General practice performance and development: draft strategic objectives and project plan to March 2020

Background

At its meeting in May 2018, the Probity Committee approved a paper outlining five draft strategic objectives for general practice development for further engagement with the Health and Wellbeing Board, patients, practice federations and the Local Medical Committee.

There is a primary care development work stream at the West Yorkshire and Harrogate Integrated Care System level and the ten year plan for the NHS in England was expected to be published later in the year alongside details of the five year financial settlement. This regional and national context would affect general practice development in Wakefield District but we knew that a successful implementation would require local interpretation and ownership. This “Made in Wakefield” approach has contributed to significant progress in health and care development locally and the reputation that the district has for embracing change and getting things done in spite of serious financial pressures.

How did we engage?

The CCG’s Probity Committee, which considers all developments in primary care, approved the following five strategic objectives for general practice as the basis of the engagement:

1. Improved population health
2. Higher quality of care
3. Increased responsiveness to patients
4. Increased co-operation with other services
5. Greater sustainability including contributing to system financial recovery

A presentation based on the paper approved by Probity Committee was used with all participants in the engagement. This set out the underpinning philosophy of people-centred primary care, the role of general practice within this system at practice, network, federation and confederation levels, the findings of the recent Nuffield Trust paper on the evidence base for new models of general practice and the successes and difficulties associated with the implementation of the CCG’s General Practice 2020 Plan to date.

It identified three challenges for the future development of general practice in the district relating to workforce development, working with other services through functional

integration (including the Primary Care Home model) and uncertainty about financial investment in services and premises.

Four questions (three adapted questions for the patient engagement panel) were posed to participants:

- Do you think we are trying to go in the right direction?
- Could we do better and if so how?
- Do you agree with the five draft strategic objectives?
- What can you do in the next two years to help achieve them?

Who did we engage with?

- Wakefield Local Medical Committee (LMC officers)
- Wakefield Health Alliance (practice federation)
- West Wakefield Health and Wellbeing (practice federation)
- Brigantes Health (practice federation)
- Wakefield Health and Wellbeing Board
- Patient engagement with our public assurance committee and Patient Participation Group Network members
- Trinity Healthcare (practice federation)

What did they tell us?

There was a mixture of feedback from the various participants, with varied perspectives being reflected in the overall feedback received.

- Practice federation meetings generally focussed on communication with the CCG and support in place as part of the General Practice 2020 Plan.
- The LMC Medical Secretary acknowledged the efforts made locally to support general practice but wanted to see specific proposals to build on this and noted that higher than average discretionary CCG investment in Wakefield general practice was now being reduced as a consequence of below inflation increases in the primary care allocation to the CCG.
- Members of the Health and Wellbeing Board were keen to see a greater emphasis on joint working between health, social care and the voluntary sector including workforce development, improved access through care navigation gaining the confidence of the patients who expect to see a GP and not a different professional (and also encompassing supported self-care and digital/online access) and a plan for premises development to match the growing district population.
- The patient panel generated varied feedback and this can be found in the next section of this report.

Feedback from patients and the public

We have invited the CCG's public assurance committee and Patient Participation Group Network members to come and see our plans for this work and give us their views on the CCG's proposed objectives for general practice performance and development.

The below summarises the feedback received.

Group 1

Following the presentation we started by asking the group if they felt the CCG was going in the right direction.

One group member felt that they didn't feel the CCG were going in the right direction, that they were 'papering over cracks' and that there weren't enough doctors and political problems.

Another felt that the problems were around internal management in practices and poor communication and felt that the issues that needed focus to free up time were: reviewing the DNA system in practices, delegating clinical responsibility – linked to the education of some patients who always want to see a doctor rather than be signposted to a recommended HCP, ie need to educate the public on who the best person to see if not a doctor.

We then looked at the 3 questions on the last page of the handout. This is the feedback received.

It was felt that practices were not well managed with systems and processes being different across the practice. Some felt that practices were administered not managed. Someone also mentioned that computer systems needed to 'talk' to each other.

One group member said we need to be upfront about what we can afford – and not be unrealistic.

The group felt that none of this was new, that what is needed is a clear project plan with standards that can be monitored against and agreement across practices that this is what is being followed.

The group also said that they felt that GP's don't have any appreciation of the groups (PPG), that they are trying to be proactive but don't feel included in the practice. Someone also mentioned that people are reluctant to join the PPG as they don't think that they work.

The group did find it useful when external groups were invited to attend surgeries, where they are visible in waiting rooms, one person said that their practice had

invited various teams and organisations, such as Medicines Optimisation Group, Turning Point and The Salvation Army, to their practice and this has allowed the patients attending the practice on that day to learn about and have access to these services.

