

Shropshire and Telford & Wrekin CCGs Primary Care Commissioning Committee

Meetings in Common held in Public

to be held on Wednesday 7 October 2020
at 10.00 a.m. via Microsoft Teams

AGENDA – PART 1

A=Approval R=Ratification S=Assurance D=Discussion I=Information

Item Number	Agenda Item	Presenter	Purpose	Paper	Time
PCCC-20-10.01	Welcome and Introductions	Chair	I	Verbal	10.00
PCCC-20-10.02	Apologies	Chair	I	Verbal	10.00
PCCC-20-10.03	Members' Declaration of Interests	Chair	I	Verbal	10.05
PCCC-20-10.04	Minutes of Previous Meetings and Matters Arising:- <ul style="list-style-type: none"> • Shropshire PCCC 5 February 2020 • Telford & Wrekin PCCC 4 February 2020 • Action Tracker 	Chair	A	Enc.1A Enc. 1B Enc. 1C	10.05
PCCC-20-10.05	Terms of Reference	Chair	I	Enc. 2	10.15
PCCC-20-10.06	Finance Update	Claire Skidmore	I	Enc. 3	10.25
PCCC-20-10.07	Quality Report	Jane Sullivan	I	Enc. 4	10.30
PCCC-20-10.08	PCN Report	Nicky Wilde	I	Enc. 5	10.40
PCCC-20-10.09	Pharmacy Workforce Model	Liz Walker / Jane Knott	I	Enc. 6	10.45
PCCC-20-10.10	Primary Care Strategy Delivery	Phil Morgan	I	Enc. 7	10.55
PCCC-20-10.11	Court Street Boundary Change	Practice to Present	A	Enc. 8 Enc. 8A Enc. 8B	11.00
PCCC-20-10.12	Shropcom Business Case - Dawley	Practice to Present	A	Enc. 9 Enc. 9A	11.15
PCCC-20-10.13	GP Patient Survey	Darren Francis/Laura Kinsey	I	Enc. 10-10E	11.30
PCCC-20-10.14	Risk Register	Corrine Ralph	I	Enc. 11&11A	11.40

Item Number	Agenda Item	Presenter	Purpose	Paper	Time
PCCC-20-10.15	Any Other Business	Chair	I		11.45
PCCC-20-10.16	Date and Time of Next Meeting: Wednesday 2 December 2020 at 10.00 a.m.				

DRAFT

Shropshire Clinical Commissioning Group

MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)
HELD IN ROOM K2, WILLIAM FARR HOUSE, SHREWSBURY AT 9.30 AM ON
WEDNESDAY 5 FEBRUARY 2020

Present

Dr Colin Stanford	External GP Member (Chair)
Mr Meredith Vivian	Lay Member, Patient & Public Involvement
Mrs Christine Morris	Chief Nurse
Dr Deborah Shepherd	GP Member, Shrewsbury & Atcham Locality Chair
Mr Kevin Morris	Practice Member Representative
Mrs Sarah Porter	Lay Member, Shropshire CCG
Mr Keith Timmis	Lay Member, Performance
Dr Finola Lynch	GP Member
Dr Jessica Sokolov	Medical Director
Mr Steve Ellis	Head of Primary Care, Shropshire CCG
Dr Stephen James	GP Member
Ms Vanessa Barrett	Healthwatch Shropshire
Mrs Laura Clare	Deputy Chief Finance Officer
Mrs Fran Beck	Executive Lead for Commissioning
Mrs Rebecca Woods	Head of Primary Care for Shropshire and Staffordshire, NHS England
Mrs Chris Billingham	Personal Assistant (Minute Taker)

Apologies

Mrs Amanda Alamanos	NHS England Primary Care Lead, Shropshire & Telford
Dr Julian Povey	Clinical Chair, Shropshire CCG
Mrs Nicky Wilde	Director of Primary Care, Shropshire CCG
Mrs Claire Skidmore	Chief Finance Officer, Shropshire CCG
Mrs Sam Tilley	Director of Planning, Shropshire CCG

PCCC-2020-2.001 - Apologies

Apologies received were recorded as above.

PCCC-2020-2.002 - Members' Declaration of Interests

There were no declarations of interests.

PCCC-2020-2.003 – Minutes of Previous Part 1 Meeting held on 4 December 2019 and Matters Arising

The Minutes of the previous Part 1 meeting held on 4 December 2019 were agreed as an accurate record, provided the following amendment is made:-

Page 1: Declarations of Interest

A final paragraph should be added as follows:-

“No further action was judged necessary in respect of these declarations”.

The Action Tracker was reviewed and updated as appropriate.

PCCC-2020-2.004 – Public Questions

No questions were received from members of the public.

PCCC-2020-2.005 – Estates Strategy Update

Mr Brettell provided Committee members with a brief update regarding progress made on Estates projects.

A full update was provided to the October Committee regarding the Strategy document, and feedback received had been incorporated into the second draft. However, this document was still very much a working document and it was not felt appropriate to bring it back to Committee at this stage.

Mr Brettell received the Committee's consent to commission two additional pieces of work which were fundamental to the overall strategy.

The first piece of work relates to a detailed technical study into the capacity of the CCG's estate to cope with growing population, workforce changes, etc. A specialist firm has been appointed to carry out the work. This is an important piece of work which will clarify where the estate is currently, and the direction to be taken going forward.

The other piece of work is about placing some of that information onto SHAPE, a mapping tool which will provide live information on the estate and how it affects other domains across the system.

Both projects are due to complete at the end of March. The intention is to then adapt the strategy based on the findings of those pieces of work and submit a joint final draft of the Strategy to the June Committee. This will be combined information relating to both CCGs.

Mr Ellis advised the Committee of plans to hold an Extra-ordinary Primary Care Commissioning meeting on 4 March 2020 in order to review the Whitchurch Business Case. It is hoped to submit a paper regarding Broseley Medical Practice to the same meeting following receipt of the District Valuer's report.

Mr Timmis expressed his disappointment regarding the Judicial Review of Whitchurch. Phil Brenner, who is leading the project, believed that a decision may be made in the next two weeks as to whether the review will be accepted, or referred to the Court process which would be a major risk to the project. Wrekin Housing Trust may well decide to abandon plans for the Medical Centre and merely build extra care beds as the issue is the process around approval of the Medical Centre. The Risk Register will be updated accordingly.

ACTION: Mr Brettell to present the STP Primary Care Estates Strategy to the June committee meeting.

Mr Ellis and Mr Brettell to consider how to keep the project work register up to date and accurate.

Mr Ellis to update the Risk Register following the initiation of a Judicial Review into the Whitchurch project.

PCCC-2020-2.006 – Primary Care Strategy Delivery and Progress Report

The Committee received Mr Morgan's latest high level monitoring report demonstrating progress against the Shropshire and Telford & Wrekin STP Primary Care Strategy, key points of which were:-

- At the request of the Committee a "deep dive" report on the Workforce Programme was provided at Appendix 1.
- The report template had been amended since the previous report was compiled in an attempt to provide greater clarity around progress against the specific outcomes in the Strategy and to describe the links between the individual programmes.

- A further change has been made to incorporate Care Quality issues within each Programme.
- An Annual Report will be brought to the April meeting of this Committee which will provide an assessment of the impact the Strategy has had since its launch in the Spring of 2019.

During the previous week, additional information regarding the Training Hub had been received which Mr Ellis will forward to Mrs Billingham for circulation.

ACTION: Mr Ellis to forward to Mrs Billingham the additional information received relating to the Training Hub for circulation to Committee members.

The CCG has received funding of £87,500 from NHS England & NHS Improvement to support newly qualified General Practice nurses. Given that the member practices do not have significant numbers of newly qualified nurses, NHSE/I have agreed to the CCG's plans to use this funding in the 2019/20 financial year on leadership training for existing nurses. Mr Ellis requested approval from the Committee around governance of this arrangement and use of the funding within the CCG. Committee agreed to this request.

Dr Stanford referred to Page 4 of Enclosure No. 3A which referred to a new service in place to support Practices for their learning disability and autism patients and requested more information regarding this service.

ACTION: Mr Ellis to obtain from Mrs Gittins additional information relating to the new service for Learning Disability and Autism patients and update the next Committee.

The Committee discussed workforce within General Practice, and utilisation of skill mix. The model for General Practice has changed dramatically, and the cost of locum cover for salaried GP sessions has increased considerably over the last three years. Practices have been forced to use other workforce in advance of Primary Care Network (PCN) funding. However, some smaller Practices do not have the resources to skill mix, and consideration must be given as to how some of these smaller Practices will meet the requirements of the new PCNs.

Mr Timmis expressed his concern at how far behind the CCG was with physical checks of the seriously mentally ill. He referred to the Action Plan and asked what progress had been made against it. Mr Ellis advised that MPFT had recruited mental health nurses to support Practices.

ACTION: Mr Ellis to obtain an update regarding progress being made with the Action Plan relating to physical checks of the seriously mentally ill and update the next Committee.

Mr Ellis to correct the grammatical error on Page 24 of Enclosure No. 3A.

PCCC-2020-2.007 – Finance Update

Two reports were submitted to the Committee – the monthly Finance Report and the Primary Care Financial Plan 2019/20-2023/24.

The purpose of the Finance report was to inform the Primary Care Commissioning Committee of the financial position of the Delegated Co-Commissioning Primary Care services to Month 9 - December 2019.

The purpose of the Primary Care Financial Plan was to update the Primary Care Commissioning Committee regarding the latest financial plan for Delegated Co-Commissioning Primary Care. The Committee were asked to note that the report contained the projected spend, and to also note the growing financial risk over the period if no corrective action is taken.

Mrs Clare advised that the Month 9 position was broadly in line with the previous month's report.

At the start of the year the budget set for Primary Care was £1.5m above the ring-fenced allocation, based on projected spend. In the current forecast this is projected to underspend by £1.2m, therefore overspend against the allocation is approximately £300k in the financial year.

Mrs Clare referred to the Financial Plan document and advised that in 2019/20 the CCG were still of the opinion that there could be an overspend against the allocation of £1.6m, and this is the start point for the Financial Plan going forward. She advised that operational planning guidance had been released by NHS England after her report was written, and the Finance Team are reviewing the document in terms of this budget, and also the wider CCG budget in terms of planning, therefore amendments are expected to this draft document.

The overall CCG Plan had been submitted to Finance Committee as a first draft. This Plan will also be affected by NHSE's planning guidance and relevant updates will be incorporated into this document going forward.

Dr Shepherd referred to the section of the Planning Report relating to other GP services and the forecast figure which, after next year, seemed to decrease quite significantly. She queried whether this was due to loss of seniority payments which cease from 2020/2021.

ACTION: Mrs Clare to investigate the decrease in the figure forecast for other GP services.

The Committee noted the contents of the report, the projections, and the financial position in Month 9.

PCCC-2020-2.008 – Quality Report

The Committee noted the contents of the report and questions were invited.

Mrs Morris observed that the report was very much an information-giving document rather than an analysis of any quality risk within Primary Care and triangulation of feedback. This had been discussed in Quality Committee and a decision was made to review the process. If the Committee was agreeable, this report would be submitted on a quarterly basis and would contain a greater level of detail.

The Committee agreed with this proposal.

Discussion took place regarding the Friends & Family Test. Some Practices were not good at supplying data, and Mr Allan advised the Committee that there were currently no sanctions applied to Practices to do so. Reminders are sent to Practices advising them if the level of data they are collecting is low compared to that collected locally, regionally and nationally, but there are currently no sanctions that can be applied by the CCG.

The Primary Care team had been working with the Business Improvement team around developing a Triangulation Report, and Mr Ellis will bring a report to the next meeting.

ACTION: Mr Ellis to bring a Triangulation Report developed by the Primary Care and Business Improvement teams to the next meeting.

Dr Shepherd referred to the Datix system and the proposed introduction of a new system.

Mrs Morris advised that the new system had not yet gone “live” in Shropshire as the CSU are changing their supplier. No implementation date for the new system is known as yet.

ACTION: Mr Allan to find out from CSU implementation date of the new Datix system.

The Committee noted the contents of the Quality Exception Report.

PCCC-2020-2.009 – Primary Care Policy & Guidance Manual (For Information)

The document was provided to the Committee for information.

The Committee noted the contents of the Primary Care Policy & Guidance Manual and agreed to adhere to its contents.

PCCC-2020-2.010 – NHSE/I Update: Future Working

NHSE/I had been going through a restructuring process and several changes had taken place in the Primary Care team.

One of the key changes was the decision taken to separate GP contracting support from Pharmacy, Optometry and Dentistry contracting. The decision was made to place all GP contracting support into a single Hub to support each of the delegated CCGs. The process to recruit into that Hub team has commenced. Recruitment into the other teams who will support the Pharmacy, Optometry and Dentistry contracting has also begun. Work has been done on designing a service specification to support delegated CCGs and this has been shared with the Primary Care team. The specification will be very much based on advice and guidance from the core team and will support rent reviews and administrative changes to the contracts.

The Hub itself will be a virtual team of people based across the whole of the Midlands region.

Attendance at Primary Care Commissioning Committee by representatives of NHSE/I will continue, but will not be Mrs Woods and Mrs Alamanos.

Mrs Woods referred to a letter that was issued by NHSE/I’s Director of Finance around finance support for delegation which, it appeared, had not been received by the CCG.

ACTION: Mrs Clare to check whether the letter from NHSE/I’s Director of Finance had been received by Mrs Skidmore and advise Mrs Woods accordingly.

Mr Timmis referred to an internal review of current governance arrangements which would take place in Q4. However, he believed it would be helpful if the CCG had an opportunity to influence the review and request that the proposed arrangements be reviewed in order to identify any shortcomings. That report should be submitted to Primary Care Commissioning Committee as well as Audit Committee.

PCCC-2020-2.011 – Risk Register

Mr Ellis advised that two risks relating to Whitehall – risks 9/19 and 10/19 - were to be removed from the Risk Register. The majority of patients have now moved and the CCG has now secured cover in accordance with NHSE requirements to deliver the full amount of extended access/extended hours.

The Committee approved removal of the above two risks from the Risk Register.

PCCC-2020-2.012 – Any Other Business

Mrs Barrett invited CCG Lay Members to the Healthwatch Annual Event on 4 March 2020, at which several of the CCG's staff are presenting. Details are available on the Healthwatch website.

ACTION: Mrs Barrett to email details of the Healthwatch Annual Event to Mr Ellis who will ensure that the event is publicised appropriately.

Mr Vivian suggested that in view of the Committee now taking place bi-monthly, details of any time-sensitive topic should be emailed to Committee members for information.

PCCC-2020-2.013 – Date of Next Meeting

An Extra-Ordinary Committee meeting is currently scheduled to take place on Wednesday 4 March 2020. However, this will be confirmed nearer the time.

The next full meeting of the Committee will take place on Wednesday 1 April 2020. The Part 1 Meeting will commence at 10.00 a.m.

**Telford and Wrekin
Clinical Commissioning Group**

“Working with our patients, Telford and Wrekin CCG aspires to have the healthiest population in England. Healthier, Happier, longer.” [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

healthiest population in England. Healthier, Happier, longer.”

Primary Care Commissioning Committee

Minutes of the Meeting held on

Tuesday 4th February 2020

Aldridge Room, Telford and Wrekin CCG, Halesfield 6, TF7 4BF

Present:

Mr Peter Eastaugh	Lay Member Primary Care (Chair)
Mrs Fran Beck	Director of Partnerships (Interim)
Mrs Claire Skidmore	Executive Director of Finance
Miss Alison Smith	Director of Corporate Affairs
Mrs Carolyn Fenton-West	GP/Primary Care Healthcare Professional
Dr Ian Chan	GP/Primary Care Healthcare Professional

Also in Attendance:

Mrs Corrine Ralph	Head of Primary Care
Mrs Jane Sullivan	Quality Lead, Primary Care
Mrs Bernie Williams	Commissioning Manager, Primary Care
Mr Paul Shirley	Healthwatch Telford & Wrekin
Judy Cotton	Minute Taker

Apologies:

Mrs Christine Morris	Executive Lead, Nursing and Quality
Mr David Evans	Accountable Officer
Dr Jo Leahy	CCG Chair
Mrs Jacqui Seaton	Head of Medicines Management
Dr Andy Watts	Out of Area GP Representative

		Action
1.20	Welcome and apologies:	

	Mr Eastaugh welcomed members to the meeting. Apologies noted as listed above.	
2.20	<p>Members' Declaration of Interests:</p> <p>No further declarations to be added to the registers. Dr Ian Chan declared a conflict of interest with agenda item 5.20.5 - GPFV Service Specification - due to his employment with Teldoc. Mrs Carolyn Fenton-West also declared a conflict of interest with agenda item 5.20.5 due to her employment with Donnington Medical Practice. The Chair and members agreed Dr Chan and Mrs Carolyn Fenton-West would leave the room for this agenda item.</p>	
3.20	<p>Minutes of the Committee Meeting held on 3rd December 2019:</p> <p>The minutes of the meeting held on 3rd December 2019 were approved as an accurate record of the meeting.</p>	
4.20	<p>Matters Arising/Actions:</p> <p><u>Agenda Item: 22.19.3 (02.04.19) – Court St Madeley Community Initiative:</u></p> <p>Agreed the CCG with the help of Court Street Community provider lead would develop a business case to consider transformation funding to promote this initiative as best practice.</p> <p>Update 04.06.19: Mr Cooke confirmed this was an ongoing piece of work. Mr Cooke agreed to provide a further update at the meeting in August 2019.</p> <p>Update 06.08.19: Mr Cooke did not attend this meeting and no update was provided. Action deferred to the meeting in October 2019.</p> <p>Update 01.10.19: Mrs Corrine Ralph confirmed staff at the hub had been collecting and recording activity data to enable trend analysis and to assist with future modelling. This information was used to evaluate if there was a predicted savings model for the service. The outcome of the first data collection was inconclusive and it was believed this was due to the low numbers of patients involved in the data capture that were compared to the whole population of Telford & Wrekin registered patients. An alternative methodology will be used in the future focussing on a cohort of Court Street Medical Practice patients that have had over 20 GP appointments in the time period 12 months prior to the opening of the hub and 12 months afterwards. The outcome of the second set of analysis will be provided at the next meeting in December 2019.</p> <p>Update 03.12.19: Mrs Bernie Williams confirmed analysis of data had been carried out by CSU colleagues who had looked at the number of appointments made after the implementation of the hub. The results of this appeared to be "too positive" therefore Court Street staff will be asked to analyse individual patient records to provide a clearer picture. A report will be presented at the meeting in February 2020.</p> <p>Update 04.02.20: Covered as agenda item 5.20.8 (Court Street Madeley Community Initiative Update) at this meeting. ACTION COMPLETED</p> <p><u>Agenda Item: 62.19.3 (03.12.19) – Primary Care Annual Self-Declaration (eDec):</u></p> <p>The Primary Care Team will review all submissions and update the committee at</p>	

	<p>the next meeting in February 2020. Update 04.02.20: Mrs Corrine Ralph confirmed figures had not been received from NHS England therefore this action was deferred to the next meeting in April 2020.</p> <p><u>Agenda Item: 62.19.5 (03.12.19) – Quality Outcomes Framework (QoF):</u></p> <p>Agreed to congratulate, on behalf of the Committee, the two practices that achieved 100% Update 04.02.20: ACTION COMPLETED</p>	Corrine Ralph
5.20	Assurance	
5.20.1	<p>Finance Report:</p> <p>Mrs Claire Skidmore presented the report and confirmed there were no changes to report since the last meeting in December. Totality figures have been submitted to NHS England.</p> <p>Mr Peter Eastaugh referred to delegated monies being used to pay for the GP Streaming Service at SaTH and asked if Shropshire CCG used their delegated monies for this service? Mrs Skidmore said Shropshire CCG were in a different position and it was therefore difficult to draw parallels. The delegated budget was ring fenced in terms of the purposes of how it was spent but the CCG were able to take totality into account. It had been decided that for Telford & Wrekin CCG the GP Streaming Service was a relevant area of support for this budget allocation to be used for.</p> <p>Mrs Fran Beck added that the patients involved in the GP Streaming Service could be those with primary care needs who would otherwise have presented at the Emergency Department. The issue of access to primary care services was one of the reasons patients often cite for use of the Emergency Department service. Mrs Beck also added that most of the money involved was spent on the sub contract with ShropDoc which is a primary care out of hours provider.</p> <p>Following discussion the committee:</p> <ul style="list-style-type: none"> • Noted the current final financial position reported at Month 09 • Noted the current QIPP position reported at Month 09 • Noted that at this stage of the financial year, the CCG is currently forecasting an underspend position of £123k on the Primary Care budgets • Noted the key risks highlighted within the report 	
5.20.2	<p>Five Year Forecast (Finance Report):</p> <p>Mrs Claire Skidmore presented the report and the following points were highlighted:</p> <ul style="list-style-type: none"> • Shropshire CCG shared this report with their Primary Care Commissioning Committee and the finance team were now looking at a plan for both CCGs. • Reserve amounts will be used for new demands on the primary care budget such as costs related to Primary Care Networks (PCNs). It was 	

suggested reserves could be built up to cover any other additional requirements in primary care as they develop over the years.

- Allocations for delegated commissioning remained as previously reported.

Dr Chan asked if the proposed PCN contract changes had been factored in and were the protected budgets fixed? Mrs Skidmore said plans were based on what was known at this moment in time. No information was available yet around the GMS contract for next year. Mrs Skidmore said any changes to estimates given would be reported to this committee.

Following discussion the committee:

- Noted the current projections regarding the five year plan and agreed to continue to receive periodic updates through the existing finance report

5.20.3

Primary Care Strategy (including Extended Access):

Mr Eastaugh assumed members had read the report and invited questions or comments.

Mrs Corrine Ralph said further information had been received since the report was produced. A sum of money had been identified and provided by GP Forward View for a "New to Practice" programme. This involved two new schemes: one to provide mentorship for newly qualified GPs and on to support newly qualified nurses. The support was being led through the training hub. Mrs Ralph agreed to provide a paper to the next meeting providing an update about the training hub.

Corrine
Ralph

Mrs Carolyn Fenton-West said it was good to hear about the support for newly qualified nurses going into GP practices as this was not available in the past. She added the role of a nurse in a GP practice was very diverse compared to nursing in a hospital setting.

Mr Eastaugh asked if anything was being done to deal with the "Did Not Attend" (DNA) rates for appointments? Mrs Ralph said the table in the report showed the figures for December which were 10% and were higher than the usual rate of between 6% and 8%. Dr Chan added that during December, weekend appointment DNA rates were due to patient behaviour during the run up to Christmas.

Mr Eastaugh highlighted the 23% reduction in Telford & Wrekin GP's since 2015 and said he was concerned about this at a time when the population was increasing and living longer. Mrs Ralph said this was being addressed via the GP Forward View Specification.

Mrs Fran Beck said it would be useful to know the details behind these figures and what the issues were in attracting new recruits. Mrs Beck added the CCG needed to demonstrate advertising was being carried out to try and recruit new clinical staff.

Dr Chan said practices experiencing problems with recruitment were relying on agency staff. He added practices had tried advertising for staff but this was a very costly exercise with often very little gain.

Mr Eastaugh noted the 130% increase in Junior Doctors since 2015 and suggested more could be done to encourage them to remain local on completion of training.

The Committee requested that a paper be produced detailing what the CCG were doing to address the recruitment issue. Mrs Ralph agreed to provide this.

Corrine
Ralph

Following discussion the committee:

- Noted the content of the Primary Care Strategy progress report
- Noted the activity identified against all schemes
- Agreed to support the completion of the value for money review of locally commissioned services
- Agreed to receive a progress report on the alignment of the schemes across the economy at the next meeting in April 2020
- Agreed to receive the extended access review and plans for service delivery at the next meeting in April 2020

5.20.4 Locally Commissioned Services:

Mrs Bernie Williams presented the report and explained it provided an update on activity up to quarter 3 of this year.

With reference to the Violent Patient Scheme, Mrs Williams said that following a meeting with the special allocation service provider, it was confirmed they were meeting the criteria set out in the specification and were following the process for removal of these patients after an allocated timespan. Patients were asked to sign a behavioural agreement. Mrs Williams added that the service had been paid the same amount for a number of years and this needed to be reviewed.

Mrs Williams referred to section 5 of the report – Preparation for 2020 – and confirmed work had commenced to ensure schemes were paid on an activity basis. This was likely to change to population commissioning in the future. Schemes will be commissioned at PCN level.

Following discussion the committee:

- Noted the content of the report
- Noted the activity identified against all schemes
- Agreed to support the completion of the value for money review of locally commissioned services
- Agreed to receive a progress report on the alignment of the schemes across the economy at the next meeting in April 2020

5.20.5 GPFV Service Specifications:

Dr Ian Chan declared a conflict of interest with this agenda item due to his employment with Teldoc. Mrs Carolyn Fenton-West also declared a conflict of interest with this agenda item due to her employment with Donnington Medical Practice. Dr Chan and Mrs Carolyn Fenton-West left the room for this agenda item.

Mrs Corrine Ralph presented the report and the following points were highlighted:

- The delivery of the GPFV work programme has been delivered jointly with colleagues in Shropshire.
- The CCG have been limited in the level of engagement with the practices that may be in the greatest need of resilience/recruitment support. In November 2019 the PCNs were asked how they would feel about leading on the identification of schemes that would support improved resilience.
- The specification sets out how the CCG believe this could work.
- The aim is to set up schemes to enable all individual practices to have the potential to benefit from the investment.
- The specification needs to be robust enough to hold practices to account, deliver against the national priorities but also flexible to meet local needs.
- A return on funds invested and value for money will needed to be demonstrated.

Mrs Skidmore said funding allocations such as this were ring fenced within a financial year and the ability to finish the project “in-year” was a concern. Therefore the amount to spend will be protected to enable Mrs Ralph to continue the schemes into the next financial year.

Mrs Beck said the CCG will need to establish the metrics required to outline the success and benefits of the schemes.

Following discussion the committee:

- Noted the content of the report
- Agreed to the specification attached to the report
- Agreed to charge the Head of Primary Care with implementation as a matter of urgency
- Agreed to ensure the independent review and sign off of all PCN based plans
- Agreed to ensure all plans are in place and are presented at the next meeting in April 2020

5.20.6 Practice Visits Update:

Mrs Corrine Ralph presented a verbal report and the following points were highlighted:

- Last year the CCG changed the way practice visits were done and combined quality and medicines management within them.
- 5 out of 13 Telford & Wrekin practices have been visited and an evaluation of the visits will be carried out.
- The focus has been on CCG organisational priorities including QOF performance.
- GP patient surveys were reviewed and outstanding areas as well as areas for improvement were identified.
- Some practices have requested a return visit in order to present findings to all the partners.
- At the meeting last August it was agreed the practice visit reports would include RAG rated codes detailing the level of concerns and the coding of

this was currently being carried out.

Following discussion the committee:

- Noted the verbal update provided

5.20.7

Quality and Improvement Performance Monitoring:

Mrs Jane Sullivan presented the report and the following points were highlighted:

- This report was an update following on from the previous one presented in October 2019
- The final practice has been inspected by CQC and the feedback from the report will be presented at the next meeting in April 2020.
- Areas of quality and performance pertinent to the CCG priorities will be reviewed and deep dives carried out during practice visits.
- Exemption reporting was being extracted and would form part of practice improvement plans if necessary.
- Survey sent to patients was discussed at practice visits and a report on the survey will be received in July 2020.
- Analysis of GP online surveys will hopefully show an improvement in patient online usage.
- Friends and family test remained steady and further information had been requested. There was a plan to review and revamp the test. The CCG continue to promote it with practices.

Following discussion the committee:

- Noted the content of the report, areas of variance and actions to improve them

5.20.8

Court Street Madeley Community Initiative:

Mrs Bernie Williams presented the report and apologised for the length of time it had taken to update the committee. There was further work to do in order to effectively analyse the effects of the initiative.

Since the report was produced, Mrs Williams had been in contact with someone from another CCG who had produced a similar report. Mrs Williams will meet this person on 10th February and it was hoped this would identify a system that captures the information required in order to show a return on investment.

Mrs Beck asked if there was a control group of patients who had not accessed the service that could be used as a comparison for those who had? If the pattern regarding demand in primary care appointments was the same for both groups, it may be that the initiative was not making a significant difference. Mrs Williams agreed to ask the practice if this type of comparison was possible.

Bernie
Williams

Following discussion the committee:

- Noted the content of the report
- Noted the reported reduction in demand in primary care appointments
- Agreed the requirement for additional analysis to enable the confirmation

<p>5.20.9</p>	<p>that the reduction is due to access to this service</p> <ul style="list-style-type: none"> • Agreed to involve Stirchley & Sutton Hill in further analysis • Agreed to receive an update on the outcome at the next meeting in April 2020 <p>Primary Care Urgent Extended Access Pilot:</p> <p>Mrs Corrine Ralph presented the report and explained it was presented for information and was a summary of the pilot scheme that has been running for the past 8 weeks to expand the use of extended access appointments. The scheme was intended to divert patients from NHS 111. The programme had now ended and a full evaluation will be carried out and a report presented to the next meeting in April 2020.</p> <p>Following discussion the committee:</p> <ul style="list-style-type: none"> • Noted the content of the report • Noted the potential system benefits this affords • Agreed to receive a more detailed evaluation of the scheme at the next meeting in April 2020 	
<p>6.20</p> <p>6.20.1</p>	<p>Strategy</p> <p>Primary Care Update:</p> <p>Mrs Corrine Ralph presented the report and the following points were highlighted:</p> <ul style="list-style-type: none"> • A large amount of focus had been placed on VDI as it was believed it gives a significant opportunity to improve the work life balance of GPs and their resilience. • VDI means GPs can view and update patient records and order drugs online without having to be in the surgery. For example during visits to care homes or home visits. • Prescriptions cannot be ordered via a mobile phone due to the need for smart card access. • The plan was to ensure at least 2 GPs in each practice have access to VDI by March 2020. • VDI was also being used by the Rapid Response team enabling them to prescribe out of hours. <p>Following discussion the committee:</p> <ul style="list-style-type: none"> • Noted the update provided 	
<p>7.20</p>	<p>For Information:</p> <p>No items presented</p>	
<p>8.20</p>	<p>Any Other Business – with the prior agreement of the Chair:</p> <p>Mr Paul Shirley said Healthwatch Telford & Wrekin wanted to carry out a survey around missed appointments. Miss Alison Smith asked if the survey could include the option for participants to be contacted in the future, in particular those who presented the strongest views to allow further work via focus groups to be</p>	<p>Paul Shirley</p>

	undertaken. Mr Shirley agreed to look into this.	
--	--	--

DRAFT

9.20	<p>Date of the next meeting:</p> <p>TUESDAY 7TH APRIL 2020, Aldridge Room, Halesfield 6, TF7 4BF</p>	
10.20	<p><i>To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Section 1 (2) Public Bodies (Admission to Meetings) Act 1960.</i></p>	

DRAFT

Shropshire CCG Primary Care Committee Action Tracker
Part 1 Meeting

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2019-10.075	Estates Strategy Mr Brettell to:- - Amend Point 5 of the recommendations to specifically reflect the Committee's wish to receive assurance that the financial position is fully addressed in the modelling of the Estates Strategy.	Mr Brettell	February	Work is ongoing on the Estates Strategy to complete these actions. Specifically two key pieces of work have now been commissioned- a detailed utilisation study, and a data dashboard. Both of these are part of regional and national pieces of work and will enable the completion of the actions. An update paper will be presented to December 2020 PCCC.
	- Amend Point 5 of the recommendations to provide an improved explanation of the proposed delivery plan.	Mr Brettell		
	- Include reference to proposed large scale developments within the Strategy and their potential impact on GP Practices, and incorporate all other minor amendments suggested by the Committee into his revised report.	Mr Brettell		
PCCC-2019-10.076	Primary Care Strategy Delivery & Progress Report Mr Morgan to include information relating to health inequalities and risk mitigation in future reports.	Mr Morgan		There is a separate section in the Primary Care Strategy Operational update report on Health Inequalities and each of the other programmes will show relevant links to Health Inequalities. In each section there is a risk table with relevant mitigation set out. Mr Morgan arranged for Mrs Ralph, Head of Primary Care at Telford & Wrekin CCG, to respond to Mr Timmis.
	Mr Morgan to update Mr Timmis regarding Programme No. 9 of the Primary Care Strategy and the allocated Amber Rag Rating.	Mr Morgan		

PCCC-2019-10.077	Working with Non-GP Primary Care Providers Mrs Alamanos to feed back to NHS England the Committee's discussion regarding inaccurate information being supplied to patients by the hospitals and local opticians.	Mrs Alamanos	December meeting	
PCCC-2019-10.079	Mrs Skidmore to feed back to Joint Exec Team details of the discussion regarding shared reports and alignment of reporting format.	Mrs Skidmore	December meeting	
PCCC-2019-10.084	Broseley Medical Practice – Additional Space Mr Brettell to bring to the December PCCC:- A report by the District Valuer regarding Broseley Medical Practice, plus an internal CCG evaluation of the Cost Benefit Analysis to enable the Committee to make a decision. A more detailed report and updated Practice Plan including recommendations and a clearer risk assessment. Mr Brettell to be mindful of the correct format for any lease agreement which is to be submitted to the District Valuer.	Mr Brettell	February	Following discussion with NHSE it has been confirmed that the DV will not be able to complete the work in time for the December meeting and as such the report/ actions will be brought to the February PCCC meeting. This has been communicated with the Practice. An update is provided to Committee in Part 2 Oct 2020.
PCCC-2019-12.097	Medicines Management Strategy Progress Delivery Report Mrs Walker to report spend on dressings to PCCC on a monthly basis.	Mrs Walker	February	
PCCC-2019-12.098	Primary Care Finance Report Mrs Skidmore to report to the February Committee details of the 2020/21 budget and the impact on the Long Term Plan. Mrs Skidmore to review compilation of the Finance Report to simplify how the information is provided.	Mrs Skidmore Mrs Skidmore	February February	
PCCC-2019-12.099	Primary Care Quality & Improvement Indicators / Performance Report Mr Allan to investigate Rag Ratings and information supporting the data and bring an updated document to the next Committee.	Mr Allan	February	

	<p>Mr Allan to include the Cancer Survey data in a future report.</p> <p>Mr Allan to comply with Dr Stanford's request that future reports should show the headings within the Quality Outcomes Framework on every page.</p>	<p>Mr Allan</p> <p>Mr Allan</p>	<p>T.B.C.</p> <p>Ongoing</p>	
PCCC-2020-2.005	<p>Estates Strategy Update Mr Brettell to present the STP Primary Care Estates Strategy to the June Committee meeting.</p> <p>Mr Ellis and Mr Brettell to consider how to keep the project work register up to date and accurate.</p>	<p>Mr Brettell</p> <p>Mr Ellis / Mr Brettell</p>	<p>June</p> <p>April</p>	Updated report to be presented December 2020
PCCC-2020-2.006	<p>Primary Care Strategy Delivery and Progress Report Mr Ellis to obtain an update regarding progress being made with the Action Plan relating to physical checks of the seriously mentally ill and update the next Committee.</p>	<p>Mr Ellis</p>	<p>April</p>	Ongoing
PCCC-2020-2.007	<p>Finance Update Mrs Clare to investigate the decrease in the figure forecast for other GP services.</p>	<p>Mrs Clare</p>	<p>April</p>	
PCCC-2020-2.008	<p>Quality Report Mr Ellis to bring a Triangulation Report developed by the Primary Care and Business Improvement teams to the next meeting.</p> <p>Mr Allan to find out from CSU the implementation date of the new Datix system.</p>	<p>Mr Ellis</p> <p>Mr Allan</p>	<p>April</p> <p>April</p>	To be completed – dashboard delayed
PCCC-2020-2.010	<p>NHSE/I Update: Future Working Mrs Clare to check whether the letter from NHSE/I's Director of Finance had been received by Mrs Skidmore and advise Mrs Woods accordingly.</p>	<p>Mrs Clare</p>	<p>April</p>	

Telford and Wrekin CCG Action Tracker – Part 1 Meeting

	Meeting Date	Agenda Item	Action	Actioned By	Date
1.	03.12.19	62.19.3	<p>Primary Care Annual Self-Declaration (eDec):</p> <p>The Primary Care Team will review all submissions and update the committee at the next meeting in February 2020.</p> <p>Update 04.02.20: Mrs Corrine Ralph confirmed figures had not been received from NHS England therefore this action was deferred to the next meeting in April 2020.</p> <p>October 2020 Update: Practice submissions for 2019/20 were made available to the CCG(s) in September 2020. Analysis will be completed to provide an update to the Committee in December 2020.</p>	Corrine Ralph	<p>February 2020</p> <p>April 2020</p>
2.	04.02.20	5.20.3	<p>Primary Care Strategy (including Extended Access):</p> <p>Mrs Ralph agreed to provide a paper to the next meeting providing an update about the training hub.</p> <p>October 2020 Update: Included in the Strategy Report.</p>	Corrine Ralph	April 2020
3.	04.02.20	5.20.3	<p>Primary Care Strategy (including Extended Access):</p> <p>Mr Eastaugh noted the 130% increase in Junior Doctors since 2015 and suggested more could be done to encourage them to remain local on completion of training.</p> <p>The Committee requested that a paper be produced detailing what the CCG were doing to address the recruitment issue. Mrs Ralph agreed to provide this.</p> <p>October 2020 Update: Outstanding.</p>	Corrine Ralph	April 2020
4.	04.02.20	5.20.8	<p>Court Street Madeley Community Initiative: Mrs Beck asked if there was a control group of patients who had not accessed the service that could be used as a comparison for those who had? If the pattern regarding demand in primary care appointments was the same for both groups, it may be that the initiative was not making a significant difference. Mrs Williams agreed to ask the practice if this type of comparison was possible.</p> <p>October 2020: Follow up work on this ceased due to the pandemic.</p>	Bernie Williams	April 2020

Primary Care Commissioning Committee (PCC)

Terms of Reference

1. Introduction

1.1 Simon Stevens, the Chief Executive of NHS England/Improvement, announced on 1 May 2014 that NHS England/Improvement was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England/Improvement would delegate the exercise of certain specified primary care commissioning functions to a CCG.

1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England/Improvement has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Telford and Wrekin CCG.

The delegation is set out in Schedule 1.

1.3 The CCG has established the NHS Telford and Wrekin CCG Primary Care Commissioning Committee (PCC) ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

1.4 It is a committee comprising representatives of the following organisations:

- NHS Telford and Wrekin CCG

2 Statutory Framework

2.1 NHS England/Improvement has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

2.3 Arrangements made under section 13Z do not affect the liability of NHS England/Improvement for the exercise of any of its functions. However, the CCG

acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England/Improvement, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.5 The Committee is established as a committee of the NHS Telford and Wrekin CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England/Improvement or by the Secretary of State.

3 Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Telford and Wrekin, under delegated authority from NHS England/Improvement.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England/Improvement and NHS Telford and Wrekin CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.5 This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

3.6 The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary care services in Telford and Wrekin;
- b) To undertake reviews of primary care services in Telford and Wrekin;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;

- d) To manage the budget for commissioning of primary care services in Telford and Wrekin.

4 Geographical Coverage

4.1 The Committee will comprise the NHS Telford and Wrekin CCG area.

5 Membership

5.1 The Committee shall be constituted in accordance with the following:

Voting members:

- Lay Member for Patient and Public Involvement
- A second lay member (who is the chair of the Primary Care Commissioning Committee)
- Independent GP Representative
- Accountable Officer
- Executive Director of Finance (Chief Finance Officer) (or deputy)
- Executive Director of Transformation (or deputy)
- Executive Director of Quality (or deputy)
- Director Of Partnerships (or Deputy)

5.2 Attendees:

- 2 GP/Primary Care Health Professional Governing Body Members (one the CCG Chair and one another GP/Primary Care Health Professionals, and of these, one should be drawn from those GP/Primary Care Health Professionals on the Governing Body elected by NHS Shropshire CCG membership and one should be drawn from those GP/Primary Care Health Professionals on the Governing Body elected by NHS Telford and Wrekin membership)
- Telford and Wrekin Healthwatch representative
- Telford and Wrekin Council Health and Wellbeing Board representative
- Director of Performance
- Medical Director

5.3 The Chair of the Committee shall be a Lay Member with responsibility for Primary Care Commissioning appointed by the Governing Body.

5.4 The Vice Chair of the Committee shall be a Lay Member with responsibility for Patient and Public Involvement, appointed by the CCG Governing Body.

5.5 Where the Committee considers items of business that due to the confidential nature of the business to be transacted, excludes members of the public, the Chair may invite some internal attendees to remain. The decision of the Chair is final.

6 Meetings and Voting

6.1 The Committee will operate in accordance with the CCG's Standing Orders as set out in Standing Order 3.9. The Secretarial support to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.2 Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

7 Quorum

7.1 The Committee's quorum will include 4 of the voting members outlined in section 5.2 above, one of which must be a lay member and one an Executive member.

7.2 If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

7.3 If the committee is not quorate, the meeting may;

- proceed if those attending agree, but no decisions may be taken; or
- in accordance with clause 6.5.4 invite an additional and temporary member or members to attend; or
- may be postponed at the discretion of the Chair.

7.4 The committee will endeavour to make decisions by reaching a consensus. Where a consensus cannot be reached, the Chair will escalate the committee's views on the issue for consideration by the Governing Body.

8.1 Frequency and notice of meetings

8.2 The Committee will meet as required, but at least 4 times per year and a schedule of meetings will be agreed upon by the Committee at the start of each year.

8.3 meetings of the Committee shall:

- a) be held in public, subject to the application of 23(b);
- b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.2 Draft minutes will be produced by the minute taker within 7 days of the meeting and circulated to the Chair of the committee for comment within 5 days. They will be presented to the next meeting for committee for approval and the chair will then sign them within 5 days.

