NHS
East Lancashire
Clinical Commissioning Group

Agenda Item No: ……..

REPORT TO:	**GOVERNING BODY**	
MEETING DATE:	**26 January 2015**	
REPORT TITLE:	**Primary Care Access Project: Pre-consultation engagement**	
SUMMARY OF REPORT:	The report provides a summary of the process so far in relation to engagement, sets out the feedback received and provides a set of principles developed by the co-production groups. The intention is to undertake a pre-consultation engagement and then to use the agreed principles to inform service redesign.	
REPORT RECOMMENDATIONS:	The Governing Body is asked to note the contents of this report and approve the forward plan for the Primary Care Access Project.	
FINANCIAL IMPLICATIONS:	None at this stage.	
REPORT CATEGORY:		**Tick**
	Formally Receipt	X
	Action the recommendations outlined in the report.	
	Debate the content of the report	X
	Receive the report for information	X
AUTHOR:	**Lisa Cunliffe, Primary Care Development Manager** **Colette Booth, Head of Locality Comms. and Eng.**	
	Report supported & approved by your Senior Lead	**Y**
PRESENTED BY:	**Dr Fiona Ford, Lisa Cunliffe, Colette Booth**	
OTHER COMMITTEES/ GROUPS CONSULTED:	These principles have been developed and approved by the Co-production group and circulated to the members of the Primary Care Access Group and Primary Care Steering group for information.	
EQUALITY ANALYSIS (EA) :	Has an EA been completed in respect of this report?	**N**
RISKS:	Have any risks been identified / assessed? State Reference No. if currently on the Risk Register.	**N**
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	**N**
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	**Y**

Which Strategic Objective does the report relate to		**Tick**
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	**X**
2	Optimise appropriate use of resources and remove inefficiencies.	**X**
3	Improve access, quality and choice of service provision within Primary Care	**X**
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	**X**

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NHS EL CCG Governing Body
26 January 2015

Improving Access to Primary Care in East Lancashire

1. Background and Introduction

East Lancs CCGs vision, as set out in the 5 year strategy *(Provide link on CCG website)*, is to develop the locality community structure to make sure that *care is delivered closer to home* and within a patient's community, unless there is an absolute medical need for them to be in hospital/residential care.
The CCGs strategic plan identifies *three key drivers for transformational change* over the next five years:

1. Better Care Fund
2. Integrated Commissioning and
3. *Primary Care Development*

These three key drivers cut across and will drive the CCGs *four improvement programmes* (Cases for Change):

1. Scheduled Care
2. Unscheduled Care
3. Integrated Care
4. Mental Health

The CCG, having *identified Primary Care Development as a cross cutting* theme and recognising that a strong and effective primary health care system is central to improving health and health outcomes, has developed a strategy for the development of Primary Care *(Provide link on CCG website)*.

The Primary Care Development Strategy is clear that in order to deliver the transformational change required to meet the challenges facing the local health care system *a step change in the organisation, capacity and capability of Primary Care is required.*

> A step change in the organisation, capacity and capability of Primary Care is required to deliver the transformational change required to meet the challenges facing the local health care system

The Primary Care Development Strategy identifies a number of key priorities including:

1. Primary Care Workforce Development
2. *Improving equitable access to a range of responsive, quality, primary care services.*
3. Supporting GP Practices to work collaboratively together and as part of an integrated neighbourhood team.