The group do feel that the 5 objectives are what we would aspire to achieve, but one member of the group was not convinced that it would work due to past experience.

When we talked about how patients and the public should be involved, the group did feel that the 5 objectives may not mean a great deal to a lot of people.

Group 2

In terms of the 5 objectives, the group felt that the first objective was very wide in its meaning and could include various aspects. It was also noted that there have been cut backs around prevention and education which make this more difficult and that health education should be starting with children within school setting. The fifth objective was noted as the most important one.

Five questions:

- Different staff can look after a patient in a different way, for example different nurses using different dressings. Staff don't always read reports to fully familiarise themselves with patient's history.
- Continuity of treatment vs continuity of care.
- There was a division of opinion on having the same clinician looking after a patient – some found this to be good for continuity but some felt that they actually like seeing different staff as they can bring a new or different perspective on treatment.
- Restructure [meant in a general way] of the NHS is not useful nor helpful. Each change results in a loss of continuity and this also goes for care. There is an impact on job satisfaction.
- Learning curve of staff takes time and costs money.
- In terms of the 'right direction' – a point was made on whether we could be going into too many directions and suggested the need to be focussed to make sure that we achieve what we set out to. Would love to do all but recognise that can't.
- Need to consider waste of money if closing unfinished projects.
- Must know that we can afford this and that resources to carry it out are available.
- Look at what has been done in the past – some of this might be more applicable now even if not done at the time.
- We can't compare CCGs as others have different population/areas. It's not like for like.

Three questions:

1) **How should individual practices change to address the five strategic objectives?**

- To the needs of local people
- This suggests that it is being done wrong in the first place but yes, there is always a room for improvement.
- Different practices may need to do different things - not a blanket approach.
- More learning from each other. Be prepared to admit weaknesses but not undermine strengths.
- Praise strengths
- One practice could focus on X and another on Y.
- Every practice should have a training GP and three training registrars.
- Would like to take out the stress patients experience of getting an appointment. Urgent appointments seem ok but there is a grey area between this and routine appointments. That's when we get into longer waiting times. This can cause worry and have a negative impact on person's mental health wellbeing.
- Differentiate between the want/need for an appointment
- Needs to be a difference between urgent and routine.
- Investing in new technology, e.g. Skype consultations.
- Educating people on what is right and what is not.
- Highlighting/promoting self-care to reduce need for appointments
- What level of shortage of GPs do you have? And, what is being done about it?
- How satisfactory is the environment for new GPs? To what degree can they see their future? What is the current position doing to their morale?
- How do we judge what is successful, e.g. GP mergers?
- Need to consider using empty space e.g. in Trinity.
- Doctor First scheme – could this increase GP satisfaction?

2) **How should general practices working together address the five strategic objectives?**

- More scope for GPs with special interests.
- Key priority on where they choose to work for example; EOL Care – perhaps develop links with local hospices.
- Need to share resources i.e. equipment such as scans.
- There is an issue whereby trained up staff leave, resulting in need to recruit again.
- Only get one of everything/only doing one job – therefore if someone is off ill you may have to wait for another 2 weeks for example. This adds pressure on staff.
- Give clear messages to patients.

- Practices working together e.g. appointments for LTCs.

3) How should patients and the public be involved?

- Where are the young people or people of Asian background?
- The loudest will be heard but what about others? How do you get the views of others?

What decision has been taken based on the feedback?

Participants were pleased to be involved in the discussion about the future development of general practice. Some of the feedback related to individual practice level issues but common threads were:

- general practice is valued but access is a problem and may get worse as the population
- and demand for services (and space to deliver them) increases;
- improved access requires broader practice teams and greater collaboration with other
- services but the consequent need to navigate a wider range of help should be made easier
- for patients and needs greater public understanding;
- general practice development should be consolidated and new initiatives need to be reliable and sustained in order to change things in the longer term;
- general practice should see itself as part of a wider network of services and support and not and practices should work more closely with each other and with other services;
- standards of service should be similar between practices;
- many patients want to help and support their practice but many practices are not allowing or facilitating this;
- the views of some sections of the population are not heard often enough in developing
- general practice services;
- the high level strategic objectives are fine but where is the detailed plan for making things better and how can this be carried out without guaranteed resources. The experience of listening to and talking with the consultees and then reflecting on their
- questions and views has led me to revise my narrative about general practice development in the district and this is set out in the associated presentation.

Overall feedback from the engagement was presented to the CCG's Probity Committee, reflecting how feedback informed the development of the strategic objectives. It directly inputted into our general practice strategy.