

Healthier Communities Select Committee			
Report:	NHS Lewisham Clinical Commissioning Group: Primary Care Development Update		
Ward:	All	Item No.	
From:	NHS Lewisham Clinical Commissioning Group		
Class:	N/A	Date:	15 th January 2020

1. Purpose

- 1.1 The purpose of this paper is to provide the Healthier Communities Select Committee with a comprehensive update on Primary Care developments in Lewisham, specifically in regard to GP commissioned services.
- 1.2 The paper seeks to continue the close and positive working relationship between the Lewisham Clinical Commissioning Group (CCG) and the Committee and provides updates on key developments in the national landscape and local commissioning arrangements since the last overarching update paper presented in February 2017.

2. Recommendation

- 2.1 Members of the Healthier Communities Select Committee are recommended to note the report.

3. Primary Care Commissioning

- 3.1 Following a successful application to NHS England, on the 1st April 2017, Lewisham CCG assumed full delegated responsibility (Level 3) for the commissioning, procurement, management and monitoring of primary medical services contracts whilst NHS England legally retained liability for the performance of primary medical care commissioning.
- 3.2 The functions included as part of fully delegated commissioning arrangements include:
 - General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (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).
- 3.3 NHS England remain accountable for outcomes and therefore continues its assurance role of CCGs to ensure responsibilities are being adequately discharged and well managed to yield the intended outcomes.

3.4 Responsibilities that are retained by NHS England include:

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

3.5 To support the move to fully delegated commissioning, the following new local governance arrangements were enacted in advance of the CCG assuming responsibility on the 1st April 2017;

- (i) Changed composition of the Governing Body to include a third Lay Member;
- (ii) Enhanced role of the Lay Member, who leads on audit, remuneration and conflicts of interest matters (deputy chair) to become the Conflicts of Interest Guardian;
- (iii) Amendment of both the CCG Conflicts of Interest and Procurement Policies to reflect national 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>)
- (iv) Formation of the Lewisham Primary Care Commissioning Committee (meeting held in public) to oversee level 3 delegated commissioning responsibilities.

4. General Practice landscape

4.1 Lewisham GP Practices

4.1.1 There are currently 35 GP practices in Lewisham providing primary care services out of 39 sites.

4.1.2 This comprises of a mixture of 3 small (3,000-5,000 patients), 16 medium (5,000-10,000 patients) and 16 larger practices (10,000+ patients).

4.1.3 There are also practices who are working together in larger groups including the Lewisham Care Partnership "super partnership" (St Johns Medical Centre, Modern Hill Surgery, Honor Oak Group Practice, Belmont Hill Surgery, Hilly Fields Medial Centre, Brockley Road Medical Centre) and the Lewisham division of Modality (Jenner Health Centre, South Lewisham Group Practice, Bellingham Green Surgery).

4.1.4 A super-partnership is formed by a number of individual practices merging into a single businesses unit, covering multiple sites. A fully integrated super-partnership will operate in much the same way as a regular partnership, but generally at a much larger scale. Operational and administrative processes can be standardised to reduce workload and save money, and back office functions such as HR and payroll can be centralised. Staff, whether clinical or operational, can also support each other across the super-partnership and share good practice.

4.1.5 The following practice mergers have been considered and approved by the Lewisham Primary Care Commissioning Committee in the past 12 months.

Merging practices	Effective date	Description
Sydenham Green Group Practice and Sydenham Surgery	1 st April 2019	Merger in support of the retirement of Dr Morant and sale of the Sydenham Surgery site
Dr Batra's Practice and New Cross Health Centre	1 st July 2019	Merger in support of the retirement of Dr Batra and management of CQC action plan following inspection rating of inadequate for Dr Batra's Practice
Hilly Fields Medial Centre and Brockley Road Medical Centre	1 st April 2020	Merger in support of the planned vision of the Lewisham Care Partnership to join all contracts and the end of the lease at the Brockley Road Medical Centre

4.1.6 When considering practice business cases for mergers, the Primary Care Commissioning Committee seeks assurance that appropriate patient engagement has been undertaken and an on-going plan is in place to continue this and also that a practice improvement plan has been developed to address any areas of significant variation.

4.1.7 Full papers for all practice mergers including practice business cases and supporting plans can be found in the papers of the Primary Care Commissioning Committee at <https://www.lewishamccg.nhs.uk/about-us/how-we-work/Pages/Primary-Care-Commissioning-Committee-.aspx>

4.2 GP Federation

4.2.1 One Health Lewisham (OHL) is the borough wide GP Federation established in 2017 that has grown out of four neighbourhood GP Federations. All Lewisham GP practices are members of the Federation. OHL works to develop pan Lewisham ways of working, reduce variation, improve quality and support GP Practices.

