

Primary Care Report July 2016

Purpose

1. This report explains the work that Healthwatch Cambridgeshire is currently undertaking regarding Primary Care in the county and assesses how best we can deliver improvements against this strategic priority area.

Key issues

2. Sections 7 - 11 set out the findings of our survey, 'First Steps to Health'. Primary Care experiences represent a sizeable volume of the feedback we receive. These services have therefore been identified as a strategic priority for the organisation this year.
3. Sections 12 - 14 set the strategic approach of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). Sustainable General Practice is a priority for the CCG and is a work stream of their Sustainability and Transformation Plan (STP). Primary Care is currently commissioned jointly by NHS England and the CCG.
4. We receive some feedback regarding other Primary Care services, such as dentistry and pharmacy, however by far the largest volume relates to General Practice and so, in light of limited resources, efforts have been focused there. There are 76 GP Surgeries in Cambridgeshire, so work must be well planned and targeted to be effective.
5. Issues raised relate primarily to the difficulty getting appointments. However, we have raised other concerns, such as the Alternate Medical Scheme (previously Violent Patient Scheme) and are feeding into the NHS England review.

Action required by the Board

6. The Board is asked to:
 - Approve the approach recommended in section 18 of this report.

Author

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13th July 2016

First Steps to Health - Summary of Findings

7. The First Steps to Health survey was designed to investigate attitudes to non-emergency care in Cambridgeshire. It was particularly concerned with gathering evidence from groups of people who did not appear to be represented in other patient surveys. The findings were published in June 2015.
8. As a result of the findings of this survey, Healthwatch Cambridgeshire made a number of recommendations for NHS England, the CCG and GP Practices themselves.
9. Progress has been made against the recommendations for the CCG and NHS England:
 - i. Patients should be easily able to find out about alternative services such as NHS 111 and local pharmacy services. Targeted advertising to certain client groups such as carers should be considered, in conjunction with groups which represent carers.
This has been taken up by the recent 111 and Out of Hours Service procurement.
 - ii. There should be more information available about how young people can get support with mental health issues, using expertise of groups in contact with young people.
This has been progressed through the CAMHs redesign work that we have been fully involved in.
10. However, training and communications are locally determined with few contractual levers. It has therefore been difficult to progress the recommendations for GP practices:
 - i. Where telephone triage is used, guidance should be provided to patients on how this works. Alternatives should be made available to people who cannot easily use the telephone.
 - ii. Reception staff should receive training in mental health awareness and helping people with additional communication needs.
 - iii. Patients with additional communication needs should be informed how their interpretation needs will be met for both routine and urgent appointments.
11. It is clear that to effectively progress some of these key points will require a much greater level of engagement with local practices.

Strategic Development of Primary Care

12. Sustainable General Practice is a priority for the CCG and is a work stream of their Sustainability and Transformation Plan (STP). The strategic approach of the CCG is to develop 'Primary Care at Scale' through merger and federation. Healthwatch Cambridgeshire have a seat on the Joint NHS England/CCG Co-commissioning Committee. This position and our place in the STP process provide us with key influencing routes. It is expected that this commissioning will be fully delegated to the CCG next year.
13. The growth planned across the county is a concern for local people. We receive feedback that people are worried that it simply will not be possible to provide adequate GP provision to an increased population. Particularly as GPs retire and appear to be less willing to become partners.
14. Various elements of the STP address the need for a changed workforce and increased opportunities for self-care. The latter is a key deliverable for Healthwatch. We already work with many of the organisations involved, for example the Local Medical Committee and have seats on a range of decision-making groups.

Patient Participation Groups

15. Each GP Surgery is required, as part of its core contract, to have Patient Participation Groups. Over the past three years we have been making contact with these, offering talks and discussions about Healthwatch and how we can work together. This has had limited success; with most PPGs tending to work alone. Where talks have been given we have had very constructive discussions.
16. This is slowly starting to change we have now been approached by a Practice Manager asking for advice on relaunching their PPG. We have looked at this as a test site and will be writing up a standard offer to send out via Practice Managers.
17. This approach enables a far wider number of people to get involved in their health services and with a focus on encouraging a diverse approach to recruitment, better representation of the communities that practices serve. There are clear opportunities for promoting self-care.

Recommended Approach

18. A three strand approach to this strategic priority is recommended:

- Collection of intelligence through existing routes and progressing concerns as received.
- Use this intelligence to understand community concerns, such as the plans for primary care provision in a high growth area, and strategically influence development through the STP and other opportunities.
- Build relationships with Practice Managers and extend the PPG development support.