



Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Date of Meeting: January 23 2019

Report of: Director of Delivery Care Outside of Hospital, NHS Sheffield CCG

Subject: Update on Primary Care

Author of Report: Abby Tebbs, Deputy Director of Strategic Commissioning and Planning

Summary:

This paper provides the Committee with an update on progress to date and future plans to achieve the priorities identified in the Sheffield Place Based Plan and GP Transformation Plan priorities by:

- ensuring a consistent quality offer to patients;
- developing a different way of working through neighbourhoods
- enhancing system understanding

This briefing paper was requested by the Committee

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

The Committee is asked to note the contents of the briefing paper.

Category of Report: open

Report from NHS Sheffield Clinical Commissioning Group on Primary Care in Sheffield

1. Introduction

Access to good and timely primary care is the foundation of the CCG's long term strategy, reflected in the Place Based Plan '*Shaping Sheffield*'. Variation in the quality of, and access to GP services across Sheffield, and people's experience at different surgeries or in different areas of the City, is a focus of work plans now and in the future.

The GP Forward View (GPFV) set the national strategic direction for primary care in England. In response to this the CCG, in partnership with key stakeholders across the City, developed an ambitious transformation plan for services. Figure 1 overleaf presents GP transformation and the key initiatives to achieve high quality, sustainable care described in the transformation plan. The priorities identified to achieve this are:

- supporting delivery of core services;
- investing to deliver transformation;
- securing sustainability and resilience moving forward;
- longer term investment for new models of care, practices, neighbourhoods, and communities – requires consistency;
- neighbourhood approach supporting different models to suit areas, reflecting and investing to recognise deprivation and need.

This paper provides the Committee with an update on progress to date and future plans to achieve these priorities. In summary this work falls into three key approaches which are described in greater detail in the following update:

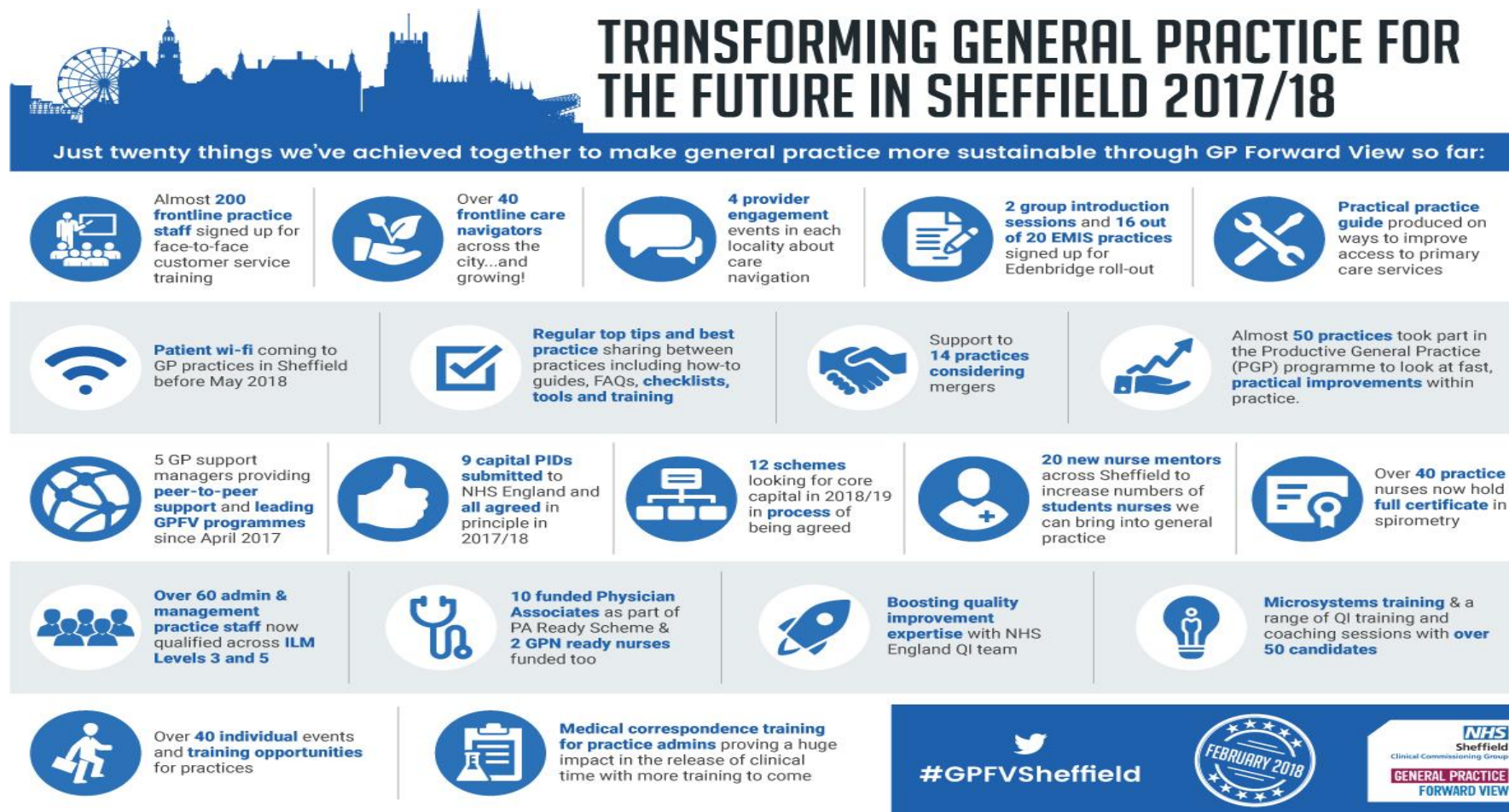
- ensuring a consistent quality offer to patients;
- developing a different way of working through neighbourhoods to support efficient use of professionals ensuring their time is spent in the right places;
- enhancing system understanding – effective ways of working, care navigation and communications with patients and partners.

