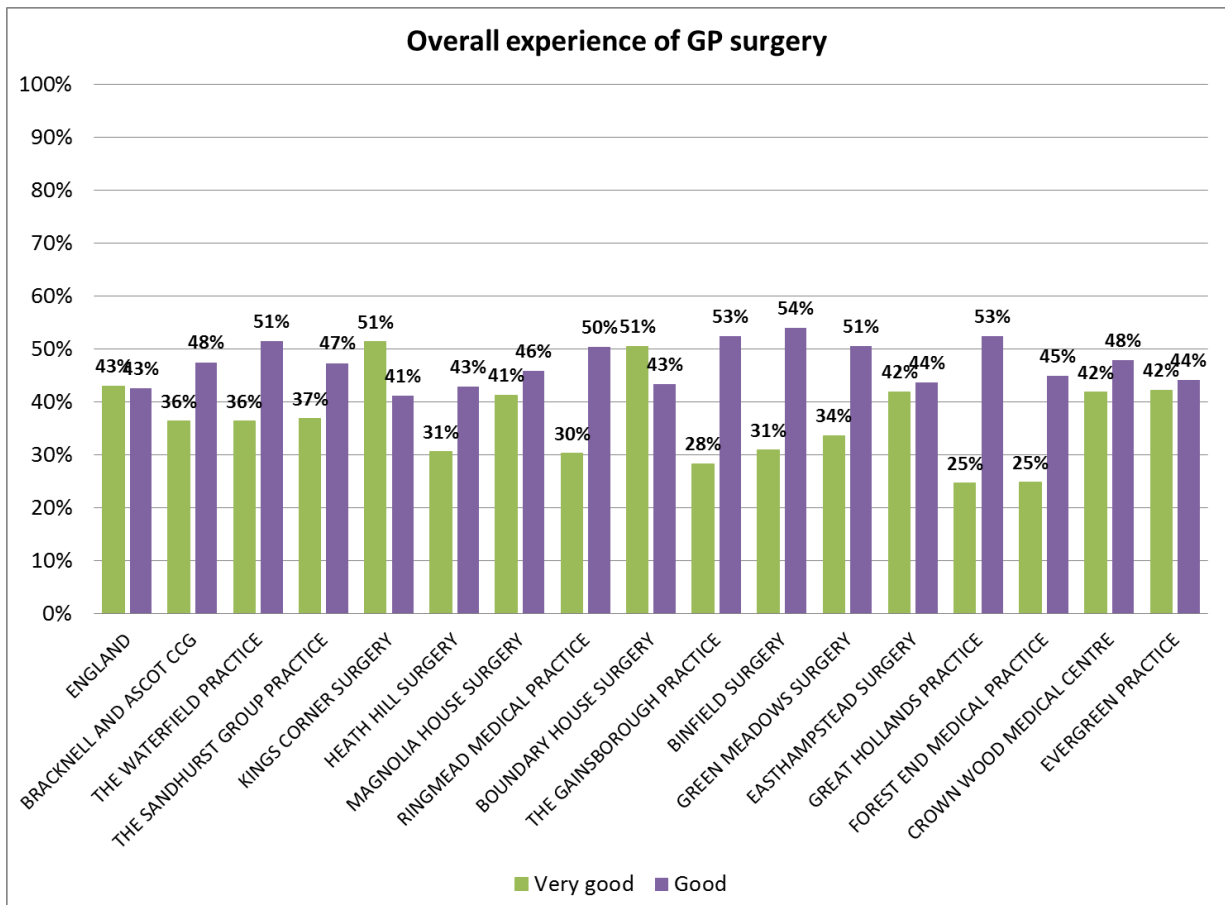
