



ISLINGTON

REPORT OF THE HEALTH AND CARE SCRUTINY COMMITTEE

GP SURGERIES

**London Borough of Islington
June 2019**

CHAIR'S FOREWORD

COUNCILLOR OSH GANTLY
Chair of Health and Care Committee

GP Surgeries - Scrutiny Review

Evidence

The review ran from July 2018 until April 2019, and evidence was received from a variety of sources:

1. Presentations from witnesses – Tony Hoolaghan, Rebecca Kingsnorth, Dr Imogen Bloor – Islington CCG, Ian Sandford – Islington Public Health, – Michael Clowes and Dr John McGrath – Islington GP Federation, Clare Henderson – Islington & Haringey CCGs, Sarah McIlwaine, Programme Director, Health and Care Closer to Home, North London Partners, Katherine Gerrans, Primary Care Workforce Programme Lead, North London Partners and Islington & Haringey CCGs.
2. Documentary evidence – NCL Strategy for General Practice

Aim of the Review

To consider the sustainability of general practice and opportunities to support sustainability in the context of rising demand, changing patterns of need, and significant population growth

Objectives of the Review

To examine service developments in place to support increased capacity in primary care, including

- Social prescribing and options for increasing the number of people, including children, that can benefit from this model
- Primary care 'at scale'
- Integrated care and interfaces with other services

To examine the key enablers of primary care –

- Digital and technological advances
- Planned developments in the primary care estate
- Approaches to both attracting new workforce into Islington and supporting the existing workforce

To assess contractual approaches to securing the required capacity in general practice

The detailed Scrutiny Initiation Document (SID) is set out at Appendix A to the report

RECOMMENDATIONS:

That the Executive be recommended –

1. That given that a number of GP Surgeries are at present in ageing premises, and that GP services are provided from a number of different locations, the CCG/Islington GP Federation should work to establish integrated networks of GP surgeries, providing a wider range of facilities and services for patients
2. That in relation to recommendation 1 above, the CCG/Islington GP Federation should consider, when looking at the development of integrated networks, establishing a closer working relationship of GP's in the borough, the physical expansion of premises where feasible, relocation of existing premises to larger sites, and remodelling of premises/sharing services to maximise clinical use. This should be done in liaison with the Council Planning Department to ensure that where new housing developments are planned in the borough, premises are allocated for GP provision, where this is necessary
3. That, due to demographic changes taking place in the borough, there is a need to ensure GP surgeries are situated in the right locations, and have the facilities available to cope with an ageing population. The CCG should work with the Islington GP Federation/North Central London, and the Council Planning Department to ensure that they were aware of local housing developments/population trends that may impact on GP services in the borough
4. That due to recruitment/retention problems of GP's, and the fact that a significant number of GP's in the borough will be retiring in the next 10 years, the work/life attractions of Islington as a location be advertised, in order to attract younger GP's and clinical staff. The Committed noted that the high cost of housing / cost of living in London may however, be a deterrent to recruitment.
5. That the Committee noted that many younger GP's have indicated that they wish to have more flexibility and variety in their careers, and younger nurses wish to pursue more career development. The Committee are of the view therefore that there should be increased development of team working in GP practices, such as the recruitment of advanced care practitioners, pharmacists, physician associates, based in practices, and there should be more of a focus on provision of care as a team and developing a more holistic approach. The CCG should continue to work towards this goal, and to investigate other new ways of working to encourage and develop recruitment to GP practices
6. That there should be consideration given to common terms and conditions for practice nurses, to enable more movement between surgeries, so that this will create increased job opportunities/job satisfaction for nursing staff. This will be beneficial in recruiting and retaining nurses in the borough in the short and longer term
7. That there is a need to further develop the use of digital technology to support new ways of working in primary care. In addition to those initiatives already being undertaken, the development of online consultations should be further developed, and support should be

given to the North London Health Information Exchange initiative, which will allow clinical staff to view integrated records from across provider organisations

8. That discussions should take place with regard to further improving access for patients for GP surgeries, with increased availability to an increased range of services at HUBS, extended access in evenings and at weekends, and provision of investment for additional facilities to provide more appointments at GP surgeries
9. That, given that the Committee heard evidence about the benefits that have been achieved for patients through social prescribing, there should be increased development of provision in this area for GP's to link in with non-medical based services, which can provide support and develop skills and self-knowledge, in order to assist patients in managing their conditions. Evidence has also shown that social prescribing builds capacity into the health and social care system, and offers an alternative to traditional health care interventions. There is new funding provided by the national GP Contract specifically for additional social prescribing workforce, which support this work.
10. That the Committee welcome the additional funding provided through the GP contract, and the development of digital and IT technology to support practices, and the Committee support the workforce projects taking place across the North Central London region. The Committee also support the development of the NHS App, and the provision of 25% of appointments being made available on line, recognising that this does not remove the ability for patients to book in person or over the phone, and that any 'unbooked' online appointments are not, therefore, 'lost'. The Committee encourage practices to consider making changes to their appointments booking systems, and to consider their triage processes, as part of their online booking process, recognising that practices already seek to ensure they have effective triage processes to ensure that patient needs are met.

