

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report:	Lewisham Clinical Commissioning Group: Primary Care Strategy Refresh – Developing GP Services		
Ward:	All	Item No.	5
From:	Dr Marc Rowland, Chair, Lewisham Clinical Commissioning Group Dr Jacky McLeod, Clinical Director, Primary Care Lead, Lewisham Clinical Commissioning Group		
Class:	Part 1 (open)	Date:	12 th January 2017

1. Purpose

- 1.1 The purpose of this paper is to provide the Healthier Communities Select Committee with an overview of developments taking place both nationally and locally with regard to primary care. The paper focuses specifically on the refresh of the Lewisham Clinical Commissioning Groups (LCCG) Primary Care Strategy – Developing GP services and progress made towards implementation.
- 1.2 Nationally, there are two recent developments that will have an impact on how local primary care services (GP practice services) are commissioned, delivered and more so how the quality of services will be improved to meet the needs of the local population; (i) Primary Care Co-commissioning; and (iii) General Practice Forward View (April 2016).

2. Recommendations

- 2.1 Members of the Healthier Communities Select Committee are recommended to note;
- 2.1.1 LCCGs progress on delivering its refreshed Primary Care Strategy – Developing GP Services (2016 – 2021);
- 2.1.2 That LCCG submitted an application on 5th December 2016 along with the other five CCGs in South East London for level 3 delegated commissioning of general practice services to NHS England. If the application is approved LCCG will have delegated responsibility for General Practice from the 1st April 2017. The NHS England Regional Moderation panel have recommended the application for consideration in the National moderation process on 4th January 2017.

3. Lewisham Clinical Commissioning Group Primary Care Strategy Refresh – Developing GP Services

- 3.1 The LCCG Primary Care Strategy (See Appendix 1) details how the CCG plans to meet its statutory responsibilities in supporting and driving improvement in the quality of primary care services delivered by General Practice. The CCG is responsible for improving the quality of local GP services, working closely with NHS England as level 2 joint commissioners.
- 3.2 The strategy predominantly focuses on the development of General Practice within the wider context of primary and community based care, with key interfaces made to other care services and settings where appropriate.
- 3.3 It is a refresh of the Primary Care Strategy originally approved by NHS Lewisham Clinical Commissioning Group in 2014 and builds on the existing vision, whilst also ensuring alignment with local and national plans that have since been published, including the following:
- Transforming Primary Care in London: Strategic Commissioning Framework

- Our Healthier South East London (OHSEL): Sustainability & Transformation Plan
- Lewisham Health and Wellbeing Board Strategy
- Lewisham Health & Care Partners
- NHS Five Year Forward View
- NHS GP Forward View

3.4 Primary care delivery tends to be centred on general practice as 90% of activity takes place in this setting, supported by practice nurses, community services and health visitors. It is widely recognised in London and in Lewisham that general practice is under significant and growing pressure due to population growth, widening health inequalities, patient/public expectations and more patients with increasingly complex needs.

3.5 The Lewisham population is projected to continue to grow by a further 20,000 residents over the next five years. Growth is predicted in across almost all age brackets, with the exception of residents aged 20-29 years, where a small decrease is projected.

3.6 Lewisham is the 14th most ethnically diverse local authority in England and Wales, Black, Asian and Minority Ethnic (BAME) groups make up 49.3% of the population, the largest groups are Black African (12%) and Black Caribbean (11%).

3.7 There are 40 GP practices in Lewisham providing primary care services out of 44 surgeries (sites) and are arranged in four neighbourhood groups (See Pg. 15 of the Primary Care Strategy). This pragmatic geographical grouping has been in place in Lewisham for more than ten years and has enabled the development of relationships between practices resulting in agreeing collective goals and improvements, which is now underpinned by GP Federations.

3.8 LCCGs vision for primary care is to ensure the systematic development of primary and community care to produce; (a) a network of advice, support, education physical/mental health and social care hubs embedded in activated communities; and (b) work together to maximise health and well-being of the population, with access to specialist and diagnostic services when needed.