8.4 Extraordinary meetings may be held at the discretion of the Chair. A minimum of seven working days' notice should be given when calling an extraordinary meeting.

8.5 With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.

9 Conduct of the Committee

9.1 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

9.2 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..

9.3 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

9.4 Members of the Committee shall respect confidentiality requirements and codes of conduct as set out in the CCG's Constitution

9.5 The CCG will also comply with any reporting requirements set out in its constitution.

9.6 It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England/Improvement may also issue revised model terms of reference from time to time.

10 Accountability of the Committee

10.1 The budget and resource accountability arrangements and the decision-making scope of the Committee will be agreed pursuant to the delegation and delegation agreement with NHS England/Improvement.

10.2 For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the delegation will prevail.

10.3 The Committee will make allowance for consultation with members of the public and other CCGs.

11 Procurement of Agreed Services

11.1 The detailed arrangements regarding procurement of primary care services will be set out in the delegation agreement entered into between the Group and NHS England/Improvement.

12 Decisions

12.1 The Committee will make decisions within the bounds of its remit.

12.2 The decisions of the Committee shall be binding on NHS England/Improvement and NHS Telford and Wrekin CCG.

Date approved: 10th August 2020

Date to be reviewed: April annually as per committee terms of reference log

Schedule 1 – Delegated Functions

Next steps towards primary care co-commissioning: Annex E Delegation by NHS England

June 2015

Delegation by NHS England to NHS Telford and Wrekin CCG Delegation

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) ("NHS Act"), NHS England has delegated the exercise of the functions specified in this Delegation to NHS Telford and Wrekin CCG to empower NHS Telford and Wrekin CCG to commission primary medical services for the people of NHS Telford and Wrekin Clinical Commissioning Group.

2. NHS England and the CCG have entered into the Delegation Agreement that sets out the detailed arrangements for how the CCG will exercise its delegated authority.

3. Even though the exercise of the functions passes to the CCG the liability for the exercise of any of its functions remains with NHS England.

4. In exercising its functions (including those delegated to it) the CCG must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by

the Secretary of State, and must enable and assist NHS England to meet its corresponding duties.

DRAFT

Commencement

5. This Delegation, and any terms and conditions associated with the Delegation, take effect from 1 April 2015.

6. NHS England may by notice in writing delegate additional functions in respect of primary medical services to the CCG. At midnight on such date as the notice will specify, such functions will be Delegated Functions and will no longer be Reserved Functions

Role of the CCG

7. The CCG will exercise the primary medical care commissioning functions of NHS England as set out in Schedule 1 to this Delegation and on which further detail is contained in the Delegation Agreement.

8. NHS England will exercise its functions relating to primary medical services other than the Delegated Functions set out in Schedule 1 including but not limited to those set out in Schedule 2 to this Delegation and as set out in the Delegation Agreement.

Exercise of delegated authority

9. The CCG must establish a committee to exercise its delegated functions in accordance with the CCG's constitution and the committee's terms of reference. The structure and operation of the committee must take into account guidance issued by NHS England. This committee will make the decisions on the exercise of the delegated functions.

10. The CCG may otherwise determine the arrangements for the exercise of its delegated functions, provided that they are in accordance with the statutory framework (including Schedule 1A of the NHS Act) and with the CCG's Constitution.

11. The decisions of the CCG Committee shall be binding on NHS England and NHS Telford and Wrekin CCG.

Accountability

12. The CCG must comply with the financial provisions in the Delegation Agreement and must comply with its statutory financial duties, including those under sections 223H and 223I of the NHS Act. It must also enable and assist NHS England to meet its duties under sections 223C, 223D and 223E of the NHS Act.

13. The CCG will comply with the reporting and audit requirements set out in the Delegation Agreement and the NHS Act.

14. NHS England may, at its discretion, waive non-compliance with the terms of the Delegation and/or the Delegation Agreement.

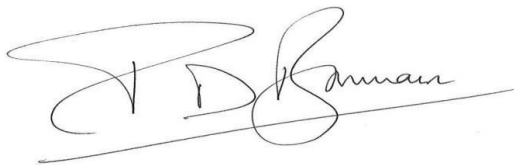
15. NHS England may, at its discretion, ratify any decision made by the CCG Committee that is outside the scope of this delegation and which it is not authorised to make. Such ratification will take the form of NHS England considering the issue and decision made by the CCG and then making its own decision. This ratification process will then make the said decision one which NHS England has made. In any event ratification shall not extend to those actions or decisions that are of themselves not capable of being delegated by NHS England to the CCG.

Variation, Revocation and Termination

16. NHS England may vary this Delegation at any time, including by revoking the existing Delegation and re-issuing by way of an amended Delegation.

17. This Delegation may be revoked at any time by NHS England. The details about revocation are set out in the Delegation Agreement.

18. The parties may terminate the Delegation in accordance with the process set out in the Delegation Agreement.

A handwritten signature in black ink, appearing to read 'P. Baumann', is written over a large, light grey diagonal watermark that says 'DRAFT'.

Signed by Paul Baumann
Chief Financial Officer
for and on behalf of **NHS England**

Schedule 1 –Delegated Functions

- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i) decisions in relation to Enhanced Services;
 - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv) decisions about 'discretionary' payments;
 - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b) the approval of practice mergers;
- c) planning primary medical care services in the Area, including carrying out needs assessments;
- d) undertaking reviews of primary medical care services in the Area;
- e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f) management of the Delegated Funds in the Area;
- g) Premises Costs Directions functions;
- h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

- a) management of the national performers list;
- b) management of the revalidation and appraisal process;
- c) administration of payments in circumstances where a performer is suspended and related performers list management activities;
- d) Capital Expenditure functions;
- e) section 7A functions under the NHS Act;
- f) functions in relation to complaints management;
- g) decisions in relation to the Prime Minister's Challenge Fund; and
- h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;

DRAFT

REPORT TO : **Shropshire, Telford and Wrekin Primary Care Committee**
Meetings in Common held in Public on 7th October 2020

Item Number:	Agenda Item:
PCCC-20-10-06	Month 5 Primary Care Finance Position – Enclosure No. 3

Executive Lead (s):	Author(s):
Mrs Claire Skidmore	Angharad Jones / Roger Eades

Action Required (please select): A									
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	x

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
N/A		

Executive Summary (key points in the report):
<ul style="list-style-type: none"> This report provides an update on the latest Primary Care financial position for both CCGs for the period ending 31st August 2020. National funding guidance in force up to and including month 6 provides for a retrospective allocation adjustment to force budgets to break even. The CCGs are anticipating this adjustment. For months 7 to 12, the CCG has been notified of a fixed allocation and the team are currently working through the implications of this for the forecast outturn. More information will be shared on the full year forecast position in future reports.

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i> There is a risk of overspend in these budgets, this will be mitigated with the review of expenditure forecasts on a regular basis. Appropriate action will be taken where possible in order to achieve a break-even position.	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

Recommendations/Actions Required:

Both CCG committees are asked to note the finance position at Month 5 2020/21.

1. Executive Summary

This report provides an update on NHS Shropshire CCG and NHS Telford and Wrekin CCG's primary care Co Commissioning financial position to 31st August 2020. A summary of performance against overall financial objectives is shown in the table below:-

Objective	SCCG RAG	SCCG In Month Change	TWCCG RAG	TWCCG In Month Change	Comments
Year to date position is in line with the plan trajectory	On Track	Improvement	On Track	Improvement	The combined year to date position is £300K underspent. We are expecting that any year to date variance will be adjusted to breakeven through retrospective allocation adjustment as per the National Guidance for months 1 – 6.
Year end forecast is in line with the plan trajectory	Materially Off Track	No Change	Materially Off Track	No Change	Early forecasts indicate that both CCG's are in line to overspend on the current annual budget. Further allocation guidance has been received since Month 5 reporting which increases the Primary Care Co-Commissioning allocation, however the increase is still not in line with the original pre-covid notified allocations.

Further information on the full year forecast will be available for the next meeting.

Key

On Track	Moderately Off Track	Materially Off Track
Improvement	No Change	Deterioration

2a Telford and Wrekin CCG Primary Care Delegated Commissioning

	2021/21 M1-12 Estimated Budget	M5 YTD Budget	M5 YTD Actual	M5 YTD Variance	Forecast M1-6	Forecast Variance M1-6
Primary Care Delegated Commissioning	£'000	£'000	£'000	£'000	£'000	£'000
GMS	16,879	7,033	7,120	87	8,544	105
Enhanced Services	1,037	432	796	364	730	211
QOF	1,721	717	985	268	1,182	321
Premises Costs Reimbursements	2,216	923	943	19	1,131	22
Dispensing/Prescribing Drs	263	109	116	7	140	8
Other GP Services	322	134	264	130	160	(0)
Non Recurrent Allocation	882	882	0	(882)	0	(882)
Total Primary Care Delegated Commissioning	23,320	10,231	10,224	(7)	11,886	(215)

Primary Care - Delegated Commissioning

The Month 5 position is an underspend of 7k. The main reason for the improved position from the previously reported overspend is due to the non recurrent allocation of £882k received to cover the month 1-4 overspend.

The main variances in the YTD are noted below:

- General Practice – GMS. £87k This overspend reflects the increase £3.58 (3.98%) in the Global Sum payment as per the new GP Contract.
- Enhanced Services £364k - This costs pressure is linked to the New additional roles initiative.
- QOF £268k - This overspend is in relation to the lack of QoF achievement budget within the mandated budgets.
- Other GP Services £130k this area of spend includes 190k expenditure agreed by the Primary Care Committee in 19/20, which was planned commitment against reserves.

We are expecting that any year to date variance will be adjusted to breakeven through retrospective allocation adjustment as per the National Guidance for months 1 – 6.

2b. Shropshire CCG Primary Care Delegated Commissioning

	2021/21 M1-12 Estimated Budget	M5 YTD Budget	M5 YTD Actual	M5 YTD Variance	Forecast M1-6	Forecast Variance M1-6
Primary Care Delegated Commissioning	£'000	£'000	£'000	£'000	£'000	£'000
GMS	30,368	12,654	12,640	(14)	17,314	2,129
PMS	386	161	158	(3)	127	(66)
Enhanced Services	1,782	742	1,323	581	833	(57)
QOF	3,206	1,336	1,221	(115)	945	(658)
Premises Costs Reimbursements	5,038	2,099	2,336	237	1,867	(652)
Dispensing/Prescribing Drs	2,488	1,036	928	(108)	870	(373)
Other GP Services	964	402	291	(111)	254	(228)
Non Recurrent Allocation	760	760	0	(760)	0	(760)
Total Primary Care Delegated Commissioning	44,992	19,190	18,897	(293)	22,210	(666)

Primary Care - Delegated Commissioning

The main variances in the YTD are noted below:

- General Practice – GMS. (£14k) This saving reflects that the budget includes payments to the APMS practice that closed during 19/20, with the savings partly offset by an overspend on GMS practices in 20/21, due to the new GP contract.
- Enhanced Services £581k - This costs pressure is linked to the New additional roles initiative.
- QOF (£115k) - This underspend is related to savings of £160k in connection with the 19/20 achievement payments made in M3. The savings are partly offset by increased 20/21 aspiration charges linked to the new GP contract.
- Premises £237k - This overspend relates to anticipated inflation linked increased rent and other premises charges for 20/21, not covered in the budget.
- Dispensing (£108k) - Currently charges are lower than anticipated.
- Other GP Services (£111k) These savings relate to the withdrawal of Seniority payments in 20/21.
- Non Recurrent Allocation - £760k. Reflects additional NHSEI allocation provided to cover Co Comm cost pressures up to M4.

We are expecting that any year to date variance will be adjusted to breakeven through retrospective allocation adjustment as per the National Guidance for months 1 – 6.

Appendices

Appendix 1	Non Delegated Primary Care budget information for T&WCCG
Appendix 2	Non Delegated Primary Care budget information for SCCG

These appendices are included for information to inform the committee of financial performance in the non delegated primary care budgets of the CCGs.

Appendix 1 TWCCG Non Delegated Primary Care Budgets

Primary Care - Other Primary Care Commissioning

YTD Variances

Prescribing

The Month 5 position is now an underspend 86k. This is due to the favourable movement from the forecast at month 4 to the actuals reported at month 5. This is due mainly to June EPACT data coming in lower than anticipated. Assumptions around the forecasting of increased demand due to the pandemic has reduced from 5% per month to 2% per month (this equates to £435k of the forecast outturn).

Enhanced Services

The Month 5 position is an overspend of £62k, this is mainly in relation to Enhanced Services such as the Universal Offer LES. In 19/20 this was showing as net expenditure in the ledger as it was funded from 18/19 flexibilities and therefore did not form part of the current budget mandated by NHSEI.

Primary Care Other

The month 5 variance for the areas within Primary Care Other is an underspend of £78k. Included in this area is the 625k non recurrent allocation recovered for the Primary Care overspends M1-4.

	2021/21 M1-12 Estimated Budget	M5 YTD Budget	M5 YTD Actual	M5 YTD Variance	Forecast M1-6	Forecast Variance M1-6
Other Primary Care Commissioning	£'000	£'000	£'000	£'000	£'000	£'000
Prescribing	27,663	12,020	11,934	(86)	14,400	569
Out of Hours	2,200	916	916	(0)	1,100	(0)
Enhanced Services	2,180	1,230	1,292	62	1,473	214
Primary Care Other						
- Commissioning Schemes	278	138	120	(18)	118	(21)
- Medicines Management	507	261	265	5	319	32
- Oxygen	584	251	176	(75)	212	(79)
- Central Drugs	880	366	358	(9)	424	(16)
- Prescribing Incentive Scheme	48	20	21	0	25	1
- GP Forward View	1,246	519	501	(18)	599	(24)
- Neighbourhood Working	3	1	22	21	2	1
- Primary Care Investments	58	(13)	10	23	29	0
- A&E Streaming	778	324	324	0	389	0
- Primary Care IT	650	275	275	0	330	4
- Primary Care Pay	874	365	358	(7)	418	(19)
- Non Recurrent Allocation	625	625	0	(625)	0	(625)
Primary Care Other Total	6,531	2,507	2,429	(78)	2,864	(748)
Total Other Primary Care						
Commissioning	38,574	16,674	16,572	(102)	19,838	36

Appendix 2 SCCG Non Delegated Primary Care Budgets

Primary Care - Other Primary Care Commissioning

YTD Variances

Prescribing - £1,100k The M5 overspend position is based on the Epact data for M1 to 3, plus 20/21 budget profile for M4&5. This position reflects known potential cost pressures, e.g. estimated Covid costs for M4-5 of £483k, and NCSO/CATM costs of £422k.

Enhanced Services. - £19k This cost pressure is relating to Covid costs paid in M5 to practices. Costs regarding M1-4, have been recovered by additional NHSEI allocation's in preceding months.

Central Drugs - (£36k) and Oxygen (£17K) charges are currently lower than budget and anticipated in 20/21.

Primary Care Comm Schemes – (£9k) Reflects no GP training event expenses in first Quarter of 20/21.

Prescribing Incentives - £28k This spend position reflects the anticipated spend for 20/21, whilst the budget covers the previous year.

CHAS – (£43K) This reflects savings from a prior year accrual, that has not been required in 20/21

Primary Care Team - (£94k) Current vacancies reflect this underspend

Primary Care IT – (£124k) This variance related to current savings associated with a prior year accrual and lower software costs than budget.

Primary Care Reserves - (£1071k) Reflects additional NHSEI allocation provided to cover Co Comm cost pressures up to M4.

	2021/21 M1-12 Estimated Budget	M5 YTD Budget	M5 YTD Actual	M5 YTD Variance	Forecast		
					Budget M1-6	Forecast M1-6	Variance M1-6
Other Primary Care Commissioning	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Prescribing	50,207	20,919	22,019	1,100	25,104	26,534	1,431
Out of Hours	3,182	1,326	1,322	(4)	1,591	1,586	(5)
Enhanced Services	6,821	3,739	3,758	19	4,179	4,199	20
Primary Care Other							
- Commissioning Schemes	56	23	14	(9)	28	18	(10)
- Oxygen	620	259	242	(17)	310	284	(26)
- Central Drugs	1,360	567	531	(36)	680	635	(45)
- Prescribing Incentive Scheme	258	107	135	28	129	162	33
- Care Home Advanced Scheme	292	172	129	(43)	189	146	(43)
- Hospice Drugs	76	32	33	1	38	39	1
- Primary Care IT	2,139	897	773	(124)	1,076	1,076	0
- Primary Care Pay	1,990	849	755	(94)	1,011	899	(112)
- Non Recurrent Allocation	1,071	1,071	0	(1,071)	1,071	0	(1,071)
Primary Care Other Total	7,862	3,977	2,612	(1,365)	4,532	3,259	(1,273)
Total Other Primary Care Commissioning	68,072	29,961	29,711	(251)	35,406	35,578	173

**REPORT TO: NHS Shropshire, Telford and Wrekin CCGs Primary Care
Commissioning Committee, 7th October 2020**

Item Number:	Agenda Item:
PCCC-20-10.07	Quality Report – Enclosure No. 4

Executive Lead (s):	Author(s):
Zena Young Executive Director of Quality Zena.young@nhs.net	Jane Sullivan Quality Lead Jane.sullivan3@nhs.net

Action Required (please select):						
A=Approval	R=Ratification	S=Assurance	X	D=Discussion	I=Information	

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
Extracts from report presented at PPQ/QC	August 2020	S

Executive Summary (key points in the report):
<p>This report has been compiled with data, information and narrative from Shropshire and Telford and Wrekin: Patient Engagement Teams Quality and Safeguarding Team Primary Care Teams</p> <p>The purpose of this report is to provide the Primary Care Commissioning Committee with current, relevant information and assurance regarding the quality and safety in Primary Care.</p> <p>Due to the National NHS England/Improvement Guidance regarding Covid-19 a number of measures such as the Friends and Family Test have been paused. The Primary Care Teams and Quality Lead have continued to offer remote support and utilised sources such as Health Watch and information sharing with CQC to as appropriate sort assurances from Practices.</p>

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

Recommendations/Actions Required:
<ol style="list-style-type: none"> 1. To note the key points / concerns / risks raised. 2. To receive this report for information and assurance.

PRIMARY CARE COMMISSIONING COMMITTEE – QUALITY REPORT **OCTOBER 2020**

This report has been compiled with data, information and narrative from Shropshire, Telford and Wrekin:

- Patient Engagement Teams
- Quality and Safeguarding Team
- Primary Care Teams

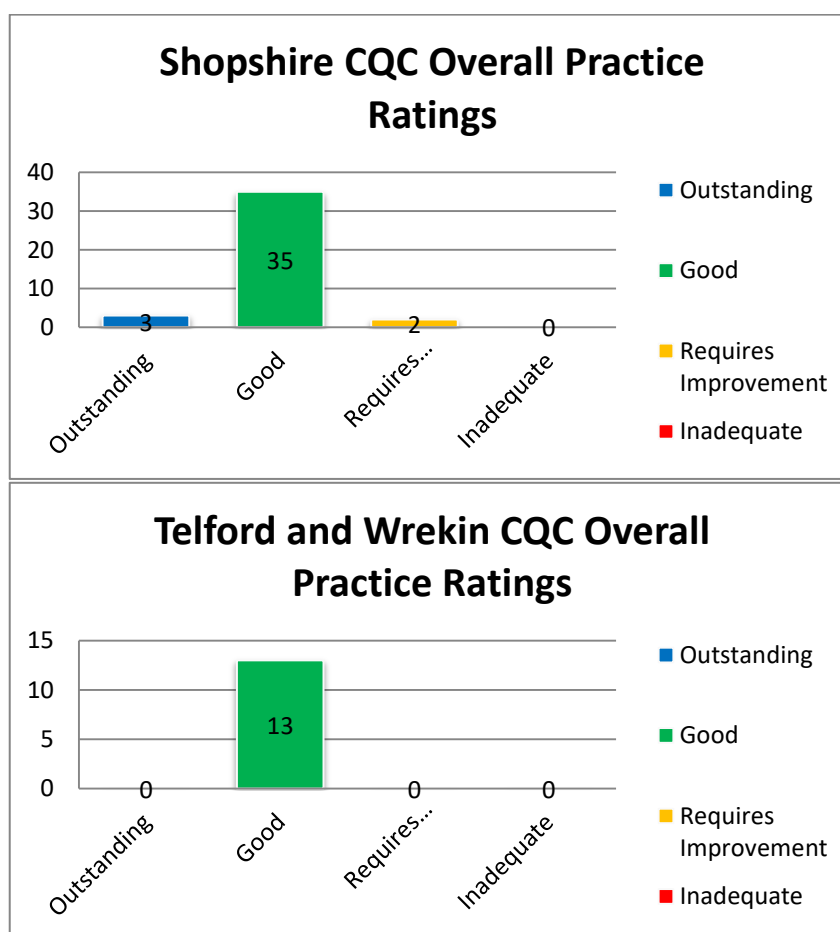
1. Introduction

1.1 The purpose of this report is to provide the Primary Care Commissioning Committee with current, relevant information and assurance regarding the quality and safety in Primary Care.

2. Care Quality Commission (CQC) Inspections

2.1 The CQC are independent regulators of health and adult social care in England. They are charged to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. This is a key indicator of quality and safety and will assist in programming visits by CCGs quality team.

2.2 The graphs below provide the overall CQC ratings for all Shropshire / Telford and Wrekin practices:



2.3 The two practices identified as requiring improvements are offered targeted support by CCG Locality/commissioning Managers and CCG Quality Lead to progress their action plans. There is also an offer to all practices to support implementation of their CQC action plans as required.

2.4 Due to Covid-19 the CQC have paused practice inspections but continue to monitor practices for compliance.

2.5 The following table highlights the 1 practice most recently inspected within Shropshire / Telford and Wrekin:

Practice	Overall CQC rating	Safe	Effective	Caring	Responsive	Well-Led	Date of CQC Report
Teldoc	Good	Good	Good	Good	Requires Improvement	Good	16.3.2020

Teldoc overall CQC recommendations:

The CQC inspection found no breaches of regulations, but recommended Teldoc should:

- Implement the practice lone working policy so that staff and patients are kept safe.
- Secure blind cords to avoid harm to children and vulnerable adults.
- Continue to improve patient satisfaction with regards to access to the service and consultations with healthcare practitioners.
- Further promote the work of the patient participation group (PPG) and promote information sharing with patients.

Teldoc have completed or commenced actions to complete the recommendations. The opening of their call centre has supported improving access for patients and promotion of the PPG had begun but has been paused due to Covid-19.

3. Quality Improvement Support

3.1 Due to Covid-19 pandemic visits to Shropshire, Telford and Wrekin practices have been paused since March 2020. Support continues to be offered remotely including updating on national guidance and restoration of services.

4. Safeguarding

4.1 As a consequence of the COVID-19 pandemic face to face safeguarding training has been postponed in line with government guidance. The CCG's designated safeguarding professionals continue to offer safeguarding advice and support. The surgeries have provided feedback that they appreciate the opportunity to discuss complex cases. The Shropshire GP safeguarding forum that took place in July and was well attended with over 40+ attendees and the next one is to take place in October.

4.2 GP service contract for payment to contribute to safeguarding reports as per statutory Guidance has now been sent to all GP practice managers in Shropshire. Whilst the main area

pertains to the requirement for reports regarding children's safeguarding meetings, the process does also include remuneration for reports pertaining to adult safeguarding as well.

4.3 The guidance for Looked After Children (LAC) has been disseminated to GPs to ensure that knowledge around this area of work is up to date and that GPs have received a useful document to assist their practice. The recording of 'hosted' looked after children should also be completed by GP medical practices. LAC Oversight has continued over the last 12 months around provision of health services for children in care to ensure improvements in timeliness and data reporting, Positive achievements have been seen in the overall data for review health assessments of looked after children 0-18 years. The Quality Lead Nurse and Children's Commissioner are overseeing discussions around the removal of completion of LAC Health Assessments from the 0-19 contract which have taken effect from August 2019.

4.4 There is current high media interest in Telford and Wrekin Child Sexual Exploitation (CSE) past and present multi- agency activity with Local Safeguarding Children's Partnership Board statutory partners all contributing to Telford Independent Inquiry Child Sexual Exploitation (IICSE). Additional inquiry victim counselling care services has been funded by Telford and Wrekin Partnership Board to support local survivors. The National Independent Inquiry Child Sexual Abuse Truth Project, 'It's Time to be Heard', is hearing from local victims and survivors.

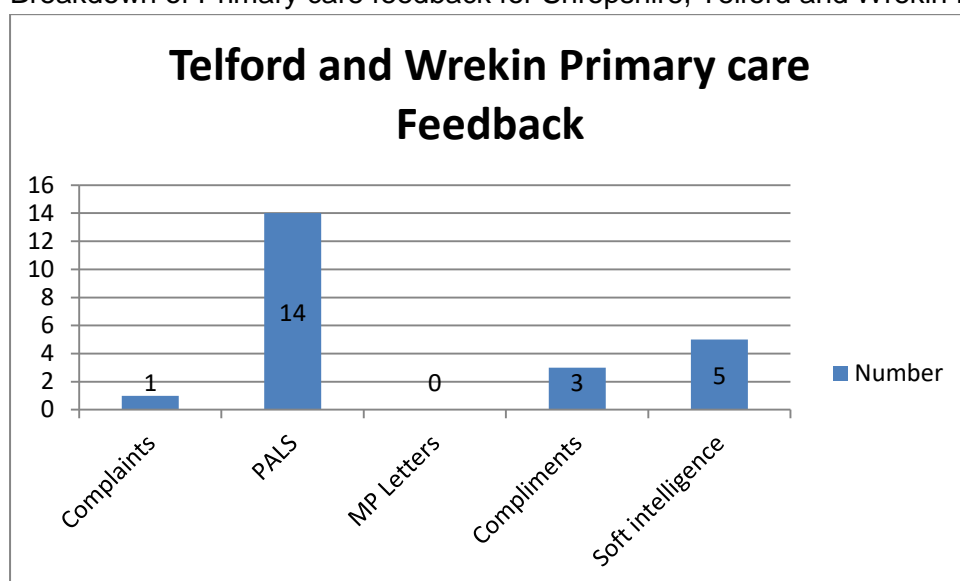
5. Significant Event Reporting

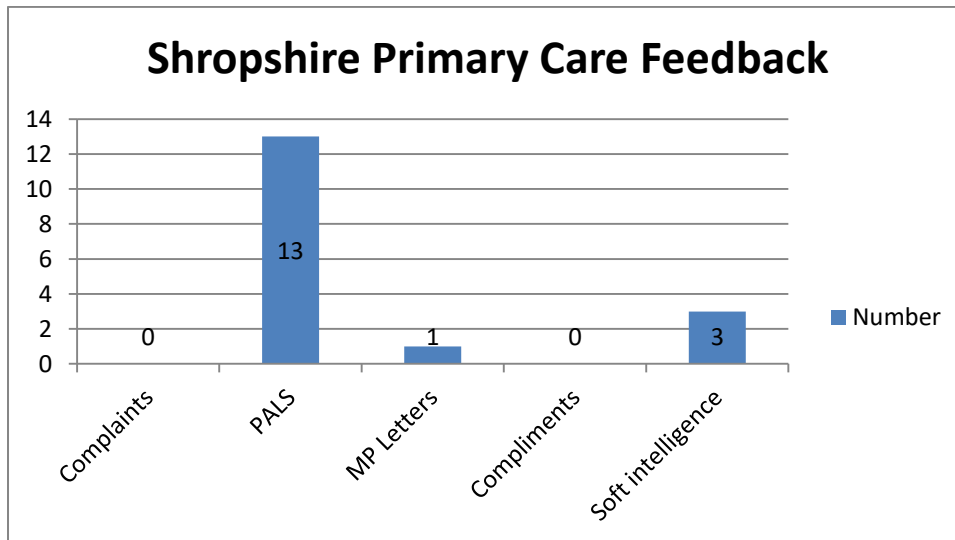
5.1 No significant events have been reported to the Shropshire or Telford and Wrekin CCGs in quarter one.

6. Patient Experience

Patient Voice

6.1 The Patient Experience / Insight Teams at both CCGs provide signposting and advice where possible to assist those making direct contact with the CCG. All concerns related to direct patient care are escalated to the provider concerned for investigation and response. 6.2 Breakdown of Primary care feedback for Shropshire, Telford and Wrekin for Quarter 1 2020/21





Mode of Feedback	Details
Complaints	Staff attitude Charges for letter
PALS	Access to dental service Access to GP services Pharmacy queries Care / Treatment Attitude Registration Issues/Advice Issue with information on file Medication/prescription issues Access to phlebotomy Poor communication General enquiries
MP Letters	Notification of COVID Shielding status Timeline of service restoration
Compliments direct or via soft intelligence	Compliments

6.3 Areas of concern are shared with primary care locality managers where appropriate for their advice and assistance to escalate via established routes.

6.4 Practices are however encouraged to use formal reporting mechanisms so that issues can be recorded, investigated and learning can be shared.

6.5 Whilst patient complaints will also be received and processed at practice level, it is acknowledged that there is no requirement for these to be shared with the CCGs.

6.6 Complainants are routinely signposted to NHS England for the processing of their complaints. Currently the reporting of complaints to CCGs by NHSE/I has been paused during the Covid-19 pandemic. An update will be provided once available.

Healthwatch

6.7 An Insight report is produced for the CCG's Quality Committee on a quarterly basis, which summarises the patient issues, concerns and complaints received during that timeframe directly by the CCG including any relating to Primary Care. No new updates available - Q2 report will be summarised for the next Quality Report.

Friends and Family Test

6.8 National Pause due to COVID-19 Pandemic with no date yet announced for re-introduction. Providers are all being encouraged and supported to seek innovative ways to continue to capture patient experience feedback particularly in relation to new ways of providing outpatient and GP care with more reliance on virtual and telephone communication. Staff feedback will be very important to consider too, given the need to ensure their confidence around clinical risk management.

NHS Choices

6.9 A total of 10 positive comments were received regarding GP practices across Shropshire, Telford and Wrekin

7. NHS to NHS concerns

7.1 During Q1 there were 2 NHS to NHS concerns raised across Shropshire and Telford and Wrekin regarding Primary Care. Concerns raised included;

- Continuation of wound care following treatment
- Reminder to Practices to continue to refer patients to A and E when appropriate during Covid-19 pandemic

8. National GP Patient Survey 2020

8.1 A comprehensive report is submitted to Primary Care Commissioning Committee separately.

8.2 Results from an England wide survey administered by Ipsos MORI on behalf of NHS England providing practice level data about patients' experiences of their GP Practices during January – March 2020 was released 9th July 2020.

8.3 The report is very detailed and whilst there are variations in feedback across both CCGs and practices when reviewing patients' perceptions about their Overall Experience of their GP Practice the following can be noted:

	National	Shropshire CCG 46% Response Rate	T&W CCG 35% Response Rate
Rated as Good	82%	85%	75%
Rated as Poor	7%	6%	12%

8.4 The results reflect the national trend for the percentage rated as good for overall experience of their GP practice to be lessening over time.

	National		Shropshire CCG		T&W CCG	
	2018	2019	2018	2019	2018	2019
Rated as Good	84%	83%	89%	88%	79%	77%
Rated as Poor	6%	6%	4%	5%	9%	11%

Full results can be accessed via:

<https://www.gp-patient.co.uk/surveysandreports>

8.5 Quality Lead is working with locality and commissioning managers to identify Practices which require additional deep dive into results and support to improve in areas identified as impacting on patient experience such as access to appointments.

9. Recommendations

9.1 To note the key points / concerns / risks raised.

9.2 To receive this report for information and assurance.

REPORT TO: Shropshire, Telford and Wrekin CCGs Primary Care
Commissioning Committee

Meetings in Common held in Public on 7 October 2020

Item Number:	Agenda Item:
PCCC-20-10.08	Primary Care Network (PCN) Report – Enclosure No. 5

Executive Lead (s):	Author(s):
Nicky Wilde Primary Care Network Programme Director Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) nicky.wilde@nhs.net	Shropshire and Telford and Wrekin CCGs Primary Care Teams

Action Required (please select):
<input type="checkbox"/> A=Approval <input type="checkbox"/> R=Ratification <input type="checkbox"/> S=Assurance <input type="checkbox"/> D=Discussion <input type="checkbox"/> I=Information <input checked="" type="checkbox"/>

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>Primary Care Networks are a key building block of the NHS Long-Term Plan and started in July 2019. They are commissioned through a national contract and have specific areas of delivery. The attached papers provide a summary of the requirements around service provision for 2021.</p> <p>The delivery of the nationally mandated requirements are going well, despite GP Practices balancing other priorities such as the management of Covid-19 and the restoration of services reduced during Covid-19 and the flu vaccination programme. The next important delivery date is October 2020 when many of the requirements for this year commence:</p> <ul style="list-style-type: none"> • Structured Medication Reviews • Weekly home round in aligned care homes and refreshed personalised care plans (taking over from individual Practices) • Review of practice referrals for suspected cancers

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	<p>Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i></p> <p>All PCNs have conflict of interest policies and decision making at the CCG and through the wider health and social care system will follow organisational conflict of interest management policies.</p>	Yes/ No
2.	<p>Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i></p> <p>National funding is available to support PCNs as detailed in the attached paper.</p>	Yes /No
3.	<p>Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i></p> <p>Opportunities to bring general practices together to work at scale in order to improve the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system</p> <p>There is a risk is of the sustainability of PCNs and this is being addressed by working with national support networks to develop leadership and organisational development skills.</p>	Yes /No
4.	<p>Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i></p> <p>PCNs are commissioned by way of a Directed Enhanced Service (DES) which is an addition to the General Medical Services Contract.</p>	Yes /No
5.	<p>Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i></p> <p>PCNs will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCN's practice(s) and to help in tackling inequalities</p> <p>They will also develop collaborative relationships and work in partnership with health, social care, community and voluntary sector providers and multi-disciplinary teams to holistically support patients' wider health and well-being, public health, and contributing to the reduction of health inequalities.</p> <p>A dedicated specification for PCNs to address inequalities is to be agreed with the General Practitioners Committee to start April 2021.</p>	Yes /No
6.	<p>Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i></p> <p>PCNs will work with clinicians within their networks and also with STP clinical colleagues as part of the wider ICP/ICS development.</p>	Yes/ No
7.	<p>Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i></p>	Yes/ No

	<p>PCNs will work with individual patient groups to discuss service change and link with wider communication partnerships through the Sustainability Transformation Partnership (STP), CCG and Local Authority to engage and provide information with patients and the public.</p> <p>As the programmes of work expand, the engagement will expand accordingly. There is a communication plan in place for Primary Care and PCN developments are part of these arrangements.</p>	
--	--	--

Recommendations/Actions Required:
--

<p>Primary Care Commissioning Committee is asked to:</p>
--

- | |
|--|
| <ul style="list-style-type: none"> • Accept the content of the PCN report as assurance against delivery • Confirm the frequency and detail of future reporting requirements. |
|--|

Primary Care Network (PCN) Update Report

Nicky Wilde, PCN Programme Director, NHS Shropshire and NHS Telford and Wrekin CCGs

1. Introduction and Summary

Primary Care Networks (PCNs) form a key building block of the NHS long-term plan and started in July 2019. They are the formal structure to bring general practices together to work at scale in order to improve the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system. This paper provides details of the 2020/2021 programme of work.

The sizes of PCNs vary, nationally there is a guide that between 30,000 and 50,000 patients should be in a PCN, however many are larger. Across Shropshire, Telford and Wrekin, the sizes of our PCNs vary between 36,000 and 124,000 in population. Each PCN has a GP as a Clinical Director who is linked into the wider medical leadership of the STP.

Although there is a requirement for all patients to be included in the work of PCNs, individual practices can “opt out” of provision. **Appendix 1** provides details of which practices are in our local PCNs and which have opted out this year (they have an option to join at a later date). The table also provides details of which PCN is providing services to the patients of practices who have opted out.

PCNs are geographically based to enable integrated working with other community providers, who are expected to configure their service delivery around the PCN population. This is particularly relevant in the delivery of the Enhanced Health in Care Home programme of work.

2. Service Provision

As the concept of PCNs was new in 2019, guidance enabled them to spend time to assess their developmental needs and to start and explore what their patient priorities were, and more importantly where they felt the biggest return for their collective commitment could be made. In 2019 PCNs were contracted to deliver Extended Hours Access and in 2020 this has been expanded into 4 further areas of delivery:

- Structured Medication Reviews and medicines optimization
- Enhanced Health in care homes
- Early Cancer Diagnosis
- Social Prescribing

The detailed specifications for each of the areas above can be found at <https://www.england.nhs.uk/primary-care/primary-care-networks/>. **Appendix 2** provides details of the ongoing work to deliver the priorities within each of these delivery areas across Shropshire and Telford & Wrekin.

All this work is supported by a workforce programme called the Additional Roles Reimbursement Scheme (ARRS) which has a national model of funding and an update is provided in the workforce section of this paper.

Current information advises that 4 additional areas will be introduced in 2020:

- Anticipatory Care
- Personalised Care
- Cardiovascular disease prevention and diagnosis through case finding
- Action to tackle inequalities

3. National Funding Model

Payments to PCNs are dependent on the Core Network Practices (those signed up to deliver the DES) working together to deliver the core requirements. The details are provided in the table below and are paid to the identified lead practice within the PCN:

Payment details and allocation	Amount
Core PCN funding	£1.50 per registered patient per year (equating to £0.125 per patient per month).
Clinical Director contribution	£0.722 per registered patient per year (equating to £0.060 per patient per month).
Staff reimbursements	Actual salary plus employer on-costs to the maximum per WTE amounts as outlined in Network Contract DES Specification
Extended hours access	£1.45 per registered patient (equating to £0.121 per patient per month).
Care home premium	£60 per bed for the period 1 August 2020 to 31 March 2021 (equating to £7.50 per bed per month).
PCN Support payment	£0.27 per weighted patient for the period 1 April 2020 to 30 September 2020 (equating to £0.045 per weighted patient per month).
Network Participation Payment (Practice)	£1.761 per weighted patient per year (equating to £0.147 per patient per month)
Additional funding from October 2020	Amount to be confirmed and covering the period 1 October 2020 to 31 March 2021.

4. Investment and Impact Fund (IIF)

The IIF is an incentive scheme for PCNs which focuses on resourcing high quality care in areas where PCNs can contribute. IIF has been introduced as part of the amended 2020/21 Network Contract Directed Enhanced Service (DES).

In 2020/21, the IIF will run for six months, from 1 October 2020 until 31 March 2021. It will support PCNs to deliver high quality care to their population, and the delivery of the priority objectives articulated in the NHS Long Term Plan and in *Investment and Evolution; a five-year GP contract framework to implement the NHS Long Term Plan*.

The IIF in 2020/21 will resource PCNs to play a leading role in the ongoing response to COVID-19, focusing on preventative activity for cohorts at risk of poor health outcomes, and in doing so tackling health inequalities more directly and proactively.

- improving health and saving lives (eg through improvements in medicines safety)

- improving the quality of care for people with multiple morbidities (eg through increasing referrals to social prescribing services)
- helping to make the NHS more sustainable

PCNs Clinical Directors will be provided data to enable them to work with their practices to provide the required support to enable delivery.

Nationally the IIF will be worth £24.25 million in 2020/21, rising to at least £150 million in 2021/22, £225 million in 2022/23 and £300 million in 2023/24. Content for 2021/22 and beyond will be agreed as part of contract negotiations with the BMA.

There are 6 areas for delivery divided into 2 domains:

Domain	Area	Indicator
Prevention and tackling health inequalities	Prevention	PR01: Percentage of patients aged 65 and over who received a seasonal flu vaccination
	Tackling health inequalities	HI01: Percentage of patients on the learning disability register aged 14 and over who received an annual learning disability health check
Providing high quality care	Personalised care	PC01: Percentage of patients referred to social prescribing
	Medicines safety	MS01: Percentage of patients aged 65 and over currently prescribed a non-steroidal anti-inflammatory drug (NSAID) without a gastro-protective medicine MS02: Percentage of patients aged 18 and over currently prescribed an oral anticoagulant (warfarin or a direct oral anticoagulant) and an antiplatelet without a gastro-protective medicine MS03: Percentage of patients aged 18 and over currently prescribed aspirin and another antiplatelet without a gastro-protective medicine

5. Governance

The delivery of the PCN work programmes are assured through Primary Care Commissioning Committee and are also a priority as part of the wider Community and Placed Based Care Programme of work.

Regular meetings are held with the PCN Clinical Directors and lead managers and also with wider community providers to ensure collaboration and integration of work programmes such as Care Closer to Home and Telford and Wrekin Integration Programme.