MAIN FINDINGS

- 1) The review commenced in July 2018, and the Committee received evidence from a number of witnesses

Evidence from Islington CCG/Public Health

- 2) The Committee were informed that there are 33 GP practices in Islington, (this has now reduced to 32 practices due to the merging of 2 practices) serving a total registered population of 252,000. These practices range in size, from a registered list of 1700 patients, to a list of 18000 patients. These range from 4 practices with single handed GP's, to 6 practices with over 4 GP partners. All practices have been inspected by the CQC over the past 38 months, and at the time of writing 30 were rated as good, 2 were rated as requiring improvement, and 1 was rated as inadequate. The 2 rated as requiring improvement have since been re-inspected and rated good.
- 3) The Committee were also informed that the known challenges for primary care included a growing demand for services, due to more complex health needs, population growth, and people living longer. There is also a struggling workforce, and it should be noted, that 25% of the North Central London GP's are over 55, and are likely to retire in the next 10 years. For Islington, this equates to 19%, or 36 GP's. Fewer GP's are also looking for partnerships, and there are more recruitment and retention challenges
- 4) Practices have formed into three larger integrated networks, and eight smaller primary care networks. The three larger networks cover Islington in three geographical localities:
 - i. North Islington has a population of 87025 residents (2016 estimate), and there are 94,332 patients registered with 14 practices. In line with the rest of Islington, there is a higher number of young adults from 20-44, but also some who are frail and in poor health. The ethnic profile is generally very similar to the borough as a whole, although Finsbury Park has a greater diversity. The locality has a significant number of residents not in work, and life expectancy is below the Islington average, particularly in the Holloway area
 - ii. Central Islington has a population of 87025 residents (2016 estimate), and there are 93247 patients registered with 12 practices. There are a higher number of younger adults between 20-44, and lower numbers of children than the London average. Educational attainment is relatively high, and unemployment is low, with an affluent working population
 - iii. South Islington has a population of 60991 (2016 estimate), and 63942 residents registered with 7 practices. The key age group for the locality is 20-29 years old, and there are distinct demographic differences, with greater health needs in Bunhill, and Caledonian wards. As with other wards, the demography is changing, due to housing developments, high housing costs and regeneration
- 5) In terms of the workforce, across the North Central London area, there are significant challenges for the future workforce, and there is a need to develop and grow the GP workforce significantly over the next few years. A recent survey of GP trainees, has demonstrated that there is a need to consider different employment models, and portfolio

careers. The majority of GP trainees want a portfolio career, and to be involved in education and training, and to have a salaried role

- 6) There is also a need to look at recruitment and retention, and work/life balance is increasingly important. As a significant number of older GP's will be retiring in the next 10 years, and younger GP's are looking for variety and flexibility, and also that young nurses for career development, the Committee were of the view that as Islington is a vibrant, diverse community, that is attractive to young people, the advantages of the borough as a place to work and live, should be publicised in any recruitment campaign
- 7) The Committee also noted that as many younger GP's have indicated that they wish to have more flexibility and variety in their careers, and younger nurses wish to pursue more career development, it is felt that there should be increased development of team working in GP practices, such as the recruitment of advanced care practitioners, pharmacists, physician associates that can be based in practices. There should also be more of a focus on provision of care, as part of a team, and developing a more holistic approach. Islington CCG should continue to work towards this, and investigate other new ways of working to encourage and develop recruitment in GP practices. The Committee did note however that the high cost of housing/cost of living in London may impact on recruitment of staff
- 8) Furthermore, the Committee are of the view that there should be common terms and conditions given to practice nurses, to enable more movement between GP surgeries, so that this will increase job opportunities/job satisfaction for nursing staff. This will be beneficial in recruiting and retaining nurses in the borough in the short and long term
- 9) Starting in 2017/18, Islington CCG has supported practices to explore new ways of working, via 'Team around the Practice' pilots, and this has included an - MSK specialist in GP surgeries, super admin clerical coders, telephone triage, health coach and navigator, a well-being site, and reception navigation, and these have achieved positive results
- 10) The Committee were informed that, responding to local pressures, and taking advantage of nationally available workforce schemes, has led Islington CCG to implement the creation of a number of posts, such as practice based pharmacists, primary care clinical fellows, and primary care mental health nurses
- 11) In addition, the Committee was informed that there is an evolving care sector, and renewed importance on the role of general practice, in providing care that is accessible, and is integrated across parts of a complex health and care system. It was noted that patient expectations are changing and becoming more challenging, in line with social and technological advances
- 12) The Committee also noted that there is also concern that some GP's have ageing premises, and it was also noted that general practice is provided from a number of different types of premises. These range from purpose built premises to converted premises, which have a range of ownership models The Committee were of the view that Islington CCG/Islington GP Federation should work to establish integrated networks of GP surgeries, providing a wider range of facilities and services for patients
- 13) The Committee are also of the view that Islington CCG/Federation of Islington GP's should consider, when looking at the development of integrated networks, to establish a closer working relationship of GP's in the borough, the physical expansion of premises,

