

# APPENDIX 1

## Southwark GP Practices: Quality of Provision and Local Support Arrangements A report from the Healthy Communities Scrutiny Committee

### Introduction

For the last inquiry of 2016/17, the Healthy Communities Committee looked into the quality of provision and local support arrangements for GP surgeries in Southwark.

It focused on three key questions:

- What was the outcome of the CQC review of Southwark GP surgeries?
- What are the biggest pressures GPs are facing and what could the wider system do to help alleviate these problems?
- What is the role for (a) the council and (b) the CCG in helping to addressing the changing needs of primary care, including facilities?

Our recommendations were as follows:

1. The Committee recommends that Southwark look at the Well Centre which currently operates in Lambeth.
2. The Committee recommends that the Public Health Director look closely at the ways in which we can send a protection message to residents on issues including smoking cessation, obesity, and promote the role of health visitors and school nurses.
3. The Committee recommends that the Health and Wellbeing Board considers the outcomes from this consultation and the best ways in which a joined up approach can be taken to address issues.
4. The Committee recommends that the Council consider further ways in which to provide exercise and healthy eating for its residents.
5. The Committee recommends that the Council continues to work together with the CCG to promote the medical pathways across the Borough, including local pharmacies, GPs, walk-in-centres, A&E and urgent care facilities. This should include promotion through Community Councils and Southwark Life. Further consideration should also be given to the role of MySouthwark and how this can be used to promote GP services.
6. The Committee recommends that the CCG undertakes mystery shopping into the length of waits of GP appointments, and the extent to which GP surgeries are making people aware of the ability to use the Borough's extended access GP facilities.
7. The Committee recommends that there are stronger stipulations for the need for new health facilities as part of future planning agreements to ensure adequate provision is made available for new and existing populations.
8. The Committee further recommends that the Council works more closely with the CCG at an early stage to understand the likely pressures on general practice and build in adequate provision early in the process.
9. The Committee recommends a Memorandum of Understanding be developed which sets out the key questions to be asked of any new development in terms of addressing future population changes in respect of general practices and other health services.
10. The Committee recommends that the Council should consider negotiating lower rents for general practice as part of any new development to ensure that adequate provision is available for new and existing residents. This could include ringfencing portions of CIL to provide specifically for GP services.
11. The Committee recommends that key worker housing, or affordable housing prioritised for local workers should be seriously considered as part of any large planning agreement.

12. The Committee would therefore recommend that the CCG should monitor compliance with hospital contracts, and more effectively impose financial penalties when the requirements are not being met.
13. The Committee recommends that the CCG develop a clearer understanding of GP practice workforce and needs through the creation and use of a system-wide data set. This would enable them to better understand the issues, and create solutions to support struggling practices.
14. The Committee recommends that the CCG facilities cross-learning across general practices throughout Southwark.

The Committee would like to thank all of those who made this report possible.

**Healthy Communities scrutiny sub-committee members:**

Councillor Rebecca Lury – Chair

Councillor David Noakes (Vice Chair)

Councillor Bill Williams

Councillor Martin Seaton

Councillor Ann Kirby

Councillor Sunny Lambe

Councillor Maria Linforth-Hall

**Partners and health stakeholders:**

Dr Jonty Heaversedge, Clinical Chair, NHS Southwark CCG

Andrew Bland, Chief Officer, NHS Southwark CCG

Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG

Jean Young, Head of Primary Care Commissioning NHS Southwark CCG

Rebecca Scott, Programme Director, NHS Southwark CCG

Catherine Negus, Research and Intelligence Officer, Healthwatch

Caroline Gillmartin, NHS Southwark CCG

Emily Gibbs, GP clinical lead for GP services

GP Federation leads:

- Dr Olufemi Osonuga, Deputy Chair of QHS
- Dr Lauren Parry, IHL Director
- Dr Rebecca Dallmeyer R (QUAY HEALTH SOLUTIONS )

Jon Abott, Head of Regeneration, North, Southwark Council

Southwark Local Medical Committee

## What was the outcome of the CQC Review of Southwark GP surgeries?



Figure 1: GP surgery locations across Southwark

There are currently 41 GP contracts over 42 sites, and 3 sites which have multiple practices: Borough Medical Centre, Lister Primary Care Centre and St Giles Surgery. The largest GP practices, Nexus, covers the north of the borough and has 58,000 registered patients.

The average Southwark practice has 8000 registered patients and there is 1 GP per 1000 registered patients, which is comparable to Lambeth (0.95) and South East London (0.96).

There has recently been an inspection by the CQC of all GP practices. At the time of writing this report, 21 practices have been rated 'good', and 7 have been placed in special measures.

As a result, and alongside this work, the Clinical Commissioning Group has been setting out the way in which they will be commissioning future GP surgeries.