6. Recommendation:

Primary Care Commissioning Committee is asked to:

- Accept the content of the PCN report as assurance against delivery
- Confirm the frequency and detail of future reporting requirements to PCCC

Appendix 1 - PCN Structures Across Shropshire and Telford & Wrekin

Shropshire STP Primary Care Networks as at 1st July 2020				Appendix1	
PCN	Practice	PCN	Practice	PCN	Practice
Teldoc	Teldoc	South West Shropshire	Bishops Castle Medical Practice	Shrewsbury PCN	Belvidere Medical Practice
CD : joint post	Shifnal & Priorslee Medical Practice	CD: Dr F Lynch	Church Stretton Medical Practice	CD: Dr C Hart	Marden Medical Practice
Dr I Chan	(Shropshire practice)		Craven Arms Medical Practice		Marysville Medical Practice
Dr R Bhachu			Portcullis Surgery		Riverside Medical Practice
			Station Drive Surgery		Severn Fields Medical Practice
			The Meadows Medical Practice		South Hermitage Surgery
Newport / Central Telford	Donnington Medical Practice				Radbrook Green Surgery
CD: Dr S Waldendorf	Shawburch Medical Centre	South East Shropshire	Albrighton Medical Practice		Mytton Oak Medical Practice
	Linden Hall Surgery	CD: Dr J Swallow	Alveley Medical Practice		Claremont Bank Surgery
	Wellington Road Surgery		Bridgnorth Medical Practice		The Beeches Medical Practice
			Brown Clee Medical Practice		Pontesbury Medical Practice
			Cleobury Mortimer Medical Centre		Prescott Surgery
Wrekin	Hollinswood Surgery		Highley Medical Centre		Shawbury Medical Practice
CD: Joint post	Wellington Medical Practice		Much Wenlock & Cressage Medical Practice		Westbury Medical Centre
Dr D Ebenezer	Dawley Medical Practice		Broseley Medical Practice		Worthen Medical Practice
Dr N Singh	Court Street Medical Practice DES		Ironbridge Medical Practice (T&W practice)		Clive Medical Practice
Dr R Mishra	Stirchley Medical Practice (LCS)*				Knockin Medical Centre
	Woodside Medical Practice (LCS)*	North Shropshire	Churchmere Medical Group		
	Charlton Medical Practice (LCS)*	CD: Dr C Rogers	Drayton Medical Practice		
			Plas Ffynnon Medical Centre	LCS* - this means that the practice has opted out of being part of a PCN, however the PCN has agreed to deliver the contents of the PCN Directed Enhanced Service for the patients of the practice through a locally commissioned service (LCS)	
			The Caxton Surgery		
			Wem & Prees Medical Practice		
			Cambrian Medical Practice		
			Hodnet Medical Centre (LCS)*		
			Dodington Surgery (LCS)*		

Appendix 2 - Progress of the PCN Work Programmes - September 2020

A2.1 Social Prescribing

Requirements	<p>A key component of the Network Contract from 2021/22 is the implementation of the Personalised Care service specification. Social prescribing link workers (SPLWs) will take a role in supporting the delivery of this service specification, as part of a broader shift to personalise care in PCNs and local areas.</p> <p>A PCN must provide to the PCN's patients access to a social prescribing service either by directly employing SPLWs or sub-contracting provision of the service to another provider.</p>
Leadership and Partner Working	<p>The CCGs link with Local Authority Public Health colleagues and the Voluntary Community Social Enterprise sector (VCSE) to ensure joint working across the system.</p>
Current Position	<p>In Telford & Wrekin the funded SPLWs have been recruited to the Wrekin PCN. A community hub has been set up in the Wrekin PCN whereby all practices are able to signpost and refer to the service.</p> <p>The hub has strong working relationships with the local council this includes the community connectors, Telford MIND and the CCG. Newport & Central PCN are currently recruiting for a SPLW.</p> <p>Recently, the CCG supported a training event for practice managers to understand prescribing and what is needed to make it work for us and our population.</p> <p>Working alongside SPLW are Care Navigators and AGE UK are commissioned to host the care navigators that are aligned to practices / PCNs. The care navigators aim to support patients to remain safe & independent, improve health and wellbeing and to reduce use of statutory services.</p> <p>In Shropshire, SPLWs have been recruited in the South East and South West Shropshire PCNs. Both networks have subcontracted provision of the service to Public Health at Shropshire Council. An independent evaluation by the University of Westminster recognised the advantages of their model and demonstrated a 40% reduction in GP appointments. Public Health colleagues continue to engage with the North Shropshire PCN and Shrewsbury PCN.</p> <p>To support the programme most Shropshire Practices also have Community and Care coordinators.</p>
Next Steps and Timeline	<p>NHS England have recently announced they are making a time-limited support offer available to PCNs to cover recruitment and induction costs for additional social prescribing link workers. This support offer aims to accelerate the recruitment of social prescribing link workers.</p> <p>The support includes funding for local VCSE organisations to provide a full recruitment and induction service, plus support from NHS England social prescribing team to connect PCNs with local VCSE organisations, or for those PCNs who prefer to undertake the social prescribing link worker recruitment and induction process themselves, access to a recruitment administrative service provided by South, Central and West Commissioning Support Unit (CSU).</p> <p>PCNs were asked to submit expressions of interest by Monday 24th August and NHS England social prescribing team will be supporting PCNs to connect with VCSE organisations or CSUs in order to utilise the opportunity that is being funded until 31st March 2021.</p>
Communication and Engagement	<p>SPLWs can access information via the national social prescribing network and the NHS England collaborative platform. The National Academy for Social Prescribing also provides SPLWs with an opportunity to share good practice and challenges</p>

	<p>being faced.</p> <p>The Bureau (a community organisation, as part of the West Midlands Link Worker Peer Support Network) also produces West Midlands Social Prescribing Link Worker e-bulletins for SPLWs. These e-bulletins provide SPLWs with information and resources to help them to keep up to date with what is going on both nationally and in the West Midlands region, and to help them connect with other link workers.</p> <p>The Bureau is also hosting regular online peer support sessions for SPLWs and Community and Care Co-ordinators (C&CCs) in Shropshire, Telford and Wrekin. These include online workshops and facilitated discussions with SPLWs and C&CCs to look at both role distinctions and how they can work together in PCNs.</p> <p>Colleagues across Shropshire CCG, Local Authority, VCSE and Healthwatch have been working together to bring models of social prescribing together, to expand and align the offer, across Shropshire, looking forward to Telford and Wrekin in the future</p> <p>In order to ensure good local understanding in this large rural county, the community development function of the DES in Shropshire is delivered by the local VCSE– this includes quality assured interventions, directories, community development and identification of gaps in provision locally. The Shropshire Rural Charities Charity RCC deliver the community development aspect in the South East Shropshire PCN and Hands Together Ludlow (HTL) in the South West Shropshire PCN</p>
--	--

A2.2 Extended Hours Access

Requirements	<p>PCNs must provide additional clinical capacity at the rate of 30 minutes per 1,000 patients per week (based on the actual registered population) and should be provided in continuous periods of at least 30 minutes.</p> <p>Extended hours appointments:</p> <ul style="list-style-type: none"> • Must be pre-bookable and can be either routine or urgent (on the day) appointments. • Must be provided on the same days and times at the same locations each week, where possible. • Do not have to be with a GP but can be with any suitable healthcare professional and can be either face to face, by telephone or by video/online consultation • Must be provided outside of core hours (for example, on weekday evenings or at weekends). • Increased appointment capacity from the PCN Extended hours service must be provided in addition to the CCG commissioned Extended Access service (formerly GPFV). • Held at times based on evidenced patient need and previous patient engagement • Must be communicated to patients, using posters in practice premises, the NHS Choices website, the CCG website, on practice websites and through practice patient participation groups.
Leadership and Partner Working	PCN Clinical Directors are working with individual practices in their PCNs to move towards delivery at scale across each PCN.
Current Position	<p>TelDoc PCN</p> <p>Full appointment capacity being delivered across the PCN</p> <p>Patients able to access appointments at their own GP practice locations</p> <p>Wrekin PCN</p> <p>Full appointment capacity being delivered across the PCN for the core practices</p> <p>Patients of the core practices able to access appointments at their own GP</p>

	<p>practice locations</p> <p>3x non-core practices: the required hours are being delivered for one non-core practice under an LCS arrangement (Charlton)</p> <p>for the other non-core practices (Stirchley and Woodside) the PCN is awaiting implementation of the EMIS Clinical Services Module</p> <p>Newport and Central PCN None of the appointment capacity is currently being delivered across the PCN PCN is awaiting implementation of an EMIS Clinical Services Module</p> <p>Shrewsbury PCN Some practices have been delivering a small part of their normal PCN extended hours throughout the pandemic As of 1st August, all PCN practices began re-instating their usual quota of hours and it is expected the PCN will be back to full delivery by September 2020</p> <p>North Shropshire PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>South West Shropshire PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>South East Shropshire PCN Full appointment capacity being delivered across the PCN Patients of the core practices able to access appointments at their own GP Practice locations. For practices that are unable to take part, the hours are being delivered by other practices within the PCN</p>
Next Steps and Timeline	<p>TelDoc, Wrekin and Newport/central PCNs awaiting confirmation to reconfigure an EMIS Clinical Services Module (currently being used to run the CCG commissioned Extended Hours service until March 2021) Current timeline is September/October 2020 or could be sooner as the PCN already has an EMIS CSM system</p> <p>Shrewsbury PCN Full appointment capacity to be delivered across the PCN from September 2020.</p>
Communication and Engagement	<p>It is a requirement of the PCN DES Specification that PCNs make patients aware of the additional appointment capacity and this is communicated through practice and CCG websites, the NHS Choices website, posters in practice premises, signposting by reception staff and through practice Patient Participation Groups.”</p> <p>An updated set of social media posts is being planned pointing out that appointments are still available despite the COVID pandemic but these will be by telephone/video consultation rather than a guaranteed face to face consultation.</p>

A2.3 Structured Medication Review (SMR)

Requirements	<p>From the 1st October 2020 Primary Care Network (PCNs) will be required to use appropriate tools to identify and prioritise PCN patients who would benefit from an SMR which must include patients:</p> <ul style="list-style-type: none"> • in care homes with complex and problematic polypharmacy, specifically those patients on 10 or more medications. • on medicines commonly associated with medication errors • with severe frailty, who are particularly isolated or housebound patients, or have had recent hospital admissions and/or falls; and • using potentially addictive pain management medication
--------------	--

	<p>PCNs must offer and deliver a volume of SMRs determined and limited by the PCN's clinical pharmacist capacity, and the PCN must demonstrate reasonable ongoing efforts to maximise that capacity. PCNs must discuss and agree a reasonable volume of SMRs with the CCG on this basis if a PCN has not been able to secure sufficient clinical pharmacist capacity to offer initial, follow-up and reactive SMRs to all identified patients in the required cohorts. The volume of SMRs to be conducted cannot be determined until recruitment is complete/ workforce is confirmed and patient numbers in the above cohorts are determined.</p> <p>The SMRs should be personalised and tailored to the patient, underpinned by shared-decision making principles. Risks and benefits of the medicines should be fully considered and medicines used should be effective.</p> <p>PCNs must ensure invitations for SMRs provided to patients explain the benefits of, and what to expect from SMRs.</p> <p>PCNs must ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. The PCN must also ensure that these professionals undertaking SMRs have a prescribing qualification and advanced assessment and history taking skills, or be enrolled in a current training pathway to develop this qualification and skills.</p> <p>PCNs will be required to clearly record all SMRs within GP IT systems.</p> <p>PCNs will work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines.</p> <p>PCNs must have due regard to NHS England and NHS Improvement guidance on SMRs and Medicines Optimisation https://www.england.nhs.uk/wp-content/uploads/2020/09/SMR-Spec-Guidance-2020-21-FINAL-.pdf</p> <p>PCNs will be required to actively work with the CCG in order to optimise the quality of local prescribing of:</p> <ul style="list-style-type: none"> ○ antimicrobial medicines; ○ medicines which can cause dependency; ○ metered dose inhalers, where a lower carbon device may be appropriate; and nationally identified medicines of low priority; <p>The medicines safety area of the IIF aims to (i) support local reviews of prescribing, alongside other risk factors for potential harm; (ii) minimise the use of medicines that are unnecessary and where harm may outweigh benefits; (iii) identify where the risk of harm can be reduced or mitigated, including through prescribing of alternative medicines or medicines that mitigate risk; and (iv) reduce the number of hospital admissions that may be associated with medicines. In 2020/21, the IIF will run for six months, from 1 October 2020 until 31 March 2021.</p> <p>PCNs will be expected to focus on gastroprotective prescribing in patients with high risk of hospital admission due to a gastrointestinal bleed due to use of medicines without gastroprotection. https://www.england.nhs.uk/wp-content/uploads/2020/09/IIF-Implementation-Guidance-2020-21-Final.pdf</p>
Leadership and Partner Working	<p>Where PCNs are finding it difficult to recruit to pharmacist and technician roles, the CCG medicines management team is exploring the potential of an Integrated Pharmacy Workforce to Support Primary Care Networks, with a shared employment model with the CCG in the short-term and moving towards a system wide employment model in the longer term. There are currently ongoing discussions with system partners around possible employment models and shared posts.</p>

Current position	<p>PCNs within Shropshire and Telford & Wrekin CCGs are currently still recruiting clinical pharmacists and pharmacy technicians to enable PCNs to deliver SMRs, with some PCNs now having recruited to these roles. The volume of SMRs to be undertaken will be determined and limited by the clinical pharmacist/technician capacity of the PCN.</p> <p>Recruitment of pharmacists and technicians within Shropshire is challenging in all sectors as there is not sufficient local workforce to meet the demands across the system. Models of employment that make Shropshire an attractive offer are required and it is planned to offer shared roles as a model to PCNs enabling pharmacy staff to have a broader portfolio and maintain NHS terms and conditions of employment which have been one of the barriers encountered when trying to recruit Pharmacists with the necessary skills and experience to Primary Care.</p> <p>To support SMR and patient prioritisation across the PCNs there are tools; Eclipse live and PINCER that have been put in place in practices to help support the networks going forward. There is also CCG guidance available to support with how to conduct structured medication reviews and specific guidance on polypharmacy, STOP/START and STOMP focusing on elderly, frail patients and those in care homes.</p>
Next Steps and Timeline	<p>Delivery of the care home and structured medication review elements of the DES is expected from 1st October 2020. The CCG medicines management team will look to support PCNs where recruitment has not been successful, within current capacity and individual discussions are taking place with PCN's in this position.</p> <p>Eclipse (an IT solution to support medicines safety and identify patients at risk of hospital admissions related to medicines) is now in place for the majority of practices across Shropshire and Telford and Wrekin. PINCER has also been introduced to practices. We are now supporting with arranging training for the PCNs including Clinical Director, Clinical pharmacists and PCN Managers to learn how use of Eclipse and PINCER can support the PCN in undertaking the medication review requirements of the DES and IIF. Details of this training will be circulated to PCNs imminently and is likely to be available from mid-October.</p> <p>The CCGs are working towards enabling additional features on the Eclipse system which will incorporate hospital SUS data and therefore provide an enhanced picture of patients at high risk of hospital admission.</p>
Communication and Engagement	<p>Discussions with PCNs on alternative models of employment and shared roles with the CCG and potentially other pharmacy sectors have taken place with a number of PCNs and further discussions are now being had with the wider system and providers.</p> <p>The Medicines Management team has an ongoing engagement plan in place to inform our patients and public of key messages.</p>

A2.4 Enhanced Health in Care Homes

Enhanced Health in Care Homes

Requirements	<p>By 31 July 2020, a PCN must:</p> <ul style="list-style-type: none"> have agreed with the commissioner the care homes for which the PCN will have responsibility. Complete
--------------	--

	<ul style="list-style-type: none"> • have in place with local partners a simple plan about how the Enhanced Health in Care Homes service requirements set out in this Network Contract DES Specification will operate Complete • support people entering, or already resident in the PCN's Aligned Care Home, to register with a practice in the aligned PCN if this is not already the case; Complete • and ensure a lead GP (or GPs) with responsibility for the Enhanced Health in Care Homes service requirements is agreed for each of the PCN's Aligned Care Homes Complete <p>By 30 September 2020, a PCN must:</p> <ul style="list-style-type: none"> • work with community service providers (whose contracts will describe their responsibility in this respect) and other relevant partners to establish and coordinate a multidisciplinary team (MDT) to deliver these Enhanced Health in Care Homes service requirements in progress • and have established arrangements for the MDT to enable the development of personalised care and support plans with people living in the PCN's Aligned Care Homes in progress <p>As soon as is practical, and by no later than 31 March 2021, a PCN must establish protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records, and clear clinical governance.</p> <p>In progress</p> <p>From 1 October 2020, a PCN must:</p> <ul style="list-style-type: none"> • deliver a weekly 'home round' for the PCN's Patients who are living in the PCN's Aligned Care Home(s). partially complete • using the MDT arrangements develop and refresh as required a personalised care and support plan with the PCN's Patients who are resident in the PCN's Aligned Care Home(s) partially complete • identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows in progress • support with a patient's discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27. In progress
Leadership and Partner Working	<p>Partners are working together to understand the requirements and the support offer to PCNs and Care Homes going forward.</p> <p>There is a fortnightly STP Care Sector Group which is attended by Shropshire Partners in Care (SPIC), CCGs, Shropshire Community Health Trust, Local Authorities and Clinical Leads which is proving extremely valuable in guiding this work both strategically and operationally. Recent efforts are ensuring the EHCH work is embedded into the action plan for this group to ensure all opportunities are maximised. The CCG Commissioning Care Home Lead (Alison Massey) and Tom Brettell coordinate this work.</p>
Current Position	<p>Primary Care has a strong historic record of working with and supporting the care sector.</p> <p>There are 466 Care Homes (337 in Shropshire and 129 in Telford and Wrekin) with a total of 4861 beds.</p> <p>The primary care team has worked with practices and PCNs to agree the PCN Care Home lists. GP leads are also in place.</p> <p>There is a Care Home Advanced Scheme in place so that services are delivered prior to the October deadline and the transition to the new service is</p>

	<p>smooth.</p> <p>MDTs are well established in Telford and Wrekin. This has been enhanced due to the commissioning of the care home team from ShropCom. This team provides clinical and educational support to the care homes, and supports the delivery/escalation of urgent issues to GPs. Shropshire are adopting the same model and building relationships with primary care with a series of meetings arranged with PCN's over the coming weeks to fully scope and agree a way of working.</p> <p>Shropshire and Telford Hospital (SaTH) Outreach supporting advanced care planning for patients in care homes, working closely with General Practice.</p> <p>There are remote weekly home visits in place (support with Care Home IT issues is supported through the Local Authority).</p> <p>PCN planning to deliver DES requirements continues e.g. employment of Clinical Pharmacist leads, ANPs.</p> <p>The CCG Medicine Management Team supports medication reviews and use of monitoring tools such as Eclipse. This team will continue to be a key member of the MDT supporting the delivery of the EHCH service.</p> <p>The CCG is facilitating individual PCN meetings with key providers over the next 2 weeks to scope and agree MDT arrangements and ensure that all requirements of the DES are met and to overcome any specific challenges.</p>
Next Steps and Timeline	<p>A Whole system MDT model is to be agreed during winter 2020. Individual meetings with PCN's and key providers are being arranged over the coming weeks to ensure the needs of each PCN locality are met whilst retaining strategic consistency.</p>
Communication and Engagement	<p>The Care Sector Group is building a core role in ensuring that all comms both out to the sector and back in to providers (including Primary Care) is aligned and joined up. This is crucial in ensuring that all messages are clear and understood and no opportunities for joint working are missed.</p> <p>Below the group's overseeing role the general communications to Care Homes goes through the Local Authority support teams.</p> <p>Shropshire partners In Care (SPIC) directly support and provide training as well as communication update to Care Homes.</p> <p>General Practices are engaged through the CCG Primary Care Team. GP TeamNet is also used to share guidance, resources and news.</p>

A2.5 Early Diagnosis of Cancer

Requirements	<p>The NHS Long Term Plan sets two bold ambitions for improving cancer outcomes:</p> <ul style="list-style-type: none"> • By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75 per cent. • From 2028, 55,000 more people each year will survive their cancer for at five years after diagnosis.
PCN DES	<p>From 1st October a PCN must;</p> <ol style="list-style-type: none"> 1) review the quality of PCN practice referrals for suspected cancers, including recurrent cancers against the recommendations of NICE Guideline 2) contribute to improving local uptake of National Cancer Screening Programmes work with local system partners to agree the PCN's contribution to local efforts to improve uptake, include at least one specific action to engage with a group with low-participation locally; and 3) establish a community of practice between practice-level clinical staff to support delivery of the requirements (peer to peer learning events that look at data and trends in diagnosis & engage with local system partners).
Quality Indicator Actions	<ol style="list-style-type: none"> 1. Continue to focus on restoring the cervical screening programme; 2. Proactively engage with patients, families and carers to build confidence in primary care and take action to offer reassurance that services can be accessed safely; 3. Monitor suspected cancer referral rates, reflect and identify where improvements could be made in relation to: <ol style="list-style-type: none"> a) The quality of referrals and alignment with NICE guidance b) Awareness of referral and testing pathways and how these might have changed as part of the pandemic response 4. Ensure a robust and consistent system for safety netting of patients on urgent referral pathways, those who have been downgraded and those who were not referred.
Leadership and Partner Working	<p>The STW wide cancer strategy group has been reformed with a new lead GP.</p> <p>A CCG Clinical Lead, Macmillan GP Facilitator, Cancer Research UK Facilitator and CCG Cancer Lead are in place</p>
Current Position	<p>The approach to the PCN delivery of early cancer diagnosis needs to consider Population Health Management.</p> <p>Data being collated for PCN data set.</p>
Next steps and timeline	<p>PCN approach to early cancer diagnosis to be shared with the CCG – end Sept.</p> <p>PCN Plans and issues to be shared with the CCG Cancer lead to feed into the Cancer Wide Strategy Group.</p> <p>There is a need for a consistent data set on a practice and PCN level to identify trends. There needs to be clear benchmarking to show improvements at practice level as a result of the PCN DES implementation. This should take into account; any changes to pathways, screening and patients' engagement to support early diagnosis.</p>

	<p>An audit of the current NG12 pathways needs to be facilitated through PCNs and the co-design of a single audit tool.</p> <p>The STP is looking to restart the Cancer Champions Programme. There is a need for improved, streamlined pathways to deliver rapid diagnostics and reviews of patients with cancer in primary care settings.</p> <p>Communities of interest are to be set up for early cancer diagnosis at PCN level.</p> <p>Cancer Research UK resources shared – End Sept</p>
Communication and Engagement	The primary care representative on the strategy cancer board will help the communication and engagement between PCNs, and the cancer delivery function.

A2.6 Workforce

Requirements	<p>Submission of plans to the CCGs by Aug 31st 2020, setting out their 2020/21 recruitment plans for posts covered by the Additional Roles Reimbursement Scheme (Clinical Pharmacists, Social Prescribing Link Workers, First Contact Physiotherapists, Physician Associates, Occupational Therapists, Dieticians, Podiatrists, Health and Well Being Coaches, Care Coordinators, Nurse Associates).</p> <p>Further submission by 31st October 2020 setting out their 2021/22 – 2023/34 recruitment plans for the above posts, plus Mental Health Practitioners and Community Paramedics.</p>
Leadership and Partner Working	<p>PCN Clinical Directors and lead Practice Managers are able to access leadership skill training from a number of national providers.</p> <p>The CCGs have encouraged and facilitated discussions between PCNs and a number of local partner organisations including the local authorities, voluntary sector organisations and NHS Trusts with a view to developing innovative workforce/employment models.</p> <p>The CCG works closely with the STP's People Transformation Board and linked working groups to ensure a two-way dialogue between system-wide workforce projects and PCNs on issues including equalities, apprenticeships and digital working.</p>
Current Position	<p>All of the PCNs submitted their workforce plans in time for the 31st August deadline. The CCG reported the aggregate numbers to NHSE/I which showed that, collectively, the PCNs are intending to recruit a total of 76 ARRS-funded staff. The most popular roles are Clinical Pharmacists, Social Prescribing Link Workers, First Contact Physios and Care Coordinators.</p> <p>A number of the PCNs are developing employment models with local partners with, where requested, support from the CCG.</p> <p>The CCGs are working with the PCN CDs and lead Practice Managers to identify further training and development requirements.</p>
Next Steps and Timeline	Each PCN is now required to submit to the CCG their recruitment intentions for the years 21/22 to 23/34 by October 31 st . The list of roles that are covered by the ARRS has been extended to include trainee nursing

	<p>associates and nursing associates. PCNs will continue their recruitment of new staff over the coming months, enabling them to deliver against the Network DES requirements.</p> <p>Future work around PCN workforce planning will include discussions with local providers about how the wider STW STP workforce can be utilised and developed to help meet the Network DES requirements. Particular focus will be on developing system-wide approaches to the employment and deployment of Clinical Pharmacists and First Contact Physiotherapists</p> <p>NHS England have also recently announced they are making a time-limited support offer available to PCNs to cover recruitment and induction costs for additional social prescribing link workers. This support offer aims to accelerate the recruitment of social prescribing link workers.</p> <p>Shropshire PCNs have taken advantage of this offer and NHSE have confirmed that they will be accepting EOIs, with funding for the VCS being extended to Shropshire Council as a local authority so that they can apply for funding to cover recruitment and induction costs of new Link Workers.</p> <p>Work is ongoing with Shropshire system leads to further clarify the national C&CC, Social Prescribing Link Worker, and Health and Wellbeing coach roles and how these can work together across P</p>
Communication and Engagement	<p>The CCGs have developed robust and inclusive communication and engagement processes with the PCNs, ensuring that key information is passed to PCNs and enabling PCNs to raise issues, challenges and opportunities with each other and the CCGs.</p> <p>One area of planned work is how best to engage with patients and the public around the role of the PCNs</p>

REPORT TO: Primary Care Commissioning Committee

Item Number:	Agenda Item:
PCCC-20-10.09	Integrated Pharmacy Workforce: Supporting Primary Care Networks Enclosure No. 6

Executive Lead (s):	Author(s):
Zena Young	Elizabeth Walker

Action Required (please select):							
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input checked="" type="checkbox"/> I=Information

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>From October 2020 PCNs are expected to offer two new services as part of the PCN Directed Enhanced Services (DES). To support this, NHSE has provided funding to PCNs via the Additional Roles Reimbursement Scheme for clinical pharmacists to be deployed in all PCNs from July 2019. From April 2020, pharmacy technicians joined other professionals as part of this scheme. Initially recruitment to these roles was limited but all Shropshire and Telford and Wrekin PCNs are now recruiting to these roles.</p> <p>Whilst some PCNs have had success in recruiting a number have found that attracting staff of the calibre needed has proved challenging. From early discussions, several local PCNs would welcome alternative options of employment and a long term plan to for supporting and developing PCN pharmacy staff to improve recruitment and retention. This paper discusses the challenges to Primary Care Networks (PCNs) and the wider pharmacy system across the STP in recruiting sufficient numbers of pharmacists and technicians to roles and to reflect on the challenges this places on the wider system across the STP for recruitment and development of the pharmacy workforce.</p> <p>As part of the STP Five Year Plan, Pharmacy Workforce was included as a strategic priority with a vision of an integrated, cross-sectorial workforce. The new pharmacy workforce roles in PCNs provide an opportunity to work towards this vision with the ability to share roles with PCNs, offer portfolio career options and provide wider pharmacy peer and professional support and professional development opportunities to staff newly recruited to primary care roles.</p> <p>The committee is asked to support the plans to move towards an STP integrated pharmacy workforce model to include an offer to PCNs to support development and/or provide alternative models of employment of the PCN pharmacy workforce with the CCG and other partner organisations across the ICP.</p>

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	Yes/No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i> There will need to be a lead employer for an integrated pharmacy workforce. This employer would carry a financial risk if partners pulled out of the plan after staff are recruited	Yes
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i> There is a current risk to the sustainability of the pharmacy workforce across all partners in the STP. The demand for new pharmacist roles in PCNs is significant and is impacting on workforce in other sectors and recruitment of high quality staff for these roles in PCNs is challenging. In the long term the current model for pharmacy workforce is not sustainable. This paper outlines the beginnings of an integrated STP pharmacy workforce to help address retention and recruitment of pharmacy workforce in all sectors.	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i> This will need engagement with Chief Pharmacists from all Provider Trusts and PCN Clinical Directors	Yes
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	Yes

Recommendations/Actions Required:
<p>The committee is asked to:</p> <p>Support the use of existing CCG pharmacy workforce to offer support to PCNs where recruitment has not yet been sufficient to meet demands of the DES.</p> <p>Support the recruitment of shared roles between the CCG medicines management team and PCNs where there are opportunities to do so. In the interim of a wider system model being developed, the CCG may need to take on employment responsibilities for these posts.</p> <p>Support the medicines management team in approaching wider system partners to identify potential employers for wider shared roles and ultimately integrated employment models for a shared STP pharmacy workforce.</p>

An Integrated Pharmacy Workforce: Supporting Primary Care Networks

1.0 Purpose of the paper

This paper aims to discuss the challenges to Primary Care Networks (PCNs) and the wider pharmacy system across the STP in recruiting sufficient numbers of pharmacists and technicians to roles and to reflect on the challenges this places on the wider system across the STP for recruitment and development of the pharmacy workforce.

As part of the STP Five Year Plan, Pharmacy Workforce was included as a strategic priority with a vision of an integrated, cross-sectorial workforce.

The new pharmacy workforce roles in PCNs provide an opportunity to work towards this vision with the ability to share roles with PCNs, offer portfolio career options and provide wider pharmacy peer and professional support and professional development opportunities to staff newly recruited to primary care roles.

The committee is asked to support moving towards an STP integrated pharmacy workforce to include an offer to PCNs to support development and/or provide alternative models of employment of the PCN pharmacy workforce with the CCG and other partner organisations across the ICP.

2.0 Introduction

From October 2020 PCNs are expected to offer two new services as part of the PCN Directed Enhanced Services (DES). To support this, NHSE has provided funding to PCNs via the Additional Roles Reimbursement Scheme for clinical pharmacists to be deployed in all PCNs from July 2019. From April 2020, pharmacy technicians joined other professionals as part of this scheme. Initially recruitment to these roles was limited but all Shropshire and Telford and Wrekin PCNs are now recruiting to these roles.

Whilst some PCNs have had success in recruiting a number have found that attracting staff of the calibre needed has proved challenging. From early discussions, several local PCNs would welcome alternative options of employment and a long term plan to for supporting and developing PCN pharmacy staff to improve recruitment and retention.

3.0 Pharmacy Workforce – the challenges

The STP Five Year Plan identified pharmacy workforces as a strategic priority. There is a very limited pool of registered pharmacy professionals living in Shropshire and this does not meet the needs of our system. Recruitment and retention of staff in this sector has been challenging for some years. Retention of early career pharmacists following pre-registration and band 6 rotational posts is poor and recruitment to band 7 posts and above is difficult. Often staff move on to other areas closer to their homes and families once training posts are completed.

The additional recruitment in the system has increased the overall workforce challenges, with a number of the staff recruited to PCN roles to date coming from other NHS sectors in Shropshire. This creates additional pressure on the local pharmacy workforce and means stretching an already insufficient workforce across the system further. As a system we need to be working collaboratively to make Shropshire an attractive place for pharmacists to work.

Looking to the future as the PCN roles continue to grow in number, recruitment and retention is likely to become even more difficult if we don't find ways to attract pharmacists from outside of Shropshire to want to come and work with local education providers to promote the opportunities in a career in

pharmacy to local people. Increasingly there is funding available to promote multi-sectoral training and development posts to include primary care placements. In order to offer high quality posts we need a structure which employ and ensure that the right level of experienced pharmacist support is in place to grow and develop staff.

3.0 PCNs – workforce challenges

There are a number of challenges PCNs will face in the recruitment, retention and professional support and development of a primary care pharmacy workforce. The PCN roles have opened up primary care opportunities more widely and initial interest has been high, however many of those applying to these roles are newly qualified or relatively clinically inexperienced. The initial flurry of interest in new opportunities is likely to reduce with time unless we make these roles attractive with long term career development opportunities.

PCNs in Shropshire and Telford and Wrekin are competing for the same pool of potential staff as our neighbouring large urban areas, where the workforce is more likely to live. The potential workforce is more likely to choose opportunities closer to home than travel to Shropshire.

As described above, the wider system faces significant challenges in recruitment of pharmacists and in retaining them once initial training is completed. There is no reason to believe PCNs in this area will find this any easier and they are likely to experience these same challenges running the risk of a gaining inexperienced workforce, with limited numbers of experienced primary care pharmacists to lead and support development of those new to the role.

Despite some pharmacists being qualified for a long period, or having extensive experience within their area, the majority of pharmacists recruited to date have limited primary care experience. This is a very different sector of pharmacy to work in from acute or community pharmacy sectors and the skills required to be successful in the role are very different. Pharmacists moving into primary care generally need significant support for the first few months, even if they have held senior roles in other sectors. This is likely to be a challenge to some of our PCNs who have limited senior, experienced pharmacist capacity within their organisations.

Many experienced NHS staff are reluctant to move to employment models outside NHS terms and conditions as these are generally favourable to standard GP practice offers. This is a particular challenge where experienced NHS staff are at the top of their band and the total PCN funding envelope may not allow this to be matched. This reduces the potential pool of high calibre clinical staff willing to consider employment by PCNs.

4.0 PCN Offer

4.1 Short term

The CCG has a small, experienced clinical workforce that could be freed up to support PCNs from October who have not yet recruited to pharmacy roles who would like to buy some of their time to deliver the DES. These staff are largely care home pharmacists and pharmacy technicians, a number of who will complete the MOCH training programme in the coming months.

The CCG does not have resource or capacity to support all PCNs at present. If demand for shared roles exceeds initial supply then consideration will need to be made to recruit to new roles to support both the PCNs and the strategic system priorities. Clear boundaries would need to be set for all shared roles to ensure the PCNs are assured that the resource they fund will be used as they need to deliver the PCN priorities, as this has been expressed as the key concern for joint roles.

There is also an opportunity locally to consider shared roles with local providers. Robert Jones Agnes Hunt (RJA) currently has plans to recruit to a band 7 post and would be interested in working with a PCN on this being an opportunity to recruit to a shared primary care, acute role. There may be additional opportunities across other local providers in the coming weeks and months.

The CCG senior team would offer professional support, development and peer mentorship to all pharmacists and technicians employed in shared posts.

4.2 Longer Term

The CCG is not the ideal employer in the long-term for an integrated clinical pharmacy workforce. As we progress to being a strategic commissioner and the Integrated Care Provider model embeds, we need a system wide employment model.

We intend to explore over the next few weeks, with current provider organisations their willingness to be the employing organisation for primary care pharmacy workforce, where PCNs would prefer not to directly employ. This also allows employment on NHS terms and conditions and payscales based on experience, and would address some of the challenges described of clinically inexperienced applicants having expectations of pay at the upper limits of NHSE funding.

5.0 Benefits of an integrated multi-sectoral pharmacy workforce

Pharmacy professionals increasingly have portfolio careers. An integrated workforce across all sectors offers this opportunity within a single employment model which would be attractive, especially if this came with NHS employment terms and conditions. A single integrated workforce supports professional development, education and training and provides greater opportunity within the system to explore all sectors before specialising. It will increase peer mentoring opportunities and access to a wider pool of specialist pharmacists to share clinical expertise and support education across all PCNs and sectors.

An integrated workforce offers improved opportunity for career development and progression helping us to retain experience within the system to support the next cohort of Pharmacy Professionals. It makes the employment offer in Shropshire, Telford and Wrekin different to the norm and should help attract additional workforce to the system and aid retention of staff within a flexible model. It should also reduce local competition for a limited pool of staff. A shared workforce can also ensure we use the resource we do have for best clinical outcomes for patients and to reduce avoidable hospital admissions related to medicines. The PCN roles will be pivotal to this.

The model offers improved resilience for smaller providers such as PCNs and makes supporting these providers with cover for long-term sickness or maternity leave more likely.

An integrated workforce model allows for pre-registration and band 6 rotational pharmacists to rotate through all specialties including primary care and attract candidates to the sector who may not previously have considered it, allowing us to grow the next tranche of primary care pharmacists and technicians locally and collaboratively. Currently there is limited opportunity for pre-registration or newly qualified pharmacists to gain primary care experience.

6.0. Conclusion and recommendations

The committee is asked to:

Support the use of existing CCG pharmacy workforce to offer support to PCNs where recruitment has not yet been sufficient to meet demands of the DES.

Support the recruitment of shared roles between the CCG medicines management team and PCNs where there are opportunities to do so. In the interim of a wider system model being developed, the CCG may need to take on employment responsibilities for these posts.

Support the medicines management team in approaching wider system partners to identify potential employers for wider shared roles and ultimately integrated employment models for a shared STP pharmacy workforce.

REPORT TO: Shropshire, Telford and Wrekin CCGs Primary Care
Commissioning Committee

Meetings in Common held in Public on 7 October 2020

Item Number:	Agenda Item:
PCCC-20-10.10	Primary Care Strategy Update – Enclosure No. 7

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships claire.parker2@nhs.net	Phil Morgan – Primary Care Manager (Shropshire CCG) philip.morgan3@nhs.net

Action Required (please select):
<input type="checkbox"/> A=Approval <input type="checkbox"/> R=Ratification <input type="checkbox"/> S=Assurance <input type="checkbox"/> D=Discussion <input type="checkbox"/> I=Information <input checked="" type="checkbox"/>

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>The purpose of this report is to provide an update to Primary Care Commissioning Committee of progress against the outcomes from the Shropshire and Telford and Wrekin STP Primary Care Strategy. It provides details of the work undertaken since the last report and the actions to be taken in the coming weeks to provide assurance to the Primary Care Commissioning Committee and NHS England that progress is being made towards delivery. The report also highlights identified areas of risk along with relevant mitigations.</p> <p>Good progress is being made against all of the nine programmes in the Strategy:</p> <ul style="list-style-type: none"> • Primary Care Networks and Models of Care (NB given the importance of this work a separate report on this programme is being presented to PCCC) • Prevention and Addressing Health Inequalities • Improving Access to Primary Care • Ensuring a Workforce fit for the future • Improvements to Technology and Digital Enablers • Ensuring a High Quality Primary Care Estate • Optimising Workflow and Addressing Workload Pressures

- Auditing Delegated Statutory Functions and Governance Arrangements
- Communications and Engagement

Given the current Covid-19 crisis this report, inevitably, reflects the fact that the majority of the Primary Care Teams' work over the past six months has continued to be focused on addressing the challenges of the crisis, rather than delivering against the outcomes for each of the above programmes. However, as the report details, many of the workstreams and projects have been restored recently with significant progress being made in many areas. Notwithstanding this the usual RAG ratings have not been carried out for this report – it is anticipated that this will be reinstated for the subsequent report.

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

Recommendations/Actions Required:
<p>Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> Consider the content of this report and note the progress being made across the programmes within the Primary Care Strategy

Shropshire and Telford & Wrekin STP

Primary Care Strategy 2019/20 Operational Plan Progress Report: **October 2020**

This report provides an update on the Shropshire and Telford and Wrekin STP Primary Care Strategy. It sets out details of work undertaken since the last report and the actions to be taken in the coming weeks to provide assurance to the Primary Care Commissioning Committees and NHS England that progress is being made towards delivery. The report also highlights identified areas of risk along with mitigations.

Given the current Covid-19 crisis this report, inevitably, reflects the fact that the majority of the Primary Care Teams' work over the past six months has continued to be focused on addressing the challenges of the crisis, rather than delivering against the outcomes for each of the above programmes. However, as the report details, many of the workstreams and projects have been restored recently with significant progress being made in many areas. Notwithstanding this the usual RAG ratings have not been carried out for this report – it is anticipated that this will be reinstated for the subsequent report.

The report includes nine individual reports as follows:

No.	Programme	Progress Status
1	Primary Care Networks and Models of Care	See separate report on PCC agenda
2	Prevention and Addressing Health Inequalities	Updated 24 th Sept No comments
3	Improving Access to Primary Care	Updated 25 th Sept
4	Ensuring a Workforce fit for the future	Updated 24 th Sept No comments
5	Improvements to Technology and Digital Enablers	Updated 24 th Sept No comments
6	Ensuring a High Quality Primary Care Estate	Updated 25 th Sept
7	Optimising Workflow and Addressing Workload Pressures	Updated 24 th Sept
8	Auditing Delegated Statutory Functions and Governance Arrangements	Updated 25 th September
9	Communications and Engagement	No update received yet

Programme 2	Prevention and Addressing Health Inequalities	Month covered	Sept/Oct 2020
Update by:	Janet Gittins	Progress Status	
Summary Status (update on each Anticipated Outcome)			

Anticipated Outcome	Summary Status
<ul style="list-style-type: none"> Improvements in the uptake of physical health checks for the seriously mentally ill 	<ul style="list-style-type: none"> The outbreak of the Covid-19 pandemic has meant that patients have not been called into practice to complete SMI checks as anticipated. Improvement plan in place and work restarted in Primary Care.
<ul style="list-style-type: none"> Consideration to specific actions to support people with Learning Disabilities and Autism and delivery of the required increase in the number of health checks 	<ul style="list-style-type: none"> A task group is in place and an improvement plan developed to assist with raising the number of LDHCs completed. MPFT commissioned to support general practice with this work.
<ul style="list-style-type: none"> Improvement in the cardiovascular disease and Type 2 Diabetes prevention and management programmes 	<ul style="list-style-type: none"> The NPDD programme continues remotely with the new service provider starting from 1st April 2020. Primary Care clinician education available on the management of diabetes and cardiovascular complications (e-learning). Prescribing Development Scheme launched in SCCG with Diabetes as one of the key priorities. Focus of prioritisation and review of high risk diabetes patients
<ul style="list-style-type: none"> Improvements to Dementia diagnosis rates 	<ul style="list-style-type: none"> The outbreak of the Covid-19 pandemic has meant that patients have not been able to access the memory clinic only urgent and existing cases have been seen. The restarting of memory clinics and assessments is part of the restore programme.
<ul style="list-style-type: none"> Introduction of prevention and management programme for respiratory disease 	<ul style="list-style-type: none"> COPD respiratory review service has been continuing during the pandemic to support practices with their vulnerable respiratory patients. All reviews have been conducted remotely. This service is continuing until November 20 and it is being explored if this can be extended and also implemented across T&W.
<ul style="list-style-type: none"> Programme of work to reduce Antimicrobial Resistance 	<ul style="list-style-type: none"> UTI audits and templates have been created to support the PDS and work around improving the diagnosis and management of UTI's. Scoping the possibility of whether the Microguide to support antimicrobial prescribing that is currently in use for T&W CCG can be extended for use across SCCG to host the Community antimicrobial guidelines
<ul style="list-style-type: none"> Improved skills and capabilities to motivate patients and support behaviour change 	<ul style="list-style-type: none"> The Social Prescribing programme continues to support people remotely. For social prescribing see Programme 7 updates.
<ul style="list-style-type: none"> Improved ability to recognise risky health behaviours and connect patients/ people to support in the community 	<ul style="list-style-type: none"> Priority has been given to support those people most vulnerable in the community during COVID-19. The Health and Social Care system is working together provide support and access to services to those in need
Key Activities and Updates from the Last Period	
<ul style="list-style-type: none"> The CCG IPC team are working in collaboration with all system partners across the STP. There is representation of IPC on the primary care task and finish group, advice and support is ongoing answering daily queries, signposting towards updated national guidance, advice on the procurement of PPE and input into the safe flow of hot/cold sites. 	