where feasible, relocation of existing premises to larger sites, and remodelling of premises/sharing services to maximise clinical use. This should be done in conjunction with Islington Planning Department to ensure that where new housing developments are being planned in the borough, premises are allocated for GP provision, where this is necessary

- 14)** The Committee also feel that due to demographic changes taking place in the borough, there is a need to ensure GP surgeries are situated in the right locations, and have the facilities available to cope with an ageing population. The Committee are of the view that Islington CCG /Islington GP Federation should work with Council Planning Departments, to ensure that they are aware of local housing developments/population trends that may impact on GP service provision in the borough
- 15)** The Committee noted that action is being taken with regard to general practice as follows- Targeted investment into general practice, a focus on the existing and new workforce, the targeting of estates to support need, investment into quality improvement teams, prioritising digital opportunities, supporting practices to respond flexibly to demand, enabling the Health and Care Integrated model (CHIN), enabling collaborative working across local healthcare systems, and social prescribing
- 16)** In terms of investment, Islington CCG investment into primary care includes a nationally set funding for core primary medical services, including provision of service, quality and outcome framework payments and premises. The allocation received in Islington currently exceeds the core costs of primary care, to support increased investment. There is an investment plan in place.
- 17)** In addition:
- i. The CCG has historically invested in Locally Commissioned Services – additional services commissioned from primary care, over and above the requirements of the core contract; and
 - ii. There are currently a number of national funding streams supported by the GP Forward View, including: £3 per head of population allocated from CCG funds over 2017/18, and 2018/19, in order to support practices to look at internal processes for demand management; significant funding for extended primary care, topped up with CCG funds in Islington; funding to develop online consultations; and funding to support practice resilience.
- 18)** A Quality improvement support team (QIST), is commissioned by the CCG, and provided by Islington GP Federation, to provide hands on quality improvement to address unwarranted variation, to develop consistent standards and services to all patients, introducing and delivering, with practices, new ways of working, innovation and more rigorous and systematic approaches to patient care. Quality improvement methodology is used for project design and evaluation. The local QIST has been operational since August 2017, and is made up of local GP's, nurses, pharmacists, practice managers and an analyst. Key achievements to date have included:
- i. data sharing across all practices to enable risk stratification for patient care,
 - ii. increasing the number of people vaccinated against flu before the end of October 2017 i.e. early in the flu season, and the total number vaccinated during the last winter.
 - iii. Increasing the proportion of people with Atrial Fibrillation (which is a risk factor for stroke), who are on medication appropriate medication to prevent a stroke, from 70% - 78%

- iv. In relation to diabetic patients, a review has been carried out, as to how each practice manages their diabetic patients, and suggesting process improvements using local evidence.

- 19)** The Committee was informed that there is a need to further develop the use of digital technology, to support new ways of working in primary care. There are a number of initiatives currently in place – EMIS web, which is a primary care clinical system across Islington, which is a cloud based system, allowing access from any location. There is also Docman, a document management system that also allows the electronic transfer of documents between provider organisations, as well as onward filing into clinical records. In addition, iPLATO, is a text messaging service relating to appointments, which assists in reducing missed appointments, and there are also health campaigns run by practices. Currently in development are on line consultations, which is a web portal that gives patients an additional path to access their GP practices, and allows triaging of patients, signposting and a symptom checker. In addition, there is also the North Central London Health Information Exchange, which is a portal which will provide clinical staff with an integrated view of records from across provider organisations
- 20)** The Committee noted that in terms of responding to demand, improving access is a continual focus, and Islington CCG is investing in a multi-year improving access scheme. Joint work with practices has enabled development of a set of guidelines for recording appointment data in practice. This means that recording of appointment data in practices is standardised and accurate, and can therefore be measured, and comparisons made between practices. Starting in 2018/19 practices are incentivised to increase the number of appointments offered during the core hours (9.00am to 6.30pm) in relation to the Islington average.
- 21)** Islington CCG has also commissioned an extended access service, the iHUB, which allows urgent and routine general practice appointments in the evening, and at weekends. These are at one of three iHUB locations. The service enables access to NHS general practice from 8am to 8pm seven days a week, and ensures Islington patients can book via their normal GP surgery, or by calling their practice, when it is closed and the iHUB is open. The CCG are currently engaging with patients, and the public, about the focus of current investment in the Walk in Centre, which is not aligned to the new iHUB model.
- 22)** In terms of responding to demand, as part of the GP Forward Review, NHS England has produced a suite of 10 high impact actions to release time for care, and the CCG is funding practices (via the £3/head funding referred to above) to implement these, and encouraging GP's to think collaboratively when doing this
- 23)** There is collaborative working at different levels to build resilience, and in Islington practices have a history of working together in networks to review, with a multi professional team, the care of patients identified as having a particularly high level of need. This is being expanded to other areas, for example, sharing a practice based pharmacist across a network of practices
- 24)** Practices are also collaborating on a larger scale, with partners across the system, in Integrated Networks, focused on developing place-based models of care. Practices have also formed and a GP Federation, and this currently provides the iHUB service, a community gynaecology service, a community ENT service, and is leading the