4.2.2 The CCG also formally commission OHL to deliver services which include the GP Extended Access service, an enhanced Care Home service, a population health scheme, Latent TB testing and a High Intensity User service (<https://youtu.be/vuIAv71OA6U>).

4.2.3 Following a competitive procurement process, OHL have also just been awarded the contract to provide the Special Allocation Scheme service across South East London. This service is for patients who have been removed from mainstream GP services due to violent/aggressive behaviour.

4.2.4 OHL were recently recognised for their work with GP practices to increase the proportion of diabetic patients meeting the key three treatment targets for blood pressure, cholesterol and blood glucose levels by winning at the Health Service Journal (HSJ) patient safety awards in July 2019.

4.2.5 Lewisham patients meeting these three treatment targets increased by 4% and based on data from March 2019, Lewisham are now the 5th best performing CCG in London.

4.3 Primary Care Networks

4.3.1 The NHS Long Term Plan and GP Contract reform published in January 2019 has set the direction of travel for primary care over the next five years. The ambition of the NHS is to dissolve the divide between primary care and community health services by delivering new service models in which patients receive more options, better support, and properly joined-up optimal care when they need it.

4.3.2 A key element of this is the establishment of Primary Care Networks (PCNs) which have general practice at their core. PCNs have to be small enough to maintain the traditional strength of general practice, but large enough to provide resilience and support the development of integrated teams. Each PCN will serve, typically, communities of between 30,000 and 50,000 and be geographically coherent.

4.3.3 A PCN consists of a group of practices working together with a range of local providers, including across primary care, social care and the voluntary sector to offer more personalised, coordinated health and social care to a local population. The potential benefits of practices working within a PCN include:

- Greater resilience and workload management by making the best use of shared staff, buildings and other resources
- More tasks routinely directed to appropriate professionals, such as clinical pharmacists, social prescribers, physiotherapists (new workforce roles)
- Improved care and treatment for patients, by expanding access to a wider range of services in a community setting and introducing different models for delivery e.g. sharing services; hub and spoke models
- Reduced variation and shared learning to support quality improvement
- Opportunities for improved integration across organisational boundaries and closer working relationships to support better coordination of care and services
- Potential to support a population-based approach to system wide decision-making and resource allocation, drawing on primary care expertise.

4.3.4 To support the establishment of PCNs, a national PCN contract has been introduced as a Directed Enhanced Service (DES). It will ensure general practice plays a leading role in every PCN and mean much closer working between networks and their Integrated Care System. The Network DES meant all Lewisham practices will enter into a new contract, which will provide a designated single fund through which all network resources will flow.

4.3.5 As a DES, it will be an extension of the core GP contract rather than a separate contract. Under delegated commissioning, the commissioner responsibility for the contract falls to the CCG. The DES has three main parts:

- (i) The national Network Service Specifications. PCNs will have responsibility for delivering seven national service specifications set out in the contract, namely:
 - Structured medicines review and optimisation (from 2020/21)
 - Enhanced health in care homes (from 2020/21)
 - Anticipatory care (from 2020/21)
 - Personalised care (from 2020/21)
 - Supporting early cancer diagnosis (from 2020/21)
 - Cardiovascular disease prevention and diagnosis (from 2021/22)
 - Tackling neighbourhood inequalities (from 2021/22).
- (ii) The national schedule of Network Financial Entitlements. This will increase financial certainty.
- (iii) Supplementary Network Services. The CCG and PCNs may develop local schemes and add these as an agreed supplement to the Network Contract, supported by additional local resources.

4.3.6 Further, the Additional Roles Reimbursement Scheme entitles PCNs to access funding to support recruitment across five reimbursable roles as below:

- Clinical pharmacists and social prescribing link workers (from July 2019)
- Physician associates and physiotherapists (from April 2020)
- Paramedics (from April 2021)