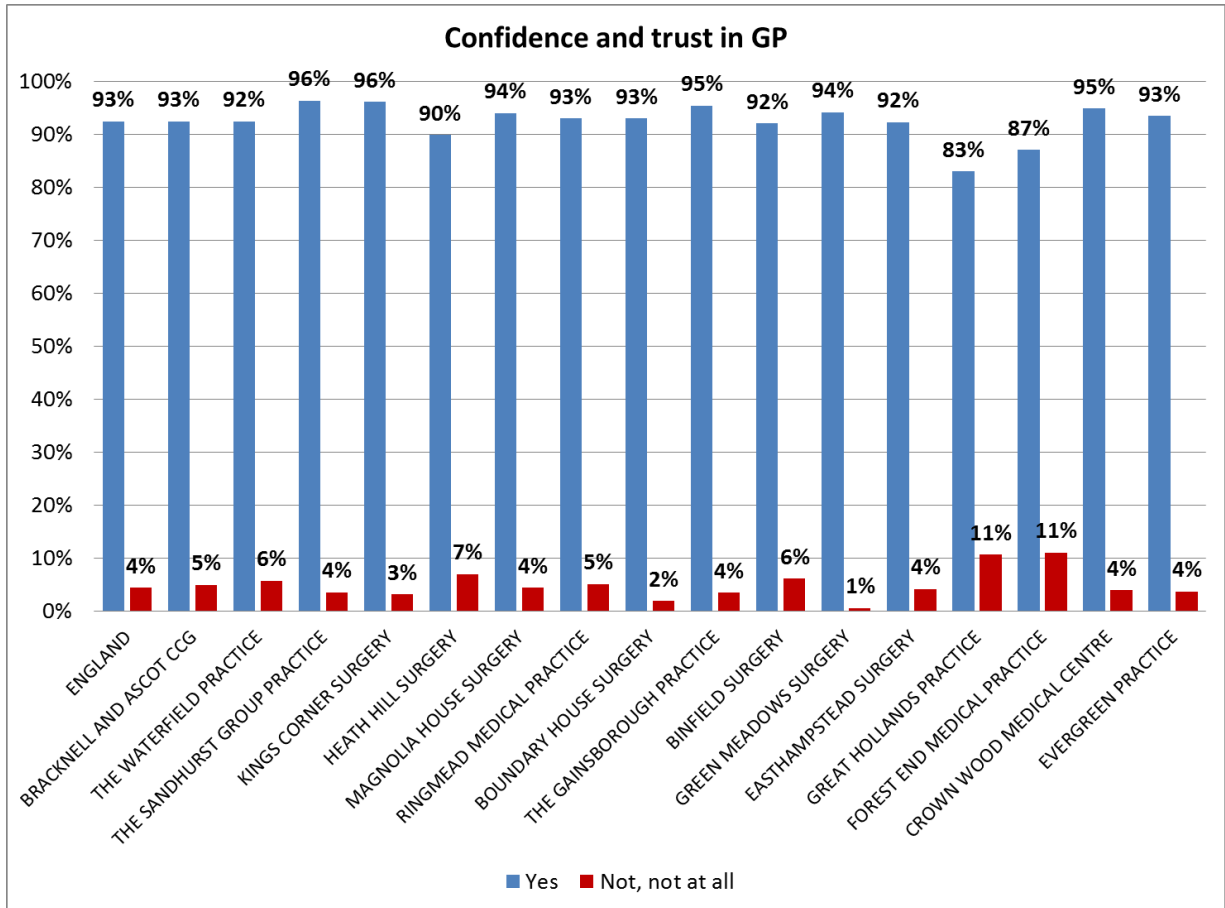