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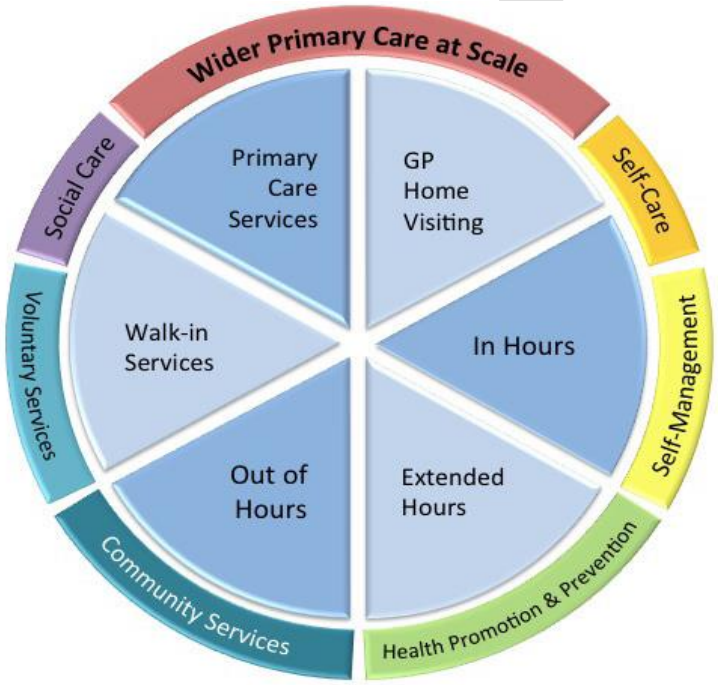
Work began in 2013/14 to review capacity and demand in Primary Care and to support GP practices to develop practical solutions to improving access to appointments and services.
During the summer of 2014 the CCG significantly expanded the Improving Access to Primary Care project to focus on wider 24/*7 access to primary care services* including:

1. In hours (Monday to Friday 8am – 6.30pm)
2. Extended hours (Monday to Friday 6.30 – 8.00pm)
3. Out of hours (8pm – 8am daily, including weekends)
4. Primary Care walk in services
5. GP home visiting
6. Locally Commissioned Primary Care Services (Previously Enhanced Services)



A project steering group was established (*Provide link to terms of reference and membership on CCG website)* and a project brief and communications and engagement plan developed.

Stage one of the project - Patient and Population Engagement
Focus group materials were developed and piloted with members of East Lancs Patient Participation Groups to ensure that they were suitable to elicit views from subsequent participants.

Focus groups were then delivered in all five of the locality areas, with the majority of participants being from Patient Participation Groups. More than 20 Focus Groups were held in total in various locations including, health centre premises, GP Surgeries, a Fire Station and a Children's Centre.

An on-line survey was also created, with hard copies available in various locations including GP Practices and free-standing podiums carrying the electronic survey were located in a range of health centres.

The engagement exercise (Focus Groups, Surveys and Podiums) asked patients and carers to give their views on:

- What is good about Primary Care?
- What is less good about Primary Care?
- What would make Primary Care great?
- What would be your priorities for change?

We received over 400 responses from individuals as part of the original engagement from focus groups, surveys and podiums with approximately 2,000 individual comments.
In addition to the responses received from patients as part of this engagement the CCG also considered feedback received from patients in relation to other engagement and consultation campaigns including feedback from CCG Connect Café listening events.
A comprehensive list of statutory protected and other relevant groups (e.g. working people has been compiled and work is ongoing to plan for engagement and consultation with these groups on the principles being developed.

Engagement has already taken place with some of the protected groups, e.g. deaf community and more is planned.

Stage 2 – Co-production

Following the patient engagement and focus group activity the CCG held a wider Stakeholder Event in October 2014 inviting patients, carers, service providers and commissioners. Feedback and emergent themes from the patient engagement activities were provided at the event and stakeholders were asked to identify priorities. These priorities included:

- Access to appointments and services in Primary Care
- Access to information
    - About services
    - To support self-care and self-management

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    - About patients by health care professionals
- The Primary Care Workforce

This engagement and stakeholder activity reinforced messages from earlier engagement with patients, providers and stakeholders (both national and local) and demonstrated that both patients and service providers have identified similar priorities for change to transform Primary Care in East Lancashire.

Following the Stakeholder Event in October a 'Co-production Group' was established. Members of the group included patient representatives from each of the 5 CCG localities of Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale along with a GP and CCG Managers.

The Co-production group focussed on each of the identified priorities with a view to developing a set of guiding ***principles*** that should inform the future development of any service delivery model.