3.9 The LCCG Primary Care Strategy continues to focus on the four key high impact changes for General Practice, in summary;

1. Proactive Care	<i>Work to ensure that 'every contact counts', seeing each contact with a patient as an opportunity to address preventative health needs, to provide brief interventions or to sign post the patient to other services within network.</i>
2. Accessible Care	<i>Support people to access care appropriately by working to simplify access points so that people can easily navigate the system and care in a timely way.</i>
3. Co-ordinated Care	<i>Identify people that will benefit from co-ordinated care and a care plan.</i>
4. Continuity of Care	<i>On identifying patients care plans will be co-designed with patients and carers. Ensuring that patients have a named skilled professional accountable for their care.</i>

3.10 The strategy supports the existence of Integrated Health and Social Care neighbourhood community teams wrapped around a registered list held by GP practices.

3.11 Lewisham CCG will commission services to achieve sustainable General Practice delivering primary care. This care will increasingly be delivered at scale across local

populations through GPs leveraging opportunities afforded by technology and working collaboratively through new models of care, which deliver integrated services.

3.12 In line with Our Healthier South East London Sustainability & Transformation Plan, primary care (general practice) will form a key component of Neighbourhood Care Networks who will be delivering Community Based Care, which includes;

- Building strong and confident Lewisham communities
- Delivery of consistently high standards of care, including London Primary Care Standards
- Responsive services providing access from 08:00 – 20:00, 7 days a week
- Focus on physical health and wellbeing of patients with mental health problems
- Proactive primary (and secondary) prevention
- Systematic risk stratification and problem solving approach with shared care planning
- Access to specialists in the community
- Increased accessibility to diagnostics

3.13 The four core components of the CCGs commissioning approach for the lifetime of the strategy for General Practice are;

1. Supporting GP practices to work together and provide care and services at scale;
2. GP practices delivering primary care are an integral part of Neighbourhood Care Networks;
3. Shifting resources from secondary care to primary care to support care in the community;
4. Supporting outlier GP practices to reduce variation and the improve quality of services provided.

3.14 The CCGs aim is to support development of the provider landscape to provide primary and community based care via appropriate population based services. The table below lists the providers and new models of care, which will be delivering services and the characteristics;

Providers	Providing
<ul style="list-style-type: none"> • GP Practices • GP Super-partnerships • GP Federations • Multispecialty Community Providers (MCP)/Primary and Acute Systems (PACS) 	<ul style="list-style-type: none"> • GP List based care • At scale across local populations • Outcomes based • Core, Enhanced and Community services

3.15 The CCGs local approach to new models of care is based on working with the Lewisham Health & Care Partners, which includes the GP Federation.

3.16 There are a number of critical enablers required to support implementation of the strategy are; (i) utilising contracting opportunities; (ii) improved information technology and better management and use of the local estate; and (iii) supporting the development of the local workforce. The CCG will utilise these enablers working collaboratively with local partners.

4. Benchmarking General Practice in Lewisham

4.1 As a part of the CCGs responsibility for improving the quality of primary care services (specifically GP practice services), national benchmarking data (GP National Patient Survey) is reviewed, as is individual GP practice performance under level 2 co-commissioning at the Primary Care Joint Committee with NHS England held in public. In addition, ‘soft intelligence’ from Lewisham Healthwatch on patient views is also reviewed.

4.2 The national GP patient survey provides information to patients, GP practices and Commissioning organisations on a range of aspects of patients’ experience of their GP

services and other local primary care services. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services. The results of the survey are publically available and published on a quarterly basis. The next survey results will be published in January 2017.

4.3 The total number of respondents to the July 2016 patient survey for Lewisham was 4,125, which is slightly down on July 2015. In Lewisham, the GP patient survey for July 2016 evidenced that Lewisham General Practices had improved performance compared with July 2015 and in a number of indicators performed 'better' than the national average;

