

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 1 October 2015

Subject: GP access

Report of: Dr Ivan Benett, Clinical Director, Central Manchester Clinical
Commissioning Group
Dr Sohail Munshi, Chair, Manchester Primary Care Partnership

Summary

This report provides an overview and update on the work to improve access to General Practice services in Manchester

Recommendations

The Committee is asked to note this report.

Wards Affected:

All

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. Background and Introduction

1.1 In October 2014, the Health Scrutiny Committee received a report on the work to improve access to General Practice in the city. This paper provides an update on progress since then.

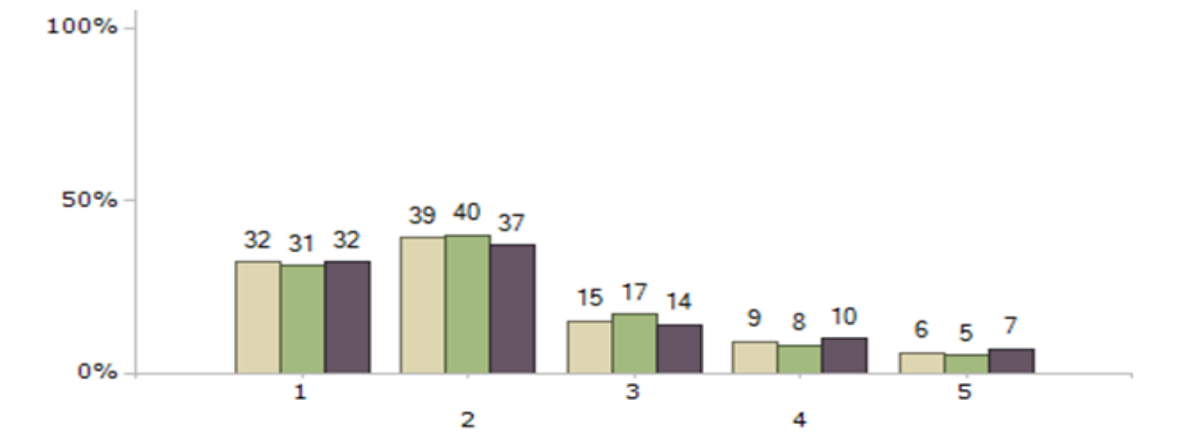
1.2 There are 91 GP practices in the city, each of which is a member of one of the three Manchester Clinical Commissioning Groups (CCGs). Whilst the significant number of GP practices means that there is good local provision for residents, it does also mean that a consistent level of service is difficult to achieve due to a varied number of GPs and practice nurses within each practice.

1.3 Over the last 2 years, GP practices in the city have formed three GP Federations – organisations with the ability to work across all practices in their area, providing additional services at scale. In order to bid for national Prime Minister Challenge Fund monies, the three Federations joined together to form the Manchester Primary Care Partnership.

1.4 Since April 2015, the Manchester Clinical Commissioning Groups have been jointly commissioning GP services in the city with NHS England. In line with Greater Manchester Devolution ambitions, the intention is for the CCGs to take full delegation for commissioning GP services from April 2015.

1.5 Exact figures identifying demand on GP practices are not available but it is estimated that 90% of contacts in the NHS take place in General Practice. By extrapolating 2008 data, it is estimated that, nationally, there were 340 million consultations in General Practice in 2013 (NHS England Improving General Practice (August 2013/14)). In addition to a significant increase in demand over the last few years, the nature of presentations has become more complex as people live longer and have more long term conditions.

1.6 The public's experience of making an appointment at their GP practice is tested by the National GP Patient Survey. The latest figures regarding respondents' 'Overall experience in making an appointment' from July 2014 to March 2015 survey responses are depicted below. In the chart 'Profile 1' is the North Manchester CCG area, 'Profile 2' is the Central Manchester CCG area and 'Profile 3' is the South Manchester CCG area.



	Profile 1		Profile 2		Profile 3	
	%	N	%	N	%	N
1. Very good	32%	868	31%	910	32%	799
2. Fairly good	39%	1058	40%	1182	37%	910
3. Neither good nor poor	15%	400	17%	495	14%	351
4. Fairly poor	9%	238	8%	228	10%	258
5. Very poor	6%	157	5%	137	7%	167
Total		2721		2952		2485

2. Strategic Context

2.1 The development of Primary Care features as a key element in all significant health and care transformation programmes at present:

- The **Greater Manchester Health and Social Care Devolution programme** announced that all Greater Manchester residents would have access to GP services, seven days a week.
- The **Healthier Together** programme consulted on the development of primary care to support the shift of care from hospitals into the community.
- The Manchester '**One Team**' development, as part of **Living Longer Living Better**, creates multi-disciplinary teams based around GP practices so that proactive care can be offered and delivered to those with ongoing health needs.

3. Primary Care Standards

3.1 Under the CCG and NHS England joint commissioning arrangements, a set of Primary Care Standards have been developed in Manchester, based on a set of Greater Manchester Standards. These standards describe the enhanced care which is required from GP practices over and above what is currently specified in the GP contract. The standards cover the following areas:

- Improving access to general practice (Mon-Fri)
- To improve health outcomes for patients with mental illness and learning disabilities
- Improving cancer survival rates and earlier diagnosis
- Health improvement / early detection

- To improve the health and wellbeing of carers
- Improving outcomes for people with long term condition(s)
- Patient safety (including safeguarding and medicines optimisation)
- Improving outcomes in childhood asthma
- Peer review
- Patient experience
- Proactive disease management to improve outcomes (including reducing unplanned admissions)
- End of Life Care

3.2 A prioritisation exercise has taken place within each of the CCGs to identify which standards should be prioritised. Key to this prioritisation was analysis of over 30000 pieces of patient feedback. As a result of this, Standard 1, Improving access, has been prioritised in each of the 3 CCGs.

