

Report of: Executive Member for Health and Social Care

| Meeting of: | Date: | Ward(s): |
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| Executive | 16/01/2020 | All |

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SUBJECT: RESPONSE TO THE RECOMMENDATIONS OF THE HEALTH AND CARE SCRUTINY COMMITTEE ON GP SURGERIES

1. Synopsis

- 1.1 In July 2019, the Executive received a report from the Health and Care Scrutiny Committee on GP surgeries in Islington. The Committee had considered the sustainability of general practice in the borough, and the opportunities for supporting and strengthening its sustainability in the context of rising demand, changing patterns of need, and significant population growth. In its report to the Executive, the Committee made ten recommendations covering a range of areas, including GP premises, workforce development and retention, technological innovation and access to GP services. This report sets out the response by the Executive to the Committee's report and recommendations on GP surgeries, which have been developed in close partnership with Islington CCG.

2. Recommendations

- 2.1 To welcome the findings of the GP Surgeries Scrutiny review.
- 2.2 To agree the responses to the recommendations of the Health and Care Scrutiny Committee, as set out in section 4 of this report.
- 2.3 To agree that officers report back on progress to the Health and Care Scrutiny Committee in 12 months' time.

3. Background

- 3.1 During 2018/19, the Health and Care Scrutiny Committee undertook a review of the sustainability of general practice in Islington, in the context of rising demand, changing patterns of need, and population growth.
- 3.2 The Committee received evidence about a range of service developments that have been or are being implemented to support increased capacity in primary care and strengthen future sustainability, including: social prescribing; primary care 'at scale'; integrated care and interfaces with other services; digital and technological advances; planned developments in the primary care estate; and approaches to both attracting new workforce into Islington and supporting the existing workforce.
- 3.3 The Committee considered a wide range of evidence in relation to GP surgeries in the borough and noted a number of key factors, including: the ageing profile of GPs who work in the borough; changing expectations of a younger generation of GPs; pressures on general practice associated with demographic growth and change; the need to develop more integrated networks of staff working across primary care and beyond; and the need to build resilience amongst Islington's GP community. In addition, the Committee noted how the increasing provision of a broader range of services and support in general practice, such as social prescribing, physiotherapists, and practice-based pharmacists, can assist in alleviating the workload and 'free up' GP time/capacity in order to improve access to GPs. The Committee also welcomed the development of digital technology applications that should assist patients and GPs in providing more accessible and efficient delivery of services.
- 3.4 The recommendations in the scrutiny committee's report seek to build on and support some of these issues and service developments.

4. Response to Scrutiny Committee recommendations

- 4.1 **Recommendation 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.**

The revised national GP contract 2019/20-2023/24, includes an additional service specification (a Directed Enhanced Service) that practices may opt to provide, which requires groups of practices to work together in Primary Care Networks (PCNs). PCNs are expected, over the five year contract term, to be collectively accountable for provision of a range of services. This will facilitate joint working across primary care practices and premises.

All practices in Islington have opted to provide the Primary Care Networks Directed Enhanced Service, and have formed into four Primary Care Networks. A Clinical Director has been appointed to each Network and will oversee the development of an expanded range of services and greater integration with other health, care, and voluntary sector services.

- 4.2 **Recommendation 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 GPs 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.

Recommendation 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 planners to ensure that they are aware of local housing developments/population trends that may impact on GP services in the borough.

Islington CCG has developed a strategic estates plan for Islington that identifies areas of need and opportunities for improvement. This has been incorporated into a Strategic Estates Plan for North Central London (NCL) that has been rated 'good' by NHS England. The 5 Boroughs in NCL (Barnet, Camden, Enfield, Haringey and Islington) are currently developing Estates Locality Planning, which involves partners across the NHS and local authority (including planning, new homes team, adult and children's services leads). This process will identify 'hotspots' for potential reorganisation of how services are delivered and located (optimisation of current estate) as well as areas where partners can work together to realise new developments, that can deliver both new and improved primary and community health centres alongside new affordable housing.

The CCG Primary Care team has good links with Islington Council planners, the new homes team and also public health, who provide valuable information on demographic growth and new developments within the Borough. An Islington Local Estates Forum (LEF) is being established, after disbanding the joint Haringey and Islington LEF earlier this year.

Islington and Haringey Councils and Islington and Haringey CCGs have also been successful in bidding for funding from the One Public Estate programme. This funding will be used to develop feasibility studies for several sites in Islington where the NHS and Local Authority can work together to deliver new and improved primary and community health centres along with new affordable housing.