- General Practices continue to refer into the NDPP programme. Virtual groups and support continues.
- Practice prescribing development scheme launched which includes a focus on UTI antimicrobial stewardship to reduce inappropriate prescribing of antimicrobials and therefore reduced antimicrobial resistance. It also supports the restoration of annual Chronic Disease reviews, with a focus on Diabetic patients and prioritisation of those that are highest risk.
- The Health and Social Care sector continued to work closely together to support those who are most vulnerable and those shielding Services have been changed to offer remote support where possible.
- Primary Care self-care campaign launched 29 June focusing on minor self-limiting conditions during the pandemic.

Key Actions Planned for Next Period

- Ongoing action from the Health and Social Care system to support those most vulnerable to COVID-19 across Shropshire until end March 2020
- NDPP continues supporting referrals remotely.
- National campaign on diabetes and diabetes prevention for BAME populations to be implemented locally – national resources expected autumn 2020
- Future collaborative diabetes education programmes for clinicians are being developed.
- Development of health economy COPD management plan. Aim for completion and roll out by August
- Focus on restoring services in Primary Care including LD Healthchecks and SMI Healthchecks. PCN work supports this. Improvement plans in place.

Risks

No.	Risk	Rating	Mitigation Support Requested
1	There is a significant risk regarding funding for local lifestyle services (particularly weight management and smoking cessation) given the savings required in local authority public health budgets, e.g. Shropshire Council is currently consulting on significant reductions in services	12	Discussions are taking place directly with between SCCG and Public Health through the CCC and CCC working group to understand and prioritise those at most risk. In addition, they are also part of the STP Prevention and Place cluster, and the Shropshire HWBB. In the short term SIP has been prioritised and work is underway to determine how best to utilise the remaining resources, particularly Healthchecks and Social Prescribing, as well as the NDPP and other local services to target those most in need; in the medium and longer term the system will work together to ensure a robust prevention and place based approach that supports healthy weight and smoking reduction.
2	There is a risk around the pace at which data and intelligence around population health management can be obtained, analysed and used to design and commission services. This risk also includes the need for clarity around the meaning of "Population Health Management" and the extent to which current work is overly focused on a small, specific population group.	6	Continued work with the STP Population Health Management group to ensure that there is a shared understanding of the scope and limitations of this programme.
3	This programme cannot be defined as accurately as the STP would like due to the fact that the national dashboard has	9	Request update from regional NHS England team to clarify when the dashboard might be delivered.

	not yet been delivered		Expected autumn 2020.
--	------------------------	--	-----------------------

Programme 3	Improving Access to Primary Care	Month covered	Sept/Oct 2020
Update by:	Darren Francis	Progress Status	
Summary Status (update on Outcomes)			
Anticipated Outcome		Summary Status	
<ul style="list-style-type: none">To maintain and improve 7 day access to General Practice both through face-to-face appointment and technological solutions		<ul style="list-style-type: none">Across both CCGs both Extended Access (GPFV) and the PCN DES Extended Hours continue to be delivered, albeit within the context of additional pressures as a result of the Covid-19 pandemicFrom July the new PCNs were all confirmed and are now in the process of designing their provision for the PCN DES capacity	
<ul style="list-style-type: none">Ensure at least 75% utilisation of extended-hours appointments by March 2020		<ul style="list-style-type: none">Utilisation improved from April (@72% T&WCCG and 15% SCCG) to August (@96% T&WCCG and 64% SCCG)Utilisation is estimated at around 80% across the STP	
<ul style="list-style-type: none">Direct booking for 111 for in-hours and extended access appointments		<ul style="list-style-type: none">NHS111 able to book into 100% of practices for In Hours and PCN DES Extended Hours appointmentsA change in process for 111 direct booking is currently being proposed with changes beginning during October 2020.Continuing to work with Regional Commissioners to implement NHS111 direct booking at GPFV Extended Access Hubs – GP Connect issues have now been resolved but some hubs still need to implement the EMIS solution at the Hub end before this service can be fully rolled out	
<ul style="list-style-type: none">Increased access and patient satisfaction		<ul style="list-style-type: none">Monitoring of utilisation and delivery of both Extended Access (GPFV) and the PCN DES Extended Hours will continue with any significant changes being agreed and implemented, as required	
Key Activities and Updates from the Last Period			
<ul style="list-style-type: none">The vast majority of the appointments are being delivered as either telephone or video consultations, rather than face to face – with 100% triage to screen for COVID symptoms in case they still need a face to face appointmentOverall the service is running at around 80% utilisation in (including the DNAs – which are close to zero).			
Key Actions Planned for Next Period			
<ul style="list-style-type: none">The majority of PCNs across the STP are hopeful that they can continue to deliver both the extended access and extended hours services, providing there are no significant changes in circumstance. Both CCGs are working with any networks that have expressed concerns over the provision of extended access services to understand the barriers in their deliveryFollowing the formation of the new PCNs the CCG will work with all delivery groups and PCNs to address any barriers to deliveryA technical solution has now been found to NHS111 booking into Extended Access appointments by allowing the regional Adastra system to view EA appointments at hubs and transfer all patient information correctly. Current trajectory from Regional Commissioners indicates implementation by end December 2020 (or sooner if possible)			
Risks			

No.	Risk	Rating	Mitigation Support Requested
1	There is a risk around the availability of workforce to deliver the extended hours DES which will form part of the PCN DES.	9	This risk has been exacerbated by the Covid-19 situation. Mitigation includes telephone triage for all appointments, additional use of online consultation, telephone calls and video consultation.
2	Notwithstanding the fact that NHSE/I have delayed significant parts of the service specs there is a risk that the Covid-19 situation will affect PCNs' ability to deliver.	12	Discussions will need to continue with Clinical Directors around the new plans for implementation of the service specs.

Programme 4	Ensuring a Workforce fit for the future	Month covered	Sept/Oct 2020
Update by:	Phil Morgan	Progress Status	
Summary Status (update on each Anticipated Outcome)			
Anticipated Outcome		Summary Status	
<ul style="list-style-type: none">From 2019 as part of the additional roles reimbursement scheme there is funding to increase the number of clinical pharmacists in Primary Care	<ul style="list-style-type: none">To date four Clinical Pharmacists are being funded via the ARRS across the STP. Two of these are in the Shrewsbury PCN, one in the South West Shropshire PCN and the other in the Newport PCN.The seven PCNs have submitted plans showing that they intend to recruit a further 18 CPs this financial year		
<ul style="list-style-type: none">From 2020 there will be national funding from the reimbursement scheme to introduce physician associates and first contact physiotherapists and from 2021 first contact community paramedics	<ul style="list-style-type: none">The PCN recruitment plans show that they intend to recruit 7 Physician Associates and 11 First Contact PhysiosIn addition 5 PAs have joined local practices as part of the PA Internship scheme, joining 2 who were already in post. After the end of their internship they may be able to deliver a PCN role.		
<ul style="list-style-type: none">Employment of these staff can be direct by Networks or through other NHS or voluntary organisations	<ul style="list-style-type: none">PCNs are aware of the different employment models. Notwithstanding the Covid-19 situation some of the STP's PCNs are liaising with external providers, including local Councils, to host the ARRS Social Prescribing Link Worker role.		
<ul style="list-style-type: none">The work programmes initiated as part of the GPFV continue for the retention and recruitment of GPs and other clinical professionals	<ul style="list-style-type: none">A significant amount of work has been carried out to commission and deliver retention/resilience events for GPs.Funding to support five newly-qualified GPs has been provided to their practices.Other clinical professionals have accessed training and development using NHS England funding.The CCGs have recently been informed of further GPFV funding for 2020/21 and plans will be developed for approval at the December PCCC meeting		
<ul style="list-style-type: none">As well as retention, recruitment and increased multidisciplinary working there will be increased opportunities for flexible/ mobile working, interoperability and portfolio careers.	<ul style="list-style-type: none">As part of the GP retention funding package practices and PCNs were encouraged to bid for funding for projects/initiatives based around flexible/ mobile working, interoperability and portfolio careers – a number of such bids have been funded and are progressing as well as possible, given the Covid-19 situation.		
<ul style="list-style-type: none">Clinical Directors will provide the compassionate leadership in primary care to lead the complex, practical, financial and cultural challenge ahead	<ul style="list-style-type: none">Clinical Directors have been provided with information on a range of support and development packages.A number of CDs and lead Practice Managers have participated in training and development events		
<ul style="list-style-type: none">Learning/education also remain important elements of the development of the workforce with Protected Learning Time sessions being adapted to meet the future needs of working in Networks	<ul style="list-style-type: none">Both CCGs have been continuing to develop their existing approaches to PLT to take account of the future need of PCNs and the wider workforce.The PC Team ensures that Primary Care is a working part of wider STP system plans for a more streamlined local education provision by being active part of weekly education group		
Key Activities and Updates from the Last Period			

The four main areas of work within this workstream have been:

- understanding the impact of the Covid-19 situation on workforce levels and capacity and supporting this via ongoing staff testing
- bringing out of hibernation the various local and national Primary Care workforce initiatives and funding streams, and
- working with PCNs to ensure submission of their PCN workforce plans
- ongoing support from the General Practice Nurse Facilitators (GPNFs) for practice nurses and HCAs

Testing

- Testing for symptomatic practice staff and their symptomatic household members continues to be provided as part of a system-wide staff testing regime across health and social care – nearly 300 general practice staff and household members have been tested with less than 1% of tests being positive

Funded Initiatives and Projects

- The initiatives that have been brought out of hibernation include
 - the NHSE/I GP and GPN Fellowship schemes
 - the GP Mentor scheme, and
 - the HEE-funded CPD scheme for nurses and AHPs

PCN Workforce Plans

- The STP's seven PCNs have been supported to develop and submit workforce plans which indicate the numbers of staff, funded via the Additional Roles Reimbursement Scheme, that they hope to recruit by the end of this financial year. In total the PCNs hope to recruit 75 fte new posts with the emphasis being on Clinical Pharmacists, Social Prescribing Link Workers and First Contact Physiotherapists.

Practice Nurse Facilitators/10 Point Nursing Plan

- As part of the support for practice staff the GPNFs continue to provide remote support for practice nurses on both general and Covid 19 related subjects including;
 - Facebook live group every Monday evening at 7.30. This allows for an interactive conversation between nurses who may be working away from the practice. They are able to have peer supervision and ask questions of the group in a safe environment.
 - Closed Facebook group – providing information on e-learning opportunities for practice nurses and general information on Covid 19 and other topics.
 - WhatsApp group which again offers support but throughout the week as questions can be posed to group members (Please note that no PID or specific patients are discussed during the meetings just general practice nursing queries.)
 - Dealing with specific nurse queries on a one to one basis
 - As requested by CCG/HEE GPNFs continue to send information out to PNs i.e. Queen's Nursing Institute e-learning and request to participate in survey.
 - Virtual (zoom or teams) Speaker meetings 2-3 a month - including topics such as CKD and DM, mindfulness and DM / chronic illness, DM foot disease and managing this during Covid pandemic, Motivation and resilience.
 - Collaboration and sharing of digital / virtual support lessons learnt with Stafford/stoke STPs PCNF and SCGPT Nurse Lead
 - Supporting the Training Hub in scoping demand, promoting training and coordinating places on group training sessions.
 - Supporting the return of pre reg and return students to practice placements
 - Speaker meetings have continued and expanded to deliver topics such as dermatology, flu delivery, and learning disability reviews and more Covid related subjects with planned linked meetings in November as diabetes month delivered by local specialist clinicians

Actions Planned for Next Period

Testing

- The management and coordination of the general practice staff/household member testing process

will continue, with a specific focus on ensuring that staff are able to return to work as quickly as possible following receipt of the test results

Funded Initiatives and Projects

- Detailed delivery programmes will be developed for the workforce projects which have been brought out of hibernation, including supporting newly-qualified GPs/GPNs and improving the mentoring skills of GPs
- Further work will be carried out on the HEE-funded workstreams including the provision of CPD for Nurses and AHPs working in practice.
- Engagement approaches will be developed for the recently-announced NHSE/I GPFV funding including allocations for:
 - GP Retention - £100k
 - Training Hub - £103k
 - GP Resilience - £72K
 - Reception & Clerical Training - £85k

PCN Workforce Plans

- The CCGs will support all of the 7 PCNs across the STP in developing their workforce plans for 2021/22, 2022/23 and 2023/24 which are due by 31st October 2020. These plans should indicate the number of ARRS-funded staff that PCNs hope to recruit. In addition to the roles available in 2020/21 PCNs will be able to recruit Mental Health Practitioners and Paramedics.

Practice Nurse Facilitators/10 Point Nursing Plan

- The GPNFs' future plans include continuing with local remote meetings on specific topics including remote consultations and dermatology lesion assessment via remote consultation
- Contributing to designing GPN Fellowships 2020/2021 programme and supporting a PCN approach for this year
- Re-launching GPN 10 Point Plan STP Newsletter
- Leading on developing a workstream to promote the Advanced Nurse Practitioner role in General Practice (to include a system-recognised competency for imaging requests) and a retention focus to include leadership and coaching and extended specialist roles and research opportunities.
- Supporting the development of a GPN Strategy.
- Supporting increasing student nurse placement capacity for January 2021
- Supporting increasing Supervisors and Assessors capacity across the PCNs

Practice Workforce Recovery Plan

- Following engagement with practices in the summer over the specific workforce challenges they are facing a Practice Workforce Recovery Plan has been drafted
- Further work on the draft plan will be carried out after which it will be shared with all practices

Risks

No.	Risk	Rating	Mitigation Support Requested
1	The lack of space, and pressures on GPs around providing mentoring, are making it difficult for GP trainees and other clinical students to be placed	8	The CCGs are completing an estates review to help identify future requirements. HEE is reviewing clinical supervision funding.
2	There is a risk that the investment in training and development will put pressure on staffing in practices – i.e. some practices may be reluctant to allow staff to take on e.g. fellowships	8	Work with PCN Clinical Directors and senior partners to understand the extent of this problem and develop local solutions.
3	Development of Training Hub not fully realised with uncertainty around hosting and funding of staff. This could impact on ability to deliver on national programmes	8	The CCG's primary care team will continue to work with HEE to finalise plans for the STW Training Hub.

Programme 5	Improvements to Technology and Digital Enablers	Month covered	Sept/Oct 2020
Update by:	Sara Spencer	Progress Status	
Summary Status (update on each Anticipated Outcome)			
Anticipated Outcome		Summary Status	
<ul style="list-style-type: none">The use of technology will enhance models of care		<ul style="list-style-type: none">There has been a greatly increased use of technology within general practice as a result of the Covid-19 situation – e.g. online consultation and video consultation	
<ul style="list-style-type: none">The core level of digitisation will be met by 2024 including the withdrawal of the use of fax machines by 2020		<ul style="list-style-type: none">This is complete	
<ul style="list-style-type: none">The CCGs will ensure that all GP Practices and PCNs are technically enabled to provide the required functionality and interoperability of systems		<ul style="list-style-type: none">The CCG received funding for N365 and purchased licences for primary care. Practices will start moving to N365 to meet the Office 2010 deadline.	
<ul style="list-style-type: none">The NHS App will be available and promoted in Shropshire and some practices will commence online consultations from May 2019		<ul style="list-style-type: none">The NHS App is available and promoted by Shropshire CCG	
<ul style="list-style-type: none">Online and video consultations across all practices by 2021		<ul style="list-style-type: none">All practices can offer their patients online consultation and video consultation	
<ul style="list-style-type: none">At least 25% of appointments will be available for online booking by July 2019		<ul style="list-style-type: none">All practices have the capability to offer 25% of appointments online. This is part of the contract and is fulfilled from July 2019.	
<ul style="list-style-type: none">Many patients are already able to request their repeat prescriptions electronically; however this will be a default position from April 2019		<ul style="list-style-type: none">Repeats can be requested through the NHS App and Patient Access	
<ul style="list-style-type: none">There is currently limited patient access to medical reports. This will be increased with full access by 2020 and patients will be able to input their own information		<ul style="list-style-type: none">Access is available from the NHS App and Patient Access	
<ul style="list-style-type: none">Improvements to electronic and integrated decision trees with direct links to create referrals so that GPs are one click away from advice and diagnostic information		<ul style="list-style-type: none">To be confirmed	
Key Activities and Updates from the Last Period			
<ul style="list-style-type: none">All practices now connect to the health and social care network, (HSCN). The N3 network ceased on 31st August 2020. The project is now concentrating on installing full fibre in practices, 13 practices are currently live. There will be a root cause analysis on the speed issues experienced by practices.The virtual desktop infrastructure solution is available to all practices in support of providing a remote working solution to practices. This will continue to be developed to ensure practices can connect to clinical systems.The Windows 10 upgrade is on-going, this will remove Windows 7 and ensure that the GP IT estate is cyber secure.MLCSU project team are working with a number of practices to install the electronic prescribing system, this is now a mandatory system requirement.STW CCGs has joined the N365 shared tenant to install Office 365 products, Office 2010 support will end shortly.			

Actions Planned for Next Period			
<ul style="list-style-type: none"> • Full fibre connection for practices to continue • Agree and begin the domain installation • Continue to evaluate the use of VDI mobile to justify further development for practice remote working • Ensure cyber security measures are in place in line with NHS Digital guidance • Project initiation for the N365 install 			
Risks			
No.	Risk	Rating	Mitigation Support Requested
1.	Windows 10 needs to be installed to meet the January 2021 deadline. There is no funding for more devices.	12	Options paper discussed at the digital health meeting to decide how to complete the install.
2.	Practices experiencing low network speeds since the HSCN migration	9	Root cause analysis to be conducted to resolve this issue. On-going discussions with Redcentric, CSU and NHS Digital.

Programme 6	Ensuring a High Quality Primary Care Estate	Month covered	Sept/Oct 2020
Update by:	Tom Brettell	Progress Status	
Summary Status (update on each Anticipated Outcome)			
Anticipated Outcome The completion of an Estates Strategy for Primary Care will facilitate a range of outcomes that will ensure a high quality primary care estate:		Summary Status	
<ul style="list-style-type: none">Support identification of the priorities for investment		<ul style="list-style-type: none">All of the work designed to deliver against the anticipated outcomes has been put on hold due to Covid.This is because the work is designated as Business as Usual and, therefore, is not as high priority as previously.Normal activity will resume once the current situation ends.In the meantime, any progress that can be made on estates projects or work towards producing the combined estates strategy is being undertaken, wherever possible	
<ul style="list-style-type: none">Identify opportunities for savings, efficiencies and capital receipts, both short and long term			
<ul style="list-style-type: none">Improve patient pathways and patient care			
<ul style="list-style-type: none">Create an integrated estate to support delivery of Integrated Care Teams			
<ul style="list-style-type: none">Support a wider range of integrated services at a community level including health and care villages			
<ul style="list-style-type: none">Creation of high-quality working environments that attract new healthcare staff & develop training facilities that support on-going staff development			
<ul style="list-style-type: none">Help develop primary care at scale via the PCN's			
<ul style="list-style-type: none">Support the prevention agenda through community facilities and specialist supported housing			
Key Activities and Updates from the Last Period			
<ul style="list-style-type: none">Shawburch – Discussions continue on the final elements to include with the Full Business Case, involving both the CCG DoF and regional NHSE/I colleagues (ETTF Team)Shifnal - FBC agreed with planning permission to be submitted. Currently on hold.Riverside- Building works have completed and the Practice has now moved into the new premisesWhitchurch – revised application passed end of May 2020 and a further Judicial Review has been submitted which should be heard in September 2020			
Actions Planned for Next Period			
<ul style="list-style-type: none">Shawburch – Progress the financial issues and continue ongoing discussions with practiceShifnal- Progress overall project once COVID situation has settled – meeting due in July 2020Riverside- Practice has now relocated to the new premises and rent is being paid at the higher rateWhitchurch – Plan public-facing comms around the issues relating to the Judicial Review			
Risks			
No.	Risk	Rating	Mitigation Support Requested
1.	Possibility that current revenue funding is not sufficient to support medium to long-term estates planning.	12	Work is progressing with the Finance team to determine and forecast the level of financial risk.
2.	Risk to Whitchurch project from the Judicial Review	12	Develop a response to the Judicial Review
3.	Projects that require ETTF funding have been delayed by COVID-19 and risk losing access to the capital grants	12	Ongoing discussions with NHSE/I via Glenn Francke to ensure that the funding remains secured despite the delays.

Programme 7	Optimising Workflow and Addressing Workload Pressures	Month covered	Sept/Oct 2020
Update by:	Jenny Stevenson	Progress Status	
Summary Status (update on each Anticipated Outcome)			
Activity		Summary Status	
<ul style="list-style-type: none"> Continued support will be available via the National Primary Care Resilience programme and the Releasing Time to Care Programme, enabling GPs and Managers to think and plan to identify new ways of making better use of resources (e.g. premises, IT, workforce, HR, back office functions, staff) 		<ul style="list-style-type: none"> A handful of SC/TW practices have attended engagement meetings for PGP Quick Start programmes this autumn. One TW practice has recently started the programme, with 100% virtual delivery to be completed by November; other practices are aiming to take part in the New Year. Over the past month, SE and SW localities have both started conversations with the Time for Care team regarding PCN development. SW is continuing to progress this route of support. A Practice Manager Development Programme has been commissioned from PCC and started during February and March for SCCG. Due to the Covid-19 situation the programme was postponed - this is now due to recommence in October 6 T&W CCG practice managers have accessed coaching & mentoring via the NHS England offer. 	
<ul style="list-style-type: none"> Continued support to deliver the 10 high impact changes 		<ul style="list-style-type: none"> Ongoing training being offered to practices to support active signposting and productive workflow. Links to IT in relation to consultation types. See below for self-care. 	
<ul style="list-style-type: none"> Strong public awareness campaigns explaining wider practice team roles and services provided by a range of healthcare professionals - patients will in the future be seen by a wider range of healthcare professionals 		<ul style="list-style-type: none"> Resources for practices have been developed by the CCG communications team. 	
<ul style="list-style-type: none"> To promote self-care and alternative sources of advice and treatment 		<ul style="list-style-type: none"> Self-care campaigns and resources have been developed by the medicines management team - resources continue to be available and promoted. 	
<ul style="list-style-type: none"> Social Prescribing, Care Coordination, and Link Workers will continue to identify and support those who lack the confidence or knowledge to get involved with community groups or to approach agencies on their own 		<ul style="list-style-type: none"> We are progressing support for C&CCs with developments identified in the training delivered earlier this year (as outlined in last report) e.g. NHS Networks forum with the aim of increased county-wide peer support. The Bureau, a community organisation as part of the West Midlands Link Worker support network are hosting regular online support sessions for C&CCs and SPLWs across the STP. Regular E-bulletins are also being sent to both roles to provide additional information and resources. Public Health's Social Prescribing project continues to be provided in a number of SCCG practices. This continues to be provided in a different format during the Covid pandemic (i.e. over the telephone rather 	

	<p>than face to face). PCN SPLWs have been recruited in both South Shropshire PCNs.</p> <ul style="list-style-type: none"> • Discussions around the Link Worker/ community care coordinator and health coach roles across PCNs are ongoing with system leads. • An interactive social prescribing session took place on the 5th March 2020 for all T&WCCG practice managers including the new social prescribing link workers. The session evaluation was excellent.
<ul style="list-style-type: none"> • GP Practices will be supported to use the new demand and capacity tools to identify how appointments are used and the effect of seasonal variation 	<ul style="list-style-type: none"> • Practices have been asked to confirm whether they are utilising the demand and capacity tool within EMIS. Feedback was sought at a Provider Forum meeting and experiences were mixed. • Practices encouraged to provide feedback via the NHS England/NHS Digital link • NECCS have been contacted to request engagement with STW practices on optimisation of the workload tool.

Key Activities and Updates from the Last Period

- Focus has continued to be linked to the Covid-19 pandemic however development opportunities continue to be shared with practices.
- Practices have reduced their face to face contacts with patients during the Covid-19 pandemic and are using total triage systems. Processes for optimising workflow will have been adapted to new ways of working, including working remotely. As part of the restore and recovery phase, systems will continue to be reviewed and developed to support patient access and practice ways of working.
- C&CC work and social prescribing contacts have been key for more vulnerable patients and those who were advised to 'shield'.
- The PM Development Programme in Shropshire CCG is to be reinstated without any face to face element (using virtual platforms) - this will provide additional opportunity for reflection and discussion.

Key Actions Planned for Next Period

- Consider how the CCGs can help facilitate development work, capitalising on these new and rapid progressions – to encourage reflection and analysis on what is working and what needs changing, and to hold onto the momentum which has increased 10-fold over the space of a month.
- Consider how the development programmes on offer (e.g. Time for Care) help facilitate this, how development programmes just completed (C&CCs) or ongoing (PM development) can help consolidate the good, discard the not so good, and take the learning forward from this new position of working.
- Ensuring Primary Care is a working part of wider STP system plans for a more streamlined local education provision by being active part of weekly education group.

Risks

No.	Risk	Rating	Mitigation Support Requested
1	Capacity of practices to engage in key elements of the 10 High Impact Actions including projects within the national Time for Care Programme.	6	Information will be provided to practices about those practices that have had positive experiences of the various 10 High Impact Actions and the Time for Care programme. There is an area on TeamNet for this - need to encourage more sharing and for practices to access and make use of this space

Programme 8	Auditing Delegated Statutory Functions and Governance Arrangements	Month covered	Sept/Oct 2020
Update by:	Corrine Ralph	Progress Status	
Outcomes – Anticipated			
Improvements to the full range of delegated statutory functions and governance arrangements via reviews of:			
<ul style="list-style-type: none">the current compliance with statutory functionsthe internal governance processes to ensure we are fully compliant in all aspectsthe roles and responsibilities of both the CCGs and NHS England in the light of current governance arrangementscurrent governance arrangementsarrangements for procurement, financial governance and patient engagement in decision making			
Summary Status (update on each Anticipated Outcome)			
Anticipated Outcome – improvements to:		Summary Status	
<ul style="list-style-type: none">Current compliance with statutory functions		<ul style="list-style-type: none">In place – audit will identify variation that can be integrated into the organisational development plans	
<ul style="list-style-type: none">Internal governance processes to ensure we are fully compliant in all aspects		<ul style="list-style-type: none">Review of processes not completed in detail.	
<ul style="list-style-type: none">Clarity around the roles and responsibilities of both the CCGs and NHS England in the light of current governance arrangements		<ul style="list-style-type: none">Significant changes have taken place following the reorganisation of NHSE/I Primary Care Support Hub. The CCGs Primary Care teams are building good working relationships with the relevant members of the Hub.	
<ul style="list-style-type: none">Current governance arrangements		<ul style="list-style-type: none">Working ongoing	
<ul style="list-style-type: none">Arrangements for procurement, financial governance and patient engagement in decision making		<ul style="list-style-type: none">Focused work remains outstanding – due to forthcoming organisational changes	
Key Activities and Updates from the Last Period			
<ul style="list-style-type: none">Reports issued by internal audit on 8 July 2020.Both CCGs achieved a rate of significant assurance.			
Key Actions Planned for Next Period			
To ensure the delivery of remedial action/monitoring as identified in the recommendations. It is important to note the reporting of progress is made to Audit Committee.			
Telford and Wrekin CCG			
Expected control	Recommendations		
Performance and Contract Management Framework	<p>When appropriate to do so, the CCG should take action to ensure its revised framework and arrangements developed in 2019, are consistently implemented and embedded during 2020 and monitored for effectiveness.</p> <p>Alongside this, development of joint quality and contract management arrangements with Shropshire CCG, including adoption of a common dashboard format, should continue.</p>		
Patient list maintenance	The CCG should formally consider whether any Practice circumstances exist for which targeted list maintenance may be appropriate.		
Special Allocation Scheme	<p>Going forward, the CCG should consider:</p> <p>☐ Reporting an overview of the Special Allocation Scheme (SAS)</p>		

	position periodically to the PCCC 2 Drafting and approval of a separate Terms of Reference for the Review Panel to recognise the key role the panel plays.		
Shropshire CCG			
Expected control	Recommendation		
Performance and Contract Management Framework	When appropriate to do so, the CCG should take action to ensure its revised framework and arrangements developed in 2019, are consistently implemented and embedded during 2020 and monitored for effectiveness. Alongside this, development of joint quality and contract management arrangements with Telford and Wrekin CCG, including adoption of a common dashboard format, should continue.		
Special Allocation Scheme	The CCG should monitor the scheme as laid down in the formal specification, reporting as appropriate. A review panel, with formal terms of reference, should be put in place to consider individual cases periodically in line with the contract specification. The CCG should consider inclusion of LMC representation on the scheme’s panel.		
No risks have been identified for this scheme. The primary care teams do not anticipate any challenges with the delivery of the recommendations identified above.			
Risks			
No.	Risk	Rating	Mitigation Support Requested

Programme 9	Communications and Engagement	Month covered	Sept/Oct 2020
Update by:	Andrea Harper	Progress Status	
Outcome – Anticipated			
To develop and document communications and engagement activity strategically, and across the work streams, to support the delivery of the Long Term Plan and alignment to the Shropshire Sustainability and Transformation Partnership (STP) Primary Care Strategy 2019-2024.			
Summary Status (update on the Anticipated Outcome)			
<ul style="list-style-type: none"> Focus has remained on supporting the Primary Care Network strategically and operationally through Covid-19 Engagement work has been completed around governance arrangements in preparation for the formation of a joint board as we move to a single strategic commissioner organisation. In line with the aims of the Long Term Plan key areas including diabetes and mental health, which have come to the fore as a result of the pandemic, have been supported with dedicated comms work. 			
Key Activities and Updates from the Last Period			
<ul style="list-style-type: none"> Key Driver has been to raise awareness raising that Primary Care is still open and how to access its services Support for primary care patients and the wider public on how to make full use of self-care to avoid pressure on the system, particularly Primary Care Consistent messaging on encouragement to seek medical advice when needed. 			
Corporate <ul style="list-style-type: none"> May Bank Holiday – 4th May - comms campaign on opening times and access to services Spring Bank Holiday –comms campaign with key messaging the NHS is here for you VE Day Celebrations – encouraging people to stay at home to control the spread of Covid-19 and support the NHS International Nurse Day - promoting careers as a nurse working in the NHS Mental Health Awareness Week – supporting and raising the profile of mental health and wellbeing Support for Estates Programme – Whitchurch site with media relations support for planning application. Diabetes – work underway for the latest phase of the NDPP programme to promote remote sessions and self-referral for patients. Revised comms plan completed Vaccination awareness – local campaign for child and adult vaccination programme NHS72 Anniversary – engagement activity planned and promoted with key message of NHS thank you to everyone for their support. Elections for six Governing Body Members to the Joint Governing Body have been successfully completed. A new Joint CCG Chair has been appointment after completion of the governance process. Currently underway is the process for the appointment of new locality Chairs for Shropshire, Telford and Wrekin Communications and Engagement Strategy – pending and put on hold during Covid response - initial meeting on Nov 5 and proposed amendments shared on Nov 30. Strategy to be revised and further queries clarified. Completion date expected in 2020 due to work commitments and leave. Workforce project - appointment guidance and signposting resource for front line practice staff is now on a final draft and includes key information on roles within practices to lay the foundations for further workplace comms projects. 			
Coronavirus Primary Care Restoration Group <ul style="list-style-type: none"> Development of process to capture approved schemes from Gold in tangible format to share with the Primary Care Network 			

- Primary Care Restoration Comms and Engagement Plan to be developed.

Cancer

- Media campaign and social media campaign in line with national messaging urging people with Cancer concerns to contact their GP

Assessment Centre

- Assessment Centre - Hot Site Success for Health Bosses in COVID-19 Fight – comms campaign

Home Visiting Service

- New Home Visiting Service Announced for Patients across Shropshire – comms campaign
- Photo opportunity set up for Home Visiting Service with Dr Pepper
- Media interview with BBC Radio Shropshire on the New Home Visiting Service

Clinical advice - Hay Fever/Coronavirus

- What is the difference between Hay Fever and Coronavirus? Media campaign developed in response to issue raised by GPs (22 May 2020)

Appointment promotion

- Media coverage on appointment numbers with coverage in Shropshire Star with supporting comments from both Chairs

Launch of Self-care Campaign to support Covid pressures in primary care

- #takecarewithselfcare Campaign launched covering six key topics supporting the work of the medicines management teams as part of integrated approach with media relations and a dedicated social media campaign with specialist commissioned infographics.
- Liz Walker gave an interview on BBC Radio Shropshire secured from the media release from the comms team

Opioid campaign

- Initial planning meetings held with Medicines Management

Key Actions Planned for Next Period

- PCN – new structure promotion- pending further details
- Opioid Campaign to be developed into a comms plan
- On-going work on NDPP with focus on eligibility and risk groups
- Next phase of the self-care campaign to roll out after initial launch
- Estates programme pending
- Comms and Engagement plan for the transformation work stream
- Development of channel to share main restoration listing schedule with Primary Care.

Risks

No.	Risk	Rating	Mitigation Support Requested
1.	Second wave of Covid-19	12	Planned comms work will be deferred to focus on pandemic wave

Risk Scoring Key	
Probability	
1. Rare	The event may only occur in exceptional circumstances (<1%)
2. Unlikely	The event could occur at some time (1-5%)
3. Possible	Reasonable chance of occurring at some time (6-20%)
4. Likely	The event will occur in most circumstances (21-50%)
5. Almost certain	More likely to occur than not (>50%)
Impact	
1. Insignificant	No impact on PC Strategy outcomes, insignificant cost or financial loss, no media interest
2. Minor	Limited impact on PC Strategy , moderate financial loss, potential local short-term media interest
3. Moderate	Moderate impact on PC Strategy outcomes, moderate loss of reputation, moderate business interruption, high financial loss, potential local long-term media interest
4. Major	Significant impact on PC Strategy , major loss of reputation, major business interruption, major financial loss, potential national media interest
5. Severe	Severe impact on patient outcomes, far reaching environmental implications, permanent loss of service or facility, catastrophic loss of reputation, multiple claims, parliamentary questions, prosecutions, highly significant financial loss

IMPACT	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Probability				

NHS Shropshire CCG
NHS Telford and Wrekin CCG



REPORT TO: Shropshire, Telford and Wrekin CCGs Primary Care Commissioning Committee
Meetings in Common held in Public on 7 October 2020

Item Number:	Agenda Item:
PCCC-20-10.11	Application by Court Street Medical Practice to Change Practice Boundary

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships Ext: 2492 claire.parker2@nhs.net	Corrine Ralph – Head of Primary Care Ext: 2360 corrineralph@nhs.net Darren Francis – Commissioning Manager (Primary Care) Ext: 2396 darren.francis@nhs.net

Action Required (please select):							
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	I=Information

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):

The Primary Care team has received an application from Court Street Medical Practice to extend their practice boundary.

In line with the guidance, commissioners have reviewed this application and have assessed its alignment with criteria.

Commissioners held a meeting with the practice to discuss the application, using the criteria from guidance as key lines of enquiry to elicit alignment.

Maps are included that provide detail of current and proposed boundaries, other related practice boundaries and the location of the proposed new builds in relation to the practice.

Implications – does this report and its recommendations have implications and impact with regard to the following:

1.	Is there a potential/actual conflict of interest? (If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated). - Dr Ian Chan (Partner of TelDoc MP) may have a conflict of interest in this paper -	Yes/No
2.	Is there a financial or additional staffing resource implication? (If yes, please provide details of additional resources required).	Yes/No
3.	Is there a risk to financial and clinical sustainability? (If yes, how will this be mitigated).	Yes/No

4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	Yes/No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	Yes/No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	Yes/No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i> The guidance does not advise that the contractor needs to engage with the public. It suggests that the commissioner may seek to involve the public to seek their views. This has not been completed.	Yes/No

Recommendations/Actions Required:

Shropshire CCG Primary Care Commissioning Committee is asked to:

- To note the detail of the application provided in the paper and in person by Court Street Medical Practice
- To review the attached paper/maps completed by commissioners
- To note from national guidance the basis upon which applications can be made and the criteria that commissioners need to consider the application
- To provide a Shropshire CCG view on this application to Telford and Wrekin CCG

Telford and Wrekin CCG Primary Care Commissioning Committee is asked to:

- To note the detail of the application provided in the paper and in person by Court Street Medical Practice
- To review the attached paper/maps completed by commissioners
- To note from national guidance the basis upon which applications can be made and the criteria that commissioners need to consider the application
- To obtain the views of Shropshire CCG colleagues in relation to the application
- To consider if the application is in alignment with guidance and approve/not approve the request

1. Introduction

- 1.1 On 27 August 2020 Court Street Medical Practice submitted an application to extend their practice boundary. The primary care team reviewed this application in line with the guidance set out in the NHS England Primary Medical Care Policy and Guidance Manual v2 April 2019 Section 7.14 Boundary Changes.
- 1.2 The required template is completed and attached as Appendix A to this paper.
- 1.3 Court Street was last reviewed by the Care Quality Commission in February 2017 and received good for all inspection areas and specific services.

2. Context

- 2.1 Any changes to the practice area (main and outer boundary) must be considered as a variation to the contract and the definitions of these areas amended under a variation notice. The contractor must notify the commissioner in writing of its intent to vary its area setting out the reasons for the change. This application should include full details of proposed area of the practice area with any additional supporting evidence that may assist the commissioner in reaching a decision.
- 2.2 Guidance advises that *"there are circumstances when a contractor wishes to change their main practice boundary to either expand or contract the practice area for new registrations due to new redevelopments, local authority compulsory purchase schemes and/or road developments"*.

3. Discussions with commissioners

- 3.1 In line with guidance, on 23 September 2020 the commissioners held a meeting with the contractor to discuss the *"circumstances that lead to the request for the changes of boundaries and to discuss possible implications"* The meeting was attended by Mr Clive Elliot.
- 3.2 The key lines of enquiry, (taken directly from guidance) that the commissioners explored were:-
 - The rationale for the application and the alignment with the guidance
 - To understand the implications with regard of other practice boundaries
 - Patient access to other local services
 - Other health service coverage

Rationale for the application

- 3.3 The first reason for the application was due to the challenges in achieving the population growth that the Court Street business case was predicated upon. The practice felt they were being paid for rent for a large building that was not delivering services to its capacity.
- 3.4 The practice advised that they had a number of patients that lived within the proposed new outer boundary. During the call, Mr Francis reviewed the SHAPE tool and confirmed that there were 41 patients.
- 3.5 The application makes reference to the volume of new buildings being developed/land released for home developments within the boundaries of Shifnal Medical Practice. Mr Elliot advised they were aware that the practice faced capacity challenges and had been working to secure support for a new build. It was confirmed that no contact had been made with the practice to discuss the progress with the new build or their ability to manage the increase in demand that the new build may generate.

Implications with other practice boundaries

- 3.6 The proposed area is covered by three practices. These are Shifnal Medical Practice, TelDoc and Stirchley Medical Practice. Stirchley have branch surgeries in Shifnal and Sutton Hill that are in close proximity to the new developments. The boundaries of Albrighton Medical Practice and Linden Hall run adjacent to the upper proposed boundary. It appears as if the distance to Linden Hall and Court Street are equidistant.

- 3.7 The business case for Shifnal Medical Practice has been signed off, with ETTF monies allocated from NHSE/I to support the development. Court Street believe that it will be a number of years before this will come to fruition, and believe they can help to support with providing GP practice capacity during this period.

Other health service coverage

- 3.8 Court Street believes that by increasing their boundary, the subsequent increase in income will allow the practice to expand their services and provider more local services to their patients. Whilst the broader service developments were not discussed, the practice did advise that a greater number of patients would be able to access the Wellbeing Hub and Social Prescribing Service that has been developed (at their cost) with MIND.
- 3.9 Commissioners advised that they had expected the boundary change to be moving in towards the centre of Telford as part of plans to become more closely aligned with practices as part of the PCN work.
- 3.10 The Commissioners were surprised that the proposed boundary extension did not take in the area to the West and North of the current Practice boundary – incorporating the area from Ironbridge through Dawley and as far as Lawley. There is significant housing development planned for this area. In addition, it is widely known that there is a significant housing development planned for the former Ironbridge Power Station site which is not far outside the current practice boundary
- 3.11 There is a “gap” in coverage for part of the proposed extended boundary area (to the South around the Sutton Maddock to Norton area) but this is not covered fully by the proposed boundary extension. However, this area is mostly rural.