development of primary care networks, primary care participation in integrated networks, and many primary care resilience initiatives

- 25)** In terms of GP networks, through a process of engagement, Islington practices have agreed to group together in 8 GP networks, covering populations of 30-35000 people, as the best model to deliver better, more consistent primary care. Practices remain independent entities, but will develop stronger relationships with other practices in their network. These GP networks will form building blocks for 3 integrated networks, around which acute, community, social care and the voluntary sector can align their services. The Committee were informed that there is a need to further develop Care and Integrated networks and we welcome this
- 26)** The Committee was informed that there is felt to be a need to develop social prescribing, which is a process of linking people with a range of non-medical community based services, that can support wellbeing and develop skills, knowledge and self-confidence to self-manage conditions. Islington has well developed services delivering Social Prescribing, both commissioned (by the Local Authority and/or CCG) and non-commissioned. Evidence suggests that social prescribing builds capacity into the health and social care system, offering an alternative to traditional health care interventions. Patients who are more activated are better able to self-manage, and they tend to use traditional services less frequently
- 27)** Patient activation refers to the extent to which people feel engaged and confident in taking care of their health conditions. Patients who are more activated are better able to self-manage, and use traditional services less frequently, and there are validated tools that measure levels of patient activation
- 28)** A NHS England/Foundation based evaluation on the use of PAM (Patient Activation Measure) tool in Islington in 2014/15 found that 13% of patients reported the highest level of ability in managing their health conditions, and 25% reported the lowest level, and many feel overwhelmed by their conditions. Patients most able to manage their conditions had 38% fewer emergency admissions (Patient Activation Measure: a universally recognised validated tool developed by US company InSignia)
- 29)** If patients with low levels of activation are better supported, in order to manage their condition, evidence from other areas suggests that attendances at A&E could be prevented. Evidence supports that social prescribing builds capacity into the health and social care system, offering an alternative to traditional health care interventions. A pilot study showed a reduction in GP consultations, for patients referred to social prescribing of 33%. Patients identified were frequent attenders at this practice
- 30)** In terms of Social prescribing, Islington Navigation Service is provided by Age UK, and this is the principal social prescribing service in the borough. There are 7 care navigators who support patient/service users to identify ways of achieving individual health aims. The navigators have a range of skills to be able to assist patient/service users.
- 31)** The navigators also connect service users to appropriate health/care services, and other non-traditional providers, to make best use of community resources for the delivery of these goals. There is enhanced signposting through up to date knowledge of available local services