Principle – A fundamental truth or proposition that serves as the foundation for a system of belief or behaviour or for a chain of reasoning

Stage 3 – Pre-consultation Engagement

The CCG aims to seek the views of patients, providers and wider stakeholders on the principles developed by the co-production group with a view to these principles informing future service delivery models. Plan attached at Appendix 1

Stage 4 – Development of Service Delivery Model Options

Work with patients and providers to develop affordable service delivery options that meet the agreed principles and will deliver the transformational change required.

Stage 5 – Formal Consultation

Stage 6 – Service Redesign and Reconfiguration

2. Identified Priorities

Access to Appointments and Services in Primary Care

Location

Where services are delivered is extremely important to patients, with the majority of patients we spoke to wishing to access services wherever possible within their own GP Practice. However patients realise that this may not always be possible particularly in small GP Practices that have limited numbers of staff and skills.

Patients were generally very supportive of GP Practices working together within the local community to share skills, staff and services to ensure that services are delivered closer to and equitably across the local population.

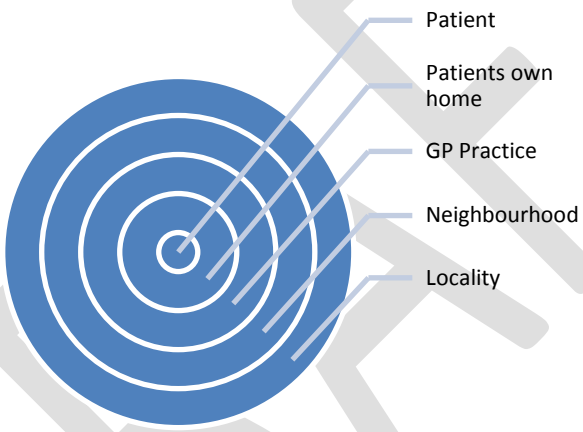
It was also felt that there was the potential to provide many more services in Primary Care within General Practice or where this is not possible within a central location within a neighbourhood or locality.

It was acknowledged that it may not be possible to deliver some highly specialised services within the local community because of the need for specialist equipment or facilities and/or because of the low numbers of patients requiring access to the service but that wherever possible routine, outpatient follow up appointments should be out-reached and made available within East Lancashire.

In all four levels of proximity of services were described by patients

- Within the patient's own home for the housebound
- Within the GP Practice
- At a Central hub within a Neighbourhood/locality
- Within East Lancashire

Proximity of services



Principles

Location of Services (1)

All patients, regardless of where they are registered or whether or not their own GP practice provides a service, should be able to access the full range of Primary and Community Services outside of hospital and nearby – i.e. in their neighbourhood.

Location of Services (2)

Primary and Community Care Services that are not provided at an individual GP Practice should be available at a central point within the same neighbourhood that is:

- Familiar to patients
- At the heart of the community
- Easily accessible
- Provides a one stop shop
- Ensures patients are seen and their condition appropriately managed at the earliest opportunity

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Location of Services (3)

It may not be possible for some highly specialised services e.g. cardiology, neurology, to be delivered at neighbourhood or locality level because of the need for specialist equipment or facilities and/or because of the low numbers of patients requiring access to the service but wherever possible routine, outpatient follow ups should be available within East Lancashire.

Availability

Access to appointments in Primary Care has been highlighted both locally and nationally as an issue that requires addressing.

Patients told us that the accessibility of services and the availability of appointments vary significantly between GP Practices. Some, but not all, described positive experiences of accessing appointments including being able to access at lunchtime, on a weekday evening and/or on a Saturday.

The significant majority of patients we spoke to agreed that services provided between 8am – 6.30pm are not always the most convenient for them to access for routine appointments for a variety of reasons and they felt that the option for extended access should be routinely available to all patients regardless of where they are registered, at lunchtimes and until 8pm on weekdays and on Saturday mornings. This would require wider Primary and Community Care Services to be available as well as GP Practices otherwise patients may find that they have to return at another time when other services are available.