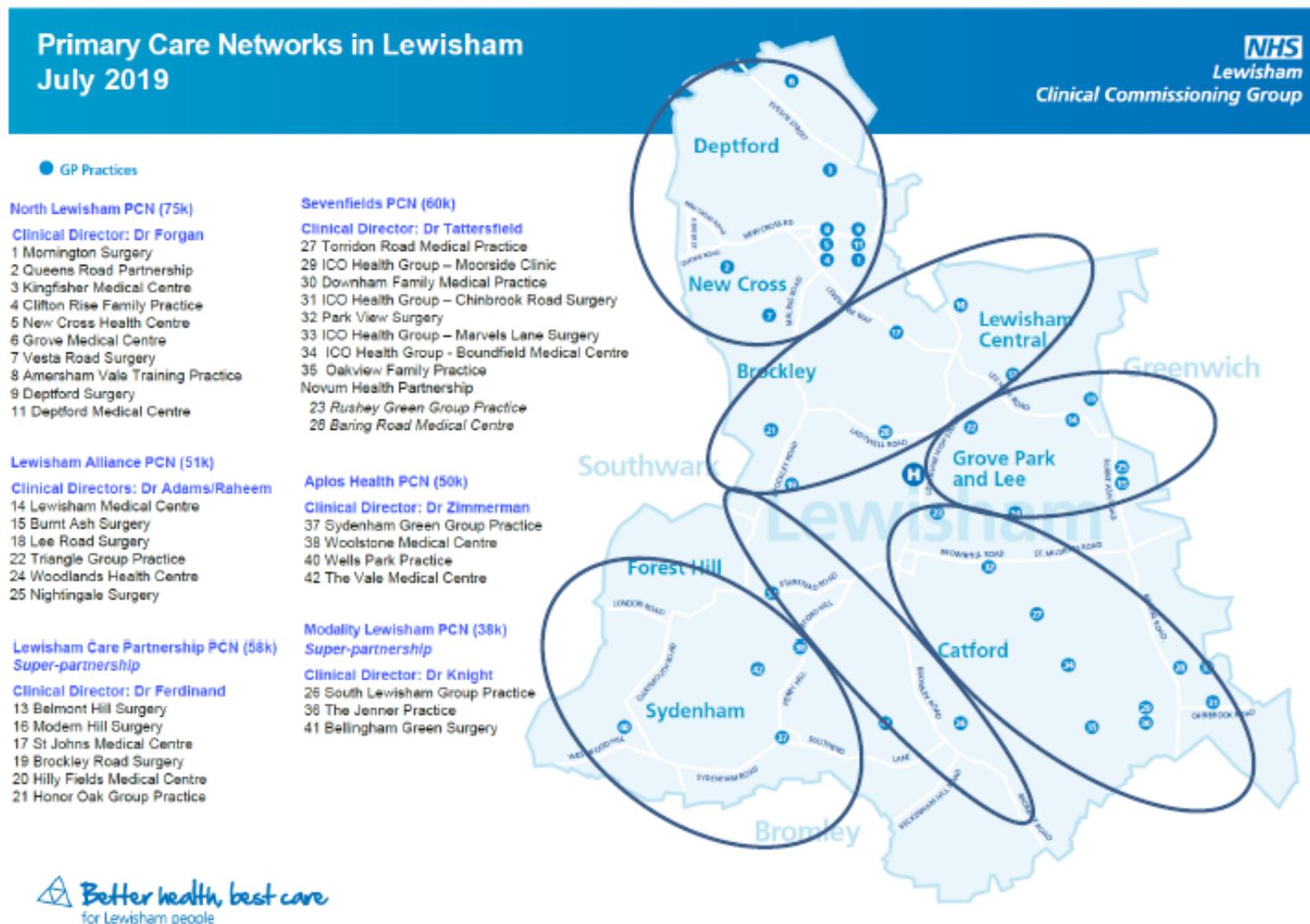
4.3.7 The total amount that can be claimed in any given year for all roles – except social prescribing link workers – is 70% of actual full-time equivalent salary plus employer on-costs (NI and pension) in respect of individual additional staff. For the social prescribing link worker role, PCNs are able to claim reimbursement of 100% of actual fulltime equivalent salary plus employer on-costs (NI and pension) plus a contribution towards additional costs charged by a supplier for the provision of social prescribing link worker services of up to £2,400 per year per whole role FTE equivalent in the service.

4.3.8 Following extensive discussions amongst local practices, the final model in Lewisham was for 6 PCNs across the borough. The 6 PCNs cover 100% of the practices in Lewisham and so 100% of the registered population. Each PCN has a named accountable Clinical Director and a Network Agreement setting out the collaboration between its members.

4.3.9 In accordance with national guidance, all 6 PCNs submitted their formal PCN DES applications to the CCG by the 15th May 2019 deadline. These applications were subsequently endorsed by the Primary Care Commissioning Committee, the Lewisham Health and Care Partners and the South East London STP.

4.3.10 Formal contract variations were approved by the Primary Care Commissioning Committee on the 18th June 2019 and the PCN DES commenced on the 1st July 2019.