- 32)** There is also promotion of independence for patient/service users, through improved availability of information and support linked to personal goals. It is not simply a signposting service, and the navigators are highly skilled professionals, with backgrounds in a range of social and community care services, such as mental health and drug and alcohol services
- 33)** The Islington Navigation Service is open to all adults with an identified need. There are onward referrals to over 130 different organisations per year, and service users are 81% more likely/highly likely to reduce the use of primary and secondary care services, due to navigation services interventions. There were 1088 referrals in 2017/18, and there were 350 referrals from GP practices
- 34)** The Committee are of the view that given the positive benefits that are achievable through social prescribing, there should be increased development of provision in this area, for GP's to link in with non-medical based services, which can provide support and develop skills and self-knowledge, in order to better manage their conditions. Evidence has shown that social prescribing builds capacity and brings benefits to the health and social care system, and offers an alternative to traditional health care interventions. There is new funding provided by the National GP Contract, referred to later in the report, for additional social prescribing workforce, which will support this work
- 35)** The new 2018 3 year contract with Age UK requires the service to develop and build links with primary care to raise the profile across all sites, and to increase referrals. This is supported by a model of Integrated Networks. This builds collaboration and a team around the GP practice. GP's from groups of 3/4 practices meet regularly with a team of health and social care practitioners to discuss the care needs of patients who have the most complex needs
- 36)** Each network is constituted of a small group of practices and each meeting focuses on patients from the member practices. Health and care issues are discussed, and the team creates a co-ordinated plan to make the best use of local services. This can lead to a broad range of interventions from health and care service
- 37)** In terms of contractual consideration, Islington CCG aim to work proactively with practices facing challenges at an early stage, by offering informal support, peer support from Governing Body clinicians, and routes to additional funding for practices experiencing difficulty. The Local Medical Committee and Islington GP Federation can also offer support to practices
- 38)** Practices can also apply to reduce their catchment area, or temporarily close their patient list. This application is not viewed in isolation, and NHS England assurance can be sought regarding continuity for patients, and also to seek assurance that there is local capacity, and choice for patients, and to consider benchmarks, that indicate how a practice is managing demand
- 39)** A practice may also consider merging with another practice/s, to strengthen their resilience, even if not co-located on a single site, as it allows both practices to strengthen back office functions. Information, and support can be provided through the NHS resilience programme, to practices interested in this option

- 40)** The Islington GP Estates Strategy shows that in June 2018, there were 33 practices (now reduced to 32), across 31 sites in Islington. 3 sites host 2 practices each, and one practice has 2 sites. Practice sizes range from 1733 to 18603 patients
- 41)** The highest ward population increase has been 3000 residents, equivalent to 1.6 FTE GP's, and there are 35 identified sites for new homes in the borough, with over 50 units. This is an estimated 6500 new homes, and 13000 new residents. The largest development is 750 homes, which is over 1500 residents, and equates to a primary care need that would require an additional 0.8 FTE GP.
- 42)** Some practices have extended opening hours, and there are 3 practices that host iHUBS, which offer evening and Saturday/Sunday GP appointments to all patients registered with an Islington GP. 6 practices offer some opening on Saturdays for their own patients
- 43)** In terms of ownership of GP premises, 3 sites are owned by Community Health Partnerships, which own and manage NHS PFI sites, 4 practices are owned and managed by Whittington Health, 1 site is owned by the NHS Property Services. The remaining sites are owned/leased commercially by a range of landlords, and include purpose built premises, as well as converted premises
- 44)** In terms of the impact of new housing developments, Public Health and Planning carry out an analysis of GP practices, in order to ascertain the impact of new housing developments, and practice registrations, which is shared with NHS colleagues
- 45)** There is an area based analysis of GP registrations. This informs responses to consultations, such as the recent Roman Way practice proposals. There is a large concentration of social housing around the Roman Way medical centre, and ill health is more prevalent in areas with a large proportion of social housing. An analysis has shown that 22% of residents living in areas with high social housing have a long term condition, compared to 9% in areas with no social housing
- 46)** Islington CCG has identified a number of opportunities to modernise, and increase, primary care provision, which includes physical expansion of the premises, where feasible, relocation of existing practices to larger sites, and remodelling of existing premises to maximise clinical use

Evidence of Islington GP Federation

- 47)** It was noted that each of the current 32 GP practices are facing challenges of growing demand, a struggling workforce, evolving care needs and ageing premises. The Federation is funded through contracts, the principal ones being ENT, Gynaecology and the iHUBS. The Federation seeks to co-ordinate this funding, and make best use of resources to support local GP's, and to establish and provide models of care, including preventative care, with partners