- **Overall experience of GP surgery:** In July 2016 more than half of Lewisham GP surgeries performed above the national average with respondents having a very good or good experience and the overall performance has improved when compared with July 2015.
- **Helpfulness of receptionists at GP surgery:** Overall performance for all GP surgeries was equal to the national average, again with more than half of all surgeries performing above the national average and respondents finding receptionists very or fairly helpful. However, there was a slight decrease in performance when compared with July 2015; 87% of respondents found receptionists at GP surgeries helpful in July in 2016 compared with 88% in July 2015.
- **Awareness of online services:** Lewisham GP Surgeries continue to perform above the national average for awareness of booking appointments online and actual booking of those appointments online.
- **Satisfaction with opening hours:** Overall performance for all GP surgeries was equal to the national average; 76% of respondents were either very or fairly satisfied. Performance for this indicator has improved when compared to July 2015 and similarly the numbers of respondents who were dissatisfied has decreased.
- **Quality of care in GP surgeries:** Overall once patients attended the GP surgeries for their appointments – generally the quality of care experienced is rated as either good or very good by respondents to the survey; with patients feeling listened to, being involved in decisions about their care, being treated with care and concern and being given enough time.

4.4 Indicators where Lewisham GP surgeries performed 'below' the London average in July 2016 were;

- **Success in getting an appointment:** Overall Lewisham GP surgeries performed slightly below the national average 90% (Lewisham) compared to 92% (National) of respondents found their appointment very or fairly convenient. However, performance has remained static when compared to July 2015 and where respondents were unable to get a convenient appointment, double (8%) the national average chose to attend A&E instead.
- **Overall experience of making an appointment:** Overall Lewisham GP surgeries performed slightly below the national average 70% (Lewisham) compared to 73% (National) of respondents found their experience of making an appointment very or fairly good. This performance has decreased slightly when compared to July 2015; however those respondents who found the experience 'poor' had reduced.
- **Waiting times at the GP surgery:** Overall Lewisham GP surgeries performed below the national average; 52% (Lewisham) compared to 58% (National) of respondents 'did not' feel that they waited too long to be seen in the surgery. This performance

has improved slightly when compared to July 2015; similarly the performance for those who 'believed they waited too long' has improved.

- 4.5 It is recognised that there is variation in the GP patient survey indicators across individual GP practices.
- 4.6 The majority of areas and those requiring improvement provided by the quantitative national GP patient survey of 4,125 Lewisham residents – is supported by the qualitative engagement undertaken by Healthwatch Lewisham.
- 4.7 The Healthwatch Lewisham Intelligence Report 2016/17 (1st July 2016 to 30th September 2016), which is based on gathering feedback from patients within 6 specific GP practices, in addition to the Waldron Centre, (which hosts 4 GP practices and the Walk-in Centre) – the key messages for General Practice;
- Overall a substantial amount of respondents were happy with quality of treatment or service they were receiving from GP practices;
 - However, 53% of the comments about GP services were negative and centred on respondents being; (i) Irritated about the limited number of appointments; (ii) Frustration about being unable to book appointments; and (iii) Length of time it takes to book an appointment.
- 4.8 The CCG has commenced patient engagement on how our population accesses primary and urgent care services as part of its review and intentions to develop Integrated Primary & Urgent Care Services in the borough. The patient engagement programme will encompass a wide range of groups and individuals, including seldom heard groups to get their views on primary and urgent care services. Specifically, the CCG will be engaging on the provision of Extended Access to General Practice. This will also include understanding what information our local population requires to support them in their choices about primary and urgent care.
- 4.9 The CCG established a Public Reference Group (PRG) in December 2015, which is reflective of the borough's diverse population. The role of the PRG includes;
- Ensuring that public engagement is integrated into the commissioning cycle;
 - Acting as a 'critical friend' across all commissioning services in respect of patient and public engagement;
 - Supporting the CCG in engaging and communicating more widely with the public to gather their views, and to inform the public of the challenges facing the NHS and any proposed changes to services.
- 4.10 Discussions have been held with the PRG on the refresh of the Primary Care Strategy and level 3 delegated commissioning of General Practice. The CCG will continue to work with the PRG as the primary care implementation plan progresses.
- 4.11 *Care Quality Commission (CQC)*
- 4.12 The Care Quality Commission (CQC) is the independent regulator of healthcare and adult social care in England. The organisation was established by the Health and Social Care Act 2008 to ensure that healthcare and social care services provide people with safe, effective, compassionate, high-quality care.
- 4.13 In primary care, the CQC has the responsibility for regulating general practices, out-of-hours services, urgent care services, NHS 111, dental practices, prison medical services, and independent primary care doctors. The largest part of this work is the regulation of general practices, of which there are approximately 8,000 in England. The CQC plan to have inspected all of these practices at least once by April 2017.
- 4.14 The CQC first started to regulate and inspect general practices in April 2013. The aim of these inspections was to assess compliance with the essential standards of care

outlined in the Health and Social Care Act 2008. A new methodology was piloted in April 2014 which was fully rolled out nationally on 1st October 2014.