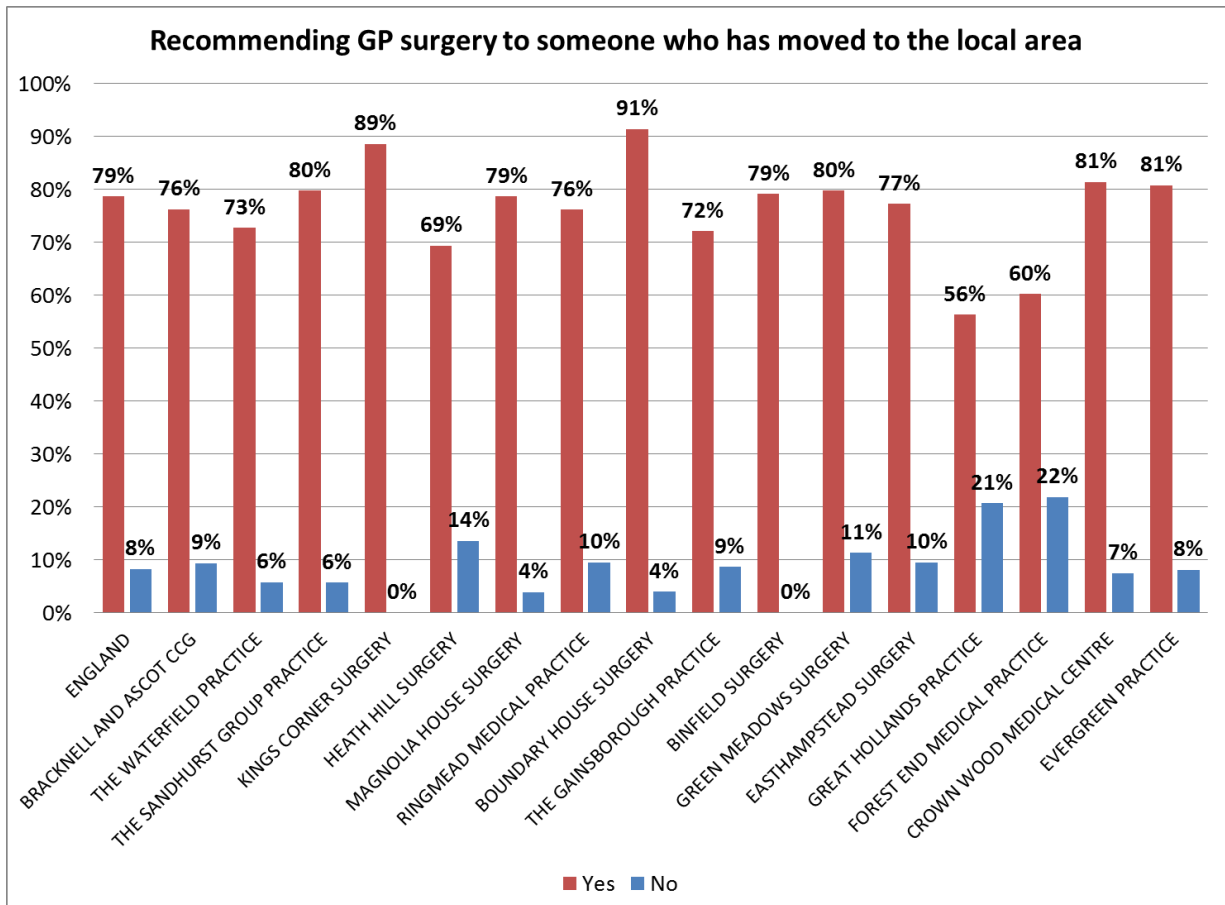