3.3 To deliver Standard 1, practices must:

- Provide responsive same day access to patients.
- Ensure patients who are considered as having a clinician determined urgent clinical need have same day access to a clinician competent to manage that problem.
- Ensure all patients are able to access appointments from 8am – 8pm Monday to Friday (*6.30pm – 8pm can be delivered on a hub basis as part of an extended hours, separately commissioned, service*)
- Provide a minimum of 10 bookable in-hours sessions (am/pm). Out of Hours (OOHs) cover should not be utilised between 8am – 6.30pm Monday to Friday.
- Offer access to both male and female clinicians (not all 10 sessions – to be locally determined)
- Provide a minimum of 75 face to face contacts per week per 1000 population with a clinician with prescribing rights³.
- Offer pre-bookable appointments with a GP one month in advance

3.4 During 2015/16, practices will be supported to meet this and the other prioritised standards in their CCG through a combination of additional funding and support from CCG staff.

4. Prime Minister's Challenge fund

4.1 Earlier this year, a Prime Minister's Challenge fund was launched which provided opportunities to bid for innovative schemes to improve primary care access in local areas. Manchester Primary Care Partnership, a cross Manchester partnership of the three GP Federations, applied for, and were successful in obtaining, funding for their 'Manchester Access' scheme.

4.2 Manchester Access is an ambitious scheme to reach all the population of Manchester, across the three CCG areas. The scheme will provide 131,000 GP appointments, 52,000 Nurse Appointments and 52,000 Health Care Assistant appointments. It will operate from 12 Community hubs, aligned to the 12 Living

Longer Living Better localities, 6pm – 8pm weekdays, and 10am-6pm on weekends. In addition, it will provide GP services in three A&E hubs, aligned to the three acute trusts, 8am-8pm 7 days per week. Each site will have full read/write access to patients' full primary care record.

4.3 The scheme is currently being implemented and so far:

- eight of the community hubs are mobilised, with four remaining
- all mobilised hubs are taking appointments from across their associated 'home' practices via shared appointment books
- there is full read/write access to full primary care record operating effectively
- significant progress with agreeing estates, IT, pathway and joint working with all Acute Trusts for the A & E hubs, with full mobilisation scheduled imminently

4.4 Current work includes:

- continue phased roll out of Community Hubs
- delivery of an external Communication Strategy (Including App and Website)
- work in partnership with commissioners to offer a sustainable service to meet patients' needs 16/17 and beyond

5. Central Manchester's 'Demonstrator' programme

5.1 Over the last 18 months, Central Manchester CCG has been running a 'Demonstrator' scheme which has been providing late weekday, and Saturday and Sunday opening, for all practices in Central Manchester, as well as piloting new standards for 'responsiveness'. The additional sessions have been provided in 4 locations across Central Manchester and 11,316 people were seen in these appointments between 1 April 2014 and 31 March 2015. This scheme has been independently evaluated and the following summary comes from that evaluation:

Central Manchester were the most ambitious in their initial objectives for the demonstrator. In addition to providing the additional availability to by far the biggest population of any of the four piloted services (four times larger than the next largest in population coverage), they also recorded activity against several other services, such as a GP-led homelessness service, and responsive appointments during routine GP hours. One key success for Central Manchester is the effective provision of whole population coverage within a very short time period. This provides clear evidence of a well led and managed demonstrator, despite indications of contractual challenges faced during the demonstrator operation. The demonstrator thus makes the greatest contribution to extending access of any of the additional availability services. Like Bury, Central Manchester began with all practices using the same clinical systems provider. However, they have also developed the most sustainable approach to information governance, through the data sharing agreement produced by the GP federation. The further advantage of having the federation provide the additional availability services was that in spite of having the largest population to serve, Central Manchester also developed possibly the most robust workforce solution; more sustainable than services operated by local GPs (as in Bury), and encountering fewer governance and human resources obstacles than those services partnering with external organisations (as in Heywood and Middleton). Outcome data for Central Manchester shows small reductions in total A&E activity and cost, which are not statistically-significant, but a 14% statistically-significant

reduction in minor attendances, when compared across Greater Manchester (8% when compared to North and South Manchester) in the post-intervention period. The impact on minor attendances indicates the successful substitution of A&E activity by the Central Manchester demonstrator services. However, it is not possible to clearly evaluate the impact of the additional availability service separate from the responsiveness service, as either or both could have plausibly have effected this reduction. Additionally, the fact that Central Manchester record only a statistically insignificant 2% reduction in A&E costs, in spite of the substantial reduction in minor attendances, indicates that challenges remain in terms of shifting resources away from secondary care by offering additional availability in general practice. Lastly, the lack of a statistically-significant impact on either Out of Hours GP usage or Walk in Centre activity is surprising in Central Manchester, given the population coverage achieved by the demonstrator service, and its apparently successful substitution of minor A&E attendances. This is a possible consequence of the relatively few weekend hours offered as part of the demonstrator services.

5.2 A full copy of the evaluation is available on request from n.gomm@nhs.net.

6. Recommendations

6.1 The Health Scrutiny committee is asked to note this report.