4.15 The CQC use a combination of intelligent monitoring data and information gathered from inspections to make judgements. Intelligent monitoring data is used to prioritise practices for inspection based on nationally available data sets – the new inspection methodology involves asking five key questions:

- is a practice safe?
- is it effective?
- is it caring?
- is it responsive to people's needs?
- is it well led?

4.16 As well as focusing on the five key questions, the CQC will also look at how services are provided to people in the following specific population groups:

- older people
- people with long-term conditions
- families, children, and young people
- working-age people
- people in vulnerable circumstances, who may have poor access to primary care
- people experiencing poor mental health

4.17 Practices are rated as 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate' for each of the five key questions and for each population group. Practices will also receive an aggregate overall rating.

4.18 Current overall ratings across Lewisham's 40 GP Practices are as follows:

Overall Rating	Number of practices
Outstanding	1
Good	29
Requires improvement	4
Inadequate	0
In progress	6

5. Primary Care Co-commissioning

5.1 Delegated Commissioning (level 3)

5.2 Since the 1st April 2015, Lewisham CCG has been responsible for the co-commissioning of primary care services provided by GP practices with NHS England. NHS England has asked CCGs to consider whether they wish to move from this arrangement (level 2 joint commissioning) to delegated commissioning (level 3) from 1st April 2017 and on 5th December 2016 Lewisham CCG submitted its application after approval from its Governing Body on 10th November 2016.

5.3 Co-commissioning of primary care services provided by GP practices is a key enabler in developing seamless, integrated out-of-hospital services based around the diverse needs of local populations in line with the *NHS Five Year Forward View*. It is synonymous with developing consistent and high quality community based care and prevention as part of the *Our Healthier South East London (OHSEL)* programme. The intended benefits of co-commissioning are:

- Improved **access** to primary care and wider out-of-hospital services, with more services closer to home
- High **quality** out of hospital care
- Improved health **outcomes**, equity of access and reduced inequalities
- A better **patient experience** through joined up services

5.4 Level 3 delegated commissioning functions for primary care (General Practice) offers CCGs the opportunity to assume full responsibility for commissioning general practice services, whilst NHS England will legally retain liability for the performance of primary medical care commissioning.

5.5 To that end, NHS England will require robust assurance that their functions will be effectively carried out. The functions to be included are:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract)
- Newly designed enhanced services
- Design of local incentives schemes as an alternative to Quality Outcomes Framework (QOF)
- The ability to establish new GP practices in an area
- Approving practice mergers and
- Making decisions on 'discretionary' payments (e.g. returner/retainer schemes).

5.6 NHS England would remain accountable for outcomes and therefore would continue its assurance role of CCGs to ensure responsibilities are being adequately discharged and well managed to yield the intended outcomes.

5.7 On moving to level 3 the following responsibilities would remain with NHS England:

- Holding the medical performers' list
- Performers' appraisal and revalidation
- Pay and rations
- Complaints
- Commissioning of dental, community pharmacy and eye health services

5.8 With regard to governance arrangements for level 3, which includes the impact of the Revised Statutory Guidance on the Management of Conflicts of Interest for CCGs issued on the 28th June 2016 (<https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>); on the 10th November 2016 CCG received approval from its Governing Body to;

- (i) Change the composition of the Governing Body to include a third Lay Member;
- (ii) Enhanced the role of the Lay Member, who leads on audit, remuneration and conflicts of interest matters (deputy chair) to become the Conflicts of Interest Guardian; and
- (iii) Amendment of both the CCG Conflicts of Interest and Procurement Policies to reflect the guidance (Procurement Policy: <http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/Enc%2013.2%20Appendix%20II%20Procurement%20Policy%20Draft.pdf> and Conflict of Interest Policy: <http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/Enc%2013.1%20LCCG%20COI%20Policy.pdf>).