4.3.11 The map below shows all Lewisham practices and how these have been grouped into the 6 Primary Care Networks



5. Primary Care Access

5.1 GP Extended Access Service

- 5.1.1 In line with delivering the Lewisham Primary Care Strategy, the London Strategic Commissioning Framework, the GP Forward View and the Our Healthier South East London Sustainability Transformation Plan, Lewisham CCG implemented a GP Extended Access Service (GPEA) which commenced in April 2017.
- 5.1.2 Through the GPEA service, all patients registered with a Lewisham GP have access to additional bookable GP and nurse appointments from 8am – 8pm, 7 days a week, including bank holidays.
- 5.1.3 GP practices can book directly into the GPEA appointments as can NHS 111. Patients can also be redirected from the Lewisham Hospital Urgent Care Centre into the service to support demand on the front door of the hospital.
- 5.1.4 The GPEA service is commissioned from OHL and is based at the University Hospital Lewisham (UHL) in a purpose built facility which opened in November 2017. The UHL site is centrally located with good travel links.
- 5.1.5 In 2017/18 25,425 appointments were delivered; in 2018/19 29,914 appointments were delivered; in 2019/20 36,769 appointments have been commissioned.
- 5.1.6 Based on the latest validated data from November 2019, the service has a utilisation rate of 80% against a national target of 75% for 2019/20.
- 5.1.7 There is however a significant proportion of patients who do not attend (DNA) their appointments which is impacting utilisation. The CCG are currently working with OHL to analyse the DNA data to inform targeted actions to try and reduce this.
- 5.1.8 The Care Quality Commission (CQC) carried out the first ever inspection of the Lewisham GPEA service in March 2019. The service was given an overall rating of 'Good' (<https://www.cqc.org.uk/location/1-3604667855>).
- 5.1.9 More information on the service can be found at <https://www.lewishamccg.nhs.uk/your-health/Pages/GP-Extended-Access.aspx>



5.2 GP Online services

- 5.2.1 Patients registered with a GP practice can access Online services. Online services allow patients to:
- book, check or cancel appointments with a GP, nurse or other healthcare professional
 - order repeat prescriptions
 - see parts of their health record, including information about medicines, vaccinations and test results
- 5.2.2 Based on the latest data from NHS England, Lewisham is currently the best performing CCG in London for the % of practices where more than 30% of patients have signed up to access Online services.

5.3 Online Consultations (Ask NHS GP app)

5.3.1 Lewisham CCG has commissioned OHL to develop and implement a new app, ASK NHS GP, as part of the national GP Forward View Online Consultations Programme.

5.3.2 The app has been centrally funded to support practices to enhance access and improve patient flow. It features an interactive symptom checker which triages the patient to the most appropriate onward care service (self-care, GP appointment or accident and emergency).

5.3.3 The ASK NHS GP app has been developed by local GPs to manage demands on practices in a clinically safe manner whilst improving patient experience. Once downloaded onto a smart device (tablet or mobile phone), the patient is asked a series of questions (approximately 15), which enables the app to prioritise patients into appointment slots based on their needs (using Advanced NICE accredited protocols) so patients that really need to be seen earlier will be and those with less urgent needs will be offered later appointments. Where the patient requires a GP appointment, the app directly links into the GPs EMIS clinical system and the patient is able to book an appointment without having to call the practice. In addition, a transcript of the triage will be filed into the EPR (electronic patient record) at the patient's practice, helping to make the consultation more efficient and effective.

5.3.4 The App was rolled out to Lewisham practices in two phases;

- Phase 1 (Pilot): The implementation of the app with four practices. This phase commenced in February 2018 and helped inform the final operational model.
- Phase 2 (Full implementation): Following the pilot phase and patient feedback, the app was offered to all Lewisham practices from October 2018.

5.3.5 Key highlights as of 30th November 2019:

- All 35 practices are live with the app
- 21,568 patients registered (8% of the registered Lewisham population over 16 years old)
- 36% of activity is out of hours, reducing recourse to urgent care
- 572 patients used the Self-Care menu, thus empowered to self-manage
- 2,054 patients used the Symptom Checker menu of which 12% were signposted to Self-care and so did not need to book a GP appointment



5.3.6 The focus over the next 12 months will be to continue to market the app to patients to increase awareness and utilisation. It is also planned to introduce video consultations through the app to further enhance patient experience and to rollout a web based version of the app (integrated in practice websites) for patients who may not have access to an app enabled tablet/smartphone.

5.3.7 The work undertaken in Lewisham was shortlisted for the Primary Care Initiative of the Year award by the HSJ in May 2019.

5.4 Pharmacy Minor Ailments Service

5.4.1 The CCG's locally commissioned Pharmacy First scheme provides advice, treatment and medicines for common ailments (e.g. Constipation, Hay fever, Sprains/strains, Head lice, Cold and flu, Cold sore, Mouth ulcer, Conjunctivitis, Headache, Ear wax) from local pharmacies.

5.4.2 The scheme is a walk in service and all advice and recommended medication is free for patients who do not normally pay prescription charges for their prescriptions.

5.4.3 This scheme reduces avoidable pressure on GP practices and provides patients with more flexible access to support across Lewisham pharmacies.

5.4.4 In the period between April 2018 and March 2019 the service has had 17,546 interactions from 11,397 patients. 58% of the interactions were for children under the age of 13 and the main presenting symptoms were headache and temperature at 31.5%, followed by hay fever at 15.9%.