2. Where Are We Now?

Sheffield CCG is committed to improving the quality of care for the population of Sheffield, therefore assessing and monitoring the performance and quality of services commissioned directly from primary care providers is essential.

Whilst practices, as independent contractors, are accountable for the quality of services they deliver and must undertake their own quality monitoring, NHS England and CCGs have a shared responsibility for quality assurance and improvement.

Figure 1: Plans for the Future of General Practice in Sheffield



The CCG continues to develop and improve processes to monitor and manage intelligence on the quality and performance of practices and the integration of patient experience information into this process is central to our objectives.

These steps support our intention to move to a preventative and supportive model of care in partnership with primary care and other stakeholders through People Keeping Well.

2.1. CQC

The CQC have now completed all their inspections of Sheffield based general practices. The accompanying paper from the Chief Nurse presents further detail on the results and actions being taken. Overall there has been an improvement in ratings between 2017 and 2018 and the results at December 2018 are set out below in table 1.

Table 1: Overall Practice CQC Ratings at December 2018

Practice Overall Rating (December 2018)	No. Practices	% of Practices
Good	83	97.7%
Requires Improvement	2	2.3%
Inadequate	0	0.0%
Outstanding	0	0.0%

Those practices rated as ‘requires improvement’ or ‘inadequate’ are being supported by the CCG Quality team to ensure that action plans to meet the requirements identified in the CQC report are in place and being appropriately implemented.

2.2 Patient Survey

We review patient feedback from a variety of sources including the national GP patient survey, the Friends and Family Test, complaints, and online feedback on websites such as Care Opinion, Healthwatch, and social media sites assist us to identify practices where patients are reporting issues, such as problems with access and address these within our plans.