5.9 Resulting amendments to the CCG Constitution will be submitted to the Governing Body in March 2017.

6. Improving the quality and patient experience of General Practice

6.1 Co-commissioning of General Practice (level 2)

Under level 2 co-commissioning of General Practices services have afforded the both NHS England and the CCG the opportunity to; more effectively plan and improve the provision of out-of-hospital services and enable the pooling of funding for investment in primary care.

6.2 Lewisham CCG has developed its commissioning intentions for General Practice (as a part of the Personal Medical Services (PMS) contract) as outlined in the refreshed

Primary Care Strategy, under level 2 co-commissioning arrangements with NHS England. The development of the commissioning intentions has been supported by Public Health colleagues, particularly with regard to proactive care.

- 6.3 The commissioning intentions for PMS are now subject to discussions with the Local Medical Committee, which represents GP practices and are likely to be contracted from July 2017 subject to agreement.
- 6.4 The CCGs commissioning intentions for General Practice support the core areas of the strategy, specifically Accessible, Co-ordinated and Proactive Primary Care. The intention is to reduce variation amongst individual practices that results in differential outcomes for our population and facilitate more outcomes based improvements as opposed to being process driven.
- 6.5 There will be a focus on the Patient Voice and improving their experience of General Practice as a direct response to the national GP patient survey indicator outlined in Section 4.4; *Overall, how would you describe your experience of making an appointment?*
- 6.6 For Accessible care the CCG will continue to support the Referral Support Service (RSS), which assists GPs with referrals to secondary care and delivers on patient choice with regard to booking appointments for care that is convenient for them. As a direct result of the implementation of RSS electronic-referrals usage amongst Lewisham GP practices increased from 7% (one of the lowest rates in the country) to over 35%.
- 6.7 Raising awareness and access to GP online services (appointment booking, repeat prescriptions and access to medical records) continues to be a priority for the CCG as it is nationally, however recognising that for some members of our population accessing services online may not be appropriate.
- 6.8 Proactive Care will continue to focus on early detection and prevention – in recognition and refecation of the following Health & Wellbeing Board priority areas;
- *achieving a healthy weight*
 - *increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years*
 - *improving immunisation uptake*
 - *reducing alcohol harm*
 - *delaying and reducing the need for long term care and support*
 - *reducing the number of emergency admissions for people with long-term condition*
- 6.9 Individual GP practices will be required to improve on; brief interventions for Childhood Obesity; screening, intervention and specialist referral for Alcohol; Cancer Screening rates (Bowel and Cervical); Pre-Diabetes detection and registration; Childhood Immunisation rates; and Vaccinations for Flu and Pneumonia.
- 6.10 Co-ordinated Care requirements will continue to complement the priorities of the Lewisham Health & Care Partners – specifically with regard to Risk Stratification and Multidisciplinary working as a part of Neighbourhood Community Teams. Supporting patients at the End of their life (EoL) will have dedicated requirements for GP Practices to record EoL care plans for those patients. GPs will also be required to continue to support providing care in patients own homes through appropriate home visits.
- 6.11 Clarity on the full financial implications and challenges of delegated commissioning of General Practice is still emerging.
- 6.12 The CCG is successfully accessing national funding streams as a part of the GP Forward View and has been awarded funding for individual GP Practice Resilience Plans and Estates and IT developments via the national Primary Care Estates & Technology Transformation Fund.

7. Supporting 'at scale' General Practice delivering primary care

7.1 GP Federations

7.2 The CCG has supported the formation of four local GP Federations (North Lewisham Health Ltd – covering the North; Lewisham Primary Care Partnership Ltd – covering Central Lewisham; Lewisham Healthcare Ltd – covering the South East; and Lewisham 4 Health Ltd – covering the South West), with a fifth (One Health Lewisham Ltd) recently formed borough-wide organisation delivering enhanced primary care services.