5.4.5 Analysis shows that had the scheme not been in place;

- 15,480 people would have gone to their GP
- 1778 people would have purchased some form of medicine over the counter
- 259 people would have gone to A&E

5.4.6 The scheme is currently undergoing a refresh and will be re-launched in February 2020.

5.5 Supporting unregistered and vulnerable patients

5.5.1 The Equalities Impact Assessment undertaken as part of the consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care identified a potential impact for those who were using the Walk-in Centre as their default access to primary care, which included undocumented migrants.

5.5.2 As part of the stakeholder engagement undertaken by the CCG associated with this, discussions were held with Doctors of the World (DOTW), a national and international humanitarian charity, about the numbers of people they were supporting to register with a GP in Lewisham. Even with the support of a DOTW advocate, vulnerable people were sometimes unsuccessful in registering at a GP practice. This was often because they were being asked for documents they did not have or asked about their immigration status neither of which are requirements to register.

5.5.3 In response to these findings, an education and information session was delivered at the CCG led all practice Protected Learning Time (PLT) event in February 2018, to raise awareness of the issues.

5.5.4 The CCG also commissioned the Lewisham Community Education Provider Network (CEPN) to visit all practices to undertake specific training on supporting vulnerable people to access primary care. The CEPN have worked with DOTW to co-design this training specifically for reception staff to update their knowledge of the practical aspects of supporting vulnerable people to overcome barriers to registration.

5.5.5 The objectives of the training were:

- To bridge knowledge gaps among frontline reception staff with regards to National Primary Care Guidance on registering people without documents or those with no fixed address
- To promote uptake of the Healthy London Partnership (HLP) training resources <https://www.healthylondon.org/resource/homeless-health-elearning/>
- To share good practice and tips from organisations with direct experience of registering undocumented migrants
- To consider some of the cultural / language/ barriers which need to be overcome for people to register and access services
- To encourage practices in Lewisham to visibly demonstrate their commitment to access for all by signing up to the DOTW Safe Surgery scheme.



5.5.6 The expected outcomes were:

- Increased confidence of staff to support patients who present who may be vulnerable, including homeless people and those without documentation
- Evidence of better patient experience and reduction in refusal to register patients
- Increased uptake of HLP online resources around registering homeless patients
- To prompt reflection on empathy, putting themselves in the patients' shoes and considering wider needs



5.5.7 To date, 28 Lewisham GP Practices have taken part in an interactive training session, delivered at their practice. The expectation is that all practices will have completed a session by the 30th March 2020.

5.5.8 Evaluations completed by staff who have attended sessions attested to increased confidence in supporting people without documents to register.

5.5.9 Doctors of the World have provided information which indicated that in 2018 the percentage of people who they were supporting to register in Lewisham and who did not initially succeed had reduced from 17% to 7%.

5.5.10 The Lewisham GP Federation, One Health Lewisham (OHL), has also been proactively working to support vulnerable patients, promoting the right of patients to register at a proxy address, and developing Safe Hubs, where mail can be left for patients to collect and where they can link with community and volunteer services that may be able to provide support (<https://onehealthlewisham.co.uk/ohl-safe-hub>).

5.5.11 As of November 2019, 16 Lewisham practices had signed up to the Safe hubs scheme.

5.5.12 OHL is also working with DOTW to develop 12 mobile clinics in Lewisham to help vulnerable people to register with a GP and receive immediate care.

5.6 GP services for the Homeless population

5.6.1 In 2016, the CCG reviewed and re-commissioned the **enhanced GP support to homeless hostels service** to continue to assist in addressing some of the challenges the homeless population face in accessing health care.

5.6.2 The service is currently delivered by 2 local GP practices within Lewisham who provide weekly in-reach clinics to 3 homeless facilities in Lewisham for single adults aged over 18 (Pagnall Street, Hither Green (Spring Gardens/Garden House), Honor Lea).

5.6.3 The service aims to provide;

- Core general practice service to residents at the hostels.
- Referrals and liaisons with other health and homeless services
- End of Life Care
- Outreach Support
- Medicines management adherence support
- Advocacy e.g. rehousing, statutory benefits
- Collaborative multiagency working