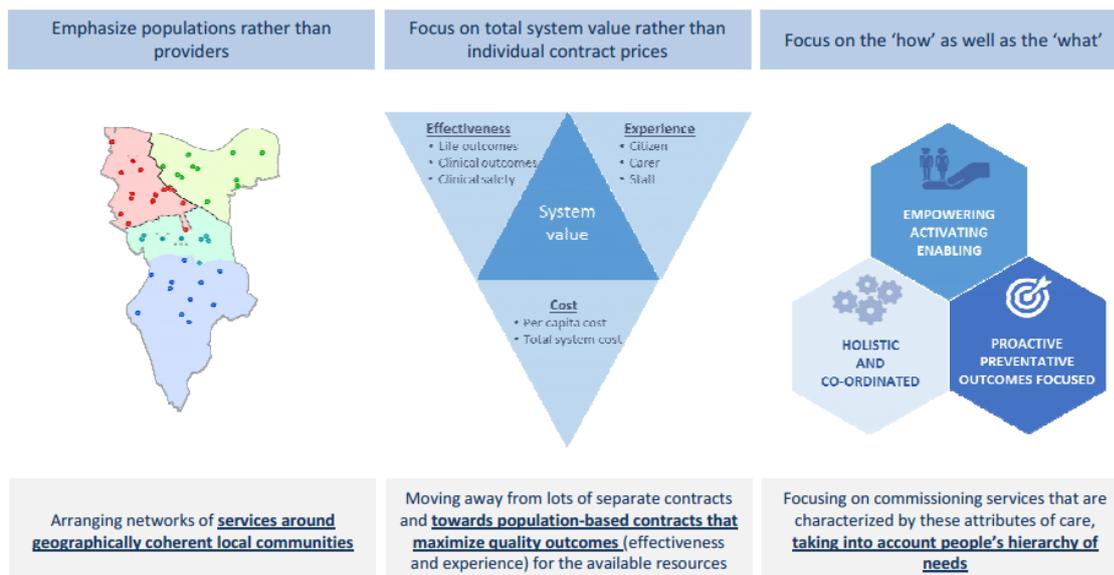


Figure 2: The CCG approach to commissioning<sup>1</sup>

This ultimately comes down to approaching commissioning in two ways:

- Simplifying existing contracts and incentives so that practices can focus more time and resources on delivering fewer but more important priorities, such as: improved access; improved prevention; and improved care coordination. This approach will enable our residents to experience less variation and higher quality care.
- Investing in and 'pump-priming' new ways for GP practices to collaborate and share good practice, for example by continuing to invest in the federations that GP practices have setup to help them deliver at-scale and collaborative working, and by supporting the emergence of place-based Local Care Networks.

**What are the biggest pressures that GPs are facing and what could the wider system do to help alleviate these?**

GP surgeries across Southwark are facing increasing pressures. These include:

- **Morale and retention and recruitment:** There is an ever-increasing workload, increasing population, increased bureaucracy and the under investment of general practice. An increasing number of GPs are locums who are choosing to follow portfolio careers which means that they might not be looking to do a large number of sessions per week in general practice.

In the recent LMC survey, which was conducted in November/December 2016 and saw responses from 19 Southwark practices

- 14 practices currently carry vacancies
- 1 practice is considering closure
- 2 practices are planning to close within the next 3 years
- 2 practices would not rule closure out
- 2 practices do not know if they will consider closure

<sup>1</sup> CCG Slides, February 2017

- **Patient Demand:** The Government's promise to patients for 8 to 8 access 7 days a week is putting increased pressure on GP surgeries, and as a result of the announcement, some patients' expectations are that they should be seen immediately.
- **Under investment in General Practice:** Funding to general practice has been decreasing in recent years. Between 2009/10 and 20013/14 funding for general practice fell by an average rate of 1.3% in real terms.
- **Premises:** Many general premises are not considered to be fit for purpose and this is a result of under investment in general practice. It is difficult for practices to expand the services they offer to patients because of the limitations and costs they face for premises development.
- The CCG also notes a number of **health factors** specifically in Southwark which impact on GP attendances:
  - Rates of preventable mortality are higher in Southwark than the national average
  - Around 66% of all deaths in Southwark are due to cancer, cardiovascular and respiratory disease
  - There were 12006 alcohol related ambulance call-outs in 1 year costing £480,000
  - There is a 7 year gap in life expectancy between more affluent and deprived areas in Southwark
  - There are over 2000 adults with dementia (4.5% of those over 65)
  - Prevalence of mental health conditions was 30% and 12% higher compared to England and London prevalence respectively
- Healthwatch also raised a number of concerns, with issues raised around identifying **GP catchment areas, and registering with GPs**, especially those with language barriers. This further leads to issues with interpretation at appointments.