7.3 The CCG has contracted the four GP Federations (based on the GP registered list) to deliver Co-ordinated Care Services to the local population for two years. The service commenced in 2016/17 with for overall aims;

- Improve the health outcomes for people in Lewisham
- Reduce variation in outcomes amongst Lewisham GP practices
- Support and sustain collaborative practice working as part of the wider Neighbourhood Care Networks
- Support a reduction in avoidable admissions

7.4 Year 1 of this population (raising the quality of care at borough level) and outcomes based service has delivered the following improvements at month nine of the contract;

- *Closing the gap:* Since the 1st April 2016 at borough level those patients on GP registers for diabetes has increased by 577 patients. Similarly, for GP registers for Chronic Pulmonary Disease (COPD) increased by 163 patients and for Hypertension, the register increased by 932 patients.
- *Prevention:* A total of 34 out of 191 newly diagnosed COPD patients have stopped smoking (e.g.18%).
- *Patient Voice:* Four neighbourhood level Patient Participation Groups (PPG) were held in September 2016, engaging with patients on the new GP Federations and providing feedback on current and future services.
- *Reducing avoidable emergency admissions and attendances:* GP Federations have started to proactively manage patients who frequently attend A&E and those who are frequently admitted as emergencies and have established a cross borough clinical multidisciplinary team to review and coordinate care for these patients.

7.5 Year 2 (2017/18), will continue to focus on; increasing the recorded prevalence of long term conditions (LTC) to support closing the gap between recorded and expected prevalence at borough level – early detection and prevention. Support patients with LTC to better self-manage through GP increased referrals to self-management courses and appropriate support. Improve on Childhood Immunisations specifically Measles, Mumps & Rubella (MMR). Continuation of the proactive case management of patients who frequently attend A&E and those who are frequently admitted as emergencies. The GP Federations will proactively support the Patient Voice via the neighbourhood level patient participation groups.

7.6 Super-partnerships

7.7 St John's Medical Centre, Hilly Fields Medical Centre, Brockley Road Medical Centre, Morden Hill Surgery and Honor Oak Group Practice have, over the past 12 months, agreed to pursue a merger of their individual practices into one partnership. This will result in the second largest registered list size in London.

7.8 The practices propose, with effect from 1st April 2017, to work under a 'super-partnership model', initially retaining each of the current PMS contracts held by the 5 existing practices, which the new entity will hold in trust; and at a later stage moving on to one PMS contract, or consider the new voluntary Multispecialty Community Provider contract. This would involve the 5 current PMS contracts remaining initially as separate contracts but benefiting from the integration of clinical and access services and systems.

7.9 The proposal fits strategically with local priorities as set out in the CCG's Primary Care Strategy for General Practice, Our Healthier South East London – Community Based Care, Sustainability & Transformation Plan; delivering core general practice 'at scale'. This is also supported nationally, as articulated in the General Practice Forward View, specifically with regard to the sustainability of General Practice.

7.10 The CCG welcomes the proposal for a 'super-partnership model' and both NHS England and the CCG will work with the practices to support formal approval by the Primary Care Joint Committee in February 2017.

8. Integrated Primary & Urgent Care

8.1 *The Model*

8.2 The CCG has commenced a review of all urgent care services that will support the design and development of an Integrated Primary & Urgent Care Model. This has been supported by patient engagement on primary and urgent care, the national requirement to deliver extended access to General Practice, review of patient activity and access to services and the local Estates Strategy.

8.3 The Model will support delivery of Integrated Primary & Urgent Care Services at the University Hospital (UHL), Lewisham & Greenwich Trust – with a second site in the borough to be identified. The identification of the UHL site is supported by the local Estates Strategy, due to; its location and transport links. The new model will;

- Replace existing access to A&E for all walk-in (non-emergencies) attendances
- Provide extended hours access to General Practice (walk-in and booked appointments);
- Deliver rapid clinical assessment and appropriate redirection of patients (where appropriate) to, for example; A&E, Ambulatory Care, Neighbourhood Care Networks, Patients own GP and additional access through neighbourhood hubs.