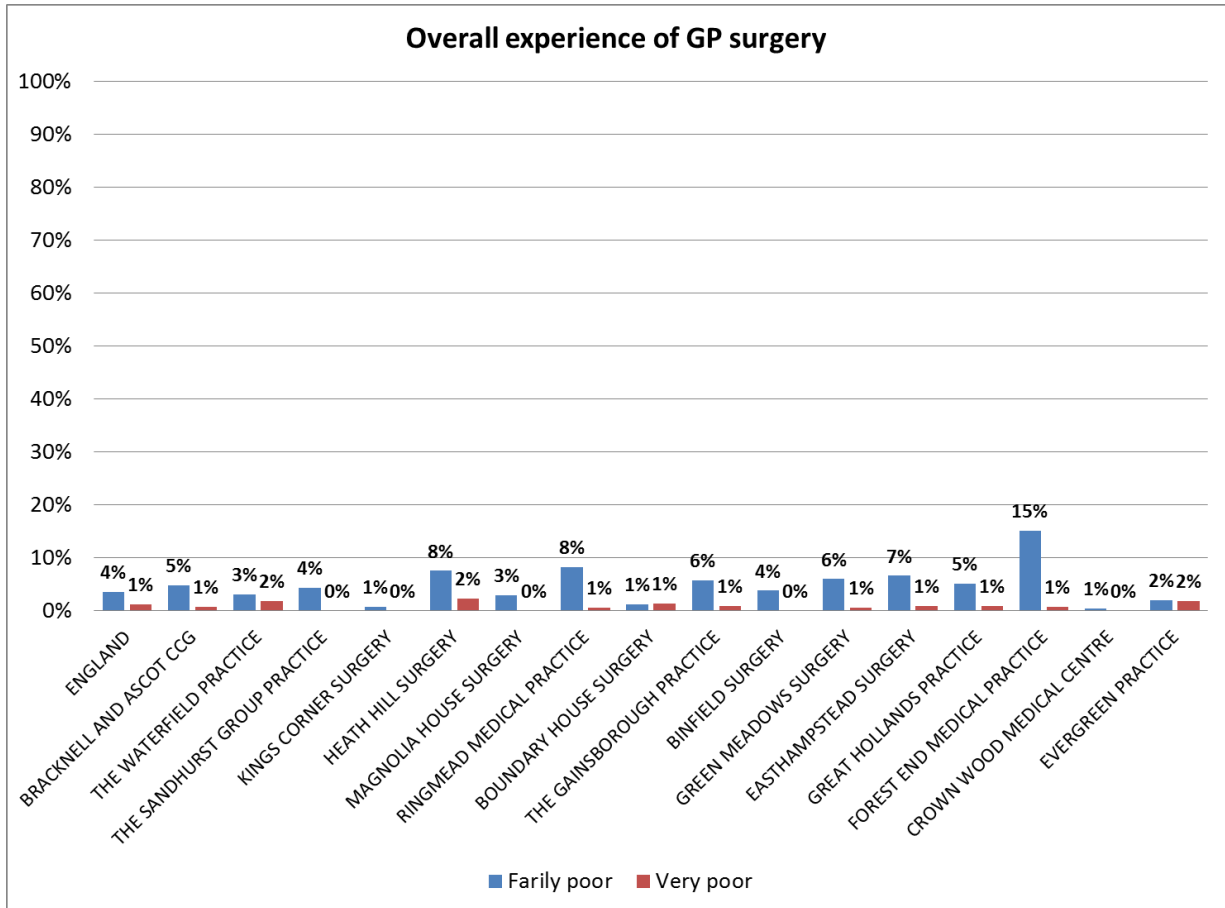