- 48)** The 32 GP practices are small businesses under contract to the NHS, but with significant variances. These include staff loyalty, resilience, efficiency, modernity, continuity, capability, scale, quality, patients, ambition, ethos, culture and care
- 49)** The Committee noted that the Islington GP Federation was formed in 2017 as a private limited company, with each share owned by one GP practice, and held in trust for all partners. The Islington GP Federation operates exclusively under NHS contracts, and related contracts such as Health Education England. The Federation will employ over 160 staff this month and was established to ensure Islington registered patients have free and equitable service, access to good, safe, value for money primary care. It seeks to maintain financial viability of the Federation, in order to achieve this primary goal
- 50)** The Federation builds GP 'at scale' capability and culture, and enables GP's resilience and delivers new models of care. At borough level there is integrated access e.g. iHUBS, GP retention schemes, quality improvement support via the QIST, analytics resource and access to patients records for risk stratification for direct care
- 51)** The Federation provides support to the Integrated Networks, which are locality based. This support ranges from the employment and co-ordination of new clinical roles, such as practice based pharmacists, to the provision of integrated technology to allow collaboration between practices and other agencies.
- 52)** All initiatives from the Federation are founded on a bottom up design. Quality improvement methodologies and good technology. In terms of GP networks and neighbourhoods there are 8 network ambassadors, 8 practice based pharmacists, a shared estate and workforce, 8 GP mentors, and patient and public participation
- 53)** The Committee were pleased to note that the GP Federation had won a Parliamentary award for Healthier Communities, for showing a really proactive approach to assessing the health needs of the area that they serve, including some of the hardest to reach communities, and working together with partners to put in place targeted programmes, which make a real difference to peoples' health and well-being
- 54)** The Committee was also informed that the Islington GP Federation had made a successful bid for providing 'flu vaccinations to housebound patients, working collaboratively with Whittington Health, and that this would enable other checks, such as blood pressure checks, to be carried out at the same time. In general, the Federation works in close co-operation with numerous organisations, including Whittington Health, Camden and Islington Foundation Trust, Age UK and others
- 55)** The GP Federation were of the view Islington is well placed to meet future challenges and the iHUB offer has improved the service to residents
- 56)** The Committee are of the view that discussions should take place with regard to further improving access for patients at GP surgeries, with increased availability to a range of services at HUBS, extended access in the evenings and at weekends, and the provision of investment for additional facilities to provide more appointments at GP surgeries
- 57)** The GP Federation informed the Committee that the risk is that it tries to carry out too many things and that it was important for the Federation to maintain sustainability as it grows as an organisation.

Evidence Islington/Haringey CCG and North London Partners

- 58)** The Committee also received evidence from Clare Henderson, Director of Commissioning, Islington and Haringey CCG's and Sarah McIlwaine, Programme Director, Health and Care Closer to Home, North London Partners. In addition, we had documentary evidence in relation to the North Central London Strategy for General Practice
- 59)** The Committee noted that North Central London had made progress in some areas of primary care, however there are still a number of areas to be developed
- 60)** There are significant challenges that North Central London face in recruiting and retaining GP's, there is an ageing workforce, fewer Doctors and nurses being recruited, demographic changes, etc.
- 61)** The North Central London strategy needs to address 4 key areas – improving access, partnership working, more integrated working now that the long term NHS funding plan has been agreed, and the development and aligning of GP practices in networks, and a local implementation plan would be developed to address these priorities. This would involve the input of Healthwatch
- 62)** The development of social prescribing has been particularly encouraging and there is the need to develop how to build capacity in GP practices. This could include having pharmacists based in GP surgeries, and upskilling practice nurses. There is also work taking place with GP's in the area of social prescribing, and ensuring there is effective management of this, including analysing the outcomes of social prescribing and which services are over- subscribed. The Committee have made a recommendation in this regard
- 63)** There is also the need to ensure the retention of GP's that the borough already has, in addition to recruiting new GP's. NHS England has allocated funding for recruitment of GP's, and there are now training practices in the borough for new GP's. Retention of GP's is also an important issue, and it is important that teams are developed at GP practices, such as pharmacists, physiotherapists, creating apprenticeships for health care assistants, and developing more integrated team working – See the Committee's recommendation in this regard
- 64)** The Committee noted that GP practices are individual businesses, and, as such, they could employ staff on their own individual terms and conditions of employment. However, with the inception of the Islington Federation of GP's it is hoped that there will be opportunities for staff to rotate between GP practices, and this should assist in rationalising terms and conditions of staff across the network

Evidence from Primary Care workforce/Public Health

- 65)** The Committee also received evidence in relation to the new 5 - year framework for GP contract reform to implement the NHS Long Term Plan, and also in relation to developments to digital technology
- 66)** A 5 year framework for GP contract reform was announced in January 2019, and the NHS England and General Practitioners Committee (GPC), England, have negotiated a deal spanning 5 years. Elements will be introduced, throughout the 5 year period, and in

2019 will be focusing on building the foundations, creating Networks and starting to expand the workforce. 2020 onwards will see the workforce increase further and additional funding and services reconfigured, as decided by the networks