The CCG has also been successful in bidding to the Estates and Technology Transformation Fund (ETTF), which is a national capital fund, in order to support the development of new premises for Andover Medical Centre.

The CCG is also working with property owners of existing GP premises in the borough to bid for NHS Improvement Grant funding, which can be used to make internal improvements and to build extensions. The CCG also receives proposals from landlords regarding extensions to GP premises that the landlord wishes to fund. These proposals also require consideration by the CCG, and they have an impact on CCG budgets via increased rent. The CCG assesses the strategic fit and value for money of these proposals before approving them.

- 4.3 **Recommendation 4. That due to recruitment/retention problems of GPs, and the fact that a significant number of GPs 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 GPs and clinical staff. The Committee noted that the high cost of housing / cost of living in London may however be a deterrent to recruitment.**

There are a number of pieces of work aiming to increase recruitment and retention of GPs in Islington; this local work is also supported and consolidated by the North London Partners (NCL) Workforce Plan.

In Islington, the GP Federation has been running the Newly Qualified General Practitioner Retention Scheme since 2018. Participating GPs receive leadership sessions and 1:1 coaching, and work on projects within the Federation alongside sessions at a local practice. This programme is designed to highlight the wide range of opportunities available in Islington, and the majority of recruits will stay in the Borough beyond the end of the programme. Looking forward, the Federation plans to establish an ongoing retention programme, in addition to working closely with the local Community Education Provider Network (CEPN) (in the process of being renamed the “Training Hub”) to coach and mentor newly qualified GPs.

At NCL-level, a SPIN programme (Salaried Portfolio Innovation Scheme) has recently been established, to offer recently qualified GPs a range of innovative salaried posts across the five boroughs, to highlight the work/life attractions of Islington and the other NCL boroughs. This scheme builds on the successful fellowship programmes that have been running in the Borough for the last few years. Islington also supports GPs to return to work through the financial support available via the national “GP retention scheme”.

The CCG is currently working closely with the Islington GP Federation and CEPN to consider how the recommendations set out in the recently published NHS England and NHS Improvement retention toolkit can be implemented. This toolkit supports consideration of retention opportunities and interventions for GPs and the wider primary care team (including practice nurses) at all career stages. Tasking forward these NHSE/I recommendations will require work at individual staff member, practice, network and system levels – continuing and adding to the aforementioned work.

- 4.4 **Recommendation 5. That the Committee noted that many younger GPs 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.**

Through the CCG’s engagement with a scheme offered and part-funded by NHS England, Islington GP Federation have recruited a team of 13 practice-based pharmacists, who work as a shared team across practices in Islington. Some practices have also recruited their own pharmacists to work on site, and there are some physicians associates already in post. The Islington GP Federation has also developed a team of ‘super-administrators’ who are able to undertake some of the administrative tasks that were previously undertaken by GPs, particularly coding of clinical letters into clinical records.

Islington’s Training Hub (formerly known as CEPN) also provides access to trainee Nurse Associate schemes and post qualification support for physicians associates.

The new GP contract provides part-funding over five years for a range of new primary care posts. In 2019/20 further practice based pharmacists will be recruited along with

social prescribing link workers (see below). In future years, this will be expanded to physiotherapists, physicians' associates and community paramedics. The experience of Islington GP Federation in acting as host employer for the practice based pharmacists means that Islington is well placed to maximise the value of these new posts, recognising that good supporting infrastructure is required to enable individuals to operate effectively. The funding available via the national GP contract is solely to meet a percentage of the salary costs of these new posts, therefore putting in place the supporting infrastructure will require local resourcing.

In addition, as Primary Care Networks develop, wider community services will increasingly be structured to 'wrap around' primary care. There are existing examples of this, for example with practice based mental health teams provided by Camden and Islington Foundation Trust, based in general practices.

4.5 Recommendation 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.

North Central London CCGs are currently working with the Londonwide Local Medical Committee to draft some recommendations on this issue across London. It is essential to take a regional view on this work to avoid a competitive market across the different boroughs. Some national guidance is already available, following work by the Academic Health Science Network in South West England, so it is hoped that the London guidance will build upon this. Other initiatives are also being implemented, including improving access to continuing professional development (CPD), peer support and leadership opportunities.