4. Local Context and Maps

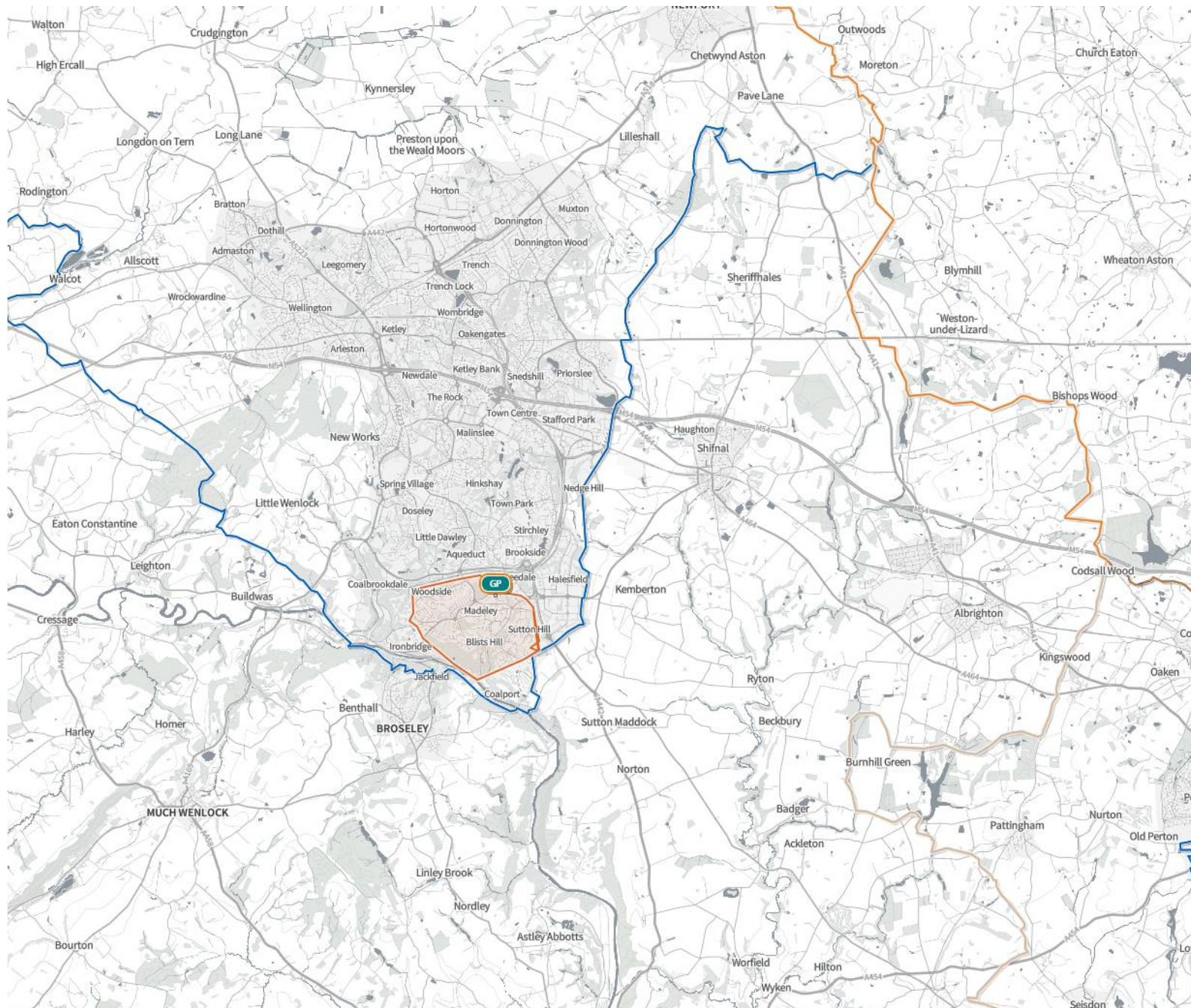
The following maps aim to show the current situation, proposed boundary extension and the boundaries of existing practices covering the proposed expansion area as well as the neighbouring practices:

5. Public engagement

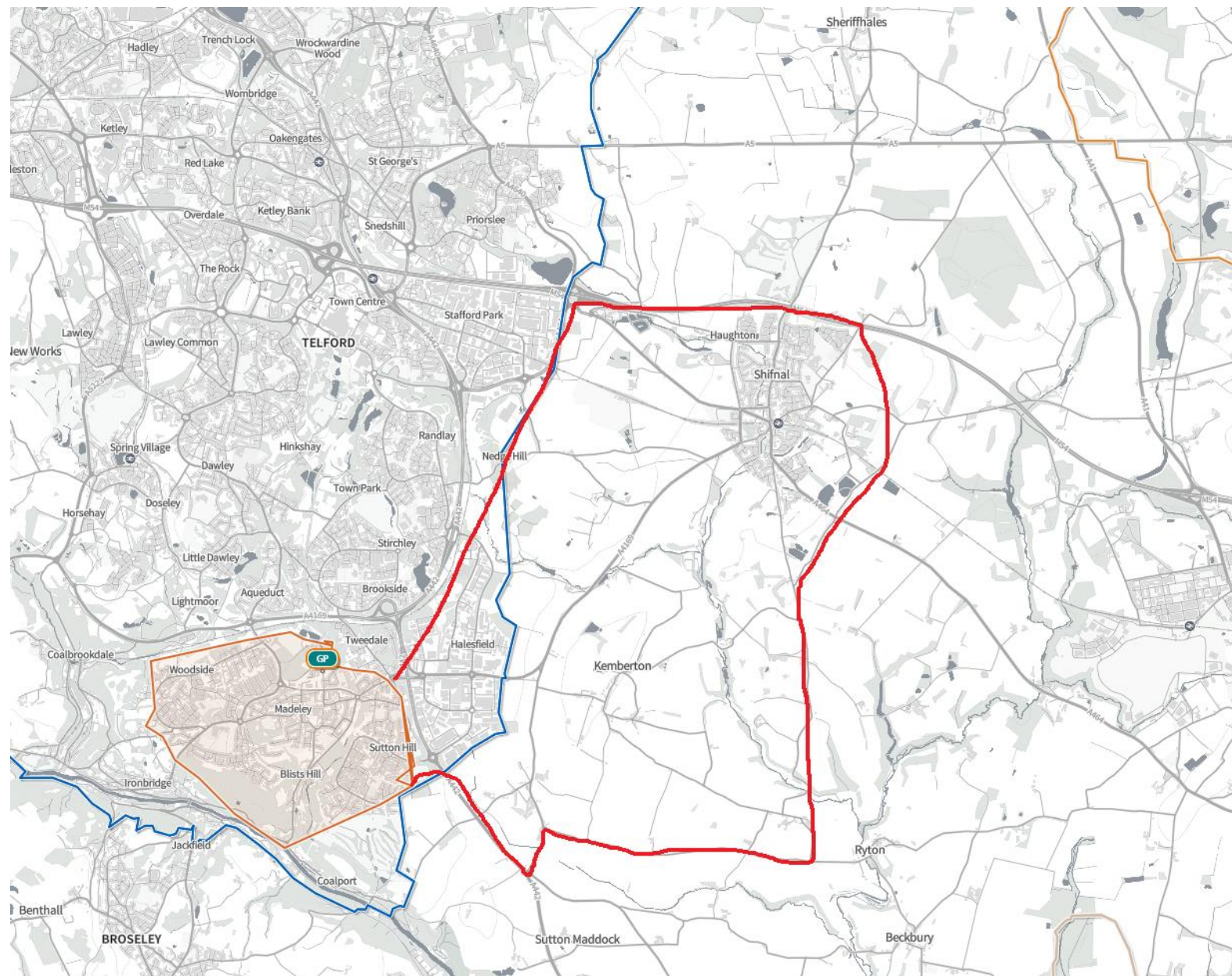
The guidance advises that commissioners must consider the application having regard to other practices boundaries, patient access to other local services and in general other health service coverage within a location and may seek to involve the public to seek their views.

In this case, Commissioners did not invite the views of the public.

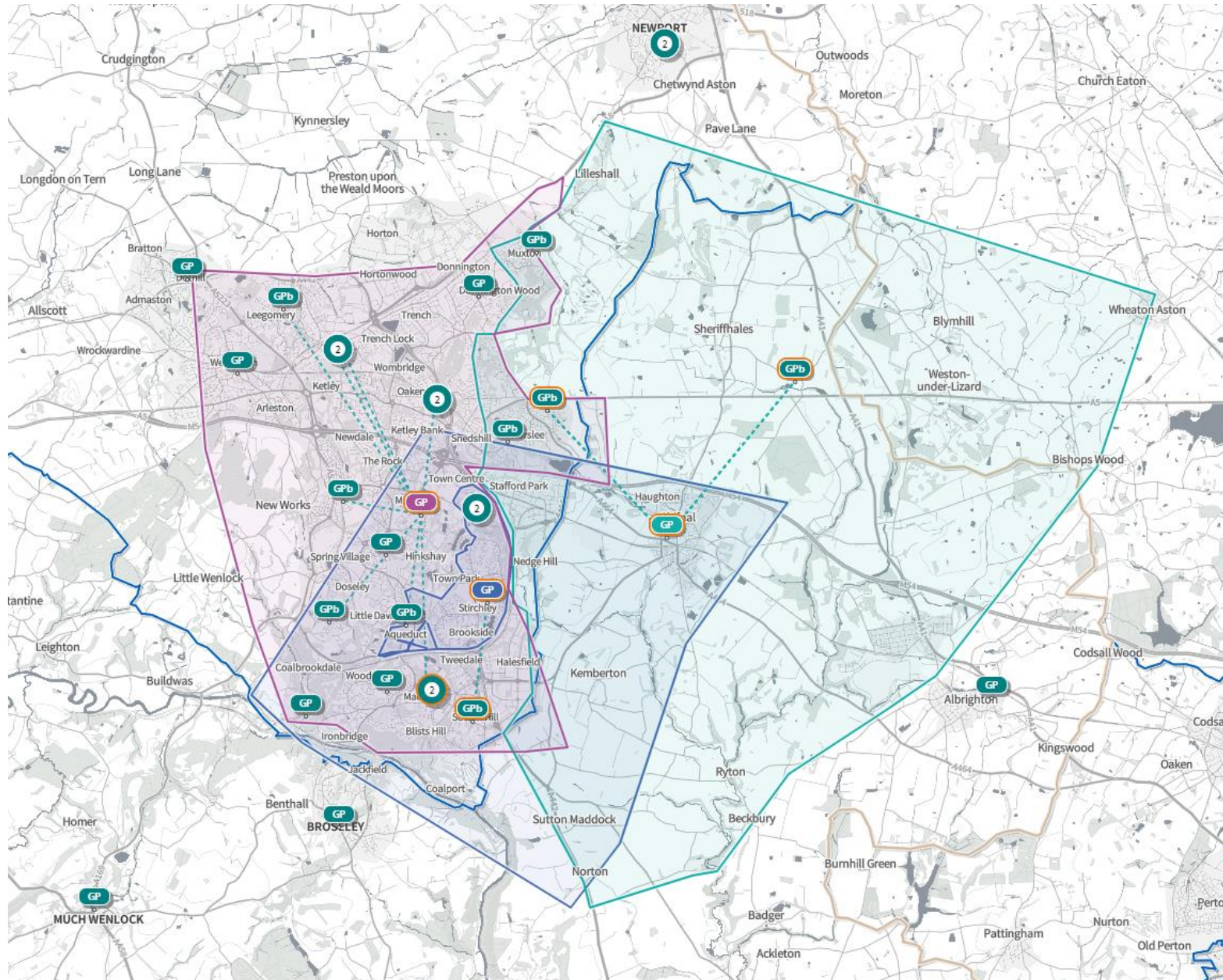
Map Showing Current Court Street Boundary



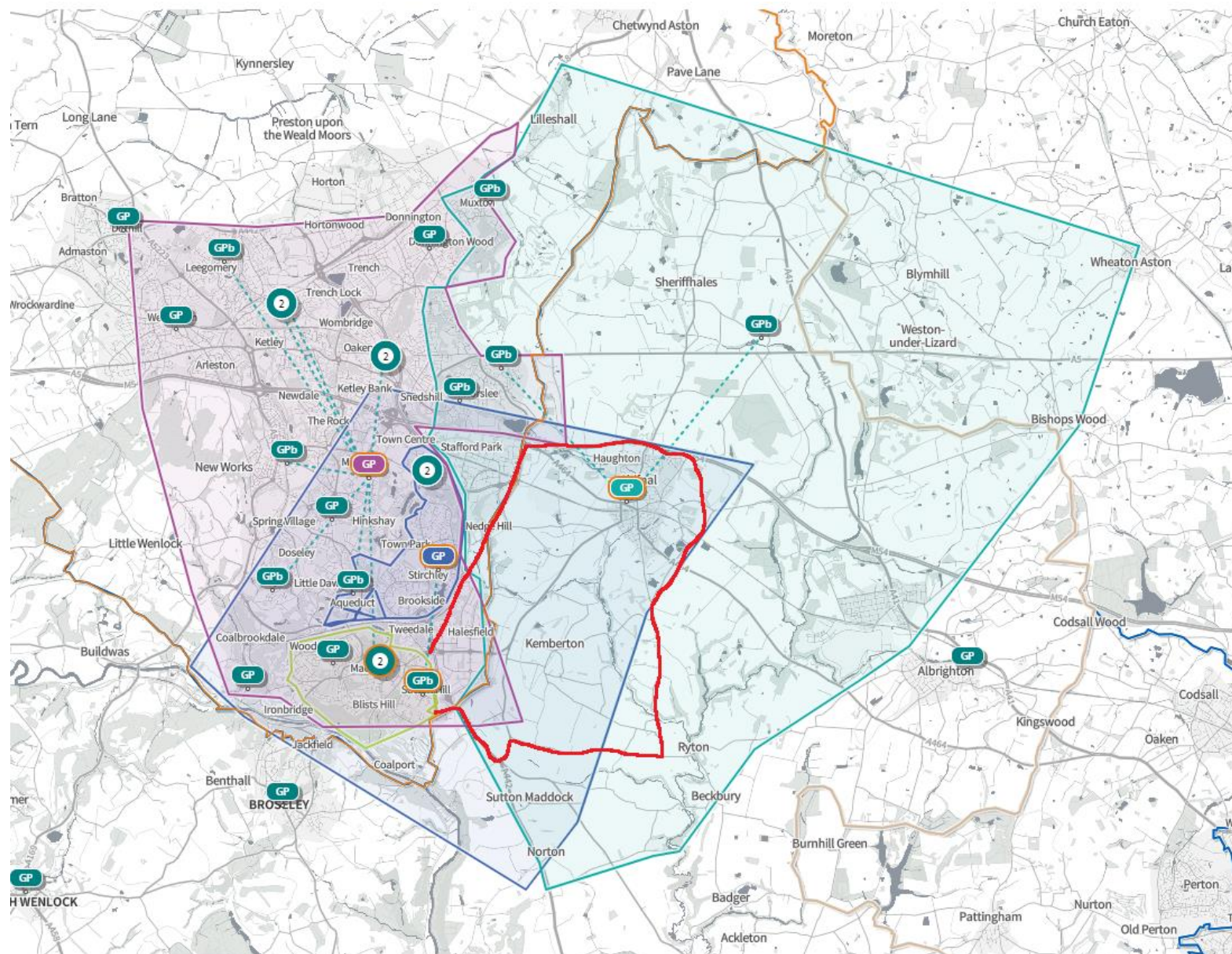
Map of Proposed Boundary Extension



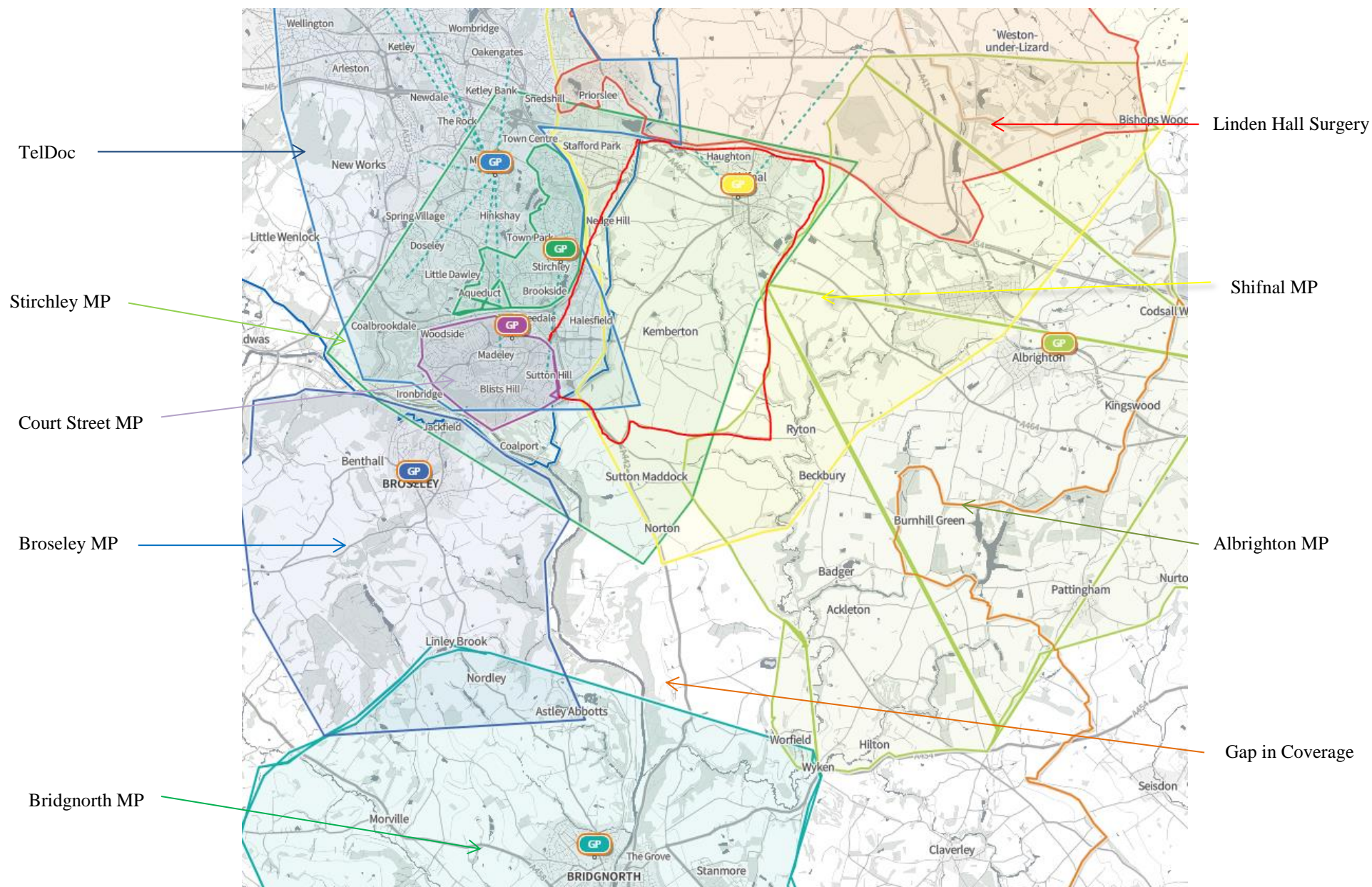
Map Showing Boundaries of Practices Already Covering the Proposed Expansion Area (TelDoc, Stirchley MP and Shifnal MP)



Map Showing Practices Already Covering the Proposed Expansion Area (TelDoc, Stirchley MP and Shifnal MP) with Proposed Boundary Extension Overlaid



Map Showing Practices Already Covering the Area, Neighbouring Practices and the Coverage Gap – With Proposed Boundary Extension Overlaid



6. Local Context and Maps

This paper is being presented to Primary Care Commissioning Committee for a decision on whether the practice proposals should be approved.

Once a decision on the proposed extension to the boundary has been made by Primary Care Commissioning Committee, the contractor must be notified in writing by the Commissioners as soon as possible.

If the application is accepted a letter should be sent to the Practice including the date upon which the changes will take effect and the contractor is required to publish the details of the new practice area within their information leaflet and on their website.

If the decision is declined the letter should include the reasons for the decision, the right of the contractor to appeal and the process for doing so and should also specify a time period within which the Commissioners may consider a further application from the contractor to vary the Practice area.

7. Appendices

Primary Care Committee should be aware of the following appendices to support these proposals:

Appendix A: Practice Proposals to Extend the Practice Boundary

Appendix B: Addendum to the Application Detailing Patient Demographics and Proposed Boundary Changes

Annex 13A

Application to Change the Practice Area

27 August 2020

Dear Corrine

Application to Change the Practice Area

Please provide the information below to the Commissioner no less than 28 days before the requested contract variation.

1. Affix practice stamp:

2. Provide full details of the proposed practice area:	To include the town of Shifnal, the hamlets of Manor, The Wyke, The Hem. Please see ANNEX A, Figure 6
3. Explain the reasons for the change of practice area:	To expand our list size to offer greater utilisation of the practice as well as giving patients from Shifnal access to our Wellbeing Centre and area-leading Social Prescribing service.
4. Provide any additional supporting evidence that may be relevant (e.g. current capacity, challenges or under utilised capacity, patient distributions, future service development plans (including knowledge of local developments such as housing):	<p>Court Street Medical Practice (built in 2015) was designed to accommodate a total list size of up to 15,000 patients. Since opening, the practice has consistently expanded at an average rate of 500 patients per year. Continuing at this rate, the practice will not reach capacity until 2036 as our current boundary restricts us from expanding our list to new residents quite literally just down the road¹. Expanding to include Shifnal and the extensive new building around would increase the rate at which we fully utilise the medical practice and provide better value for money for the NHS.</p> <p>The practice currently has a number of patients</p>

¹ ANNEX A, Figure 2

in Shifnal and the surrounding area who sit within our extended boundary² (i.e. patients who have moved outside of the current core practice area but have wished to stay on the practice list). What this process would do is formalise their desire to stay on the practice list as well as offer the same opportunity to others in Shifnal.

It is widely accepted that Shifnal Medical Practice is not of sufficient capacity to deal with the possible 4000 new dwellings which could be seen in Shifnal over the next few years³. Shifnal is the largest 'key centre' in Shropshire and development to expand the dwellings is in addition to the 16,000 new dwellings being built in Telford & Wrekin between 2011 and 2031.

ANNEX A, Figures 2 and 4 show the current inner catchment areas for Court Street and Shifnal medical practices respectively. ANNEX A, Figures 3 and 5 show the outer catchment areas respectively. As can be seen, there is already a great deal of crossover between the practices as the area between the two practices, though not developed, is small enough for patients to continue to exercise their discretion in deciding which medical practice they wish to be registered at. ANNEX A, Figure 6 shows the proposed new inner catchment area for Court Street Medical Practice.

Due to the fact that most of the land for development in Telford & Wrekin is in the centre and north of the town, some surgeries are seeing their list sizes increasing and struggling due to lack of capacity. Court Street Medical Practice finds itself in the opposite situation and wishes to expand its boundary to provide better value for money for the NHS by growing its list. Only Shawburch in the north of the town has managed to secure a new building to accommodate these projected future increases.

² ANNEX A, Figure 3

³ See Annex A – Shifnal Development (Source: Shropshire County Council). The land allocated for development

In Telford & Wrekin, Court Street Medical Practice has pioneered the development of Social Prescribing and plans to reopen it's Wellbeing Centre when government guidelines allow. The practice would like to make this offer available not just to patients of progressive practices in Telford, but also to patients in Shifnal and the surrounding areas. As the practice works seamlessly with Telford Mind, the mental health support available to patients is second to none in the local area and an increased practice area will not only increase this provision, but allow the practice to commission bespoke services from Telford Mind with the increased income a larger list will bring.

Signed by Dr Teresa McDonnell _____

Date _____

Signed by Clive Elliott _____

Date _____

Please note that this application does not impose any obligation on the Commissioner to agree to this application.

ANNEX A

Enclosure No. 8B

Source: Shifnal Market Town Profile, Autumn 2017

Online: <https://shropshire.gov.uk/media/9691/shifnal.pdf>

Shifnal population projections:

2016	6991
2026	9400

- Largest 'key centre' in Shropshire
- 1600+ new homes
- Commuter town with limited local employment opportunities
- Green Belt release (see below)

It is considered that, there is sufficient evidence of 'exceptional circumstances' in Shifnal to justify the further release of land to the south and west of the town to deliver a strategic housing extension capable of creating a new neighbourhood community

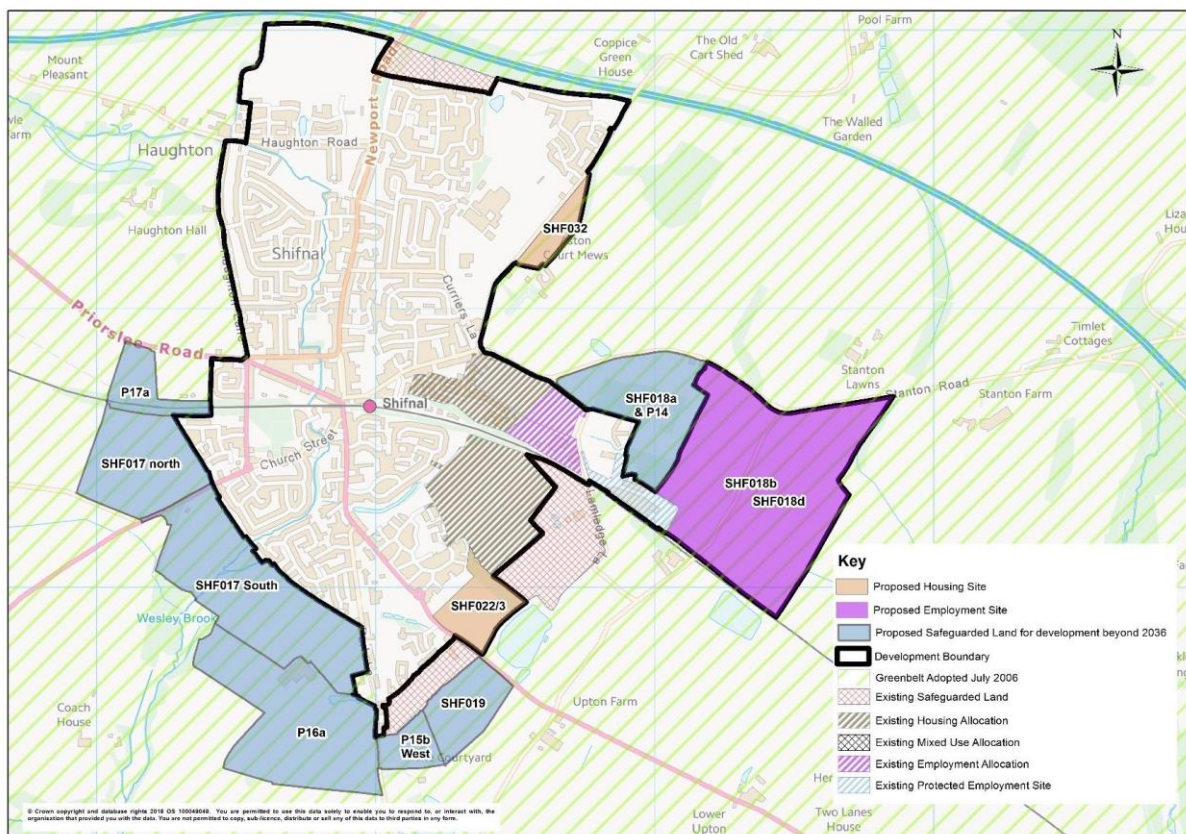


Figure 1. Land allocated for Development around Shifnal - P17a, SHF017 north, SHF017 South, P16a, P15b, SHF019, SHF018a & P14 – all proposed 'Safeguarded Land for development beyond 2036' (Source: Shropshire County Council)

Hectares

ANNEX A
Enclosure No. 8B

P17a	3	
SHF017 north		
SHF017 South	36	
P16a	22	
P15b	3	
SHF019	10	
SHF018a & P14	14.5	<u>88.5 ha</u>

Table 1: Land earmarked for development (Source: Shropshire County Council)

Potential additional development:

- 2500 additional dwellings @2.4 per dwelling
- 6000 patients

ANNEX A
Enclosure No. 8B

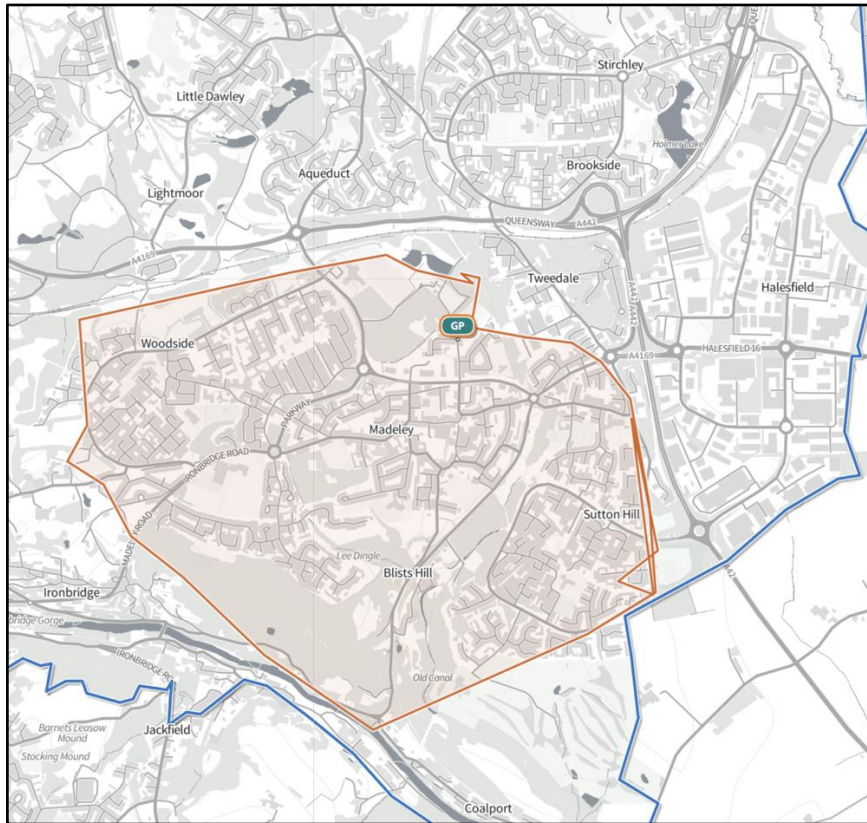


Figure 2. Court Street Medical Practice Inner Catchment Area

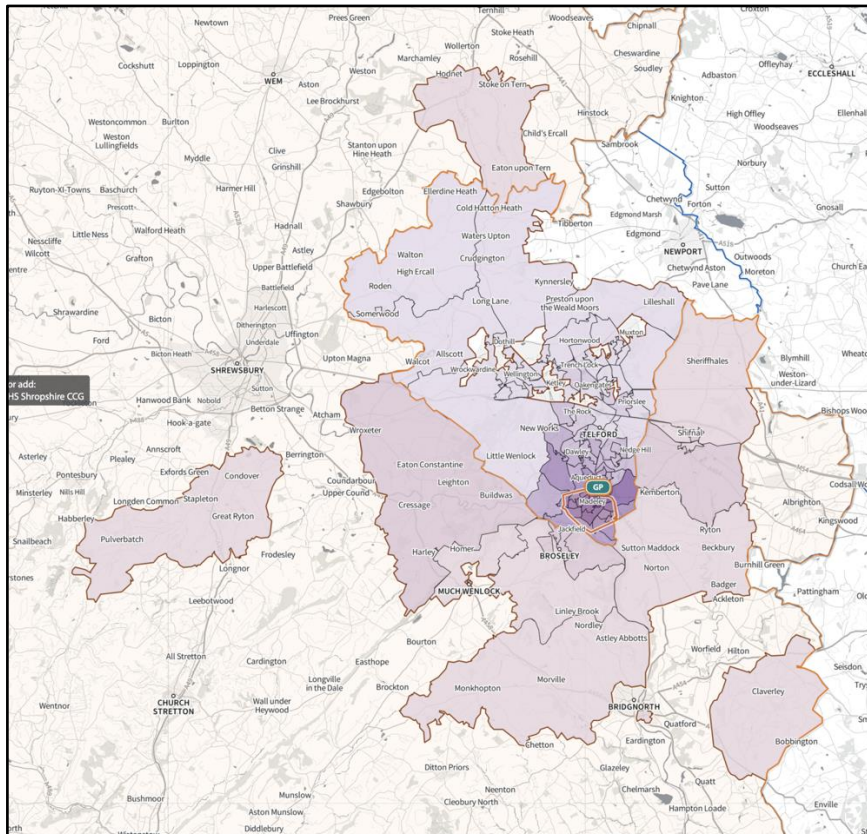


Figure 3. Court Street Medical Practice Outer Catchment Area

ANNEX A **Enclosure No. 8B**

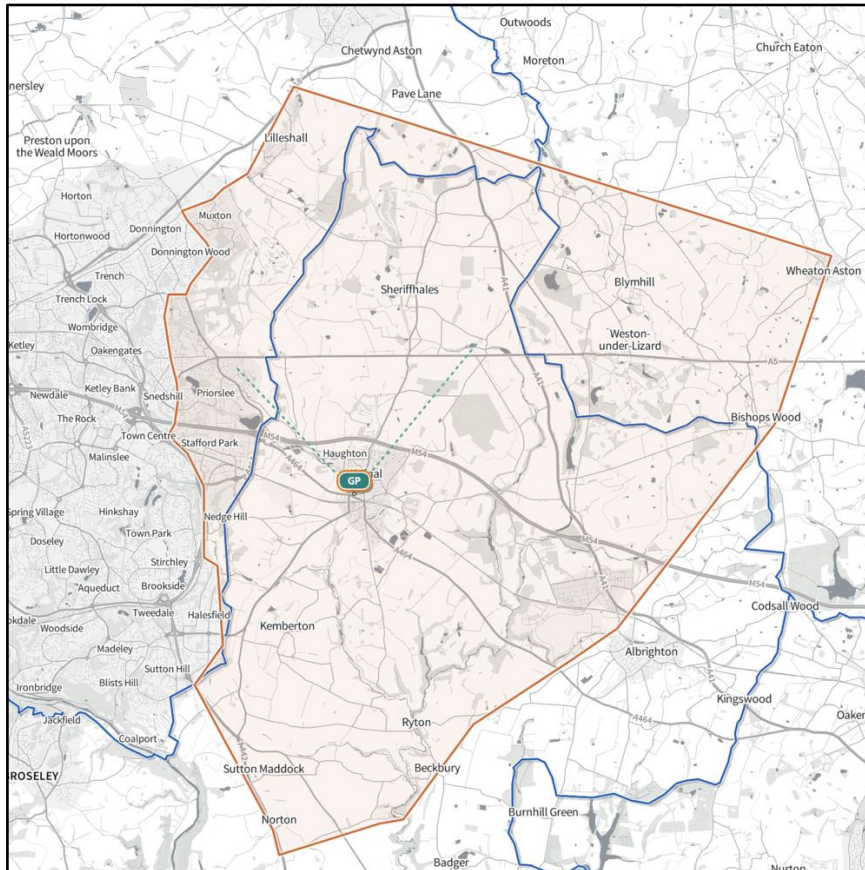


Figure 4. Shifnal Medical Practice Inner Catchment Area

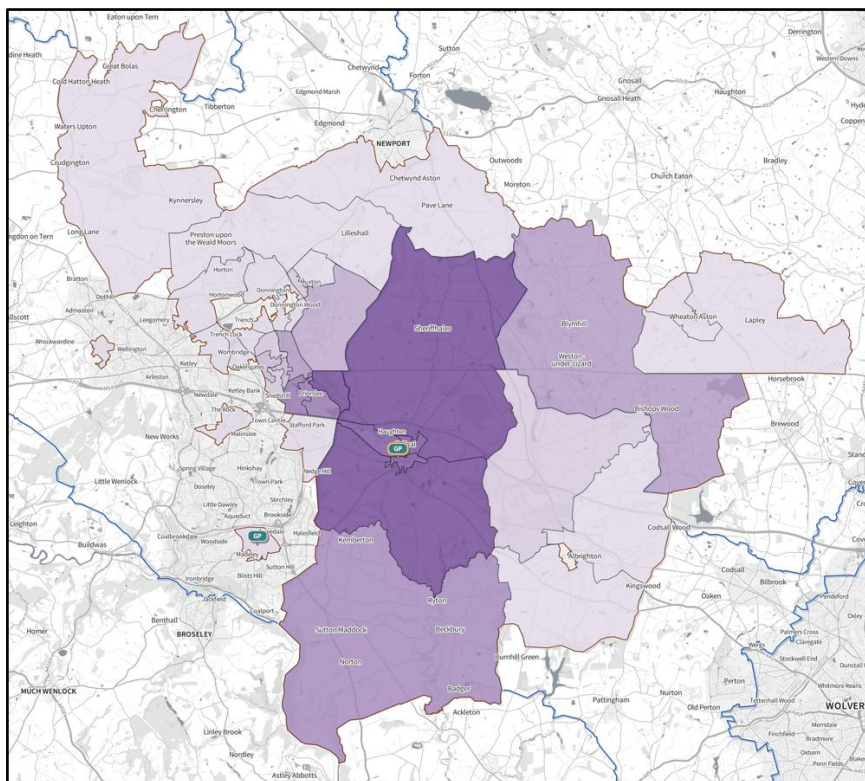


Figure 5. Shifnal Medical Practice Outer Catchment Area showing location of Court Street Medical Practice

ANNEX A
Enclosure No. 8B

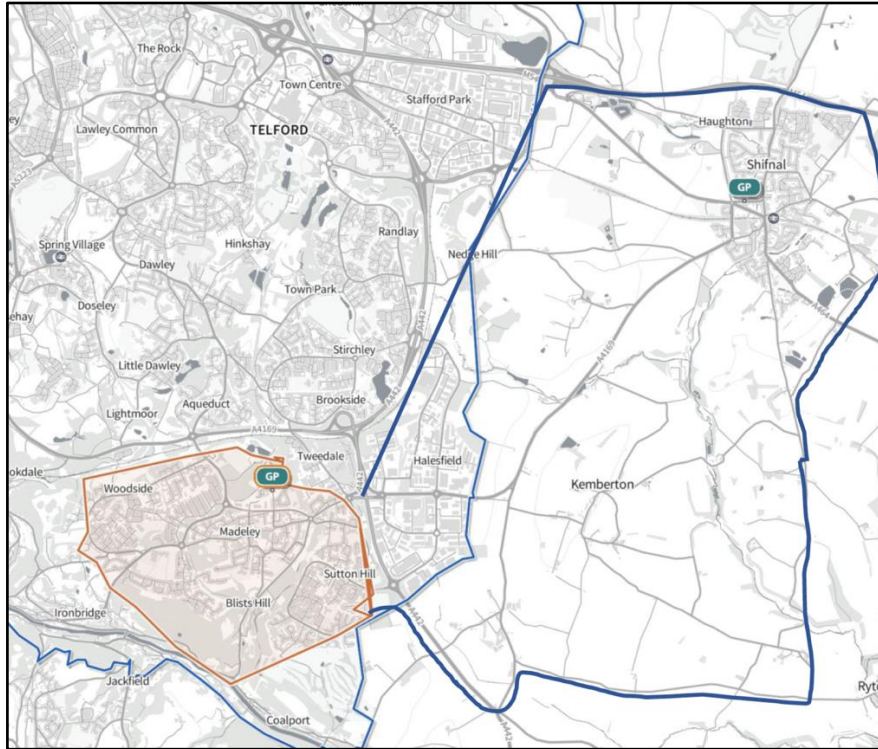


Figure 6. Court Street Medical Practice Proposed Inner Catchment Area

REPORT TO: **Shropshire, Telford and Wrekin CCGs Primary Care Commissioning Committee**
Meetings in Common held in Public on 7 October 2020

Item Number:	Agenda Item:
PCCC-20-10.12	Primary Care Estates Update – Dawley Medical Practice Enclosure No. 9

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships Ext: 2492 claire.parker2@nhs.net	Dawley Medical Practice (Practice to present) Nicki Mott Tel: 01952

Action Required (please select):							
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	I=Information

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>Dawley Medical Practice has three rooms located on the first floor of the premises that are not currently in GMS use. The space was formerly occupied by the Community Trust, who vacated the space in March 2020. The practice is in desperate need of this additional space – especially considering the amount of housing development taking place within the practice boundary – and the proposals for its future use are the subject of this paper. Primary Care Commissioning Committee is asked to consider the paper and approve the additional rent reimbursement</p>

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	Yes/No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i> The additional space is approximately 77 sqm in size and will require an increase in rent reimbursement of around £13k (+VAT) per annum. The figures are detailed in Appendix 8 of the paper	Yes/No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	Yes/No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	Yes/No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	Yes/No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	Yes/No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	Yes/No

Recommendations/Actions Required:	
<p>Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> Consider the content of this paper Consider and approve the increase in rent reimbursement to bring the space into GMS use 	

Dawley Medical Practice GMS Business Case

September 2020 – prepared for the PCCC meeting

Executive Summary

Over the last five years Dawley Medical Practice has been endeavouring to ensure that the practice premises are sufficient to provide the appropriate services and care to its patient population. The current building has an area outside of General Medical Services (GMS) space, and the practice wish to bring this back into GMS space to ensure the continuing delivery of appropriate care to its population.

This business case is therefore submitted to respectfully seek approval from the Primary Care Commissioning Committee for the following:

- Bring the former space used by Shropshire Community Health NHS Trust into GMS use
- To approve the additional reimbursement of GMS rental associated with this space (£13k)

Strategic drivers and local population needs assessments

The following business case has taken into account both National and Local Strategic drivers, including

- National: the NHS Five Year Forward View 2014
- National: the GP Forward View 2016
- National: the NHS Long-term Plan 2019
- Local: Shropshire, Telford and Wrekin Sustainability and Transformation Plan 2016
- Local: the CCG Strategic Estates Plan 2016
- Local: Telford and Wrekin Health and Wellbeing Board

The needs of the Dawley practice population have also been considered, by a review of the patient demographics, current prevalence rates and also the 'Joint Strategic Needs Assessment' 2017. This has identified specific areas of unmet need in the ward and within Telford as a whole. This business case aims to offer solutions to these needs either through new service provision, or through patient education activity provided from the increased practice space.

This business case promotes the ongoing provision of GMS services, with increased access and further Primary Care Network (PCN) services. The practice has a very helpful Patient Participation Group (PPG) who are in full support of this new proposal and are fully aware of this business plan.