- 5.6.4 The **Rough Sleepers Pilot** was commissioned in April 2018 as an 18 month pilot to deliver improved access to primary care for Rough sleepers in Lewisham.
- 5.6.5 The pilot service was commissioned further to the consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care where concerns were raised about the homeless in Deptford and New Cross and access to primary care. An equality impact assessment identified that there could be a gap in services for Rough Sleepers in Deptford and New Cross accessing GP services. A multi-agency Homeless Summit was held on 18th October 2017 for local partners and agencies where the CCG committed to developing a GP led service for the Rough Sleepers in Deptford and New Cross.
- 5.6.6 The service operates 2 weekly drop-in clinics offering 6 hours of primary care provision to Rough Sleepers in Lewisham aged 18 years and over. One clinic operates from a local GP practice and the other is delivered as an outreach clinic located at one of the homeless charities.
- 5.6.7 Community Waves (who deliver the Healthwatch service in Lewisham) have been commissioned to undertake an **evaluation** of all these services. The review commenced at the end of October 2019 with a final report due by 31st December 2019.
- 5.6.8 The aim of the evaluation is to provide;
- assurances to commissioners of current service provision;
 - develop a baseline of need for the homeless population (hostels and rough sleepers);
 - make recommendations for commissioning a consolidated model for primary care services to the homeless population.
- 5.6.9 The CCG ran a second **Whole System Homeless Summit**, which was held on Wednesday 30th July 2019. The summit was attended by 29 stakeholders representing a wide range of service providers, commissioning organisations, national leads, local government, homeless charities and the voluntary sector.
- 5.6.10 The aim of the summit was to review recent guidance issued by Healthy London Partnership (HLP) for London: “Health care and people who are homeless” and map existing service provision in Lewisham against it and to identify gaps in order to develop a ‘whole system’ approach. This formed the basis of the group work discussions at the summit.
- 5.6.11 Eligibility, population/demography segmentation and a shared understanding of services were common themes identified from the group discussions.
- 5.6.12 Stakeholders committed to the following next steps;
- Develop a report of group findings and disseminate to stakeholders to ensure that there is a shared understanding;
 - Outline the recommendations to the Health & Wellbeing board at a system level as opposed to an individual level (scheduled March 2020).
- 5.6.13 The Health & Homelessness Advisor, Rough Sleeping Initiative, Ministry of Housing, Communities and Local Government, who attended our summit has commended the CCG on its approach and will using the CCGs programme as best practice.

5.7 Primary care interpreting and translation services

- 5.7.1 Lewisham CCG is the lead commissioner for primary care interpreting and translation services across Lewisham, Southwark and Lambeth.
- 5.7.2 Between October 2018 and March 2019, Lewisham, Southwark and Lambeth CCGs undertook a review of the service including an extensive stakeholder engagement exercise

in order to gain an understanding of experiences of the current service and to inform future commissioning intentions.

5.7.3 Findings from this engagement have helped the CCG develop a new service model which, following a procurement exercise, has led to the appointment of a new service provider, DA Languages Ltd, who will commence delivery of the new service from the 1st April 2020.

5.7.4 For more information on the engagement undertaken and key findings please see <https://www.lewishamccg.nhs.uk/get-involved/Pages/Review-of-interpreting-and-translation-service.aspx>

6. Patient Experience

6.1 GP Patient Survey 2019

6.1.1 The GP Patient Survey is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. The survey is run by Ipsos MORI on behalf of NHS England. Patients accessing GP practices are sent a paper survey in the post, also with the option of completing the survey online or via telephone, and once returned the results are analysed and published on www.gp-patient.co.uk.

6.1.2 The data presented below is based on the July 2019 GP Patient Survey publication. In contrast to previous years when the survey was carried out in January and July, the GP Patient Survey now consists of a single wave carried out annually, between January to March.

6.1.3 The GP Patient Survey was altered in 2018 to expand the cohort and include patients aged 16 and 17. Therefore recent data cannot be directly compared with earlier survey responses prior to 2018. However, the trends seen from 2018 into 2019 reflect those seen from 2012 to 2017.

6.1.4 16,506 questionnaires were sent out as part of the 2019 GP Patient Survey for Lewisham and 3,962 were returned completed which represents a response rate of 24%. This is below the overall national response rate to the survey of 33.1%.

6.1.5 The GP Patient Survey measures patients' experiences across a range of topics including:

- Making an appointment
- Perceptions of care at appointments
- Overall experience
- Practice opening hours
- Services when GP practices are closed

6.1.6 The limitations of the survey should be noted (sample sizes at practice level are relatively small and no qualitative data is included) but the survey data can be triangulated with other sources of feedback, such as Patient Participation Groups (PPG), NHS Choices and the Friends and Family Test to develop a fuller picture of patients' experience, enabling the identification of best practice and areas for potential improvement.

6.1.7 Summary of 2019 GP Patient Survey Results for Lewisham CCG

6.1.8 The results show that Lewisham CCG at an aggregate level is performing slightly below the national average across the majority of questions in the survey.

6.1.9 Some of the key findings include:

- **80%** of patients in Lewisham said their experience of their GP practice was 'good' - **3%** below the national average.