4.6 Recommendation 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.

The North Central London CCGs have jointly funded a Digital Programme Team to implement a number of work streams. Of particular relevance to general practice are:

- The development of online consultations, for which a provider (doctorlink) has been appointed and is currently rolling out the required software to practices in Islington. There is a national target for online consultations to be available to 100 per cent of the population by April 2020
- 'Digital Accelerator' projects that seek to streamline the patient experience by capitalising on digital offers, for example, by integrating the online consultation software with the newly launched NHS App
- Digital Remote Working Solution to support GPs, primary care networks and integrated community services to access key systems such as EMIS and Docman from anywhere
- 'Voice over internet protocol' (VOIP) telephony solution integrating with EMIS enabling video conferencing and promoting collaborative working from anywhere
- 'EMIS Enterprise' solution to consolidate the current fragmented instances of EMIS across NCL which will drive down cost, streamline workstreams and help to deliver better care for citizens

- The North London Health Information Exchange which is expected to go live in Islington in October 2019.

4.7 Recommendation 8. That discussions should take place with regard to further improving access for patients to GP surgeries, with increased availability of 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.

An Extended Access Service, which provides additional GP and nurse appointments 6.30-8pm on week days and 8am to 8pm at weekends, has been in place in Islington since 2017, and in pilot form before this as part of a Prime Minister's Challenge Fund scheme. In addition, practices in Islington have, for several years, been able to opt to provide an Extended Hours service to their own patients. This was expanded in 2019/20, with the Primary Care Networks taking collective responsibility for providing this Extended Hours service to 100 per cent of patients.

The new GP contract mandates that from April 2021 funding and responsibility for the Extended Access service will pass to the Primary Care Networks and be provided as a unified offer with the Extended Hours scheme. A national review of Access to General Practice is underway led by NHS England and is expected to make recommendations by April 2020 that will inform service provision from that date. Islington CCG will work with providers locally and across North Central London, and with patients and the public, to learn from experiences to date in providing Extended Access services and to support the PCNs in taking on this responsibility.

In addition to these national developments, Islington CCG has put in place an Improved Access Local Incentive Scheme with local GP practices, that incentivises practices to provide a greater number of appointments, with 'stretch targets' set against the Islington average number of appointments. The average number of appointments available has increased over the first year of the scheme, and the scheme will continue to be delivered and monitored for a second year.

The number of primary care booked¹ appointments (recorded as part of the Improved Access Local Incentive Scheme) has increased from an average of 68 per 1000 patients per week in April 2018 (at the start of the scheme) to an average of 75 per 1000 patients over 2018/19. So far in 2019/20, the average has increased to 76/1000, with over a third of Islington practices providing in excess of 80 appointments per 1000 patients per week.

With respect to national GP patient satisfaction data, Islington practices do perform better than the national average in terms of the percentage of patients reporting:-

- Their overall experience of their GP surgery is good
- That it is easy to get through to their surgery on the phone
- That they were offered a choice of appointment time.

There have also been improvements locally in:-

- Satisfaction with support for management of long term health conditions
- Ease of use of GP practice websites
- Satisfaction with the type and times of appointment offered
- Experience of care when your practice is closed.

¹ As opposed to available appointments.

- 4.8 **Recommendation 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 GPs 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 supports this work.**

As noted in Recommendation 5, Islington GP Federation will be acting as the host employer for the additional roles and capacity that are being introduced into GP practices, including four new Social Prescribing Link Worker roles in 2019-20. Islington CCG has been working closely with Islington GP Federation, the newly appointed Primary Care Network Clinical Directors, Age UK Islington and Help on Your Doorstep, to ensure that a joined up, whole-system approach is being taken to the development of Islington's Primary Care Network Social Prescribing offer, in order to maximise the impact of these new roles and to avoid duplication and confusion. Partnership working to-date has been very positive, demonstrating the strength of existing relationships.

Islington Primary Care Networks are passionate about addressing the needs of their communities, and working with existing Social Prescribing schemes to develop their offers. This could lead to each PCN identifying a different focus area for their Social Prescribing Link Worker, at least in the initial stages, whilst resources are relatively limited. Potential focus areas include:- social crisis advice, benefits review and support, and supporting local communities to develop social assets, such as walking groups or community gardening activities. This work is still in development and will be an iterative process, based on residents' and patients' needs.

Islington CCG, and all organisations involved with Social Prescribing in the borough, are conscious that new investment into social prescribing link worker roles will create greater demand for Voluntary, Community and Social Enterprise (VCSE) sector services. The services provided by local VCSE organisations are already stretched owing to rising demand and central government funding reductions. Islington CCG and Islington Council are working closely together to ensure that local VCSE organisations remain sustainable. This will involve jointly reviewing commissioned and grant-funded VCSE provided services and working with VCSE organisations to identify where gaps/pressures are greatest and where resources are most needed.