Average CCG results compared to previous survey

Core questions	Result June 2013	Result December 2013	Result July 2014	Performance Trend (key below)
Is your GP surgery currently open at times that are convenient for you?				
Percentage of respondents who answered: No	20	23	22	
Ease of getting through to someone at GP surgery on the phone.				
Percentage of respondents who answered				
- very easy	25	21	22	
- fairly easy	51	54	54	
- not very easy	13	14	14	
- not at all easy	7	7	7	
Helpfulness of receptionists at GP surgery.				
Percentage of respondents who answered				
- very helpful	43	40	39	
- fairly helpful	43	45	47	
- not very helpful	9	9	8	
- not at all helpful	3	4	4	
Waiting time at surgery.				
Percentage of respondents who answered				
- Less than 5 minutes	13	13	11	
- 5 to 15 minutes	57	57	60	
- More than 15 minutes	25	25	23	
Overall experience of making an appointment.				
Percentage of respondents who answered: Poor	13	13	13	
Frequency of seeing preferred GP.				
Percentage of respondents who answered				
- Always or most always	28	37	38	
- A lot of the time	23	23	22	
- Some of the time	31	33	31	
- Never or almost never	8	7	9	
Rating of GP giving you enough time.				
Percentage of respondents who answered: Poor	5	4	4	
Rating of GP involving you in decisions about your care.				
Percentage of respondents who answered: Poor	5	5	5	
Confidence and trust in GP.				
Percentage of respondents who answered				
- Yes, definitely.	63	62	58	
- Yes, to some extent.	28	30	34	
- No, not at all.	6	5	5	
Overall experience of GP surgery.				
Percentage of respondents who answered: Poor	6	6	6	
Recommend GP surgery to someone who has just moved to the area.				
Percentage of respondents who answered: No	9	8	9	

Key

Comparison with previous survey	
Identifies performance trend	
	Performance has improved
	Performance sustained
	Performance has declined

GP Practices in Bracknell Forest – CQC ‘Intelligent Monitoring’ November 2014

GP Practice	CQC Risk Rating Band (6: lowest risk, 1: highest risk) all based on period 01/07/13 to 31/03/14
Crown Wood Medical Centre	6
The Gainsborough Practice	6
Evergreen Practice	6
Easthampstead Surgery	6
The Waterfield Practice	6
Great Hollands Health Centre Dr Kanchan Arora	6
Ringmead Medical Practice	6
Boundary House Surgery	
	5 Elevated Risk - GPPS005: The proportion of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment.
Crowthorne Dr Chau & Partners	5 Risks <ul style="list-style-type: none"> • The proportion of respondents to the GP patient survey who stated that in the reception area other patients can't overhear • The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern.
Crowthorne Heath Hill Surgery	5 Elevated Risk -GPPS005: The proportion of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment.
The Sandhurst Group Practice	5 Elevated Risk - GPPS003: The proportion of respondents to the GP patient survey who stated that in the reception area other patients can't overhear
Binfield Surgery	
	4 Elevated Risk - GPPS020: The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care Risk - GPPS005: The proportion of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment.
Forest End Medical Centre	
	1 Elevated Risk The proportion of respondents to the GP patient survey who stated that the last time they saw or

	<p>spoke to a GP, the GP was good or very good at treating them with care and concern.</p> <p>Risks</p> <ul style="list-style-type: none">• The proportion of respondents to the GP patient survey who stated that in the reception area other patients can't overhear• The proportion of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they prefer.• The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care• The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care• The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good.
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CQC Press Release

Inspections of general practices based on best available data

For the first time, information on every general practice in England has been analysed and published by the Care Quality Commission (CQC) to show the public how it will decide which surgeries it will inspect and what it will focus on.

The 'intelligent monitoring' of general practices published today (Monday 17 November) are made up of different types of evidence on patient experience, care and treatment, based on sources including surveys and official statistics.

They help CQC decide how it should prioritise its inspections under its new and in-depth regime, which it rolled out formally last month. This is so that it can be confident that people receive care that is safe, caring, effective, responsive to their needs, and well-led.

It is part of CQC's new regulatory approach that features specialist inspection teams, including GPs or practice nurses and trained members of the public who inspect services against what matters most to people who use them. CQC has been using evidence to prioritise its inspections of acute NHS trusts since last October.

Today's analysis reveals that almost eight out of ten general practices in England appear to be of low concern, based on the available data and almost 3,800 are in the lowest category.

While CQC can only judge the quality of care within a service once it has carried out an inspection, the analysis indicates what services appear to be doing well, alongside where people may not be receiving high-quality and compassionate care.

The publication follows the regulator's announcement yesterday of the first general practices to be awarded ratings of Outstanding – Salford Health Matters in Eccles and Irlam Medical Practice 2 in Salford.