The way people access services was a common theme. Having to pre-book an appointment over the telephone seems to be the most common way for patients to access services although many reported that they would find the ability to walk in and wait to be seen or to make an appointment in person more convenient .

Sit and wait surgeries and walk in type services are provided by some GP practices and in some localities and are preferred by some groups, particularly those patients who may not be comfortable accessing via the telephone or on line e.g. patients for whom English is not their first language.

Alternatives to face to face consultations were also considered to be valuable in improving access including telephone consultations, email, Skype.

Availability of Services (1) - Routine Access 8am – 8pm Weekdays and Saturdays

The current ‘in hours’ period of 8am to 6.30pm weekdays should be extended to 8am to 8pm on weekdays and some access on a Saturday for both routine and urgent health conditions with access to reception face to face on site, on the phone and online throughout.

Availability of Services (2) Location

Simple and flexible appointment systems both in and out of hours that enable patients to access services:

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- On site, (In person, walk in, sit and wait)
- On the phone and
- Online.

Availability of Services (3) – Equity

Primary and Community Care Services should be provided equitably in terms of availability, accessibility and quality within GP practices, the neighbourhood, the locality and/or the patient's own home.

Availability of Services (4) – Alternatives to Face to Face

Wherever possible alternatives to face to face access with a GP and or Health Care Professional should be provided e.g. telephone, email, Skype, remote home monitoring.

Availability of Services (5) Walk in Access

Walk in, sit and wait type services should be an option in each GP Practice, neighbourhood and/or locality.

Simplification

Multiple contacts or attendances were also highlighted by many as a serious concern including:

- Patients described having to ring back repeatedly to be able to access an appointment,
- Being turned away from services and told to return another day or to go somewhere else to be seen
- Only being able to see a GP for one problem at once requiring patients to return on more than one occasion
- Having to come back or attend elsewhere for simple associated tests or treatments that could be done at the same time.

The term 'one stop shop' was used by patients to describe the ability to be seen, assessed and treated all at the same visit and wherever possible patients would like to see providers working together to provide services in a more cohesive way that are easier to access and navigate.

Continuity and the ability to see a named 'my GP' was considered to be important, particularly for patients with ongoing or complex health needs with the majority prepared to wait for routine none urgent problems up to 5 days.

Continuity was felt to be less important when the problem was urgent with the ability to be able to see a GP or Health Care Professional quickly being more so.

Simplification (1) Making an Appointment

Wherever possible the need for multiple contacts/attendances should be reduced enabling patients to be seen, assessed and treated for their presenting health condition(s)/ illness appropriately at their first contact/attendance with/ at the service

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e.g. not ringing back repeatedly, not being re-directed to another service or having to return at another time.

Simplification (2) Co-ordination

Wherever possible, particularly for patients with ongoing, long term or complex health needs should be able to see their own named GP or Health Care Professional within 5 working days.

Access to Information about Services

Patients generally find accessing health care services to be complex, confusing and frustrating with numerous contact points, multiple service descriptors and divisions between services that they don't fully understand.

In addition we found that staff working in Primary Care are also sometimes unaware of what services are available or how to access them and are therefore unable to adequately support patients to make appropriate choices about which services to access to best suit their need. This tends to result in patients accessing, sometimes inappropriately, the services that they are most familiar with including A&E or Urgent Care.

Principles

Information about Services (1)

To reduce the number of ways in which services are described with a view to promoting a better understanding of the services available and support informed decision making by patients when it comes to choosing the most appropriate service.

Information about Services (2)

Easily accessible information about which services are available, what they offer and when they are available at the time when the patient presents with a view to informing better choice next time.

Access to Information to support Self-care/self-management

Poor access to information and support to enable patients to manage their own health and wellbeing both in relation to managing minor illnesses such as cough and colds without the need to see a GP and managing long term health conditions was raised repeatedly.

Although there appears to be lots of information and support available to help patients to take responsibility for their own health it is not adequately promoted or easy to access nor is it always easy to differentiate between good and poor quality information.