Over the past 18 months, Islington Council, Islington CCG and other local partners have also been involved in the development of social prescribing in NCL, through membership of the North Central London Social Prescribing and Supported Self-Management Advisory Group. This group brings together colleagues from the NHS, Local Authorities and the Voluntary, Community & Social Enterprise (VCSE) sector from each of the 5 NCL boroughs. It provides a forum to share best practice in social prescribing as well as build consensus and collaborate on STP-wide priorities. This group has created:-

- system design principles for social prescribing services;
- recommendations to PCNs on developing their social prescribing offer, recruiting link workers and integrating them into the local health and care system; and
- an outcomes and evaluation framework for measuring the impact of social prescribing.

This NCL Group is also working with the NCL Digital Accelerator and NHS England to promote digital integration of social prescribing records and electronic referrals into the voluntary sector, as per Recommendation 7.

- 4.9 **Recommendation 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 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 encourages 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.**

This recommendation is closely related to recommendation 7 above. The programme for rolling out online consultation to practices includes the collation of case studies from practices that have already successfully adopted online consultations, to describe how they have adjusted their appointment systems and managed their triage processes. These are being developed into communications tools for use with practices that are yet to adopt online consultations, to assist them in making any necessary adjustments to their appointment booking systems. The regional 'Empower the Person' team is also working with CCGs to understand what a good online appointment offer looks like and exploring how a number of Digital services can complement each other to offer 25% or more of appointments online.

5. Implications

5.1 Financial implications:

There are no direct financial implications arising from this report.

5.2 Legal Implications:

The Health and Social Care Act 2012 confers duties on local authorities to improve public health.

Section 12 of the ("the 2012 Act") inserted a new section 2B into the National Health Service Act 2006 ("the 2006 Act") which imposes a duty on each relevant local authority to take such steps as it considers appropriate to improve the health of the people in its area. Section 2B(3) of the NHS Act 2006 provides that such steps include providing services for the prevention, diagnosis or treatment of illness.

The 2012 Act established Clinical Commissioning Groups as the foundation of the new health system with responsibility for commissioning the majority of health services. Section 28 of the 2012 Act required all GP practices to be members of CCGs. Section 26 of the 2012 Act also inserted a new section 14R into the 2006 Act which imposes a duty on CCGs to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals, as part of the health service.

5.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

Improvements to general practice premises through relocation or expansion is likely to result in resource use, the generation of construction waste, and minor short term adverse impacts on air quality resulting from normal construction practices which can be mitigated

through mechanisms such as construction management plans. In the long-term, increased energy efficiency of the premises is likely to result in a small reduction in air pollution and carbon emissions. However, proposals for longer opening hours in the evenings and weekends would mean increased energy use and carbon emissions if the buildings were not converted to using renewable energy and zero emissions heating systems.

Primary care services close to where people live are likely to encourage active travel to appointments and reduce the need to travel by private vehicle, which is likely to have a small beneficial impact on air quality and carbon emissions. Access to primary care services through digital technologies reduces the need to travel to appointments entirely and will have a beneficial impact on air quality and carbon emissions.

Changes to workforce mix and alignment of terms and conditions across London are not likely to impact on air quality or carbon emissions.

5.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment was undertaken in September 2019. The population accessing NHS Primary Care services in Islington is similar to the resident population, although some residents access primary care in neighbouring boroughs and some residents of neighbouring boroughs access primary care in Islington.

Improved access to primary care as detailed in the recommendations is likely to have a beneficial impact on all residents accessing NHS Islington primary care services. Groups such as older people and pregnant women, who tend to use NHS primary care services more frequently, are likely to particularly benefit from more access. Younger groups, who tend to prefer digital access, are likely to benefit from technological advances in accessing care.

Where GP services are relocated, expanded or improved, improvements to the physical structures is likely to improve access for disabled people.

Differences in digital literacy and inclusion, and where English is not the first language, may mean the use of and benefits from digital approaches to access/service delivery may not benefit all residents. Whilst traditional access arrangements will remain and be enhanced, any access developments in primary care will need to ensure they recognise and respond to the needs of our diverse populations.

6. Reason for recommendations

- 6.1 To respond to the recommendations of the Health and Care Scrutiny Committee review of GP surgeries.

Appendices

- Appendix 1: Resident Impact Assessment.

Background papers: None

Final report clearance:

Signed by:



Cllr Janet Burgess

Executive Member for Health and Social Care

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