Within the next two years, CQC will have inspected and rated every general practice in England as Outstanding, Good, Requires Improvement and Inadequate to help people make informed choices about their care and encourage improvement in quality.

Professor Steve Field, Chief Inspector of General Practice, said: "There is a lot of good and outstanding care taking place across the country as our data and recent reports show.

"While it is positive that over 80% of general practices are currently a low concern based on the available data, there is no reason for complacency and standards must continue to improve.

"It is important to remember that the data is not a judgement as it is only when we inspect we can determine if a practice provides safe, high-quality and compassionate care.

"The data is a further tool that will help us to decide where to inspect and when."

Mike Bewick, Deputy Medical Director at NHS England and former GP, said: "General practice, with everyone having access to a family doctor, is one of the great strengths of the NHS. We're pleased this report shows that despite the increased pressure on GPs there are so many good and outstanding practices across the country.

Unrestricted

"As with all parts of the NHS there is some variation, this data will help GPs understand where there could be improvement. The Five Year Forward View published by the NHS highlighted the need for an increase in the share of funding for General Practice."

Dr Charles Alessi, Co-chairman of the National Association of Primary Care, said: "We welcome the emphasis on transparency and quality in the new inspection regime for General Practice. The fact that outstanding practice has already been identified is very encouraging and we looking forward to working closely with CQC to further develop models of monitoring to both lessen the burden of inspection and enrich the experience on the practices."

Norman Williams, Immediate Past President of the Royal College of Surgeons, said: "I am pleased that CQC is being transparent by making data on all aspects of health and care available."

"During my time as president this is something that I championed as information helps to drive improvements. It is absolutely right that patients are aware of the quality of the services that are provided so they can make choices about their care."

Katherine Murphy, Chief Executive of the Patients' Association, said: "We often hear about the difficulties people have trying to get an appointment with their GP. It is an area that general practice has to get right."

"Our own reports have highlighted the access that people have that matches CQC's analysis. We hope that CQC's work in highlighting this major issue will act as a catalyst and there will be some positive changes."

CQC has produced thirty-eight indicators on whether patients at the surgery could be at 'risk' or 'elevated risk' beyond what would be expected normally for each of these.

CQC has then placed every practice into bandings from one (highest perceived concern) to six (lowest perceived concern) to help plan inspections from next year.

Within this, 82% (6,076 practices) are in the lowest four bands; 3,797 of which are in band six.

The 1,200 practices that are in bands one and two will be considered for inspection from next year, so that CQC can determine the quality and safety of care within them.

The bandings are not judgements: these only happen following inspections.

CQC plans to update this information every three months so that it can continue to respond to issues as they emerge and to share these with providers and the public.

Ends

For media enquiries about the Care Quality Commission, please call the CQC press office on 020 7448 9401 during office hours or out-of-hours on 07917 232 143.

For general enquiries, please call 03000 61 61 61.

Notes to editors

When CQC identifies a 'risk' or 'elevated risk', it does not necessarily mean that people using the practice are at risk, but where patients may be at risk. Our inspections will determine whether GP practices are providing safe and effective care.

Each general practice has been categorised into one of six priority bands, with band one representing the highest perceived risk and band six the lowest risk. The bands have been

assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk'.

The data sources include:

- Quality and Outcomes Framework (QOF)
- GP Patient Survey
- Electronic Prescribing Analysis and
- Costs Hospital Episode Statistics

CQC has been publishing 'intelligent monitoring' data for NHS trusts since last October. For further information, please visit: www.cqc.org.uk/public/hospital-intelligent-monitoring

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In our intelligent monitoring work, we use readily available national datasets for NHS GP practices relating to important areas of care. We look at 38 indicators to help us decide when, where and what to inspect.

Isn't this just a ranking of GPs?

No, this isn't a judgement on GPs. The profiles bring together information that helps us make decisions about inspections.