- 67)** The changes should provide much needed support, and resources, for general practice, expanding the workforce, reducing workload, increasing funding, retaining GP and partnership autonomy, and ensuring GP's have a leadership role at the centre of primary care
- 68)** Practices will form Primary Care Networks through a new Network Directed Enhanced Service (DES). Networks will facilitate shared decision making between practices for their total network populations, typically (30-50000), around funding and workforce distribution, and augmented service provision. Networks will need to be geographically contiguous
- 69)** Practices will sign a network agreement, which outlines what decisions the network has made about how they will work together, which practice will deliver what (for specific packages of care), how funding will be allocated between practices, how new workforce will be shared, including who will employ them etc.
- 70)** Within the Primary Care networks workforce, additional staff will be introduced, and partially funded by NHS England and partially by the practices. The number will build up over the 5 year period
- 71)** NHS England will fund 70% of each professional including their on-costs. Networks will need to fund the additional 30% themselves. The exception is social prescribers, which NHS will fund 100%, including on-costs
- 72)** The Network will decide how the additional workforce is employed, i.e. by a single lead practice, by an organisation, such a Federation or Community Trust, on behalf of the Network, or different professionals employed by different practices within the network
- 73)** The workforce, and network, will be led by a Clinical Director, chosen from within the GP's of each network. This clinical Director will be funded, an average of a day a week for a network of 40000 patients (including on-costs), from new funding provided by NHS England. The new workforce per network in 2019 is as follows – 1 x clinical pharmacist, 1x social prescriber, in 2020 first contact physiotherapists and physician associates, 2021 all of these will increase and community paramedics will be introduced. In 2022 and 2023 all of the aforementioned workforce will be increased and by 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practices), three social prescribers, three first contact physiotherapists, two physician associates and one community paramedic
- 74)** The Committee also received evidence regarding changes to IT and Digital, to support electronic access, to appointment booking, to consultations and to information, which will be phased in, across the years. A programme to digitalise paper records will commence to enable the creation of a complete electronic record for each patient
- 75)** Practices will be required to offer 1 appointment per 3000 patients, per day, for NHS 111 to book registered patients into, following triage. These are existing appointments with the timing decided by the practice, but should be spaced evenly throughout the day

- 76)** Practices will no longer use fax machines for either NHS or patient communications
- 77)** In 2019, the GP contract funding will increase by 1.4%, in addition to the funding through the networks. This includes a 2% uplift for GP staff pay and expenses, and uplift for practices to establish and develop networks, via an additional service within the global sum, an uplift due to population increase, an adjustment for indemnity state backed schemes, an increase in the value of giving some vaccinations and immunisations, including influenza, a £20m recurrent for costs associated with Subject Access requests, and £30m for practices to make available appointments to NHS 111
- 78)** There will also be changes to the GP Quality and Outcomes framework, through which practices receive payment for achievement against specified outcomes. There will also be the introduction of a Quality Improvement programme at Network level
- 79)** The new GP contract supports and accelerates many aspects of the work in Islington and North Central London Primary Care Strategy. Further details are awaited as to how many aspects of the contract will work, and it should be noted that the timescales are ambitious. Encouraging conversations are being held with the Islington GP Federation, and Local Medical Committee about working jointly to support practices, as the existing network arrangements become more formalised through the contract
- 80)** NHS Digital has developed an NHS App, which will be activated in Islington in April 2019, enabling patients to access their GP records, book appointments online, request repeat prescriptions, undertake a symptom checker, and register their organ donation preferences. This will be actively promoted nationally from September 2019
- 81)** The Committee are of the view that there is the need to develop the use of digital technology, in order to support new ways of working in primary care. In addition to those initiatives already being undertaken, the development of online consultations should be further developed, and support should be given to the North London Health Information Exchange initiative, which will allow staff to view integrated records from across provider organisations
- 82)** The Committee welcome the additional funding provided through the GP Contract, and the development of digital and IT Technology to support practices. The Committee support the workforce projects taking place through the NCL region. In addition, we support the development of the NHS App, and the provision of 25% of appointments being available on line. The Committee would encourage practices to consider making changes to their booking systems, and to consider their triage processes, as part of the online booking process
- 83)** The Committee also encourage practices to consider making changes to their appointment booking systems, and to consider their triage processes, as part of their online booking process, recognising that practices already to seek to ensure that they have effective triage processes, to ensure that patient's needs are met
- 84)** In Islington work will be taking place with practices to 'switch on' the link between the App, and individual practices, over the coming months in preparation for the April go live date