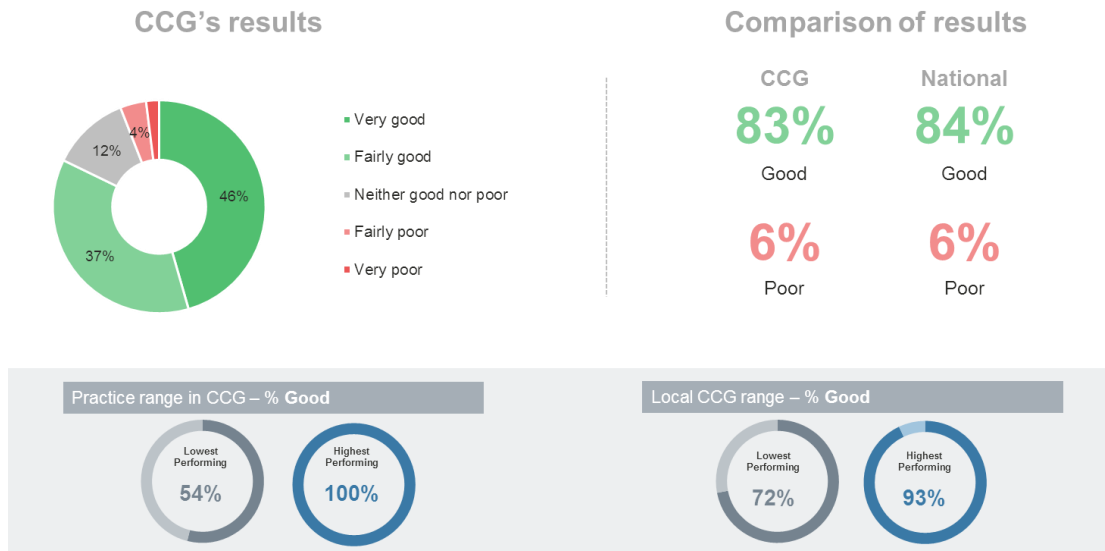
The GP Patient Survey measures patients’ experiences across a range of topics, including making appointments, perceptions of care, practice opening hours, out of hours services. The survey demonstrates the range of patient satisfaction with quality and access to primary care services across the City.

Although the annual survey, which is conducted independently, has limitations, including the small sample size at practice level and lack of qualitative data, it enables practice level and organisational comparisons using a consistent methodology.

The latest survey was published in August 2018 and highlights the issues on which the CCG is focussing. We know that while overall satisfaction with

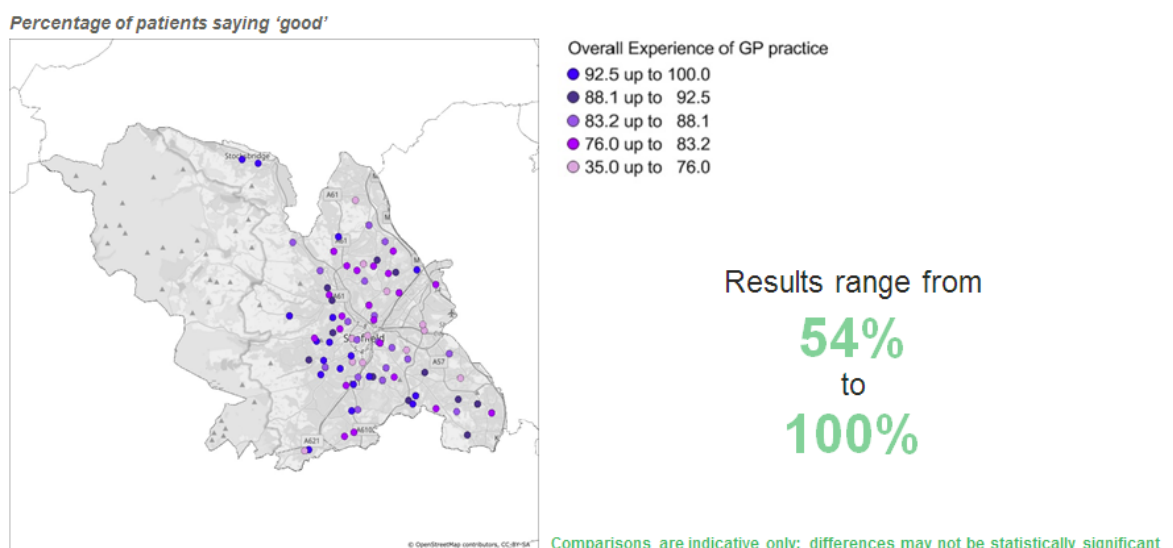
practices in the city is very close to the national mean there is much wider variation in levels of satisfaction between practices in Sheffield than nationally. Figure 2 overleaf compares results and range at CCG and national level.