- **61%** said it was easy or fairly easy to get through to their GP practice on the phone - **7%** below the national average.
- **87%** said that they found their GP receptionists helpful - **2%** below the national average.
- **74%** said that their practice website was easy to use - **3%** below the national average.
- Lewisham was above the national average for awareness of online services offered at GP practices and for the % of patients who had booked an online appointment/accessed their medical record online in the last 12 months.
- **64%** said that they were offered a choice of appointment at their last contact - **2%** higher than the national average.
- **69%** said that they were satisfied with the type of appointment they were offered - **5%** below the national average.
- **82%** felt that their mental health needs were recognised and understood by their GP - **4%** below the national average.
- **71%** felt that they got enough support from local services to help them manage their health conditions - **7%** below the national average.
- **92%** said that they had confidence and trust in staff providing services when their GP practice was closed - **1%** above the national average.

6.1.10 It should be noted however that London always tends to show slightly less satisfaction ratings compared to the national picture.

6.1.11 Table 1 below shows a comparison between the 2018 and 2019 GP Patient Survey results for Lewisham CCG at an aggregate level. There is an overall slight downward trend in most of the areas compared to 2018.

GP Patient Survey Areas	CCG Average 2018 (%)	CCG Average 2019 (%)	National Average 2019 (%)
Overall experience	81	80	83
Getting through on the phone	63	61	68
Helpfulness of receptionists	88	87	89
Ease of use of online services	74	74	77
Choice of appointment	65	64	62
Satisfaction with appointment offered	71	69	74
Overall experience of making an appointment	65	62	67
Mental health needs recognised and understood	84	82	86
Support with managing health conditions	71	71	78
Satisfaction with appointment times	64	60	65
Time taken to receive care or advice when GP practice is closed	61	58	66
Confidence and trust in staff providing services when GP practice is closed	91	92	91
Overall experience of services when GP practice is closed	65	68	69

6.1.12 The following 9 practices scored above the CCG average in all areas of the 2019 GP Patient Survey:

- Oakview Family Practice
- Nightingale Surgery
- Lee Road Surgery
- Clifton Rise Surgery
- Bellingham Green Practice
- Deptford Medical Centre
- Downham Family Practice
- The Vale Medical Practice
- Woolstone Practice

6.1.13 These practices have been contacted to understand what systems and processes they have in place that might be supporting their positive GP Patient Survey results. This information will be collated and shared with all as examples of best practice.

6.2 Friends and Family Test

6.2.1 The NHS Friends and Family Test (FFT) is a tool for patients to give feedback about their experience of services. A simple question asks how likely, on a scale ranging from: extremely likely to extremely unlikely, a person is to recommend the service to a friend or family member if they needed similar care or treatment.

6.2.2 The question format includes the opportunity to provide more detail of the person's experience through a free text comment box which provides a rich source of patient feedback that can be used locally to highlight and address concerns much faster than more traditional survey methods. The results can be used by practices to track progress over time.

6.2.3 The three key contractual requirements for GP practices are;

- (i) To make the opportunity to provide feedback through the FFT available to all patients at any time
- (ii) To submit FFT data to the NHS England each month; and
- (iii) To publish the data locally.

6.2.4 Based on FFT data for October 2019, responses across practices ranged from 65% to 100% of patients who would recommend their GP practice service to a friend or family member if they needed similar care or treatment.

6.2.5 The CCG is working with the Local Medical Committee (LMC) to support practices where FFT data is not regularly submitted, being clear that this is a contractual requirement.

6.2.6 It should also be noted that there are planned changes to the Friends and Family Test from April 2020. The main change is that the new question of "Overall, how was your experience of our service?" will be used for all settings with the following set of responses:

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know

6.2.7 Further information is available at <https://www.england.nhs.uk/fft/fft-guidance/revised-fft-guidance/>

7. Primary Care Quality Improvement Approach

- 7.1 In September 2019 the CCG established a primary care quality improvement task and finish group to carry out a review of the GP Patient Survey and other primary care quality indicators. The group was made up of clinicians, quality leads, Public Health, CCG Governing Body lay members and the Local Medical Committee. Healthwatch Lewisham was also engaged as it was acknowledged that they are a source of useful direct patient feedback.
- 7.2 The group considered and triangulated the GP Patient Survey data with other feedback sources to develop a fuller picture of quality markers and patient experience and used it to identify opportunities for improvements and highlight best practice. The other sources of information included:
- Friends and Family Test scores
 - Recent CQC inspection reports
 - NHS Choices ratings
- 7.3 The group looked at areas of good practice and how learning could be collated and disseminated to all practices.
- 7.4 Furthermore the group agreed that a more targeted approach to quality improvement would be beneficial and identified eight practices for support that were outliers based on the information reviewed.
- 7.5 The main focus for support was to address the issue of getting through on the phone and managing demand on practices.
- 7.6 The 8 practices identified for targeted support were;
- Queens Road Partnership
 - Hillyfields Medical Centre
 - Brockley Road Surgery
 - Wells Park Practice
 - New Cross Health Centre
 - St Johns Medical Centre
 - Sydenham Green Group Practice
 - Woodlands Health Centre.
- 7.7 The CCG visited the 8 practices and identified and agreed how they could be supported to address the challenges identified, improve quality and reduce variation.
- 7.8 The identified practices were also encouraged and supported to apply for 2019/20 national General Practice Resilience funding.
- 7.9 The General Practice Resilience Programme is part of the General Practice Forward View and is intended to deliver support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and secure continuing high quality care for patients.
- 7.10 Lewisham were allocated £44,152 for General Practice Resilience funding in 2019/20.
- 7.11 All 8 identified practices submitted applications for General Practice Resilience funding alongside 9 other practices.
- 7.12 The assessment of applications was undertaken in-house by Lewisham CCG with peer review by the Local Medical Committee and the CCG Governing Body lay member for public engagement and reported back to the Primary Care Commissioning Committee.