Patients would like easy access to good quality information, preferably at the time when they consult a health professional that will help them to manage their condition more effectively next time or to make a more informed choice about the most appropriate service to access.

DRAFT

The more effective use of care plans was also discussed. Nationally only 3.2% of patients with a long term condition have a care plan. Patients felt that care plans should be used more widely and should contain information to help them effectively manage their condition including information about what to do if.

Principles

Information to Support - Self- Management (1)

All patients with a long term condition to have access to a structured patient education programme at the earliest opportunity following diagnosis in order to support self-management.

Information to Support - Self-Management (2)

Care plans available for all patients with long term conditions which include information about how to manage their condition as well as information about what to do if…..

Information to Support - Self-Management (3)

To promote and encourage the use, by Health Care Professionals, of accredited literature and local/national support groups that are able to support management of health care conditions.

Information to Support – Self- Care (4)

Improve access to more information about how to manage minor illnesses such as coughs and colds using a variety of formats such as:

- Websites
- Digital applications
- Practice Leaflets
- Text messaging

Access to information about patients by health care professionals

The ability to access computerised medical records by Health Care Professionals involved in a patients care was felt to be essential by both patients and providers in order to provide safe and efficient care.

A significant proportion of patients told us that they just assume that the professionals involved in their care have access to their medical records and find it difficult to understand why they have to repeat details about themselves and their medical history whenever they see a different Health Care Professional.

Understandably some patients also expressed concern about the potential for computerised records to be accessed inappropriately and felt that measures to ensure records are kept safe and only accessed appropriately are very important.

Some patients told us that they had been asked directly by the Health Care Professional they were consulting with for permission to access their medical record where this was available on a shared record system. This was felt by the majority to be an example of good practice although it was acknowledged that in some

DRAFT

circumstances it may not be possible to gain a patients permission e.g. if the patient is unconscious.

Principle

Medical Records (1)

Safe and secure medical records, accessible by health care staff involved in a patients care, wherever that patient accesses a service, with the permission of the patient except in an emergency situation or where not having access may cause harm.

Primary Care Workforce

GPs, Nurses and reception staff working in Primary Care are generally held in very high regard by the patients that they serve although the experience of patients varies significantly between GP Practices.

Examples of approachable, polite, respectful and knowledgeable staff with good listening skills were provided and agreed as being what patients valued. Patients also talked fondly of 'my GP' or 'my nurse' and the friendliness and familiarity of their GP Practice.

Sufficient numbers of staff and the appropriate level of training and support to enable staff to do their job as effectively and efficiently as possible were considered to be very important although concern was also raised about the number of GPs and nurses retiring or approaching retirement age and the need to train and recruit new staff in order to deliver the Primary Care services in the future.

Principles

Workforce (1)

To develop a sustainable, integrated, highly skilled Primary and Community Care workforce that is capable of delivering the range of services required to meet the health needs of the population at a neighbourhood and locality level including the development of new job roles and career pathways.

Workforce (2)

Primary and Community Care Services should always be front ended by highly trained, courteous, approachable and knowledgeable reception staff who are able to appropriately advise and signpost patients to the service that best suits their needs within the neighbourhood.

Workforce (3)

To attract to East Lancashire both qualified and trainee GPs and Health Care Professionals by promoting a positive approach to developing sustainable, integrated training and new roles and career pathways.

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Resource

General concerns were raised about the challenges facing the NHS in terms of available resource and in particular the decreasing proportion of the NHS budget that is spent on Primary Care and that in order to be able to provide the level of service described significant investment in Primary Care will be required.

The CCG recently applied to NHS England for delegated commissioning arrangements in relation to Primary Care which will give the CCG more control over not just how the Primary Care budget is spent but also the proportion of the overall budget in East Lancashire that is spent on Primary Care. This will help the CCG to ensure that the transformational changes to services required to deliver the principles set out in this document are achieved.