New models of care and services

Current models of Primary Care aim to not only increase the accessibility patients have to the core GMS services they need, but to deliver them in a different way. The practice has started to implement a different clinical skill mix as indicated in the GP Forward View, and has appointed a Clinical Pharmacist and an Urgent Care Practitioner, however the practice is unable to progress this further due to lack of space. The practice also wishes to restart GP training, and offer other health care professional training. The practice would also like to

Enclosure No. 9A

offer a greater number of community based services away from the traditional secondary care setting, to enable patients to better self care, but again, this is not achievable in the current GMS space. This business case aims to show that the space formally occupied by the Community Trust, will make this attainable, and will result in both financial savings and cost neutrality, for the CCG with respect to the additional cost rent the practice is applying for in the future (circa £13k).

The current partnership are very much aware that if General Practice is to be sustainable in the future that it has to innovate and accept that the role of the GP has to change and move towards a more 'supervisory' and training role for an extended team of allied health professionals, and to move to different models of clinical care, and community for patients.

Networks

Following the Investment and Evolution five year framework, local GP practice Networks have been established of which Dawley was part of the SEPT Network until 2020, and the more recently formed Wrekin Network. In order to be able to unlock the potential that these Networks allow, it is clear that space will be needed to accommodate an expanding Primary Care team. This business case includes the use of Social Prescribers, Community Pharmacists, Physios, and Podiatrists that the Wrekin PCN is already in the process of appointing.

While other practices within the Wrekin PCN are able to offer services from their own premises, the patients of Dawley are currently disadvantaged as they have no potential for any local network resource services to be provided from the existing space within their own practice, despite the premises being in a more central location of the PCN. Whilst it is understood that patients within a Network will need to travel to access some of the services provided by it, the patients of Dawley would have to travel to either Wellington, Court Street or Hollinswood to access **every** service. The deprivation at Dawley is higher than in other parts of Telford, and this therefore means that this group of patients will often be unable to travel due to the costs involved. This does not seem fair or equitable and goes against the Shropshire, Telford and Wrekin STP priorities. The new PCN contract indicates that there are many further possibilities for the introduction of other health professionals to the Primary Care environment in the future, and Dawley wish to offer these within the local community also.

IT Innovation

New modes of consultation have been realised during Covid via the increased use of triage, and with the use of video consultations, with e-consultations to start shortly also. IT solutions could also help reduce referral rates in the future too with the addition of the further staff clinical mix, however once again in order to realise these ideas the more space will be required to house the staff to deliver this.

1. Strategic Case

1.1 The current situation

Dawley Medical Practice is very much a core community asset and fundamental to the sustainability of the district in the long term. The practice serves a list size of around 10,079 patients (01Apr20).

The practice opened in 2002. The current GMS space is generally in reasonable order and meets the majority of current standards in relation to infection control and access, however there is room for improvement internally with regard to carpeting in consultation areas. The practice very much hopes to address this in the future when it has space to upgrade these rooms, as currently the practice does not have any capacity to take a room out of action for any time to enable such work.

The practice has three rooms located on the first floor of the premises (as shown in Appendix 1) that are not currently in GMS use and this is the space which was formally occupied by the Community Trust. It is this space that is the subject of this business plan.

Challenges caused by the current building limitations

- **Patient confidentiality and other general issues** – There is no interview room facilities, or any areas where patient who are acutely distressed or in need of a private conversation can be taken, or any rooms for staff to direct a mother to feed a baby.
- **Consultation room pressures** - Currently there are not sufficient clinical rooms to host all existing clinical staff, and certainly not enough room to host further staff that the practice wish to bring into practice to better serve its patient population. **This has become more challenging recently due to the current COVID pandemic, where the clinical recovery room used by the Health Care Assistants for routine health checks has been converted to a dedicated 'hot room' and has taken a further room out of everyday use.** This has meant that the recent appointment of an Urgent Care Practitioner (UCP) has had to limit the number of days that employment has been offered. The weekly maternity clinics that are run, mean that a routine nursing clinic is not run on that day, despite having nurses employed who could do run a clinic.
- **Clinical staff skill mix** - The practice has already started to develop a team with various staff skills, however to fully develop this mix to provide both urgent and routine care with GP oversight as well as a skill mix of Nursing staff, further Advanced Nurses Practitioners (ANPs), further UCPs , further Pharmacists, Mental Health Support services, Social Prescribers, Physiotherapists, employed both by the practice and the PCN can simply not proceed until there is more space
- **Appointments** - Accessibility to appointments and current lifestyles means the practice has looked at the services they deliver and how they deliver them. The practice has fully utilised IT approaches to healthcare including triage systems, and telemedicine. The lack of space however has meant that access to the practice has not been optimal for patients and this has been reflected in the Patient Survey results from the past few years. The practice completely redesigned its appointment system in January 2019, and this has improved the Patient Survey results (Appendix

Enclosure No. 9A

2). Dawley has also moved from being the highest rated practice for A&E attendance to the fourth in the year 19/20 (Appendix 3). The practice however are unable to make further improvements as this requires space from which clinical staff could deliver an even further improved service.

- **Primary Care Networks** – Dawley is currently unable to contribute in any meaningful way to hosting the additional roles available to practices from the Networks, and recruitment is actively ongoing in this area. As things currently stand, the practice will have to rely on Wellington, Court Street and Hollinswood to host any such innovative service provision, which makes the network as a whole more vulnerable and also further disadvantages the Dawley practice population who are not always prepared or cannot afford to travel to locations outside of Dawley.
- **Operational constraints** – The demand for core GMS services at Dawley continues to increase and on several days there are simply not enough rooms to host all of the clinical team. The practice therefore is using the meeting/record storage room and administration desks to conduct triage calls, which are sub optimal for such purposes, and although the practice is embracing triage systems and telemedicine, the space in which to do these from is not sufficient, and results in less appointments being offered than the practice could offer with its current and planned staffing.
- **Future proofing** – It is anticipated that there will be population growth in the Dawley catchment area due to further housing developments of circa 3,500 additional patients (Appendix 4) although it is recognized that not all of these patients will register with Dawley Medical practice). The rooms currently available under GMS use mean that the practice does not have capacity to meet any growth in the local population.

1.2 Current Room Usage

The practice estimates that space utilisation is at over 100% with the current building having:

Downstairs: 5 consulting/nursing rooms (with carpets), 1 treatment room and 1 hot room (with clinical flooring).

Upstairs: 2 consulting rooms (with carpets)

These current GMS rooms provide space for 80 clinical sessions/week from: GPs 26 sessions, Pharmacist 10 sessions, ANP 6 sessions, UCP 6 sessions, Nursing team 30 sessions, Midwives 2 sessions.

A further 4 GP sessions are provided by GPs from the staff meeting room (a non clinical room), and 2 Nursing team sessions are done via telephone from an admin desk. These sessions used to be provided in a clinical room, but the need to create a stand alone hot room for Covid has meant that the practice has effectively lost a clinical room with 10 sessions a week.

Enclosure No. 9A

With the addition of the ex-dental space this will add a further 3 consulting rooms (with clinical flooring) downstairs, and the addition of the Community Health space will add 3 further rooms upstairs as follows:

Downstairs: 5 consulting/nursing rooms (with carpets), 3 consulting rooms (with clinical flooring), 1 treatment room and 1 hot room (with clinical flooring)

Upstairs: 3 consulting rooms, 1 larger open room and 1 admin room

1.3 The partnership and the practice clinical team

Dawley has seen several changes to its partnership over the last 5 years, and some of these changes had threatened the stability of the practice team. The practice also recognised that the GP partnership model and GP work is changing, with a move towards a more multidisciplinary team being needed, and for the local practice to offer a range of healthcare options for its patients to support them in the community.

The practice partnership also wishes to return to being a training practice for new GPs, and would like to return to the training of the next generation of medical staff, but to achieve this additional space will be required. The current clinical staff are as follows, and shows that the practice has implemented a staff skill mix as far as it is possible within the existing space:

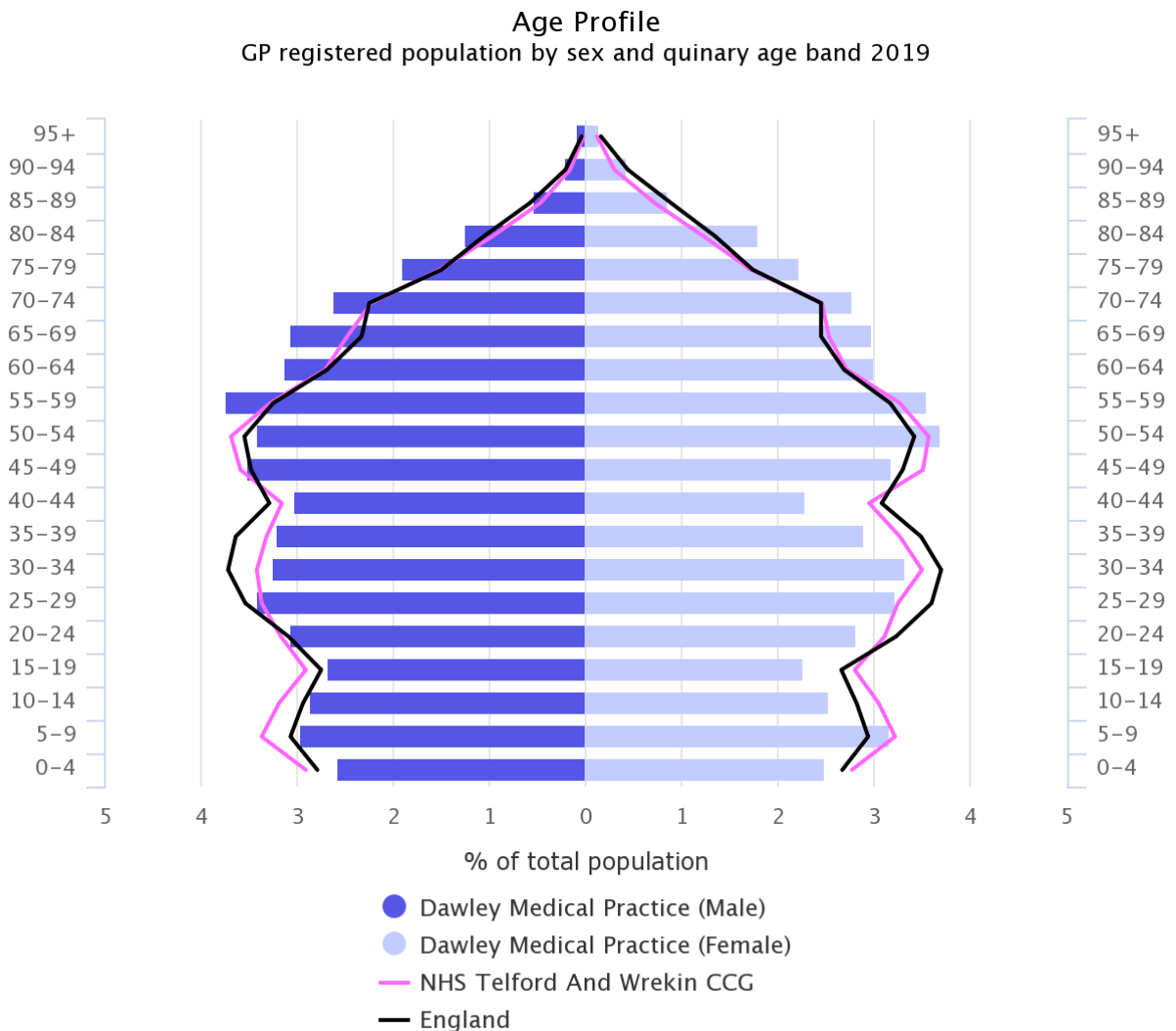
Staff member type	Total number	WTE
General Practitioner	3	2.25
Loomer/ regular Locums	3	1.5
Advanced Nurse Practitioner	1	0.6
Urgent Care Practitioner	1	0.6
Pharmacist	1	1.0
Practice Nurse	3	2.4
Health Care Assistants	2	1.4

The practice partnership is now stable, and has planned for Loomer Medical Practice partners to join the partnership in April 21 to further this stability. (Loomer are currently providing regular GPs, and the practice has a regular locum). The practice is also actively recruiting for a GP to replace a GP partner planning to retire within the next year. This is alongside the additional roles of a Pharmacist, and Urgent Care Practitioner that the practice have taken on within the past year to complement the nursing team. The PCN is also actively recruiting for the additional roles of Social Prescriber, two Pharmacists and a Physio.

The practice therefore currently has absolutely no flexibility with regard to rooms, and in addition no current capacity to improve the existing downstairs consultation rooms, as it cannot afford to take a room out of action to improve i.e. replace carpet with clinical flooring. Until the ex-dental space is back in GMS (already approved with ongoing work – due to be completed in December 20) , the practice is also unable to prepare a further hot room if needed during the winter period should Covid resurge.

1.4 Dawley Demographic and unmet need

The age of the population at Dawley is closer to the national average than many practices in Telford, and has a higher than average population aged over 55 – 80 years old as shown in the graph below. Many families have lived in Dawley for generations. The practice is also in the second most deprived decile rating, and life expectancy is lower for both male patients and female patients (77 and 82.9 respectively) than the national average (79.5 and 83.1 respectively).



The health of the patient population shows that population is less healthy in several key areas, with significantly higher percentages for both adult depression prevalence at 14.9% (national average of 10.7%), and diabetes prevalence at 8.8% (national prevalence of 6.9%).

1.5 Support of Key Stakeholders

Patients

Enclosure No. 9A

The practice has a very active Patient Participation Group that totally support the proposal and utilisation of the space within the building, which is a regular item on the PPG agenda with regard to the building. The PPG is fully supportive of the proposal, as it will assist the practice in improving access and services.

Practice staff

The practice has a clinical team of staff that struggle to provide the level of care that they would like to our patient population, due to the current space limitations, and also impedes offering the patients further services. This in turn impacts on staff recruitment, as in addition clinical staff have had to 'hot desk' in various rooms which is not optimal, and also have had to deliver care from administration space that is very sub optimal, and can be demoralizing for staff.

The reception and admin staff are also facing challenges, as having clinical staff working in administration areas presents various challenges as well to these staff. As a result of this proposal has the full support of all staff.

The Dawley Community and Other Service Providers

The practice is located centrally in Dawley and is key to the local community, and is in a central part of Telford. The practice would like to provide both a clinical and holistic care services to both Dawley and Telford patients. These include: Care Navigation Service, Community Diabetic and Respiratory teams, Community Mental Health Service, and Telford and Wrekin Council. The practice would be keen to work with these providers, and other providers services for the community, as it is well placed geographically in Telford for access.

1.6 Service provision

Dawley Medical Practice offers the provision of GMS and a range of enhanced services. Below are a list of the other services that have historically also been offered, but have been reduced as a result of the space constraints:

Service	Sessions	Frequency
Diabetes foot screening	1	Ceased
AAA screen	1	Monthly (face to face GP session cancelled to accommodate and moved to triage)
Health Visitor Clinic	2	Ceased
Midwife	2	Weekly
Minor Surgery	1	Quarterly (GP session cancelled to accommodate)
GP Trainee	8	Ceased
SAS scheme (Violent and Aggressive Patients)	1	Scheduled weekly – used as needed
Mental health reviews for those with diagnosed conditions	1	Currently being done remotely by mental health practitioner from an admin desk, but less effective than seeing patient face to face which would then also including an appointment with an HCA for various health

Enclosure No. 9A

		measurements
Counsellors	2	Ceased

The following list details what services the practice would like to offer to patients. This list may change and increase as primary care services develop:

- Daily GMS Urgent Care Provision – skill mix of GPs, GP Trainee, ANPs, UCPs, Practice Nurses and HCAs
- Daily GMS Routine Care Provision - GPs, ANPs, UCPs, Pharmacist, Practice Nurses, HCAs
- Continued provision of SAS scheme – for all of Telford
- Additional Care Provision – PCN Social Prescribers, PCN Pharmacists, PCN Physiotherapists and any other PCN additional roles in the future such a Podiatrist, Mental Health Practitioners and Nursing Associates etc
- Additional Care Provision – Patient Group meetings for targeted groups i.e. Diabetic and Respiratory groups initially, other Community and patient targeted groups as identified
- Care Provision from other health care agencies – Midwives, Mental Health Practitioners and Nurses, AAA screening
- Training of medical care staff: GPs initially, but also Practice Nurses and other health care professional training (such as mentoring of PCN Pharmacists from in house Pharmacists)

1.7 Key Strategic Policy Drivers

Since 2010 a number of documents have been published which make it clear that the national policy direction is one in which primary care is expected to take the lead in the modernisation and futureproofing of service provision. These documents are briefly noted below and summarised in Appendix 5:

The NHS Five Year Forward View - 2014

More space would ensure the practice could help deliver NHS England's vision

GP Forward View – NHS England 2016

More funding to reduce workload and expand the workforce with investment in estates

Royal College of General Practitioners – 2016

Summarised modern General Practice as providing continuing, comprehensive, co-ordinated and person-centred care to patients in their communities

The NHS Long Term Plan – 2019

Identifies clinical priorities, offering care outside of hospital settings. Expansions of Primary Care Networks (PCNs), bringing mental health into primary care, and reduce pressure on secondary care to address and resolve financial imbalances in the NHS

The Network Contract Directed Enhanced Service (DES) Contract Specification 2020/21 – PCN Entitlements and Requirements

Enclosure No. 9A

The contract paves the way for around seven additional new full-time clinical support staff for an average PCN in 2020/21, rising to 20 by April 2024, with sufficient space being available for the additional staff employed.

Update to the GP Contract Agreement 2020/21 – 2023/24 – February 2020

Specifically makes mention of the need to provide sufficient clinical space for staff expansion and to 'make the best use of any new capital funding available to primary care to support general practice...'

In summary: The increase in GMS space at Dawley Medical Practice would allow the above national strategic drivers to be realised, especially those of the NHS long term plan. It also would enable Dawley to further embrace the concepts of multidisciplinary working, with the roles in the Primary Care Network further reducing demands made on secondary care in the future.

1.8 Local Policy Drivers

Dawley Medical Practice is within the Shropshire, Telford and Wrekin STP area, Telford and Wrekin CCG & Telford and Wrekin Council. Below are priorities and a summary of their views:

Shropshire, Telford and Wrekin STP Priorities

Support people in Shropshire, Telford & Wrekin to lead healthy lives – develop a system approach which will improve health and wellbeing and reduce health inequalities, and transforming out of hospital care which fully integrates community place based primary care

Telford and Wrekin Health and Wellbeing Board

The board have identified the health and wellbeing priorities of the area and these include priorities to improve life expectancy and reduce health inequalities

Telford and Wrekin Strategic Estates Plan – April 2019

There is major housing development already taking place across most of Telford. The area within the catchment area for Dawley MP is projected to take almost 10% of the projected population increase

In Summary: The increase in GMS space at Dawley would allow the practice to continue to deliver both the current care, and also the additional services and enhanced care that Primary Care will be expected to provide with innovative ways of working in the future.

2. Proposed Service of Care

2.1 'The Vision'

The NHS Long-Term Plan sets out as one of its core priorities '*doing things differently*'. The practice intends to provide, from the additional GMS space, a whole range of additional services which it cannot do currently. The aim will be:

- To further improve our appointment system to deliver both urgent and routine GMS care with a multiskilled mix of clinical staff, with a hoped for outcome to further increase patient satisfaction as indicated in patient surveys
- To further provide to our patient population with a range of newer services delivered via the additional PCN roles – including Social Prescribers, Physios, Pharmacist within this financial year. Examples of what some of these hoped for benefits might be would include: better understanding and compliance with medicines after more consultations with pharmacists, for the pharmacists to address any red or amber potential medication issues as flagged up by the medicine management Eclipse software; more immediate pain relief and solutions for patients with musculoskeletal issues with less referrals to MSK after discussions with in house physiotherapists.
- To provide further newer services from 2021 such as Podiatrists, Mental Health Nurses and Nursing Associates with an aim to offer both social and medical care to improve overall health indicators. This is further explained in Appendix 6, but an example of this might be patients collaborative working with the IAPT and Mental Health Services resulting in long lasting benefits for the patients and reduction in referrals to secondary care,
- To further provide to patients a range of newer services as they become available in Primary Care. The hoped for outcome of these services, along with the newer PCN roles would be to enable a 'left shift' of care from the hospitals into primary care, and a 'left shift' from primary care to self care. This is also further explained in Appendix 6, but an example of this would be Social Prescribers dealing with the social issues of the patients presenting to the practice, meaning an increase clinical staff capacity to deal with clinical care and review practice processes (see below).
- To continue to provide the Telford wide service delivery of the Special Allocation Scheme for Telford patients. This scheme provides primary medical care for those patients who have been violent and aggressive. Dawley wishes to continue to provide this service to all Telford practices, and the patients the refer to this scheme. Increased room capacity will aid the continued management of these patients within the building in an improved room location.
- To undertake further work to review patients to with high attendances, and other practice processes. The practice recently undertook a review of 'high attendance' patients for nursing appointments under the national General Productive Practice Programme, and identified that many of the frequently high attenders were in fact those attending for

Enclosure No. 9A

wound care. As a result of this review, these patients are now referred to the Telford Wound Management service as soon as they are eligible, and this has freed up nursing appointments. Further such project work would also hopefully identify further ways in which to improve patient access or processes.

- To undertake further work on frailty. In May18 a national report (Attached in Appendix 7) required GP practices to identify frailty in patients who are 65 and older. The identification of patients with Severe frailty can then receive intervention to help them reduce their risks of fall, side effects of medication and poor co-ordination of care. The practice has a higher % of patients identified with frailty codes in this age group than many practices in Telford (Appendix 7), and indeed has a higher % of patients in this age group. There is however more work that could be done with this vulnerable group with increased capacity.

- To initially focus and offer patient directed services for our diabetic patients, with a range of clinics and group patient meetings for these patients with an aim to improve our current public health data for this patient group – examples of what some of the hoped for benefits might be would include: improved chronic disease management in our diabetic patients as shown by QOF , Eclipse Software and public health measures, and less hospital admissions for this patient group

- To initially focus and offer more mental health support to our patients with an aim to support and improve our current public health data for this patient group, with a hoped for outcome of less hospital admissions due to mental health

- To offer further directed patient group meetings to other patient groups i.e. respiratory patients with an aim to improve their overall healthcare management with a hoped for outcome for examples of reducing exacerbations due to poor inhaler technique

- To continue to offer local appointments in our community for both our patients, and for PCN and Telford patients delivered by a range of health care providers such as midwives, and other services looking for space to offer services from. For example, once the practice has more space, we will be able to accept the offer of help from the Intensive health Outreach Team (IHOTs) for HCA staff to come into practice to help with our patients with learning disabilities to ensure that they attend for their physical tests as part of their annual reviews

- To offer training opportunities to health care professionals. In August 2017 the Health Education England changed the GP training to a Springboard training program with more time for trainees in General Practice, however less GP practices are currently involved in training programs. Dawley has previously found having a GP trainee both enriches the practice clinical team, and enables for future generation of GPs to complete their training, and the practice would like to return to doing this.

2.2. The proposed room usage

Enclosure No. 9A

The table below indicates under 'Proposed use' the full skill mix of staff being proposed within the practice in all the rooms. The aim will ultimately be for all rooms to be totally multifunctional for any staff member to work in, however in the short term Practice Nursing staff will have to operate in the rooms with clinical flooring.

Room	Location	Current use	Proposed use
Consultation 1	Downstairs	Practice Pharmacist	Room for visiting services that need downstairs room/ private room for patients if needed *
Consultation 2	Downstairs	GP	Urgent care – GP
Consultation 3	Downstairs	GP	Clinical Training room – GP/Other clinicians
Consultation 4	Downstairs	GP	Routine care – GP
Nursing room	Downstairs	Practice Nurse/HCA	Routine care – Nurse/HCA
Treatment Room	Downstairs	Practice Nurse/HCA	Routine care – Nurse/HCA
Recovery Room	Downstairs	Hot room	Hot room
Consultation 7	Downstairs	Room renovation - To be used for urgent care delivery by multidisciplinary staff mix and SAS scheme one afternoon a week. Also to have a further hot room if needed	Urgent care – ANP / multi-functional clinical room
Consultation 8	Downstairs	As above	Urgent care – UCP/ multi-functional clinical room
Consultation 9	Downstairs	As above	Urgent care – Nurse or HCA/ multi-functional clinical room
Consultation 5	Upstairs	ANP	Triage room - GP
Consultation 6	Upstairs	UCP	Practice Pharmacist (longer appointments and allows oversight for PCN Pharmacist)
Record Store/ Meeting room	Upstairs	GP – triage	Return to admin use
Admin office	Upstairs	Nurse/HCA – triage	Return to admin use
Ex-Community Health room (shown on plan as Health Visitors)	Upstairs	None Proposed consultation room to use for those services with longer appointment needs:	Mental Health workers /Midwife/ visiting services with longer appointments/ PCN Pharmacists/ PCN Physio and other PCN roles
Ex-Community Health large room	Upstairs	None Proposed to use for	PCN Social Prescribers/ further PCN roles from 2021

Enclosure No. 9A

(shown on plan as District Nurses)		multipurpose uses: PCN additional roles/ Patient Group meetings/Professional HealthCare Meetings/ Social Prescribers	that offer social care provision. Patient Group patient meetings (Diabetics initially, then respiratory patients, further patient groups identified according to patient population need) and Social Prescribers held clinics and community activities
Ex- Community Health storage room (shown as Community Nurse store)	Upstairs	None Proposed use for additional PCN roles	Further room for clinical staff to conduct triage calls / PCN staff to conduct work

* Having this room not fully occupied, would also allow for all the clinical rooms within the practice to be upgraded with clinical floors over a period of time

3. Financial Proposals

3.1 Costs

The cost of the additional rental for the space being requested is £13,204.30 as shown in Appendix 8

3.2 Ensuring value for money and potential savings for the CCG

The practice as detailed in the above report has identified a variety of ways in which changes to the delivery of care from the practice would be made with additional space, and which should offset the increase in rent that the CCG would face.

Data provided to the practice (Appendix 9) by the BI Team at the CCG, identified various areas where cost savings could be made:

- AE attendances – potential saving of £26,000

Dawley still has high AE attendances. Especially in hours. Following a change to its appointment system in 2019, the practice has already shown a reduction in its AE attendances from highest in Telford to fourth highest.

As also stated Dawley has an older population, however during 19/20 - 309 over 61's attended AE and were discharged home.

Further to this there is also still some potential with reducing activity for Care homes

If the practice could implement the further changes as detailed in this proposal with the increased space, with a further reduction in A&E attendances to align to the medium CCG

Enclosure No. 9A

rate per 1000 population, Dawley would need to reduce admissions by approx. 15 per month (180 for a year). This would give around £26,000 savings for the year.

- Non-elective spells – potential saving of £60,000

Dawley report higher rates of Non-elective spells for Respiratory/influenza and Urological spells.

If the practice could implement the changes detailed in this proposal, and bring the rate per 1000 in line to the median CCG per 100 for a reduction in shorted length of stay patients (possibly avoidable) , then Dawley would need to avoid 35 spells out of 200. This would give around £60,000 of savings for the year

4. Summary

The proposed increase in GMS space at Dawley would allow the practice to be financially cost effective to the local health economy, both in terms of reducing the cost of hospital attendance and in the provision of space to integrate medical, nursing and other local services. The additional space would also improve patient access and provide more complete total patient care. By further adopting new models of working in a multidisciplinary team of practice staff, PCN funded staff and other healthcare provider staff, the practice will be in keeping with the national strategic targets set out in the GP Forward View and Long Term Plan in particular.

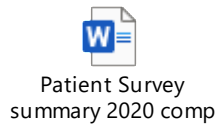
Enclosure No. 9A

Appendix 1 – schematics



The attached plan shows Dawley Medical Practice rooms with the ex Community Health space indicated

Appendix 2 – Patient Survey – summary results



Appendix 3 – Referrals and admission data

Headlines for Dawley as follows:

OPA:

- GP referred OPA activity dropped off from November 19 onwards, with March reduction reporting 36% less than the previous year.
- Dawley reported the biggest reduction (Full year) in GP referred activity at -14.8% per 1000 population and having the 8th highest rate of GP referral across the CCG. Overall the CCG reported a -7% reduction in referrals per 1000 population

IP:

- Daycase activity was reporting an increased amount from October onwards. After the drop of -56% for March, the practice ended with an increased rate of 8.4%
- Emergency admissions finished reporting -6.2% overall after reporting a decrease of 37% in March. However the CCG reported a 4% increase for the year. Long length of stay cases did increase for the year, however we have to assume that these were needed for clinical reason.
- Under 5 days length of stay finished at -7.8% with the March reduction. However Dawley was at -4% for Emergency admissions at month 11.
- GP led referrals were lower for the year
- Diabetic referrals do report a rate slightly less than the CCG rate, however the whole CCG is tasked with reducing Diabetic referrals.
- Dawley does report a much higher rate of emergency admissions for Influenza and COPD. Angina is also slightly raised.
- When reviewing activity per 1000 population Dawley reports a year end reduction of -4.6%. The CCG overall reports an increase of 3.8%
- Despite the decrease this year, Dawley stills reports the 2nd highest rate of NEL admissions in the CCG with a rate much higher than 17/18.
- Care home admissions finished with a full year reduction, mainly helped by a reduced rate earlier in the year

AE:

- AE attendances finished the year at -6% which includes a reduction of 37% in March. At month 11 Dawley reported -2.8% in AE activity compared to the previous year.

Enclosure No. 9A

- Cases admitted from AE have reduced further than those discharged.
- A very similar rate to the CCG can be seen for attending in GP hours
- Per 1000 population Dawley has reported the 4th highest AE activity. This is down from being the highest last year.
- Dawley has reported a AE activity rate per 1000 reduction of -4.3%

Activity Type	18/19 rate per 1000 pts	19/20 rate per 1000 pts	% Variance	CCG Lowest Practice rate	CCG highest practice rate	CCG 19/20 Rate
A&E attendances in hours	12.82	12.26	-4.31%	7.38	13.41	10.92
A&E attendances out of hours	16.14	15.43	-4.39%	9.90	16.81	14.52
% of A&E attendances admitted	24.5%	23.8%	-3.1%	16.3%	23.8%	20.3
Total Emergency admissions (LES Scheme)	12.96	12.36	-4.62%	7.82	13.87	10.85
0-1 length of stay Emergency admissions	6.16	6.21	0.78%	3.79	6.82	5.72

Appendix 4 –Expected population growth

With regards to the projected population increases, the figures are in the region of around 3,500 additional patients resulting from housing developments that fall within the Dawley MP boundary as detailed below.

However, it is recognised that a large proportion of these patients will register with other practices that also cover their area (including TelDoc, Woodside, Stirchley and Wellington) so not all will register with Dawley MP.

Details as follows:

Location	Exp # Houses	Increase in Patient Population	Practices Covering
Pool Hill, Dawley	80	200	Dawley, TelDoc
Majestic Way, Aqueduct	90	200	Dawley, TelDoc, Woodside, Stirchley
Old Park	70	150	TelDoc, Wellington, Dawley
Lawley West	250	600	TelDoc, Dawley
Farm Lane, Horsehay	30	50	Dawley, TelDoc
(Former) Phoenix School site, Dawley	320	750	Dawley, TelDoc
Hall Park Way, Lawley	35	100	TelDoc, Dawley
Lawley Drive	80	200	TelDoc, Dawley
Lawley Village Phase 4	180	400	TelDoc, Dawley
Lawley Village Phase 3	115	250	TelDoc, Dawley
Lawley Village Phase 2	40	100	TelDoc, Dawley
The Rock	30	50	TelDoc, Dawley, Wellington
Synders Way, Lawley	160	400	TelDoc, Dawley

Appendix 5- Key Strategic and Local Drivers – further details

Strategic Drivers:

Since 2010 a number of documents have been published which make it clear that the national policy direction is one in which primary care is expected to take the lead in the modernisation and futureproofing of service provision. These documents are briefly summarized below:

The NHS Five Year Forward View - 2014

More space would ensure the practice could help deliver NHS England's vision for:

- Targeted prevention – developing links with public health and the systematic use of evidence-based intervention strategies
- Doing more to support people to manage their own health to manage conditions and avoid complications
- Adopting evidence based approaches including: group education, and self-management classes
- Engaging with communities to support carers and health related volunteering
- Ensuring stronger relationships with charitable and voluntary sector organisations

GP Forward View – NHS England 2016

- Promised additional funding
- Promised help for struggling practices
- Suggested plans to reduce workload and expansion of the workforce
- Advised that investment of technology **and estates** was needed
- Promoted a GP Development Programme to accelerate the transformation of services

Royal College of General Practitioners – 2016

Summarised modern General Practice as providing 'continuing, comprehensive, co-ordinated and person-centred care to patients in their communities'

-

The NHS Long Term Plan – 2019

- Identifies specific clinical priorities including cancer care, cardio-vascular disease, diabetes and respiratory care especially prevention schemes e.g. the NHS Diabetes Prevention Programme (NHS DPP)
- Emphasised importance of offering care outside the traditional hospital setting
- Encouraged the expansion of Primary Care Networks and fully integrated community based healthcare
- Promoted the use of digital services for patients and clinicians alike
- Specifically mentioned the importance of bringing mental health services into the primary care surgery setting

Enclosure No. 9A

- Aimed to help reduce pressures on A+E
- Encourages a focus to increase the number of generalist clinicians vs specialists
- Recognises the role of patients and carers to manage their own health needs and promotes the introduction of the 'social prescriber' as well as the greater involvement of patients in decisions about their own care
- Identifies and aims to correct health inequalities that currently exist
- Aims to reduce the number of outpatient appointments used in secondary care and importantly aims to address and resolve the financial imbalances of the NHS

The Network Contract Directed Enhanced Service (DES) Contract Specification 2020/21 – PCN Entitlements and Requirements

- The contract paves the way for around seven additional new full-time clinical support staff for an average PCN in 2020/21. This figure rises to 20 full-time staff by April 2024. It is predicted that the introduction of these new staff under the Additional Roles Reimbursement Scheme (ARRS), will transform service delivery for patients, and ease the mounting pressure on existing clinical staff, including GPs and practice nurses
- Makes reference to ensuring sufficient space is available for additional staff employed under ARRS

Update to the GP Contract Agreement 2020/21 – 2023/24 – February 2020

- Extends the 'ARRS' scheme as indicated above, with 100% funding for community pharmacists, physiotherapists, occupational therapists and health coaches as well as a number of other health professionals with anticipated funding of £344,000 per annum per average sized PCN
- Offers review of recent pension changes and financial initiatives to retain and recruit more general practitioners, as well as encouraging focused recruitment in under-doctored areas
- Aims to reduce bureaucracy and administrative demands
- Intends to improve access for patients using funding from the new PCN 'Investment and Impact Fund' in 2021/22, and by ensuring all practices within a PCN will offer core digital services from April 2021
- Updates funding streams for vaccination, QOF and also introduces a contractual requirement for GPs to refer patients to obesity management where commissioned services exist
- The update also specifically makes mention of the need to provide sufficient clinical space for staff expansion and to 'make the best use of any new capital funding available to primary care to support general practice...'

In summary: The increase in GMS space at Dawley Medical Practice would allow the above national strategic drivers to be realised, especially those of the NHS long term plan. It also would enable Dawley to further embrace the concepts of multidisciplinary working, with the roles in the Primary Care Network further reducing demands made on secondary care in the future.

Enclosure No. 9A
Local Policy Drivers

Dawley Medical Practice is within the Shropshire, Telford and Wrekin STP area, Telford and Wrekin CCG & Telford and Wrekin Council. Below are priorities and a summary of their views:

Shropshire, Telford and Wrekin STP Priorities

1. Support people in Shropshire, Telford & Wrekin to lead healthy lives – develop a system approach which will improve physical and mental health and wellbeing and reduce health inequalities focusing on prevention and supporting self-management to build resilience, better patient outcomes, experience and efficiency
2. Develop an integrated care system that joins up health and social care - transforming out of hospital care which fully integrates community place based primary care, mental health, community services, social care and the voluntary sector
3. Develop a system infrastructure which will make the best use of our resources, reduce duplication and achieve financial stability
4. Improve communication and involvement of patient, public and all stakeholders – embed a system wide approach to communications and engagement, co-creating health and care services, listening, informing and feeding back on how their voices have influenced developments

Telford and Wrekin Health and Wellbeing Board

The board have identified the health and wellbeing priorities of the area and this is achieved through a 'Joint Strategic Needs Assessment'. The current 'Health and Wellbeing Strategy (2016) identifies the priorities for the borough which include:

- Reduce excess weight in children and adults
- Reduce teenage pregnancy
- Improve emotional health and wellbeing
- Support people with autism
- Reduce the number of people who smoke
- Reduce misuse of alcohol and drugs
- Improve adult and child carers health and wellbeing
- Improve life expectancy and reduce health inequalities
- Support people to live independently

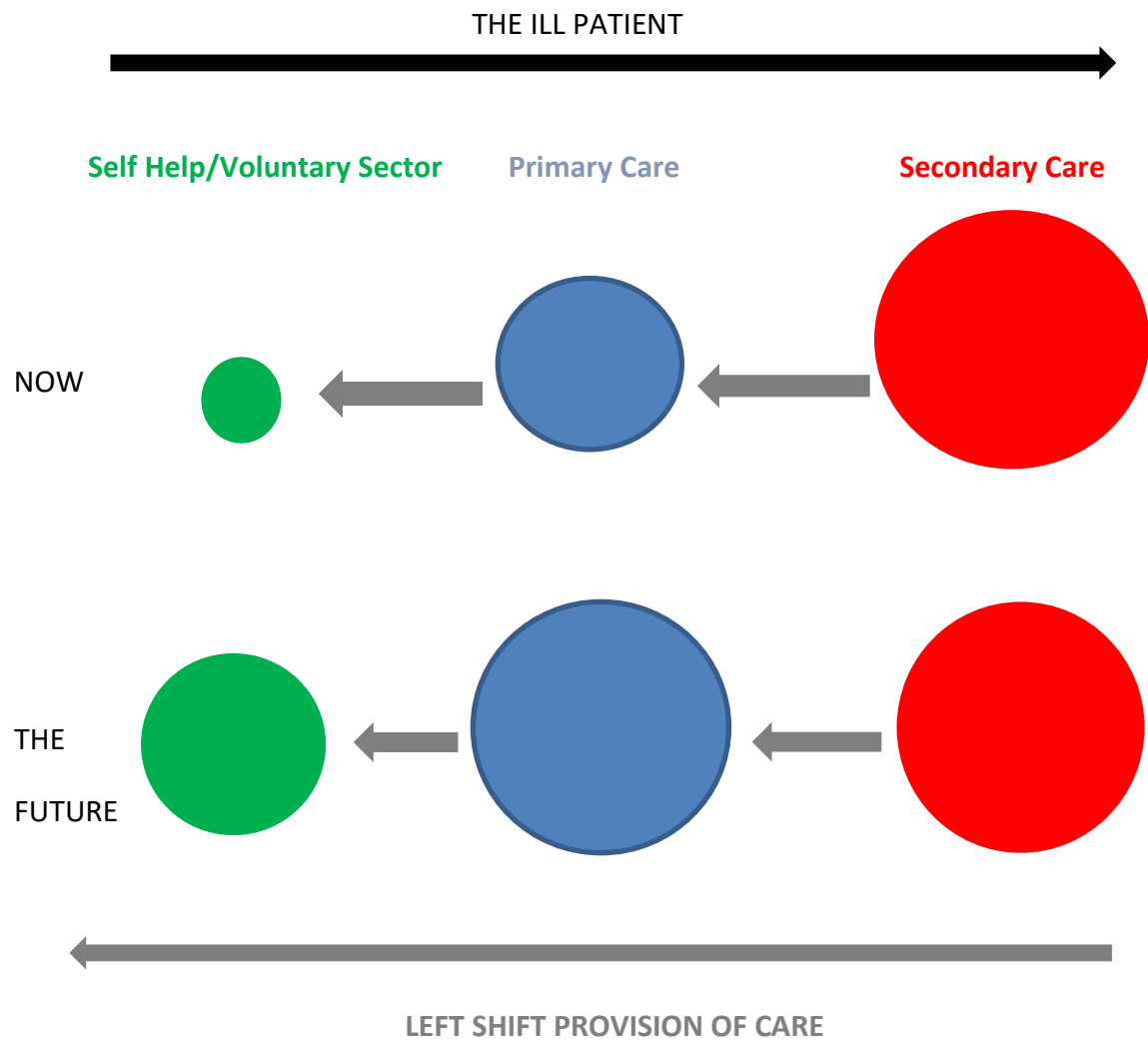
Telford and Wrekin Strategic Estates Plan – April 2019

- There is major housing development already taking place across most of Telford, with the more urban areas continuing to take the majority of the borough's population growth.
- The area around Dawley is projected to take almost 10% of the projected population increase
- Improved estate and IM&T will enable the development of primary care networks (neighbourhoods) where care is shared across demographic areas, support at scale and multidisciplinary team working by increasing and improving the environment in which staff are working and improving patient experience through modern technology (including the

Enclosure No. 9A

development of the single patient record, on line appointments and access to online diagnostics) will provide the best outcomes for patients

In Summary: The increase in GMS space at Dawley would allow the practice to continue to deliver both the current care, and also the additional services and enhanced care that Primary Care will be expected to provide with innovative ways of working in the future.