The data we look at includes information from:

- [Quality and Outcomes Framework](#) (QOF)
- [GP Patient Survey](#) (GPPS)
- [electronic Prescribing Analysis and Costs](#) (ePACT)
- [Hospital Episode Statistics](#) (HES)
- [Information Centre Indicator Portal](#)
- [NHS Comparators](#)

Information Provided by NHS England

To inform the Panel's discussion here is our brief statement by 2 January describing how NHS England:

Plans sufficient GP capacity to meet current and anticipated future demands;

NHS England Thames Valley actively engages with Local Authorities in order to understand their strategic plans for housing growth. This involves gaining an insight in terms of the quantity of new housing to be built, the location, phasing and the expected population increase. Once the latter is known, we work with practices to assess if the local primary care infrastructure in existing premises and facilities has the capacity to absorb this population increase. If it is established that there is capacity, then the additional patients will be absorbed by the local practices as and when the housing growth takes place. If it is identified there is not capacity to absorb additional patients, NHS England will work with practices to find solutions to this. This can take the form of making modifications to the existing premises e.g. extensions and remodelling in order to create additional space or where this is not possible the relocation of a practice to new larger premises. In certain scenarios for example in areas of major housing development, the projected housing growth may be deemed too large to be absorbed by the existing providers and in these instances NHS England would commissioning, via a procurement process, an additional GP practice to provide these services to the new patients.

NHS England Thames Valley works closely with the local Clinical Commissioning Groups (CCG's), to understand their future primary care strategies so that any expansion of premises can be aligned with these plans as well as working closely with other partner organisations such as NHS Property Services and Community Health Partnerships so that there is an broader understanding of the NHS estate and facilities available.

NHS England Thames Valley has met with Councillor Dale Birch and Director Glyn Jones together with Bracknell & Ascot CCG to discuss the preparation of a report to the Bracknell Forest Health & Well Being Board around the future planning of Primary Care (GP Surgeries) and planned housing growth. A report is in the process of being completed with the anticipation of this going to the March 2015 Bracknell Forest Health & Well Being Board.

Identifies under-performing GP Practices

NHS England Thames Valley monitors the contracts to deliver primary medical services held between NHS England (the Commissioning Board) and the 243 GP practices across the Thames Valley area. In order to do this with limited Area Team resources we use various sources of information to check that practices are meeting their contractual requirements

such as quality and outcomes framework data, GP patient survey results, Care Quality Commission (CQC) reports, complaints, Friends and Family test and comparable benchmarking data with similar practices via a tool called the Primary Care web tool. All of this includes working closely with all the Clinical Commissioning Groups to share data and information about the practice's commissioning data and share local intelligence. CCGs have a statutory duty to support NHS England Area Teams to improve the quality of primary care delivered by their constituent practices.

We also work closely with the Local Medical Committees where an issue of underperformance is identified to ensure that the practice is treated fairly and the LMC can provide support and guidance. It is important that information is triangulated rather than looking at data in isolation to ensure that an accurate and up to date picture of how practices are performing is gathered.

Ensures that processes are in place that can enforce higher standards when the need arises.

Where contractual non-compliance is identified NHS England Thames Valley follows a single operating model to require practices to ensure remedial action is taken to meet contractual compliance. Contract breaches can also be issued and notice to terminate contracts in cases of significant failure. NHS England works closely with the regulatory body, the Care Quality Commission (CQC) when contractual sanctions are required. The CQC has the statutory powers to inspect GP practices, issue enforcement notices and place practices "in special measures" and in very extreme cases close practices. Again, NHS England Thames Valley works closely with the CCGs to ensure that they are aware of any such issues that may impact on the ability of practices in their area to deliver services to patients.

Ginny Hope
Head of Primary Care
Thames Valley Area Team

c.c. Helen Clanchy Director of Commissioning
Nicky Wadely Primary Care Team