- 85)** For practices the key change will be the focus, through the contract, on having 25% of appointments available online, and this may lead to practices making changes to booking systems, and consider their triage processes
- 86)** In terms of online consultations there is a 3 year funding proposal, through the GP Forward Review (GPF), and this was made available from 2017/18 in order to develop local solutions for providing online GP consultations
- 87)** A small number of Islington practices have expressed an interest to pilot online GP consultations in advance of wider roll-out.
- 88)** North Central London recently completed a procurement, to identify a successful tracker for the GPF online consultations. The solution is an online symptom checker, which has the potential to release capacity in general practice
- 89)** Due diligence process is underway, including testing in a live practice environment e.g. direct integration into EMIS for appointment bookings
- 90)** Video consultation functionality will be available from mid-March 2019. The NCL supplier is piloting this in another area. An app version of the solution is expected to be available in February 2019, and so will be available in those practices who have expressed an interest to offer this service, once this solution has been implemented
- 91)** Initial discussions with the supplier have indicated that they have the capability and interest in aligning their product with the NHS App over time
- 92)** The Committee noted that there are also workforce projects across North Central London, which include – NCL Workforce Action Plan/GP Strategy implementation, International GP recruitment, GP Retentions schemes, New Employment models in primary care, the Practice Educator Team development (formerly superhubs), and a GP Nursing 10 point plan. In addition, there are the development of physician associates in primary care, super admin to increase clinical capacity by reducing clinician's administrative burden, care navigation, clinical pharmacists in general practice, trainee nursing associates, General Practice nurse training, the introduction of the Learn and Earn apprenticeship pathway
- 93)** The Committee were informed that Islington is well placed to implement local and national strategies, and it was noted that the Islington ratio of GP's to patients was better than Barnet, Enfield and Haringey
- 94)** The Committee also noted that the CCG were currently part-funding the cohort of community pharmacists, however there are clear funding arrangements for future cohorts via the new GP contract

CONCLUSION

The Committee considered a wide range of evidence in relation to GP surgeries in the borough

There is an ageing profile of GP's in the borough, and there is a need to address demographic change, the expectations of the younger generation of GP's and the need to develop increased integrated networks of staff, and to build resilience amongst the GP community. In addition, the provision of alternative therapies, such as social prescribing, and the development of teams of staff within practices, such as physiotherapists, pharmacists etc. can assist in alleviating the workload of GP's and 'free up' time for improving access to patients to GP's

The attractions of Islington to work and live we feel can also be marketed to recruit younger GP's to the borough, however the high cost of housing and living may limit such recruitment

The recommendations in the scrutiny review look to address some of these issues and can feed into the local plan, that will be developed through the North Central London Strategy

The Committee also welcome the development of digital technology applications that should assist patients and GP's in providing more accessible and efficient delivery of services

The Committee wish to thank all those witnesses who gave evidence to the Committee

MEMBERSHIP OF THE HEALTH AND CARE SCRUTINY COMMITTEE – 2018/19

Osh Gantly – Chair
Nurullah Turan – Vice Chair
Jilani Chowdhury
Tricia Clarke
Kadeema Woodbyrne
Anjna Khuruna
Martin Klute
Sara Hyde

Co-opted Member
Jana Witt – Islington Healthwatch

Substitutes:

Satnam Gill OBE
Angela Picknell
Mouna Hamitouche MBE

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Acknowledgements: The Committee would like to thank all the witnesses who gave evidence to the review.

Officer Support:

Peter Moore – Democratic Services

Lead officer/s- Julie Billett – Director of Public Health and Rebecca Kingsnorth and Imogen Bloor-Islington CCG

APPENDIX A

SCRUTINY INITIATION DOCUMENT

SCRUTINY INITIATION DOCUMENT (SID)
Review: GP surgeries (mini-review)
Scrutiny Review Committee: Health and Care
Director leading the review: Julie Billet, Director of Public Health
Lead officers: Dr Imogen Bloor, GP and clinical lead for Primary Care, Islington CCG Rebecca Kingsnorth, Assistant Director of Primary Care, Islington CCG
Overall aim: To consider the sustainability of general practice and opportunities to support sustainability in the context of rising demand, changing patterns of need, and significant population growth.
Objectives of the review: <ul style="list-style-type: none">• To examine service developments in place to support increased capacity in primary care, including:<ul style="list-style-type: none">○ social prescribing and options for increasing the number of people, including children, that can benefit from this model;○ interfaces with other services.• To examine the key enablers of primary care:<ul style="list-style-type: none">○ digital and technological advances;○ planned developments in the primary care estate;○ approaches to both attracting new workforce into Islington and supporting existing workforce• To assess contractual approaches to securing the required capacity in general practice.
How is the review to be carried out: <u>Scope of the review</u> The review will focus on developments in general practice intended to support increased capacity to meet population need. This will include both physical developments (primary care estate), and developments in the model of provision of primary care. <u>Types of evidence</u> <ol style="list-style-type: none">1. Documentary evidence including:<ol style="list-style-type: none">a. North Central London Primary Care Strategy (draft for engagement);b. Information on planned developments in estatesc. Data on in-hours and extended accessd. Information on digital and technological advances that may be relevant

- for primary care
- e. Information on workforce developments
- f. Information on the current social prescribing service
- 2. Witness evidence including presentations from:
 - a. NHS England primary care contracting team;
 - b. Islington GP Federation;
 - c. Londonwide Local Medical Committees;
 - d. Interface community services (e.g. practice based mental health, MSK)
 - e. Islington HealthWatch
 - f. Age UK (providers of care navigator - social prescribing service)

Additional information:

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.