8.4 The CCGs intention is to commission a fully integrated Primary & Urgent Care Service in 2018/19.

8.5 The CCG has commenced commissioning of services that respond to the key concerns raised by our local population with regard to improving access to General Practice. However, it is important to consider that as part of delivering to General Practice 'at scale', that further engagement and the development of clear and accessible messages is required to complement these new services for our local population on; making and appropriate choices and accessing primary and urgent care services in Lewisham.

8.6 *Primary Care Assessment Pilot at the Urgent Care Centre (UCC)*

8.7 Phase 1 of the review of the Urgent Care Centre (UCC) is complete and the Primary Care Assessment Pilot was launched on 3rd October 2016. This service provides patients attending the UCC on the UHL site with direct access to GPs as the first point of contact and assessment and is available from 10:00 to 22:00, 7 days per week. To date 1,763 patients have been seen by GPs. Approximately 60% of those patients were seen and treated by a GP or where appropriately redirected to an alternative service. These patients did not require access to the Emergency Department at UHL. An evaluation of the pilot will commence this month, which includes targeted patient engagement on the service.

8.8 *Extended Access to General Practice*

8.9 In line with delivering the Primary Care Strategy and the London Commissioning Framework and the Our Healthier South East London Sustainability Transformation Plan; For Phase 2 the CCG intends to commission an additional **27,036 bookable appointments per year** with General Practice, which will be in place from 1st April 2017 at the University Hospital (UHL) site and from July 2017 an additional **4,914 bookable appointments** from a second site.

- 8.10 The service will be available between 08:00 – 20:00, 7 days per week.
- 8.11 This extended access service will be commissioned from One Health Lewisham Ltd (GP Federation).
- 8.12 Appointments will be face to face, accessible by GP practices, Integrated Urgent Care (formerly 111), online and diversions from the Urgent Care Centre (UCC) at UHL.
- 8.13 The CCG will begin an extensive public/patient engagement programme with the local community on accessing extended access to General Practice from January to March 2017.

9. Financial Implications

There are no specific financial implications arising from this report.

10. Legal Implications

There are no specific legal implications arising from this report.

11. Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report.

12. Equalities Implications

- 12.1 There are no specific equalities implications arising from this report, however addressing health inequalities is a key deliverable of the Lewisham Clinical Commissioning Group and Lewisham Borough Council's 'joint' Partnership Commissioning Intentions.
- 12.2 The CCG has developed a two year programme to reduce inequalities in General Practice now in its second year, which is a focused and specific response to the national GP patient survey and the CCG commissioned review by Goldsmiths College. Findings on the experience of Black Asian & Minority Ethnic (BAME) Groups (specifically Black Caribbean residents) of General Practice and feeling supported to manage their long term conditions were significantly below those of other groups in the borough.
- 12.3 In addition, CCG analysis to support the development of the Integrated Primary & Urgent Care Model has demonstrated that disproportionate numbers of BAME groups (specifically Black African and Black Caribbean residents) attend A&E. The CCG will be commissioning Healthwatch Lewisham and the local Community Provider Education Network (CEPN) to support with better understanding how these groups access both primary and urgent care and what service developments and/or training might be required for General Practice.

13. Environmental Implications

There are no specific environmental implications arising from this report.

14. Background Documents

Care Quality Commission (CQC)

GP Intelligent Monitoring – full reports and ratings.

Link: <http://www.cqc.org.uk/>

Our Healthier South East London Sustainability & Transformation Plan

Following publication of the NHS Five Year Forward view, all NHS regions in England are required to work together and with their local councils to produce a Sustainability and Transformation Plan (STP) for local services.

This work is being jointly carried out by south east London Clinical Commissioning Groups (CCGs), hospitals, community health services and mental health trusts, with the support of local councils and members of the public.

Link: <http://www.ourhealthiersel.nhs.uk/>

NHS GP Forward View

The General Practice Forward View, published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.

Link: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

Transforming Primary Care in London: Strategic Commissioning Framework

This document provides both a new vision for general practice, and an overview of the considerations required to achieve it. It details a specification for Londoners in the future, and begins to articulate how these changes fit within the wider out-of-hospital context. The document also considers how this specification might be delivered with regard to cost, workforce, contracts, and other key enablers.

Link: <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/Indn-prim-care-doc.pdf>

NHS Five Year Forward View

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

Link: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

15. Contact/s

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