Figure 2: Percentage of Respondents Rating Overall Experience of GP Practice as Good at CCG and National Level (source: IPSOS Mori)



Mapping practice overall satisfaction levels shows close correlation to other intelligence received by the CCG and highlights differences across the City with less satisfaction in the north, centre and east of the City.

Figure 3: Percentage of Respondents Rating Overall Experience of GP Practice as Good by Practice (source: IPSOS Mori)



2.3 Quality Framework

The CCG approved a new Quality Framework for primary care in May 2018, it aims to provide a consistent and equitable approach to managing practice quality and performance across practices in Sheffield.

The purpose of this framework is to ensure that the three domains of quality, patient safety, clinical effectiveness and patient experience, are monitored using all internal and external intelligence available:

- patient safety - safeguarding, reporting patient safety incidents, access;
- clinical effectiveness - delivery of service specifications; learning from audits, Primary Care Webtool;
- patient experience - Friends and Family Test (FFT), patient survey; CQC inspections.

The framework also sets out an escalation process where issues are identified with individual practices.

The newly established Primary Care Intelligence Group will monitor information and intelligence in order to identify potential or actual risk and will make decisions on escalation to appropriate committees.

Information is obtained from a range of sources covering the following domains:

- patient safety and experience;
- continuity of service;
- length of time required to remedy the concern;
- provider's reputation;
- wider health economy and partner organisations.

The CCG will use the development and implementation of the Quality Framework to enable early identification of emerging problems and to support practices to address concerns preventative approach to addressing future problems by supporting practices

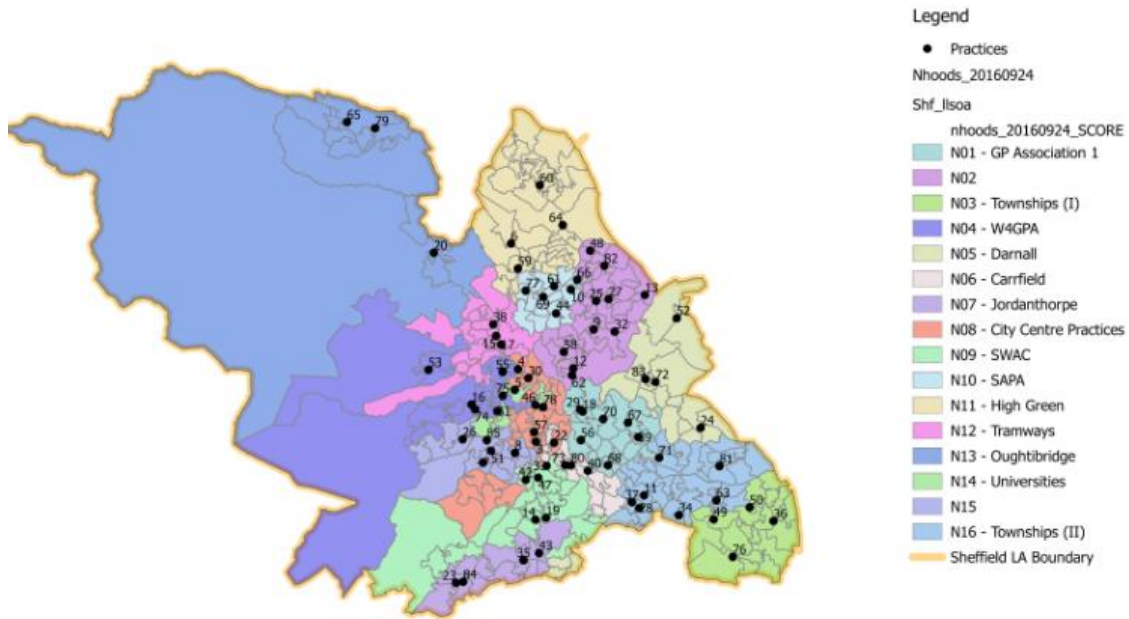
2.4 Quality Contract

The development of a comprehensive quality contract with practices to ensure consistent outcomes and high quality services above core contract requirements, regardless of provider and will form part of the universal support for practice development. Phase one of the contract will be implemented in April 2019, development has included a stocktake of existing provision and learning from audits of existing locally commissioned services and other intelligence. To qualify for payment under the quality contract practices must demonstrate consistent provision of good quality core services and we will use the Quality Framework to support this.