7.13 A summary of 2019/20 General Practice Resilience funding allocations is shown below:

GP Practice	Support Required	Funding Allocation
Lewisham Care Partnership (Modern Hill/Hilly Fields/Brockley Road/Honor Oak/St Johns/Belmont Hill)	Professional review of telephony hardware and software in the context of moving to a centralised call centre arrangement across the 'super partnership'.	£6,000.00
Modality Lewisham Division (Jenner HC/South Lewisham Group Practice/Bellingham Green Surgery)	Funding support for non-GP staff to attend the 2020 Modality Talent Management and Leadership course.	£6,000.00
New Cross Health Centre	Funding support for 'Understanding Policies and Procedures' training for all staff. This would ensure staff are prepared for CQC inspections. Backfill support to trial longer appointments/group consultations for patients with Long Term Conditions.	£4,680.00
Nightingale Surgery	Assistance with clinical searches, Scriptswitch and repeat dispensing.	N/A – support to be provided through existing CCG resources
Novum Health Partnership	Funding support for Human Resources training and coaching. Support for a facilitated away day for partners and managers to further integrate and streamline processes following the merger with Baring Road Medical Centre.	£3,000.00
Oakview Family Practice	Support to develop and implement a robust succession plan which will ensure continued quality service provision for patients.	£5,000.00
Queens Road Partnership	Bespoke software to support the monitoring of high risk drugs and clinical safety. Backfill support to analyse an audit carried out to better understand the impact of appointments on clinicians' time.	£3,600.00
Sydenham Green Group Practice	Funding support to purchase and implement a new telephone system.	£9,600.00
Wells Park Practice	Funding support to conduct a piece of work to identify and analyse frequent callers and agree a mechanism of supporting them.	£1,035
Woodlands Health Centre	Funding support to purchase a self-test height and weight monitor to improve practice efficiency and patient experience.	£5,237.00

7.14 The CCG will now monitor improvements and will be looking to the 2020 GP Patient Survey data which is scheduled to be published in July 2020. Additionally, Healthwatch Lewisham have agreed to carry out an interim assessment of impact through local patient engagement prior to the publication of the next GP Patient Survey data.

8. Partnership working

- 8.1 The CCG holds bimonthly meetings with CQC colleagues; this ensures that information and intelligence is shared appropriately and in a timely manner. It is also working closely with the CQC as they roll out the new Annual Regulatory Review Process to identify practices where the quality of care may have changed significantly since the last rated inspection.
- 8.2 The CCG has an established and effective working relationship with Lewisham Healthwatch and meets on a quarterly basis to share information and intelligence. Both parties ensure that primary care work streams are carefully aligned. Healthwatch have previously successfully supported the CCG to get messages out to the general public about services such as the GP Extended Access service and GP online services.
- 8.3 Additionally, the CCG has a very good working relationship with the Local Medical Committee (LMC). Both organisations worked closely together and provided options and support to practices that have recently had adverse CQC inspections and we also work jointly when interpreting local implementation of national GP contract requirements.

9. Financial Implications

- 9.1 There are no specific financial implications arising from this report.

10. Legal Implications

- 10.1 There are no specific legal implications arising from this report.

11. Crime and Disorder Implications

- 11.1 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 CCG and Equalities Impact Assessments are undertaken where indicated as part of business as usual processes when considering any primary care services/changes.

13. Environmental Implications

- 13.1 There are no specific environmental implications arising from this report.

14. Background documents

- 14.1 *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/>

14.2 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>

14.3 The NHS Long Term Plan

The NHS Long Term Plan is a new plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years.

Link: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

14.4 Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan

This agreement between NHS England and the BMA General Practitioners Committee (GPC) in England, and supported by Government, translates commitments in The NHS Long Term Plan into a five-year framework for the GP services contract.

Link: <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

15. Contact/s

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