Enclosure No. 9A

The evidence for the benefit that social prescribing programmes have on secondary care referrals is encouraging. A BMJ article March 28th 2019 does show that they are met with

A local example in action – Court Street Community Hub, Madeley, Telford

Since May 2018 Court Street Medical Practice has been providing their well-being service in collaboration with MIND, offering One-to-One support, coffee mornings, Tai Chi, 'Small Woods', 'Helping Hands' and a number of other services. A paper recently presented to PCCC in February 2020 showed '*a cumulative reduction in appointment usage*' for high users of Primary Care appointments (15-20 per year). While small overall numbers of service users were included in the study, the combined reductions were :

- a 22.5% reduction in all appointment use for those high service users 12 months after hub launch
- a 47.5% reduction in GP only appointment use for those high service users 12 months after hub launch

'patient satisfaction' and that patients particularly value 'the trusting and supportive relationship with their link worker'. An article in the British Journal of General Practice in 2019 claimed that up to 20% of GP consultations are for primarily social issues, highlighting potential capacity savings if these same needs could be dealt with by a social prescriber. Another study Rotherham found that more than two thirds of patients reported having fewer GP appointments following their contact with social prescriber illustrating that more robust evidence is now emerging that these schemes have a definite positive impact on Primary Care resources.

Any capacity savings in primary care can be directly translated into cost savings with regards to referral activity in secondary care. A major challenge primary care faces is the ability to review patients within short periods of time especially if they are acutely unwell and possibly in need of hospital admission. Appointments are often pre-booked weeks in advance, and any emergency appointments reserved in the future are aimed to accommodate patients who are ill on that same day. Dawley Medical Practice has a higher than CCG average of short stay hospital admission and these have been broken down into 'usually avoidable' and 'sometimes avoidable' categories. The surgery currently has a higher rate of GP led non-elective admissions for short stays in hospital of 0-1 days. With an increased capacity to be able to revisit, or review patients within the surgery who are presenting with more acute problems which may be in need of hospital admission only if their GP initiated treatment plan is failing to work, many admissions will be avoided and we will be able to achieve CCG average behaviour in this area with potential cost savings.

Social prescribers have the ability to 'actively signpost' patients to services as a way of reducing the demand on Primary Care Clinician appointment times. The surgery would like to offer space within the surgery to host these staff, so that patients do not have to travel

Enclosure No. 9A

to access these staff. 'Active signposting' will also take place at the point of first contact with our reception staff as they are very familiar with many of the regular service users, and aware of their social needs. The surgery has held talks with Social Prescribing staff at Court Street who would be willing to come and hold 'surgeries' at Dawley should a room become available, and indeed would like to offer a room for any patients within Telford if Dawley would be a more suitable location for them.

The GPFV highlights Ten High Impact Actions to increase capacity within Primary Care and include Social Prescribing, Active Signposting, and Supported Self Care – all of which could be provided at Dawley in ex Community Health large rooms if used as a multi purpose

These interventions will free up clinicians' time to repeatedly review patients who may be more acutely ill and could become in need of hospital admission. By having additional capacity for this to happen, this will reduce short stay admissions to secondary care. Secondary care costs will then fall. When capacity is increased then the surgery will also be able to reduce the number of patients attending A+E with problems suitable for Primary Care management.

The NHS Long Term Plan and GPFV both prioritise mental health and the provision of services to support those struggling with their psychological well-being. They encourage the placement of mental health practitioners within primary care to ensure that support is easily accessible and available when needed.

Mrs Frances Sutherland – Head Commissioner for Mental Health, Dementia and Learning Disability at Telford and Wrekin CCG, would like the opportunity to use Psychological Welfare Practitioners in the primary care setting particularly in the management of patients with long term physical conditions as well as primarily psychological ones. By encouraging 'emotional resilience' within some patient groups she feels that individuals will gain a greater understanding of their illness and become less dependent upon primary and secondary care services for support in the future. By involving such PWP's it is hoped that reductions in secondary care referral can be made in the future. Mrs Sutherland is confident that by collaborative working with the IAPT and Mental Health Services, significant and long lasting benefits will be achieved in the management of diabetic patients, those with respiratory issues, as well as those with chronic pain and musculoskeletal issues – all clinical areas where Dawley has been a traditionally high referring practice to secondary care.

Enclosure No. 9A

Analysis of the latest data provided by NHS Midlands and Lancashire CSU regarding the impact of IAPT on emergency activity for Telford and Wrekin CCG patients has shown that for the time period from August 2017 to October 2019 there was a 15% reduction in A+E attendance, and 27% reduction in emergency admissions in the six month period for patients following their IAPT treatment. This correlates to a cost saving of over £96,000 for the CCG as a whole for the same time period.

The attached is further information on IAPT activity and effect on Secondary Care



IAPT - UC activity Q2 1920.zip

Appendix 7 – Frailty – National report on Frailty and Telford CCG practice details



Giant_leap_for_frailty_care_-_main_repo



Copy of Frailty Report Oct 2019.xlsx

Appendix 8- Approved rental figures from the 2017 DV report



DAWLEY WHOLE BUILD FIGURES BASE

Appendix 9 – Financial review



Dawley review finance.xlsx

REPORT TO: **Shropshire, Telford and Wrekin CCGs Primary Care Commissioning Committee**
Meetings in Common held in Public on 7 October 2020

Item Number:	Agenda Item:
PCCC-20-10.13	Primary Care Update – General Practice Patient Survey Results 2020 Enclosure No. 10

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships Ext: 2492 claire.parker2@nhs.net	Laura Kinsey – Primary Care Project Manager (Shropshire CCG) Ext: 2586 l.kinsey@nhs.net Darren Francis – Commissioning Manager – Primary Care (T&W CCG) Ext: 2396 darren.francis@nhs.net

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	✓

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>The purpose of this paper is to provide Primary Care Commissioning Committee with an update on the results of the recent General Practice Patient Survey 2020 and the ongoing work being undertaken across the STP to enable further improvements in performance by practices, where appropriate.</p> <p>The report is a combined report covering the results and actions for both Shropshire CCG and Telford & Wrekin CCG report (with appendices).</p>

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	Yes/No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	Yes/No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	Yes/No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	Yes/No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	Yes/No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	Yes/No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	Yes/No

Recommendations/Actions Required:
<p>Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Consider the content of the report • Agree any additional activity that needs to be carried out as part of the ongoing programme of improvements • Agree to receive quarterly updates regarding progress

1. Summary

Ipsos MORI (on behalf of NHS England) undertakes a national GP Patient Survey (GPPS) which provides data about patients' experiences at their GP Practice. The latest reported data is based on the July GPPS publication, with field work taking place between January and March 2020.

The GP Patient Survey measures patients' experiences across a range of topics, including:

- Local GP services
- Making appointments
- The patient's last appointment
- What happens when the practice is closed
- Overall experience

Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this. However, where available, results in the survey do include trend data beginning in 2018.

This report concentrates on the overall CCG results which are summarised and compared against national results.

Appendix 1 provides information on Shropshire CCG results in comparison to National scores, as well as practice level information.

Appendix 2 provides the Shropshire CCG scores for all survey questions. Practice level information should be read with care due to the small numbers of responses from some of the practices. This may mean that the level of detail at individual practice level may not be statistically significant.

Appendix 3 provides information on the Telford and Wrekin CCG results in comparison to National scores, as well as practice level information.

Appendix 4 provides the Telford and Wrekin CCG scores for all survey questions. Practice level information should be read with care due to the small numbers of responses from some of the practices. This may mean that the level of detail at individual practice level may not be statistically significant.

Appendix 5 is a copy of the Questionnaire sent out to all patients for the 2020 General Practice Patient Survey.

2. 2020 GPPS Results By CCG

2.1. Results for Shropshire CCG Practices

- 2.1.1. In Shropshire, CCG, 10,447 questionnaires were sent out and 4,834 returned completed. This represents a response rate of 46%.
- 2.1.2. Overall and when comparing against the national averages, GP Practices in Shropshire compare favourably scoring above the national averages in most of the areas reported.
- 2.1.3. The 2020 patient survey showed the overall experience of patients in Shropshire at an 85% satisfaction level which was 3% less than the overall experience in 2019. The national average in 2020 was 82%.
- 2.1.4. The Primary Care Team has reviewed the practice level data and will be working with practices that scored below the CCG and national average on multiple domains of the GPPS. This will include developing bespoke support packages to assist in improving future GPPS scores.
- 2.1.5. Practice level data will also be incorporated in to future Quality and Assurance practice visits carried out by the CCG.

2.2. Results for Telford & Wrekin CCG Practices

- 2.2.1. In Telford & Wrekin CCG, 4,233 questionnaires were sent out and 1,500 returned completed. Whilst this represents a response rate of 35% the amount of questionnaires returned represents only 0.8% of the patient population.
- 2.2.2. Overall and when comparing against the national averages, GP Practices in Telford & Wrekin score below the national averages in most of the areas reported.
- 2.2.3. The 2020 patient survey showed the overall experience of patients in Telford & Wrekin at a 75% satisfaction level which was 2% less than the overall experience in 2019. The national average in 2020 was 82%.
- 2.2.4. The Primary Care Team has reviewed the practice level data and will be working with practices that scored below the CCG and national average on multiple domains of the GPPS. This will include developing bespoke support packages to assist in improving future GPPS scores.
- 2.2.5. Practice level data will also be incorporated into future Quality, Assurance and Medicines Management practice visits carried out by the CCG.

3. Key messages

The reported data is based on the 2020 GPPS publication and this report mainly concentrates on CCG level comparisons against the national survey.

3.1. Results for Shropshire CCG Practices

- 3.1.1. Overall and when comparing against the national average, GP Practices in Shropshire compare favourably. The high level report of 'overall experience of GP Practice' shows Shropshire as having a rating of 85% ('Very Good' or 'Fairly Good') compared with the national figure of 82%. The CCG score has reduced by 3% since the 2019 report and the National score has reduced by 1%. When comparing the CCG range within the region, Shropshire scored quite favourably with the highest performing CCG obtaining a score of 89%. The range in Shropshire practice scores varied from 55% to 99%, with 8 practices within the CCG scoring lower than the National level in 2020; a rise from 5 in the previous year. The Primary Care Team will support these practices, paying particular attention to those that scored consistently lower than national GPPS averages.
- 3.1.2. When looking at the ease of getting through to a GP Practice on the phone, Shropshire CCG scored 77% ('Very easy' or 'Fairly easy') compared to the national figure of just 65%. This CCG score marks a 4% reduction on the previous year and National figures show a 3% reduction in satisfaction since 2019. In addition, 92% of patients scored their GP Practice Receptionists as helpful ('Very Helpful' or 'Fairly Helpful') against the national score of 89%. The CCG continues to support practices with training for reception teams and all practices have members of staff trained in 'Active Signposting'. This enables staff to ascertain a patient's needs and signpost them to the most appropriate person and/or service.
- 3.1.3. GP Practices in Shropshire scored higher than the national score in offering a choice of appointments to patients (CCG 61%; National 60%). This included being provided with a choice of place, time or day and/or health care professional. Over half of Shropshire patients who completed the survey stated that when they last tried to make a General Practice appointment, they were given a choice of time or day. The CCG score has reduced by 4% since the 2019 report despite patients having access to the Extended Access service, a commissioned service that provides 100% of the CCG's population with additional access to pre-bookable and on-the-day appointments (with a GP or other clinicians) at a choice of hub practices, on weekday evenings, weekends and bank holidays. From 1st July 2019 Primary Care Networks have also been required to provide Extended Hours Access appointments as part of the Network Contract Direct Enhanced Service. The CCG will work with practices and PCNs to highlight best practice and encourage utilisation of the extended access services

- 3.1.4. The CCG score for 'satisfaction with the type of appointment offered' has decreased from 79% in 2019 to 76% in 2020 (National 74%). In addition, 72% of patient scored the overall experience of making an appointment as either 'very good' or 'fairly good'. Although the overall CCG score remains higher than the 2020 National score of 65%, there has been a 2% reduction since 2019.
- 3.1.5. One of the most important indicators is how our patients feel about the care that they receive by healthcare professionals. 91% of our patients said that the last healthcare professional that they saw was good at listening to them, 89% said they gave them enough time and 90% said they were treated with care and concern.
- 3.1.6. There has been no been a slight decrease reported in the perception of care at the patients' last appointments with a healthcare professional. 95% of patients across the CCG reported they felt involved as much as they wanted to be in decisions about their care and treatment (2019 CCG score, 96%). In addition, the CCG scored 95% for both making patients feel as though their needs were met (2019 CCG score, 97%) Despite this there has been an increase in patients reporting that they had confidence and trust in the health care professional from 95.5% in 2019 to 97% in 2020.
- 3.1.7. Recognition and understanding of mental health needs was scored at 88% for the CCG, a decrease from 90% in 2019. This performance remains above the national average of 85%.
- 3.1.8. The survey looked at managing health conditions and 83% of SCCG patients felt they had received enough support from local services or organisations to help them to manage their conditions. Although this is a decrease from the 2020 score of 85%, the CCG remains higher than national score of 77%.
- 3.1.9. The survey looked at online service use in the last 12 months and results indicated that:
- 3.1.9.1. 12% of patients had booked appointments online, an increase of 3% from 2019. This is lower than the National score of 18% and the CCG will encourage practices to raise patient awareness on this.
 - 3.1.9.2. 18% of patients had ordered repeat prescriptions online, an increase of 2% from 2019. This is slightly lower than then national score of 19%.
 - 3.1.9.3. 6% of patients were accessing their medical records online, and increase of 1% from 2019. This score is in line with the national score.
- 3.1.10. These results may reflect Shropshire's older population with possible less internet based knowledge and skills than other areas of the country. The rurality of Shropshire has also been known to impact online accessibility.
- 3.1.11. When patients try and use our practice websites to look for information or access services, 81% of the Shropshire patients who responded find access 'Very easy' or 'Fairly easy'. Both the CCG and National scores have decreased by 1% since 2019 but the CCG remains higher than the 2020 national average of 76%. The CCG will encourage further communication to patients via this route and will continue to support the utilisation of online consultation access for patients.
- 3.1.12. The survey also asked patients about access to services when the GP practice is closed. There is little detail behind the answers and if this data is to be used by the CCG further analysis is required, however, the survey indicated that:-
- 3.1.12.1. 66% contacted another NHS service by phone (71% in 2019) which is higher than the 2020 national score of 62%.
 - 3.1.12.2. 36% said a healthcare professional returned their call (33% in 2019) which is higher than the 2020 national score of 25%.
 - 3.1.12.3. 6% said a healthcare professional visited them at home (8% in 2019) which is higher than the 2020 national score of 5%.
 - 3.1.12.4. 38% went to A&E (36% in 2019) which is less than the 2020 national score of 37%.
 - 3.1.12.5. 10% saw a pharmacist (11% in 2019) which is less than the 2020
 - 3.1.12.6. National score of 13%.

- 3.1.12.7. 16% went to another NHS service (13% in 2019) which is in line with the 2020 national score.
- 3.1.12.8. 6% went to another General Practice service (4% in 2019) which is less than the 2020 national score of 8%.
- 3.1.13. The overall experience of services when a patient's GP Practice is closed remains has decreased by 4% with the CCG scoring 68% in 2020 (2019 CCG score, 72%). The 2020 national score has also decreased from 69% in 2019 to 67%.
- 3.1.14. Whilst the overall results of the survey are very good, the results of the survey demonstrate that most areas have seen a decrease in scores from 2019, despite still being above the national average by 3%. This would suggest there are some areas that require further improvement.

3.2 Results for Telford & Wrekin CCG Practices

- 3.2.1. Overall and when comparing against the national average, GP Practices in Telford & Wrekin score lower in many areas. The high level report of 'overall experience of GP Practice' shows Telford & Wrekin as having a rating of 75% ('Very Good' or 'Fairly Good') compared with the national figure of 82%. The CCG score has reduced by 2% since the 2019 report and the National score has reduced by 1%. When comparing the CCG range within the region, Telford & Wrekin scored below most CCGs, with the highest performing CCG obtaining a score of 89%. The range in Telford & Wrekin practice scores varied from 51% to 99%, with 8 practices within the CCG scoring lower than the National level in 2020; which is the same number as in the previous year. The Primary Care Team will support these practices, paying particular attention to those that scored consistently lower than national GPPS averages.
- 3.2.2. When looking at the ease of getting through to a GP Practice on the phone, Telford & Wrekin CCG scored 52% ('Very easy' or 'Fairly easy') compared to the national figure of just 65%. This CCG score marks a 3% reduction on the previous year in line with the National trend. In addition, 85% of patients scored their GP Practice Receptionists as helpful ('Very Helpful' or 'Fairly Helpful') against the national score of 89%. The CCG continues to support practices with training for reception teams and all practices have members of staff trained in 'Active Signposting'. This enables staff to ascertain a patient's needs and signpost them to the most appropriate person and/or service.
- 3.2.3. GP Practices in Telford & Wrekin scored higher than the national score in offering a choice of appointments to patients (CCG 50%; National 60%). This included being provided with a choice of place, time or day and/or health care professional. Around half of Telford & Wrekin patients who completed the survey stated that when they last tried to make a General Practice appointment, they were not given a choice of appointment offered. The CCG score has increased by 1% since the 2019 report despite patients having access to the Extended Access service, a commissioned service that provides 100% of the CCG's population with additional access to pre-bookable and on-the-day appointments (with a GP or other clinicians) at a choice of hub practices, on weekday evenings, weekends and bank holidays. From 1st July 2019 Primary Care Networks have also been required to provide Extended Hours Access appointments as part of the Network Contract Direct Enhanced Service. The CCG will work with practices and PCNs to highlight best practice and encourage utilisation of the available capacity in GP Practices across Telford & Wrekin.
- 3.2.4. The CCG score for 'satisfaction with the type of appointment offered' has increased from 66% in 2019 to 68% in 2020 (National 73%). In addition, 55% of patients scored the 'overall experience of making an appointment' as either 'very good' or 'fairly good'. This score remains significantly lower than the 2020 National score of 65%, and there has been a 1% reduction since 2019, which is a lower rate than the National trend.
- 3.2.5. One of the most important indicators is how our patients feel about the care that they receive by healthcare professionals. 87% of our patients said that the last healthcare professional that they saw was 'good at listening to them', 84% said they 'gave them enough time' and 86% said they 'were treated with care and concern'.

- 3.2.6. There has been a slight decrease reported in the perception of care at the patients' last appointments with a healthcare professional. 90% of patients across the CCG reported they 'felt involved as much as they wanted to be in decisions about their care and treatment' (2019 CCG score, 92%). In addition, the CCG scored 92% for 'making patients feel as though their needs were met' (2019 CCG score 94%) Despite this there has been an increase in patients reporting that they 'had confidence and trust in the health care professional' from 92% in 2019 to 95% in 2020.
- 3.2.7. 'Recognition and understanding of mental health needs' was scored at 83% for the CCG, the same as in 2019. This performance remains slightly below the national average of 85%.
- 3.2.8. The survey also looked at managing health conditions and 79% of Telford & Wrekin patients felt they 'had received enough support from local services or organisations to help them to manage their conditions'. (2019 CCG score 74%).The CCG remains slightly below the national score of 77%.
- 3.2.9. The survey looked at online service use in the last 12 months and results indicated that:
- 3.2.9.1. 11% of patients had booked appointments online, an increase of 2% from 2019. This is lower than the National score of 18% and the CCG will encourage practices to raise patient awareness on this.
 - 3.2.9.2. 16% of patients had ordered repeat prescriptions online, an increase of 2% from 2019. This is slightly lower than then national score of 19%.
 - 3.2.9.3. 3% of patients were accessing their medical records online, and increase of 1% from 2019. This is slightly lower than then national score of 6%.
- 3.2.10. The CCG will work with PCNs and practices to promote the availability of their online services and help increase utilisation rates.
- 3.2.11. When patients try and use our practice websites to look for information or access services, 68% of the Telford & Wrekin patients who responded find access 'Very easy' or 'Fairly easy'. This is an improvement of 2% over the 2019 scores despite the decreasing national trend of a 1% reduction to 76% for 2020. The CCG will encourage further communication to patients via this route and will continue to support the utilisation of online consultation access for patients.
- 3.2.12. The survey also asked patients about access to services when the GP practice is closed. There is little detail behind the answers and if this data is to be used by the CCG then further analysis will be required. The survey indicated that:-
- 3.2.12.1. 76% contacted another NHS service by phone (66% in 2019) which is higher than the 2020 national score of 62%.
 - 3.2.12.2. 36% said a healthcare professional returned their call (35% in 2019) which is higher than the 2020 national score of 25%.
 - 3.2.12.3. 5% said a healthcare professional visited them at home (5% in 2019) which is in line with the 2020 national score of 5%.
 - 3.2.12.4. 38% went to A&E (36% in 2019) which is slightly higher than the 2020 national score of 37%.
 - 3.2.12.5. 18% saw a pharmacist (18% in 2019) which is higher than the 2020
 - 3.2.12.6. national score of 13%.
 - 3.2.12.7. 8% went to another NHS service (13% in 2019) which is a significant improvement on 2019 and much lower than the 2020 national score of 16%.
 - 3.2.12.8. 6% went to another General Practice service (7% in 2019) which is less than the 2020 national score of 8%.
- 3.2.13. The overall experience of services when a patient's GP Practice is closed has improved by 2% on the 2019 figure to 69% for 2020, which is higher than the national score, which has decreased from 69% in 2019 to 67%.

3.2.14. Whilst the overall results of the survey have not changed significantly since 2019, the results of the 2020 survey demonstrate that many areas have seen a decrease on the previous scores and the results are still below the national level by 7%, which does suggest there are areas for further improvement.

4. Action by Primary Care Team

The Primary Care Team will assess the statistical validity of practice level data and engage with practices to help improve overall experience of GP practice. This will involve working with practices that obtained the lowest scores as well as those that are consistently at the higher end of the satisfaction rates, so that good practice can be shared and scores do not continue to drop.

The Locality Managers will be using the practice level reports on the GPPS website to understand some of the differences between practices and to develop action plans for those practices where further improvements in performance have been identified.

The Primary Care Team will report back to the Primary Care Committee on progress and outcomes of Practice Action Plans.

5. Conclusion

This report demonstrates that the scores in most areas have declined since last year and therefore further support is required from the CCG to improve patient satisfaction and quality of care.

GP PATIENT SURVEY

NHS SHROPSHIRE CCG

Latest survey results

2020 survey publication

Version 1 | Public

Contents

[Background, introduction and guidance](#)

[Overall experience of GP practice](#)

[Local GP services](#)

[Access to online services](#)

[Making an appointment](#)

[Perceptions of care at patients' last appointment](#)

[Managing health conditions](#)

[Satisfaction with general practice appointment times](#)

[Services when GP practice is closed](#)

[Statistical reliability](#)

[Want to know more?](#)

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS SHROPSHIRE CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS SHROPSHIRE CCG, **10,477** questionnaires were sent out, and **4,834** were returned completed. This represents a response rate of **46%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.

The screenshot shows the 'GP PATIENT SURVEY' interface by Ipsos MORI and NHS. It includes a login section with a survey number (1234567890) and an online password (ABCDE). Below this is the 'YOUR LOCAL GP SERVICES' section with several questions (Q1-Q7) about patient experiences. Questions cover topics like ease of getting through to receptionists, helpfulness of receptionists, booking appointments, and access to online services. Each question has multiple-choice options with checkboxes. The interface also includes a 'page 1' indicator and a 'Please turn over' instruction.

Introduction

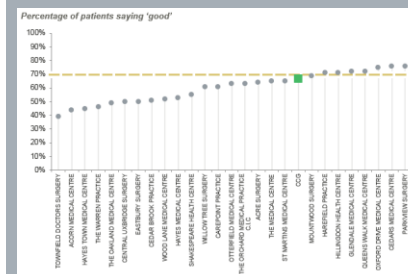
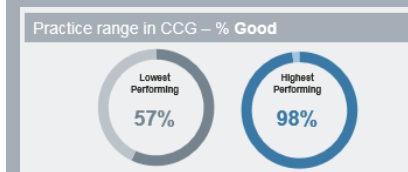
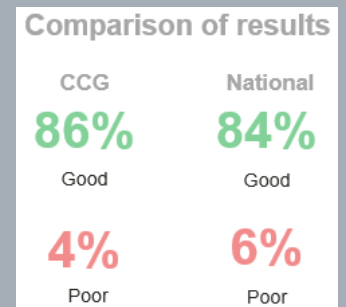
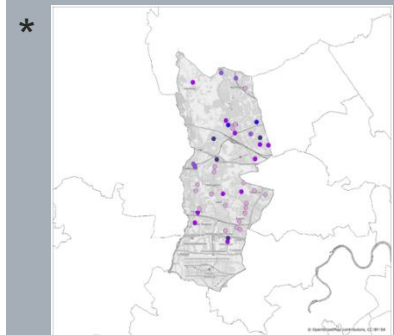
- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- **Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- **Considering questions where there is a larger range in responses among practices or CCGs:** this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.
- **Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- **Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here:
<https://www.england.nhs.uk/about/regional-area-teams/>

*Images used in this slide are for example purposes only



Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.



More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

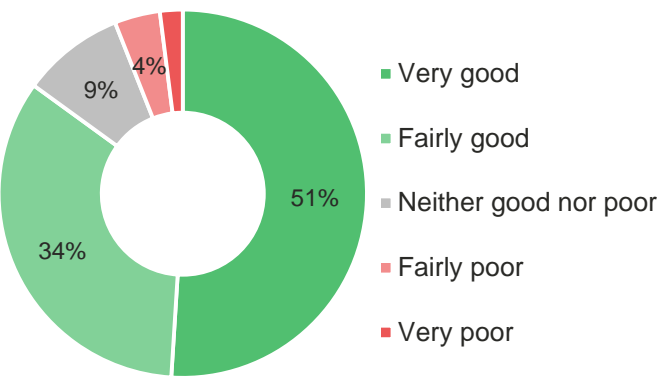
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

Overall experience of GP practice

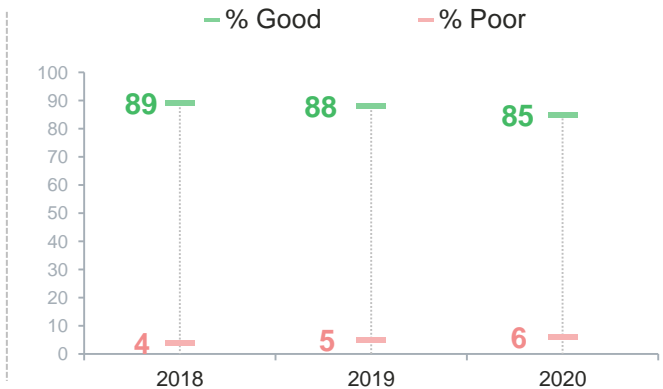
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

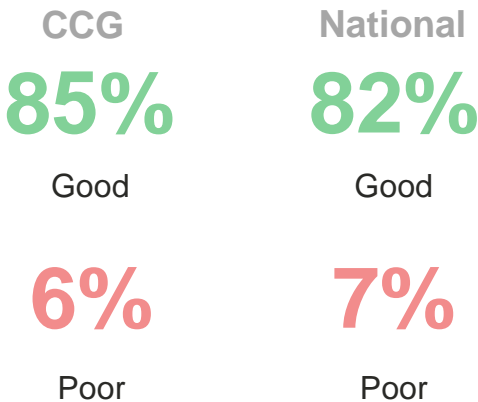
CCG's results



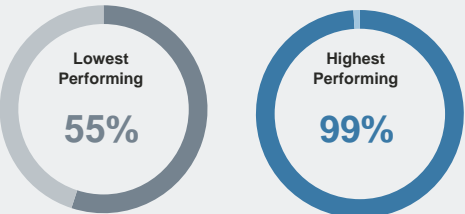
CCG's results over time



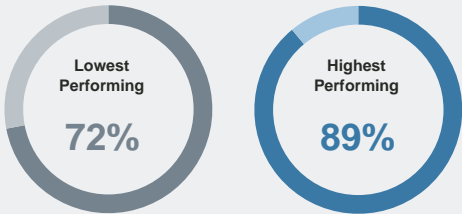
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



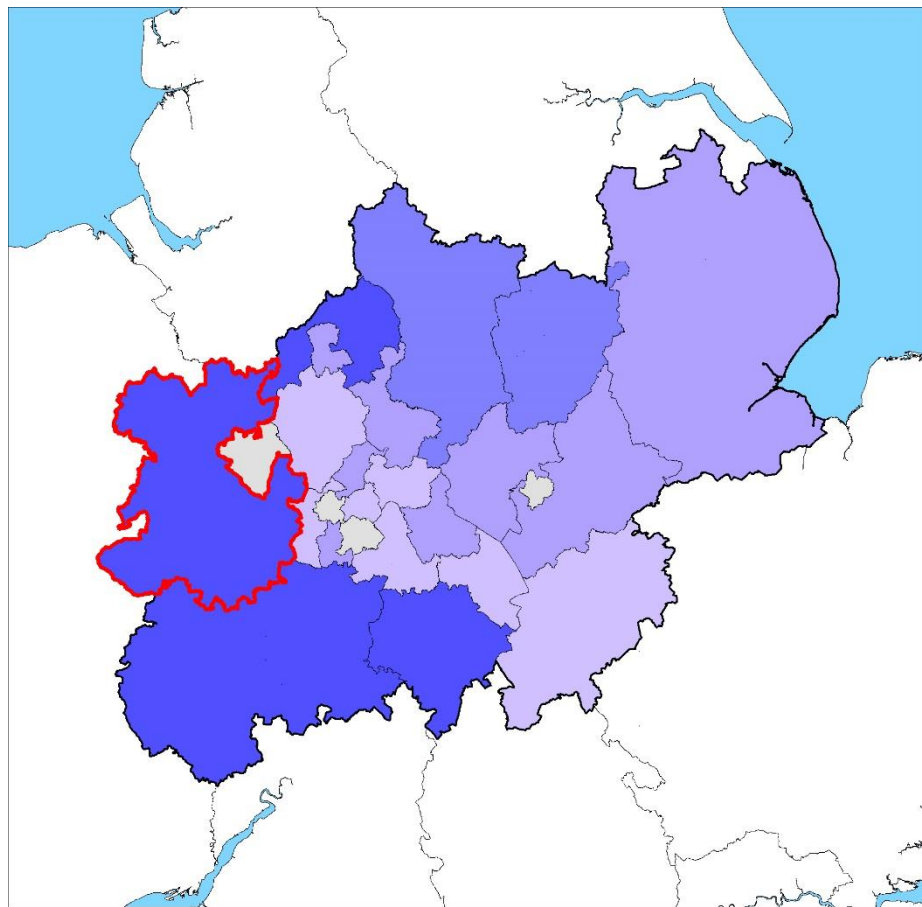
Base: All those completing a questionnaire: National (710,945); CCG 2020 (4,667); CCG 2019 (5,005); CCG 2018 (5,040); Practice bases range from 98 to 138; CCG bases range from 1,440 to 15,496

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

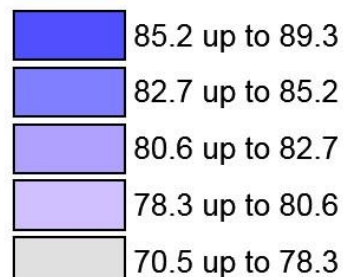
Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good



Results range from

72%
to
89%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

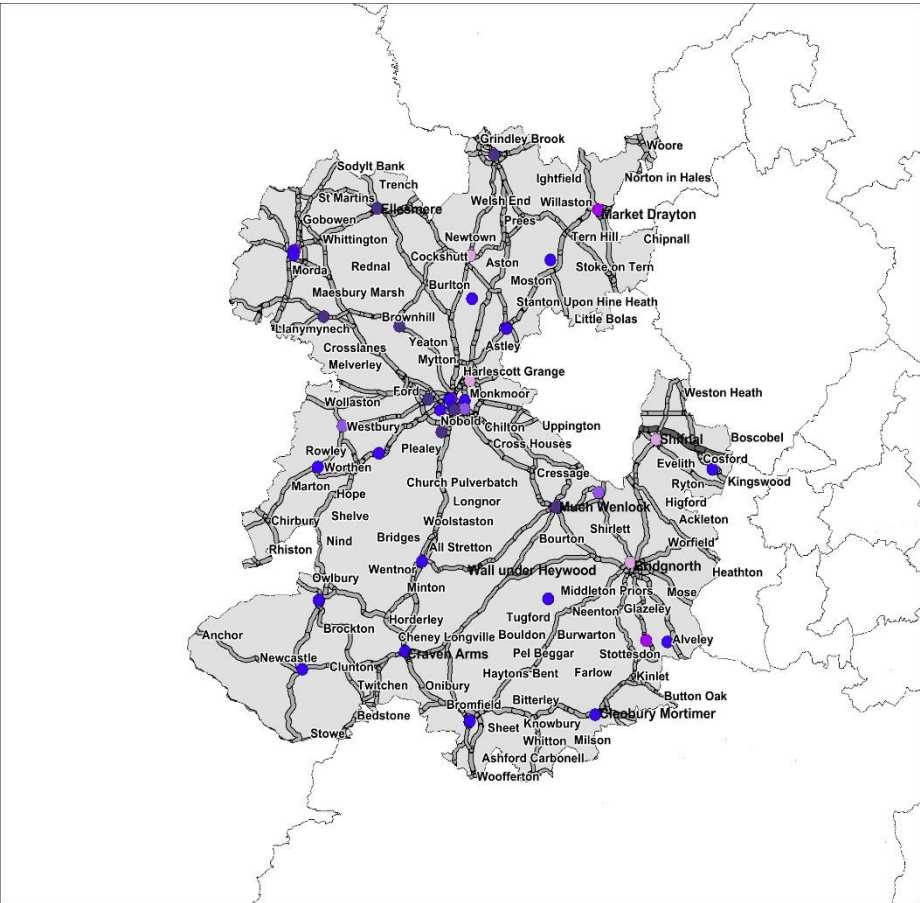
Base: All those completing a questionnaire: CCG bases range from 1,440 to 15,496

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice % Good

- 91.5 up to 100.0
- 86.6 up to 91.5
- 81.3 up to 86.6
- 74.2 up to 81.3
- 37.0 up to 74.2

Results range from

55%
to
99%

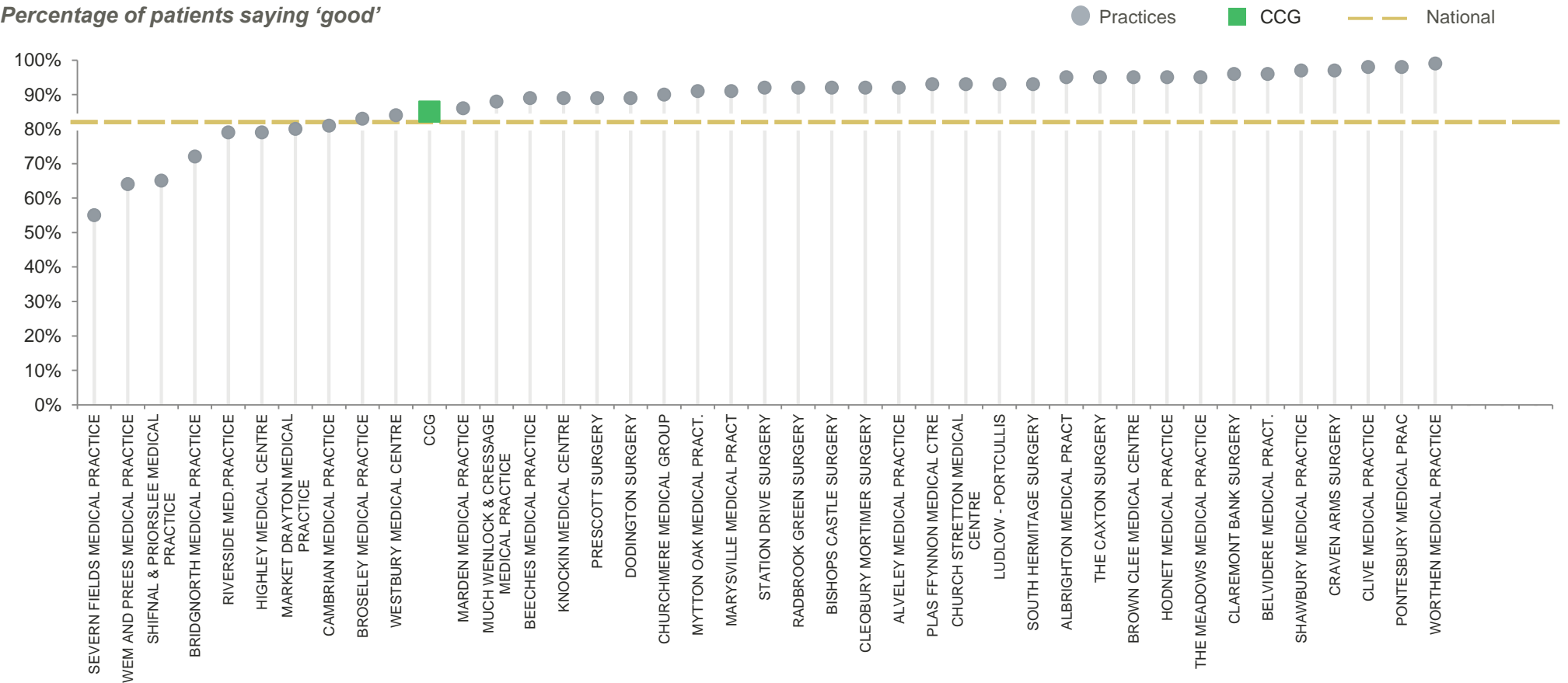
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: Practice bases range from 98 to 138

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (4,667); Practice bases range from 98 to 138

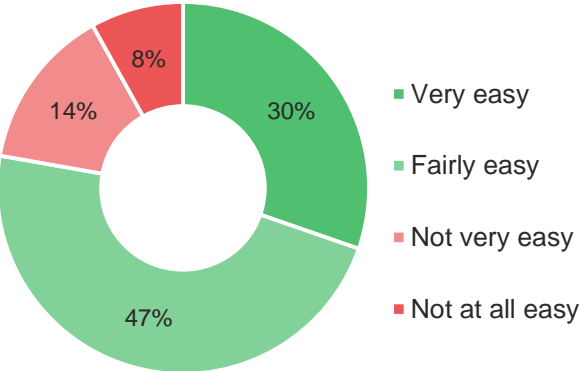
%Good = %Very good + %Fairly good

Local GP services

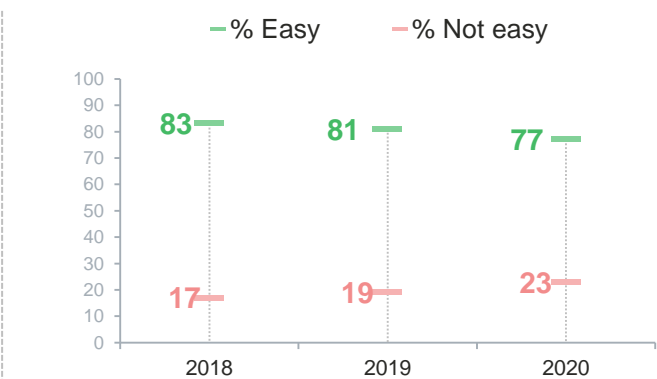
Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

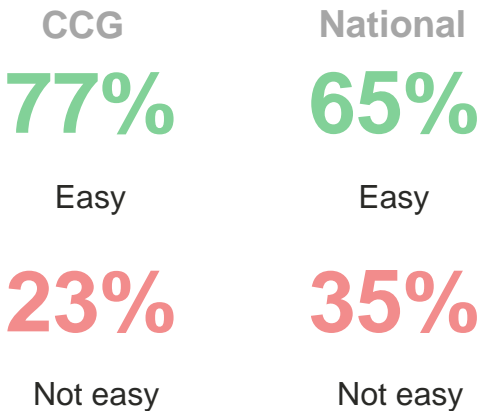
CCG's results



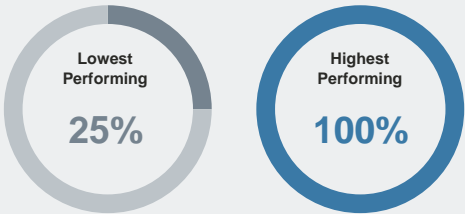
CCG's results over time



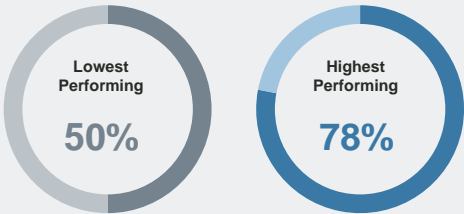
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



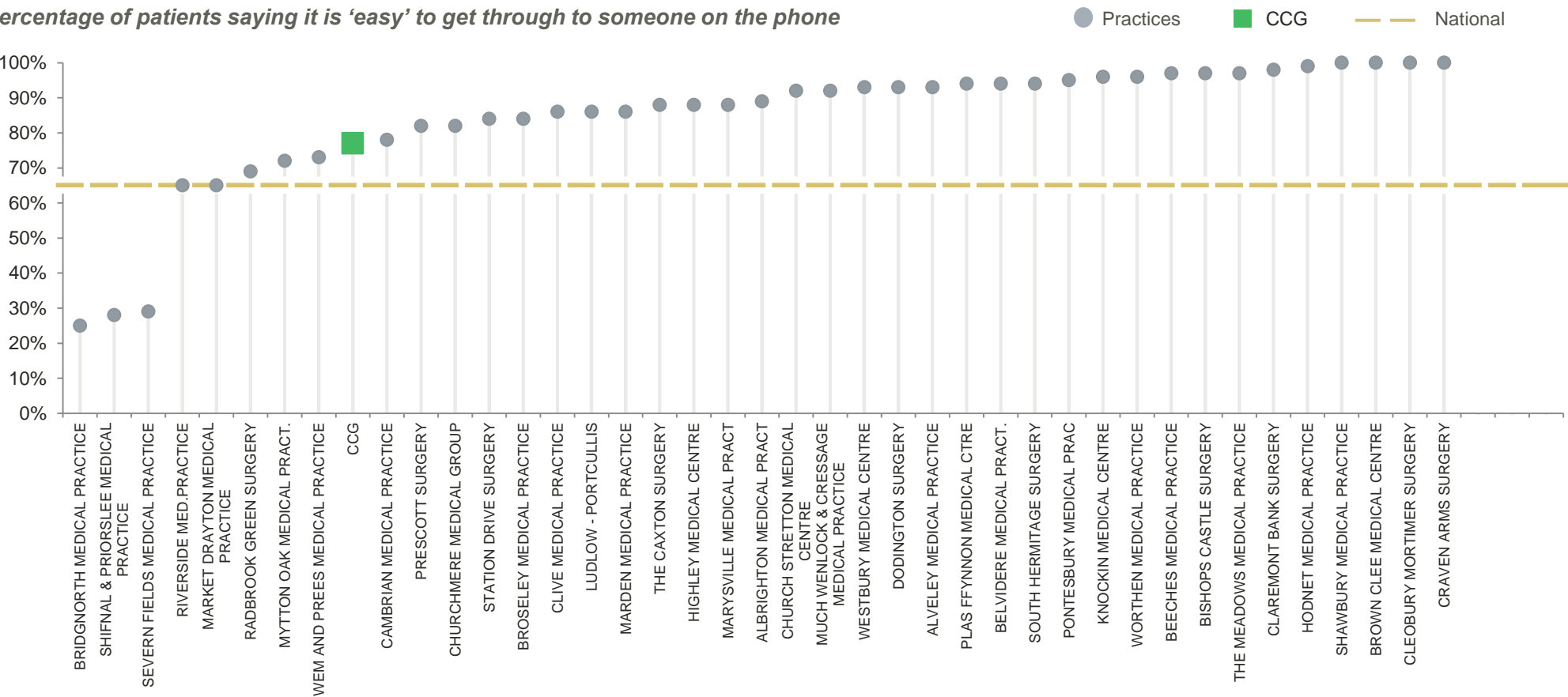
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (4,611); CCG 2019 (4,912); CCG 2018 (4,910); Practice bases range from 98 to 138; CCG bases range from 1,424 to 15,481

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

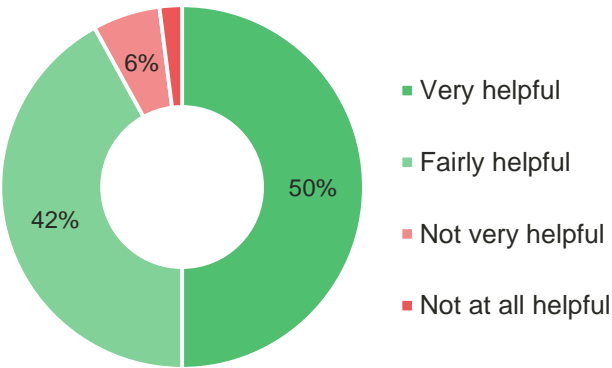
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (4,611); Practice bases range from 98 to 138

%Easy = %Very easy + %Fairly easy

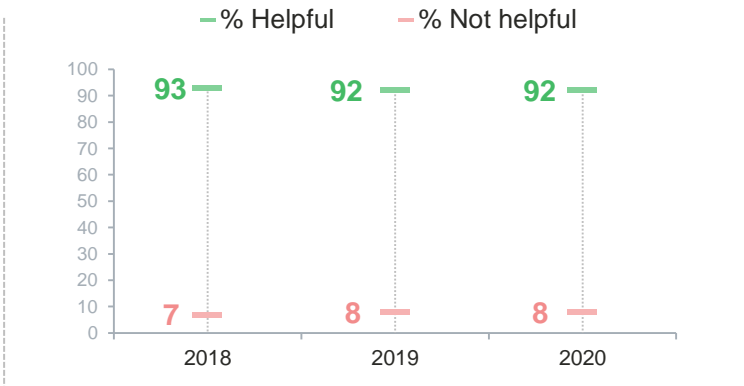
Helpfulness of receptionists at GP practice

Q2. How helpful do you find the receptionists at your GP practice?