2.5 Neighbourhoods

As previously reported to the Committee, 16 neighbourhoods have been established to cover Sheffield and every practice has been assigned to one of these, the map at figure 4 shows how these are divided to cover the City.

Figure 4: Map of Sheffield Neighbourhoods



The CCG has developed and maintains a maturity assessment of the neighbourhoods as they develop. This is being used to inform plans for support and investment that will enable the neighbourhoods to both develop their leadership and deliver their goals.

The evolution of neighbourhoods as a vehicle for the development and delivery of new models of care is fundamental to our vision for the long term transformation of primary care in the City, enabling models of care delivery to be far more responsive to the particular needs of different populations across the City. Delivery of care at a neighbourhood scale also facilitates the most effective use of professional resources by allowing care to be provided across practice populations where this is desirable and clinically appropriate.

Care Navigation is supporting patients to access healthcare directly from the most appropriate service including opticians, pharmacies, nurses, family services, or support groups rather than visit the GP and to ensure that GP waiting times are shorter when seeing a GP is the best course of action.

The CCG has commissioned support and training to help develop Care Navigation in Sheffield. This has included developing receptionists' knowledge, introducing new IT systems and forming stronger partnerships with other service providers. Regular Care Navigation events have been hosted by the CCG to help increase the number of practices involved, as well as share knowledge and ensure patients across Sheffield receive consistent advice.

2.6 Communications

Further engagement on Urgent Primary Care will commence shortly. Learning from previous engagement and consultation exercises it is clear that there is a lack of understanding about the primary care provision currently in place both among the public and within partner organisations.

The CCG is working to strengthen communications and put in place a more robust communications plan to support primary care discussions on Urgent Care and more widely with the public and partners.

2.7 Extended Access Arrangements

The CCG has completed a procurement to secure ongoing provision of extended hours services and the contract had been awarded to Primary Care Sheffield. Through the tender and contract award the CCG now has an opportunity to make services more accessible for patients, there will also be greater access to GP slots for practices.

3. Building for the Future

We will continue to build on these achievements to deliver our shared vision for the transformation of primary care in Sheffield, in particular focussing on the following to support delivery of our plans.

3.1 Strengthen Accountable Care Partnership (ACP) Plans and Quality Framework

A series of workshops are planned by the ACP to refresh the Place Plan across all work streams, these plans will allow further in-depth exploration of priorities with key stakeholders and the wider public. Primary Care plans will be refreshed to reflect any adjustments to strategy emerging from these events and the recently published '*Long Term Plan*' for the NHS.

Neighbourhood development remains a key theme for the achievement of many of the ACP's objectives in primary care and beyond. The CCG will build on work with partners to further strengthen the system wide approach to neighbourhood development as part of the ACP 'system approach'.

The CCG will continue to build on the implementation of the Quality Framework to further enable the development of a high quality primary care offer across the City.

3.2 Investment at Scale

The CCG will continue to invest significantly in developing a universal offer of primary care across the city, through the neighbourhood approach described in our transformation plan. This core investment in supporting resilience, range and quality in primary care will be driven through the expansion of the Quality Contract among other initiative including neighbourhood development and support to develop neighbourhood leadership and integrated services.

3.3 Targeted Investment

Over and above this city-wide funding the CCG will focus targeted resource in areas of need to build services that deliver the high quality services we expect for all our people. This targeted funding will align with health need and aligns closely with the ACP priorities.

4. Recommendation

The Committee is asked to note the report in particular the three key messages about the approach taken to improve the quality of and access to primary care services across the City by

- ensuring a consistent quality offer to patients;
- developing a different way of working through neighbourhoods to support efficient use of professionals ensuring their time is spent in the right places;
- enhancing system understanding – effective ways of working, care navigation and communications with patients and partners.

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