#### Addressing with problem: The role of the Council

The Committee recommends a number of ways in which the Council can support the future strategy for GP services across Southwark.

- **Providing excellent services for children and adolescents:** Health promotion, ill health prevention and investment in children and adolescents who present with relatively minor health issues is key to saving money in the long term.

The Committee recommends that Southwark look at the Well Centre which currently operates in Lambeth.

There is also a good opportunity with the incoming Public Health Director to have a clear focus on areas of high concern for Southwark.

The Committee recommends that the Public Health Director look closely at the ways in which we can send a protection message to residents on issues including smoking cessation, obesity, and promote the role of health visitors and school nurses.

This dovetails with the role of the Health and Wellbeing Board.

The Committee recommends that the Health and Wellbeing Board considers the outcomes from this consultation and the best ways in which a joined up approach can be taken to address issues.

The Council's policies of Free Swim & Gym, and Free Healthy School Meals were praised by those present at the roundtable and seen as a first step towards helping change the way in which health is addressed in the Borough.

The Committee recommends that the Council consider further ways in which to provide exercise and healthy eating for its residents.

- **Working together:** The pathways for medical assistance continue to be problematic, with individuals presenting at services which may not be the best service for their needs.

The Committee recommends that the Council continues to work together with the CCG to promote the medical pathways across the Borough, including local pharmacies, GPs, walk-in-centres, A&E and urgent care facilities. This should include promotion through Community Councils and Southwark Life. Further consideration should also be given to the role of MySouthwark and how this can be used to promote GP services.

The Committee recommends that the CCG undertakes mystery shopping into the length of waits of GP appointments, and the extent to which GP surgeries are making people aware of the ability to use the Borough's extended access GP facilities.

- **Regeneration:** Ensuring that there are adequate health needs is vital to the future of successful regeneration in the Borough. This Committee believes that there are ongoing concerns with large scale developments, particularly at Elephant & Castle where health needs have not been fully considered as part of the redevelopment of the area.

The Committee recommends that there are stronger stipulations for the need for new health facilities as part of future planning agreements to ensure adequate provision is made available for new and existing populations.

The Committee further recommends that the Council works more closely with the CCG at an early stage to understand the likely pressures on general practice and build in adequate provision early in the process.

The Committee recommends a Memorandum of Understanding be developed which sets out the key questions to be asked of any new development in terms of addressing future population changes in respect of general practices and other health services.

Another part of this is around the costs for general practice within any new development. There are concerns from the CCG and doctors that the high costs of new premises make them unsustainable.

The Committee recommends that the Council should consider negotiating lower rents for general practice as part of any new development to ensure that adequate provision is available for new and existing residents. This could include ringfencing portions of CIL to provide specifically for GP services.

- **Housing:** Many individuals train in the Borough and initially go into general practice. However, with rising living costs, they often only stay for a short period of time before moving out to the suburbs.

The Committee recommends that key worker housing, or affordable housing prioritised for local workers should be seriously considered as part of any large planning agreement.

### **Addressing the problem: The role for the CCG**

There are a number of changes being made to the way in which GP services operate in the Borough.

This includes:

- **Extended access:** 7 days a week, 8am – 8pm since April 2015 with two standalone extended primary care service hubs providing additional pre-bookable and on the day urgent access to GP appointments.
- **Provider development:** Investment in GP federations supporting the resilience of GPs through business planning
- **Workforce:** Providing guidance and training, alongside supporting different ways of working e.g. medical assistants.
- **Funding:** A commitment through the General Practice Forward View of £2.4billion to support and improve general practice to 2020/2021. The CCG has committed £3 per patient in total over 2017/18 and 2018/19 to support the delivery of primary care services at scale

However, there are a number of areas where further support from the CCG would be welcomed:

- **Supporting transfer of work:** The LMC highlights a number of areas where the CCG could further support their work with the transfer of work from secondary to primary care including: prescribing, certification, poor communication, incomplete discharge summaries, patient bounce backs from missed appointments.

The Committee would therefore recommend that the CCG should monitor compliance with hospital contracts, and more effectively impose financial penalties when the requirements are not being met.

- **Workforce:** There are ongoing concerns about workforce at general practices across Southwark. There is a high turnover, both with individuals not entering general practice once qualified, but also leaving to move out of the Borough. There is a need for the CCG to play more of a role to support continuity:

The Committee recommends that the CCG develop a clearer understanding of GP practice workforce and needs through the creation and use of a system-wide data set. This would enable them to better understand the issues, and create solutions to support struggling practices.

- **Joint working:** Many of the problems experienced by one general practice are the same as those seen across the Borough. The Committee believes that these could be solved through services working more closely together to support each other, and learn from each other.

The Committee recommends that the CCG facilitates cross-learning across general practices throughout Southwark.