Principle

Resource

To aim to shift funding along with service provision, as appropriate, into Primary Care in order to ensure sufficient and equitable resources are available to deliver care within a patient's neighbourhood, wherever possible.

3. Recommendations

Governing Body is asked to note the contents of this report and approve the forward plan for the Primary Care Access Project.

Lisa Cunliffe: Primary Care Development Manager.
East Lancashire CCG

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Appendix 1

Primary Care Access Project – wider pre-consultation engagement

Draft 1

Group	Methodology	Lead
All	- Production of core script, questions, - Production of on-line survey - Production of hard copy material (posters and leaflets) - Media release - Website information (including existing primary care wheel)	CSU comms and engagement (with support from primary care team)
Wider public (inc targeted events in areas of high BME population and/or deprivation)	5 X listening events (1 in each locality) consider relevant areas/practices/ centres Media release Possible paid-for newspaper or digital advertisement. Ask partners to carry article and link in their own publications/on their websites e.g. ELHT, LCC , LCFT NB Emails to stakeholder list to include invitation to join existing groups to share principles and obtain feedback.	CSU engagement/ locality teams/ comms Comms Comms Engagement
Black and ethnic minority communities	Engagement events in targeted practices (included in locality targeted events) e.g. Yarnspinners St Peter's Pendle Community Radio (Michelle Pilling or Lisa Cunliffe) Asian Image (online) Media release and possible paid-for advert (tba) to encourage participation in survey and publicise local event(s) Contact Lancashire-wide network for minority ethnic women (Accrington) Contact Jinnah Development Trust Contact Lancashire Black and Minority ethnic Pact. Contact AWAZ (Asian Women's Centre, Hyndburn) Place postboxes and material in key venues (e.g. practices with high numbers of BME patients)	CSU comms CSU comms tbc tbc tbc tbc tbc (Equality team and locality teams?)

DRAFT

Areas of high deprivation	• Engagement events in targeted practices (included in locality events above) Tba • Liaise with housing associations/ providers to publicise/ arrange focus groups (Calico, Twin Valley, Hyndburn Homes)	All CSU Engagement/ support from locality and primary care team and comms.
People in less accessible areas (e.g. rural)	• Cover using practice-based events. E.g. Ribblesdale. • Other?	Locality team/ CSU support.
Carers	• Contact Carers' Link and Crossroads for bulletin/to offer to speak at existing groups. NB Consider specific carers' event during period in in future formal consultation (*Discuss with Michelle Pilling)*	CSU/support from Michelle Pilling
People with disabilities and/or LTCs	• Condition-specific groups included in CVS mailout. • Obtain views via practice focus groups and podiums. • Contact Learning Disability partnership Boards in each locality	Engagement All Engagement/ support from Joy Arrandale's team
People with mental illness	• Could link to Inspire? • Making Space • Women's Centre • Pendle House (LCFT) • Healthy Minds website	CSU engagement team/ Joy Arrandale to inform?
Travelling communities	• Meeting already held with GRT community and another mooted.	Jeanette Pearson
Deaf community	• Meetings already facilitated by Equalities team	Jules Wall
Visually impaired community	• Blind Society • Action for Blind People	Jules Wall
Deaf Blind	East Lancashire Deaf Blind Club	Jules Wall
Young people	• Contact Lancashire Youth Council • Contact Nelson and Colne and Burnley Colleges to seek access	Engagement Team

DRAFT

	• Contact Dawn Johnson to see if she can forward.	
LGBT community	• Contact Drew Drake • Contact Cygnets2swans • Contact Burnley LGBT youth group • Contact Hyndburn LGBT youth group	Equality Team
People in less accessible areas (e.g. rural)	• Contact via practices (e.g. Ribblesdale) • Consider paid-for advert in local media for Ribblesdale (Clitheroe Advertiser)	Locality manager CSU comms.
Working people	• Target via CCG, ELHT, LCC. LCFT, via Concept 4 and identify 2-3 large private-sector employers to contact. (e.g. to have a stand/questionnaires in cafeterias)	Engagement team.

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