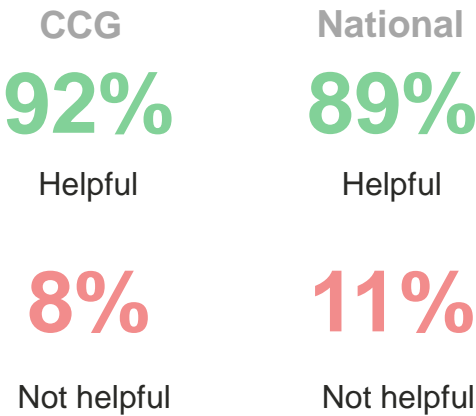
CCG's results



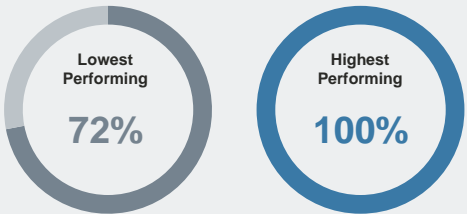
CCG's results over time



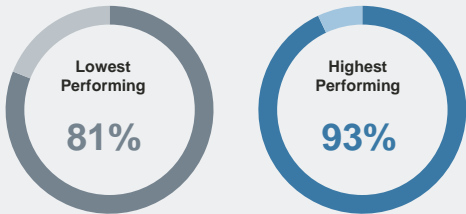
Comparison of results



Practice range within CCG – % Helpful



CCG range within region – % Helpful



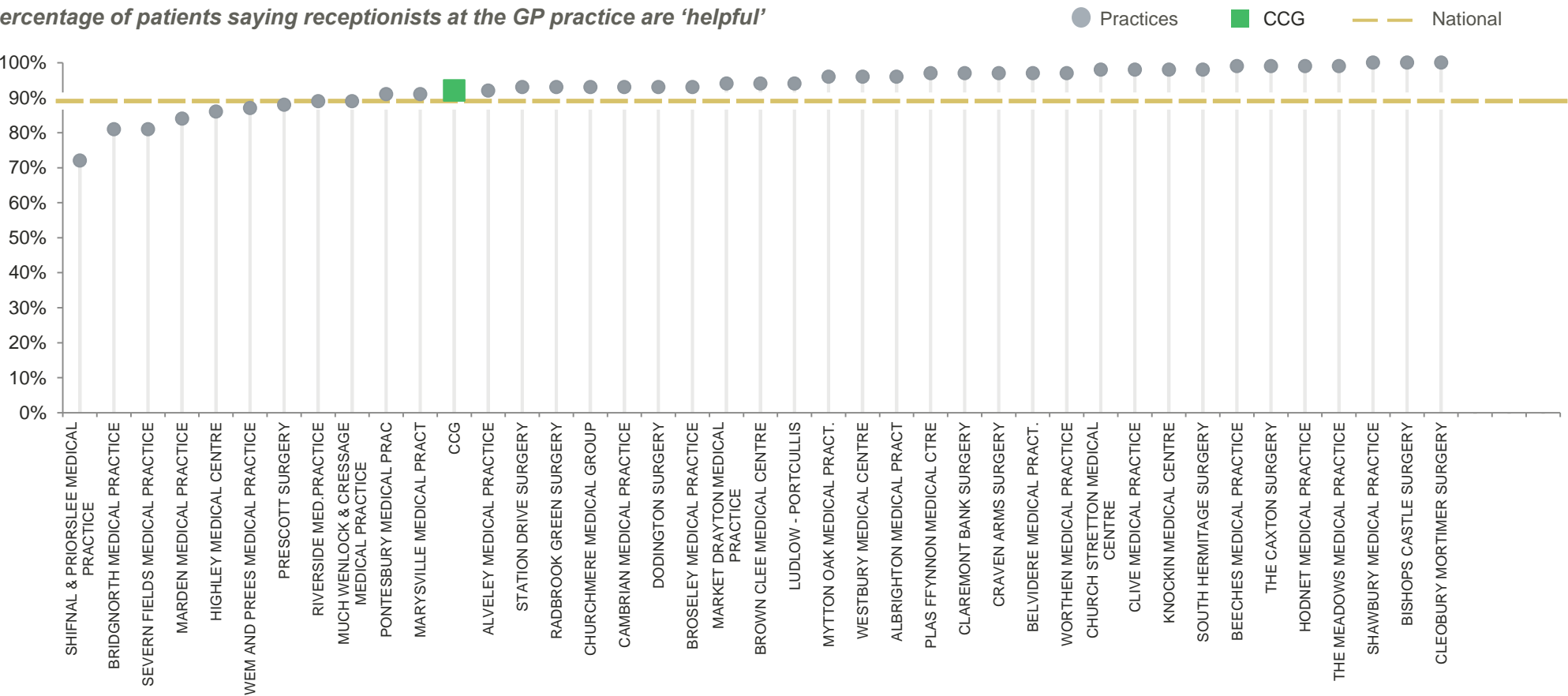
Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (4,685); CCG 2019 (4,948); CCG 2018 (4,973); Practice bases range from 98 to 140; CCG bases range from 1,453 to 15,684

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



Comparisons are indicative only: differences may not be statistically significant

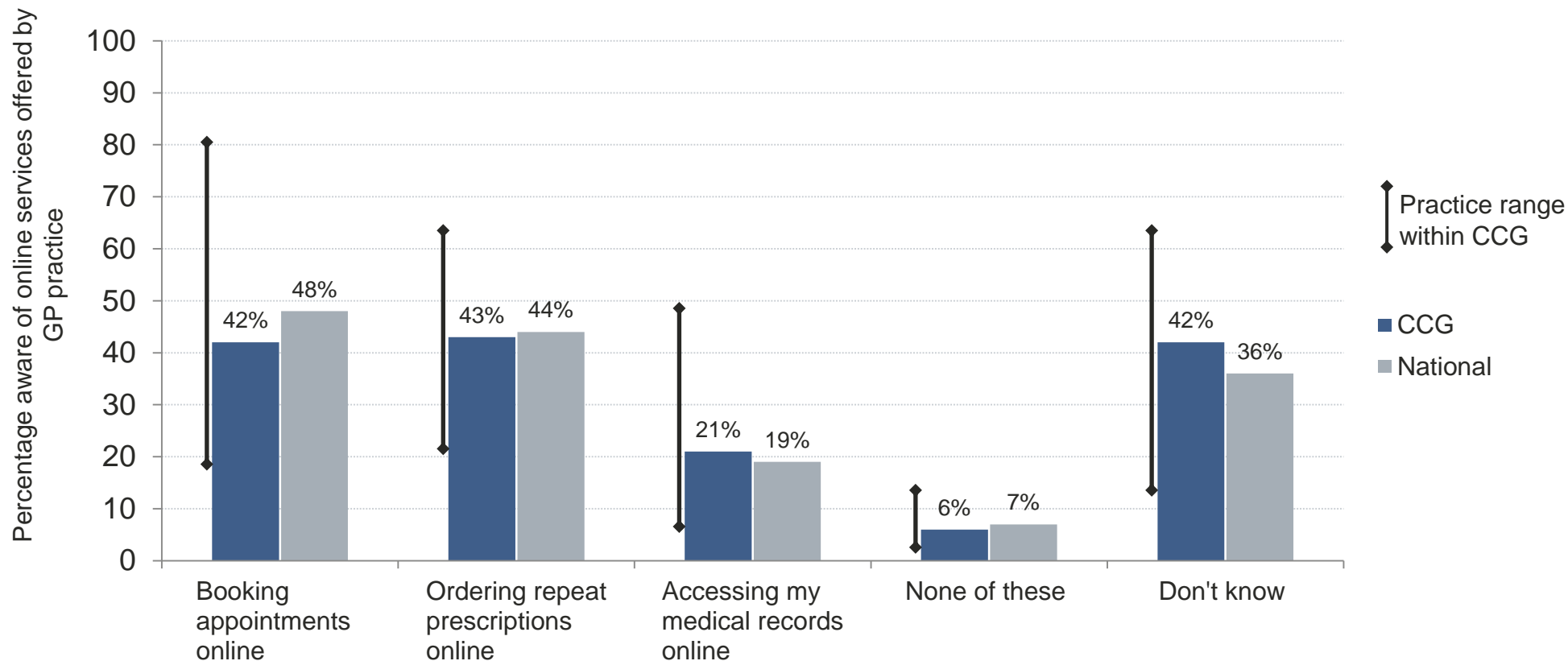
Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (4,685); Practice bases range from 98 to 140

%Helpful = %Very helpful + %Fairly helpful

Access to online services

Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

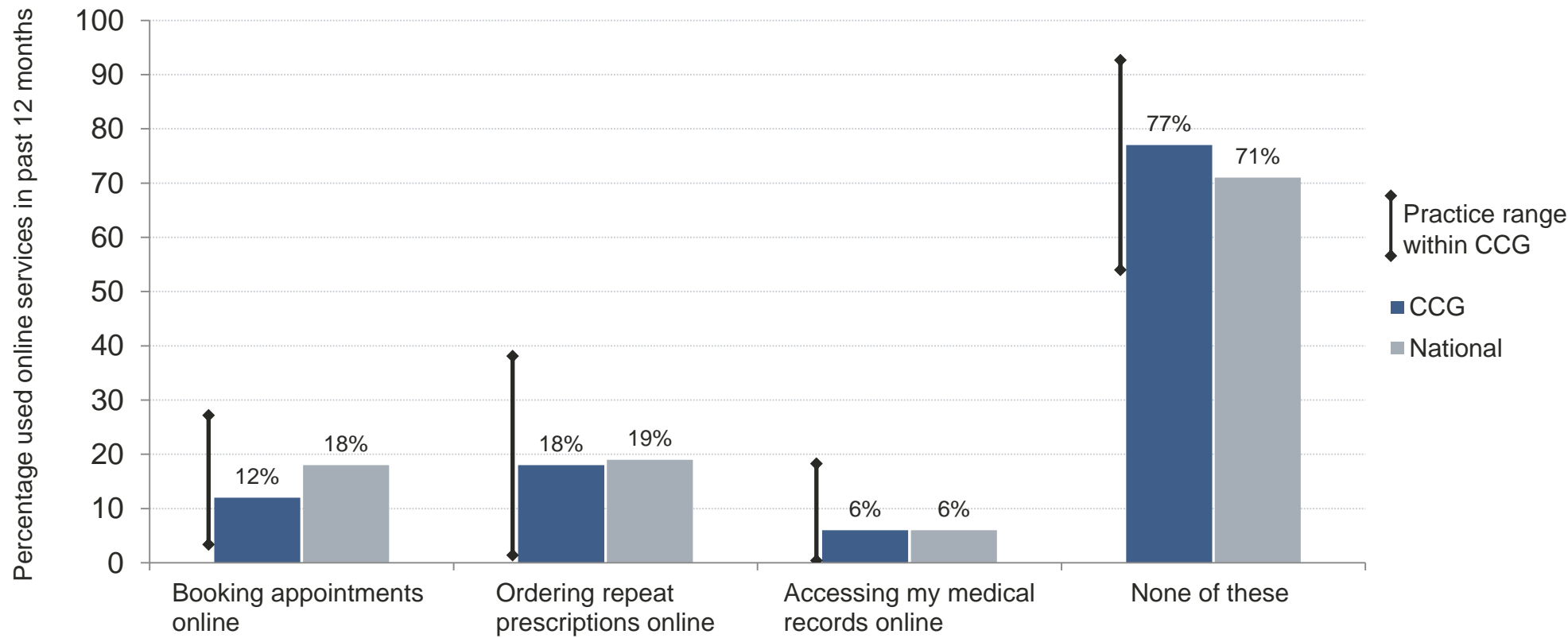


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (4,650); Practice bases range from 97 to 137

Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



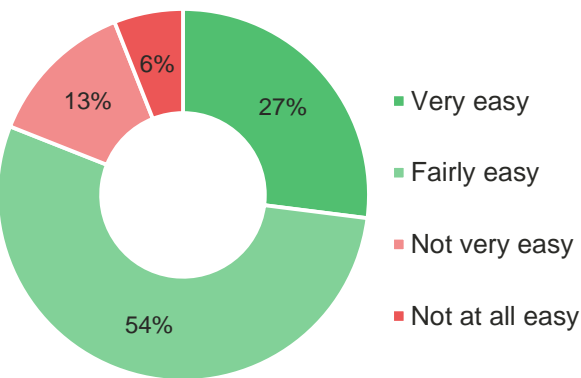
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (723,567); CCG 2020 (4,712); Practice bases range from 100 to 141

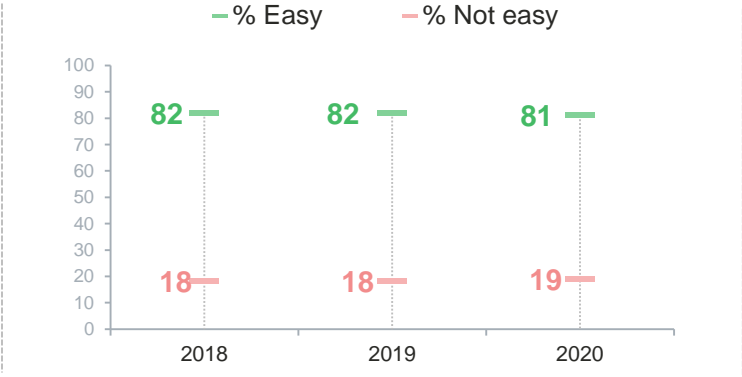
Ease of use of online services

Q6. How easy is it to use your GP practice's website to look for information or access services?*

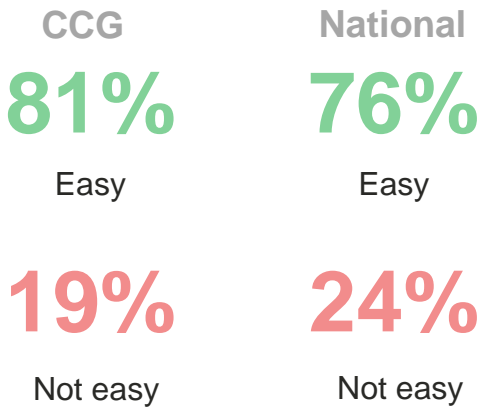
CCG's results



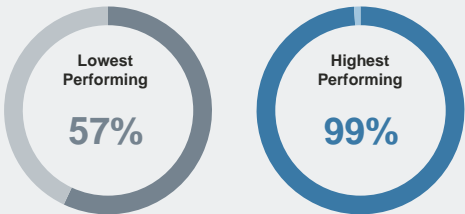
CCG's results over time



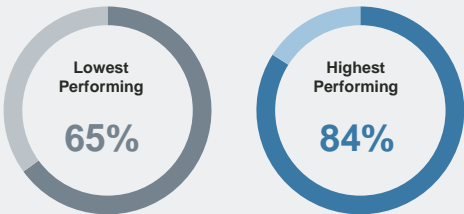
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



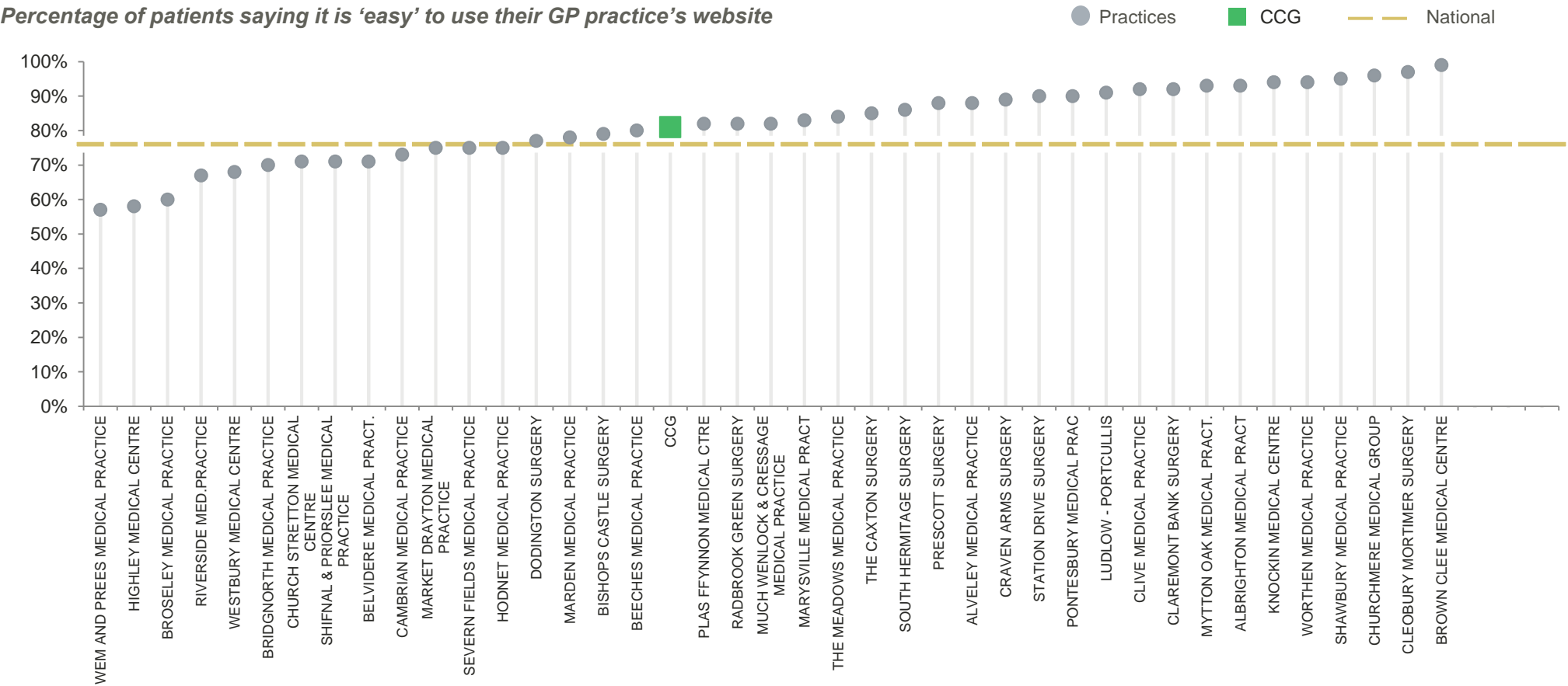
*Those who say 'Haven't tried' (66%) have been excluded from these results.

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (1,511); CCG 2019 (1,442); CCG 2018 (1,309); Practice bases range from 22 to 62; CCG bases range from 478 to 5,533

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of use of online services: how the CCG's practices compare

Q6. How easy is it to use your GP practice's website to look for information or access services?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (1,511); Practice bases range from 22 to 62

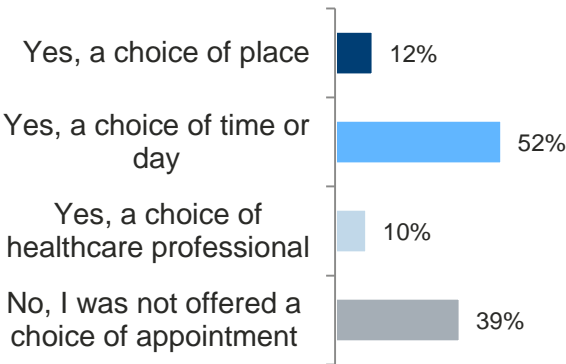
%Easy = %Very easy + %Fairly easy

Making an appointment

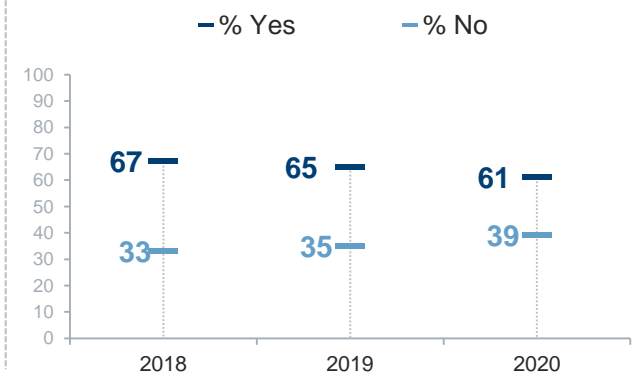
Choice of appointment

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

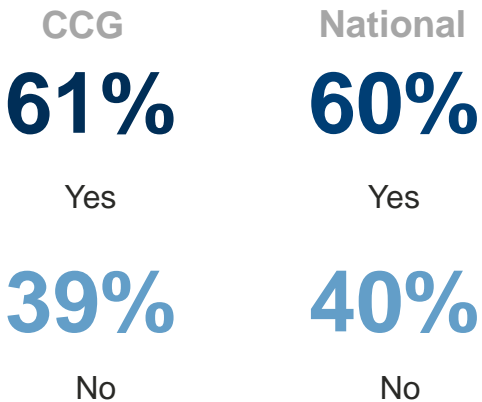
CCG's results



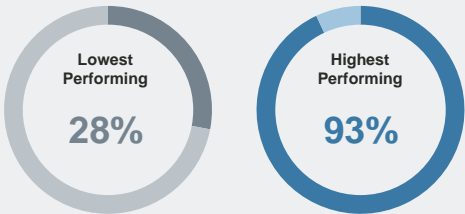
CCG's results over time



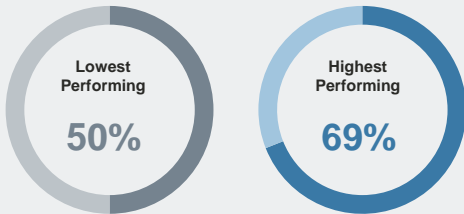
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes

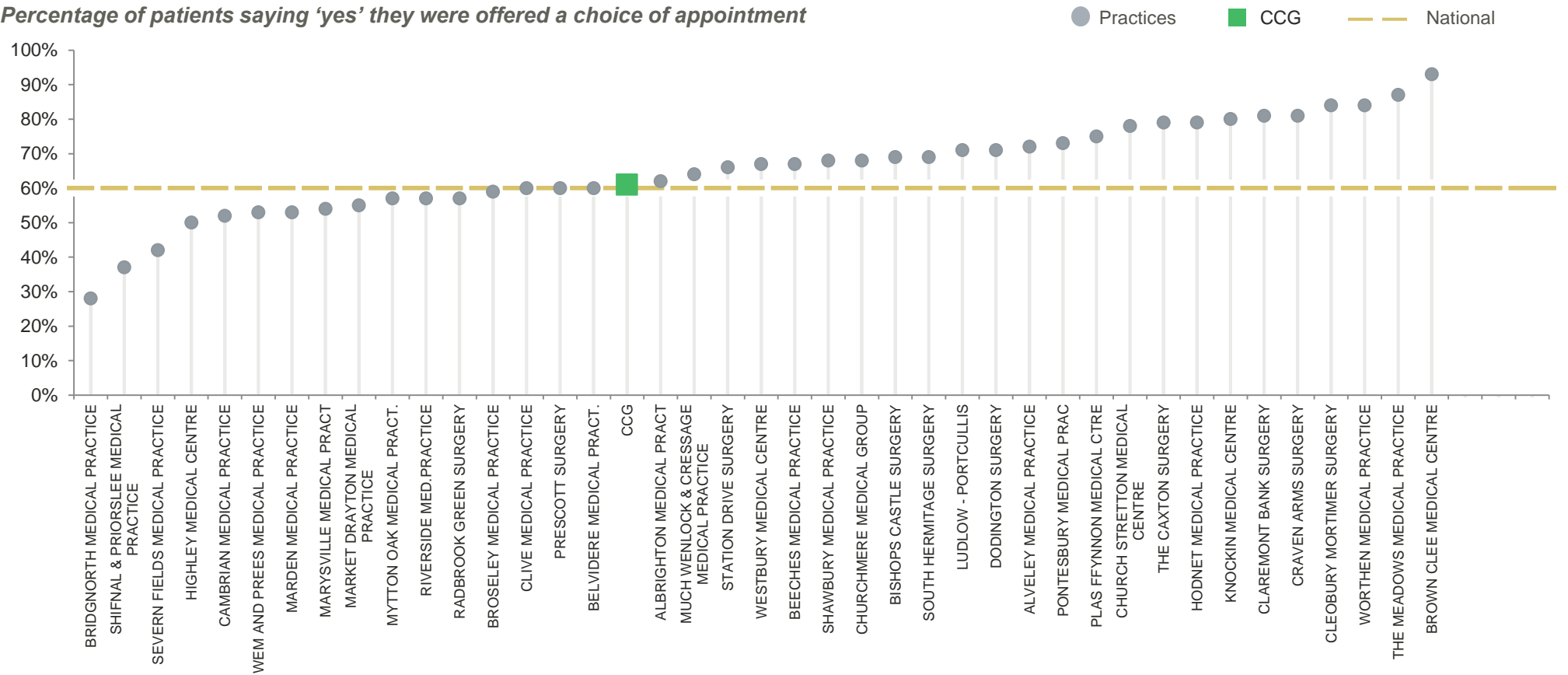


Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (3,699); CCG 2019 (3,892); CCG 2018 (3,915); Practice bases range from 67 to 110; CCG bases range from 1,137 to 12,259

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

Choice of appointment: how the CCG's practices compare

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?



Comparisons are indicative only: differences may not be statistically significant

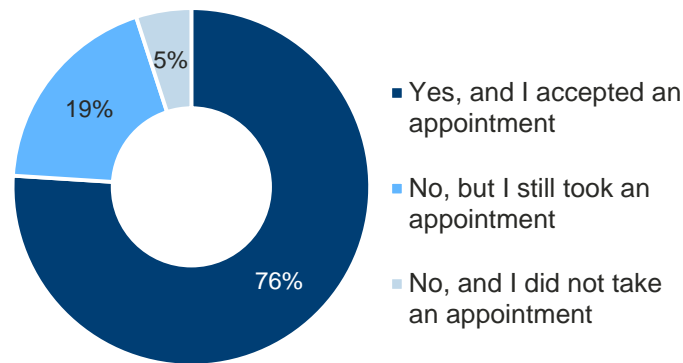
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (3,699); Practice bases range from 67 to 110

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

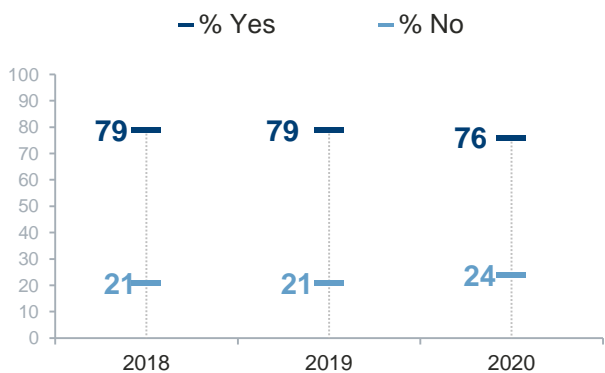
Satisfaction with appointment offered

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

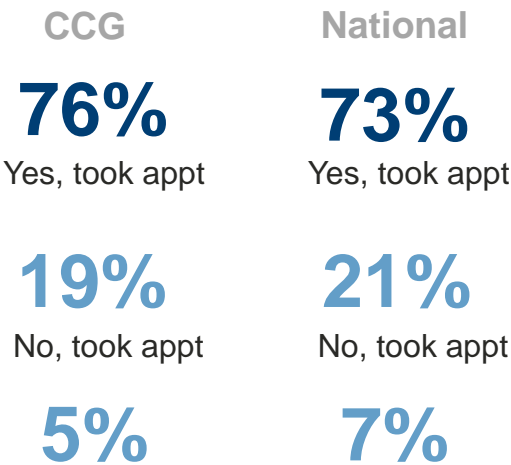
CCG's results



CCG's results over time

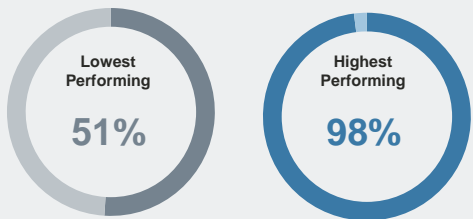


Comparison of results

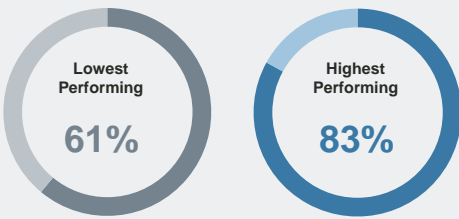


No, didn't take appt No, didn't take appt

Practice range within CCG – % Yes



CCG range within region – % Yes



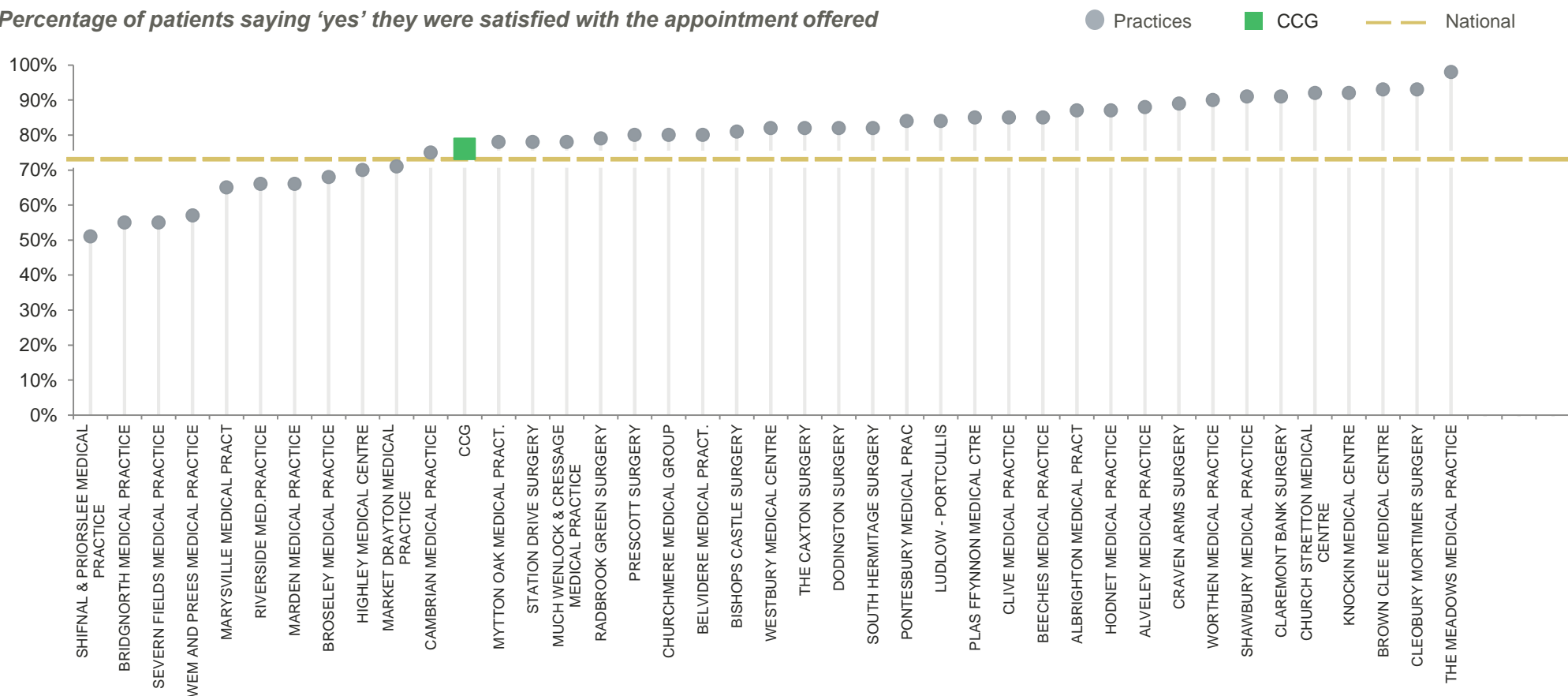
Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (4,423); CCG 2019 (4,735); CCG 2018 (4,773); Practice bases range from 90 to 130; CCG bases range from 1,342 to 14,742

%No = %No, but I still took an appointment + %No, and I did not take an appointment

Satisfaction with appointment offered: how the CCG's practices compare

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Percentage of patients saying 'yes' they were satisfied with the appointment offered

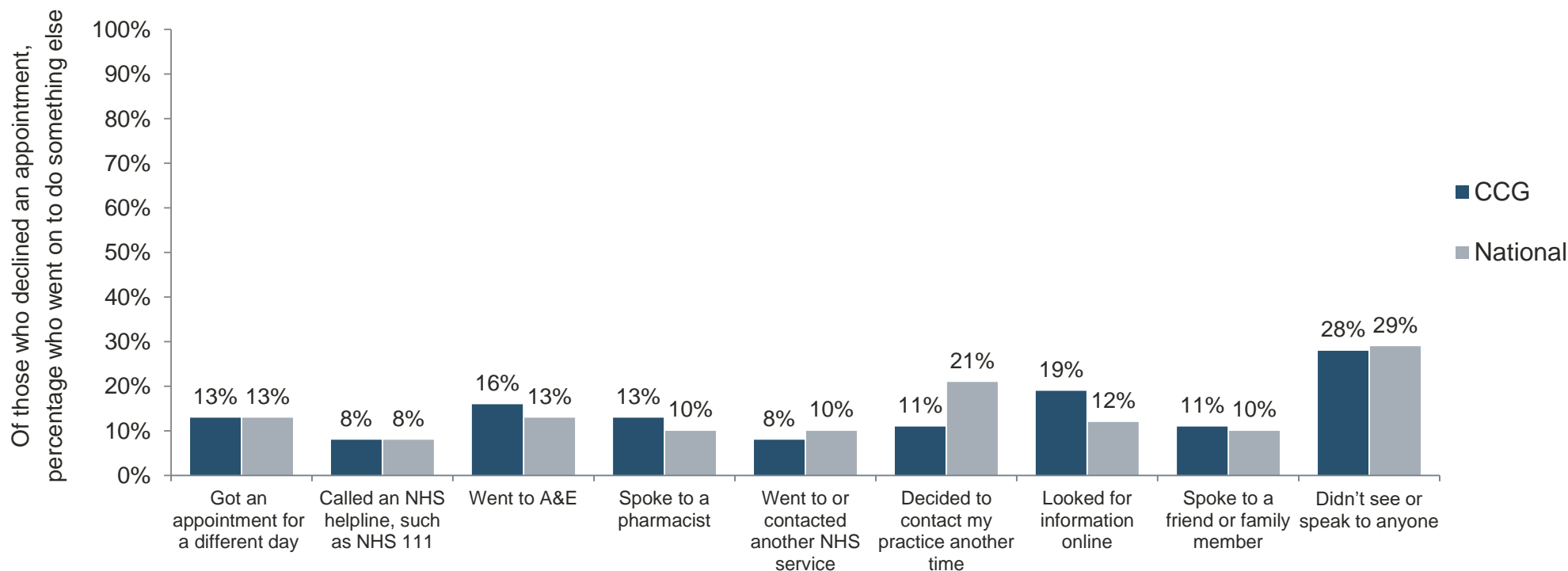


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (4,423); Practice bases range from 90 to 130

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



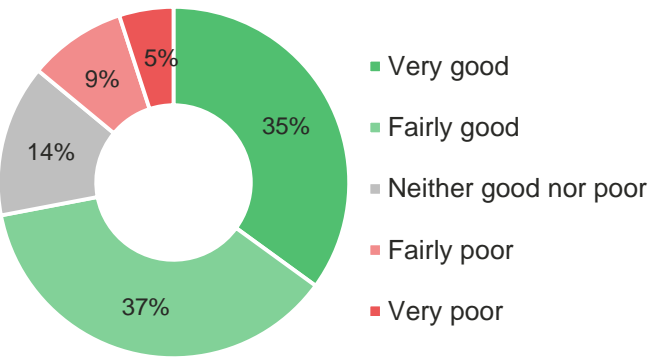
Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,909); CCG 2020 (153)

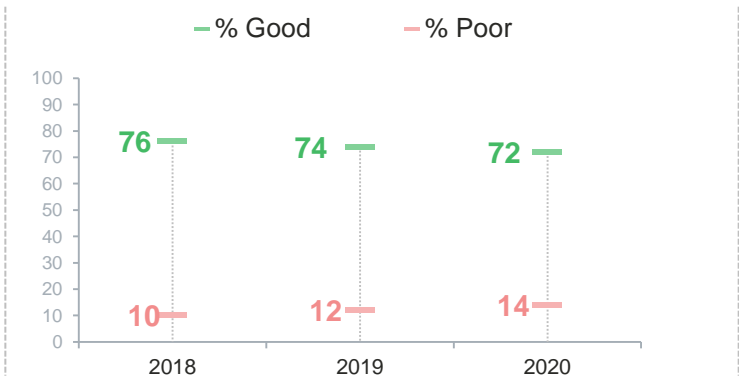
Overall experience of making an appointment

Q22. Overall, how would you describe your experience of making an appointment?

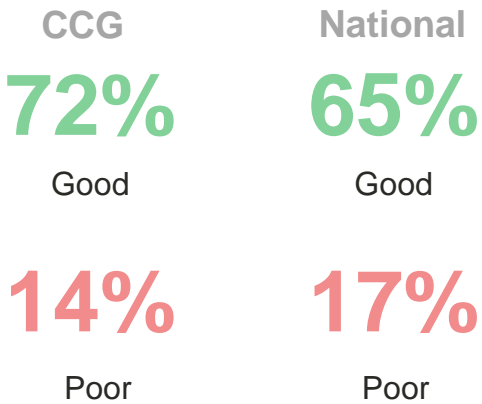
CCG's results



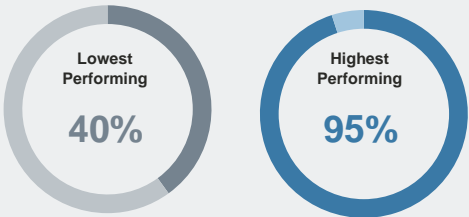
CCG's results over time



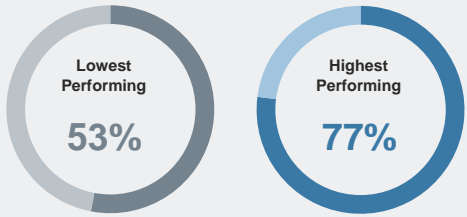
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good

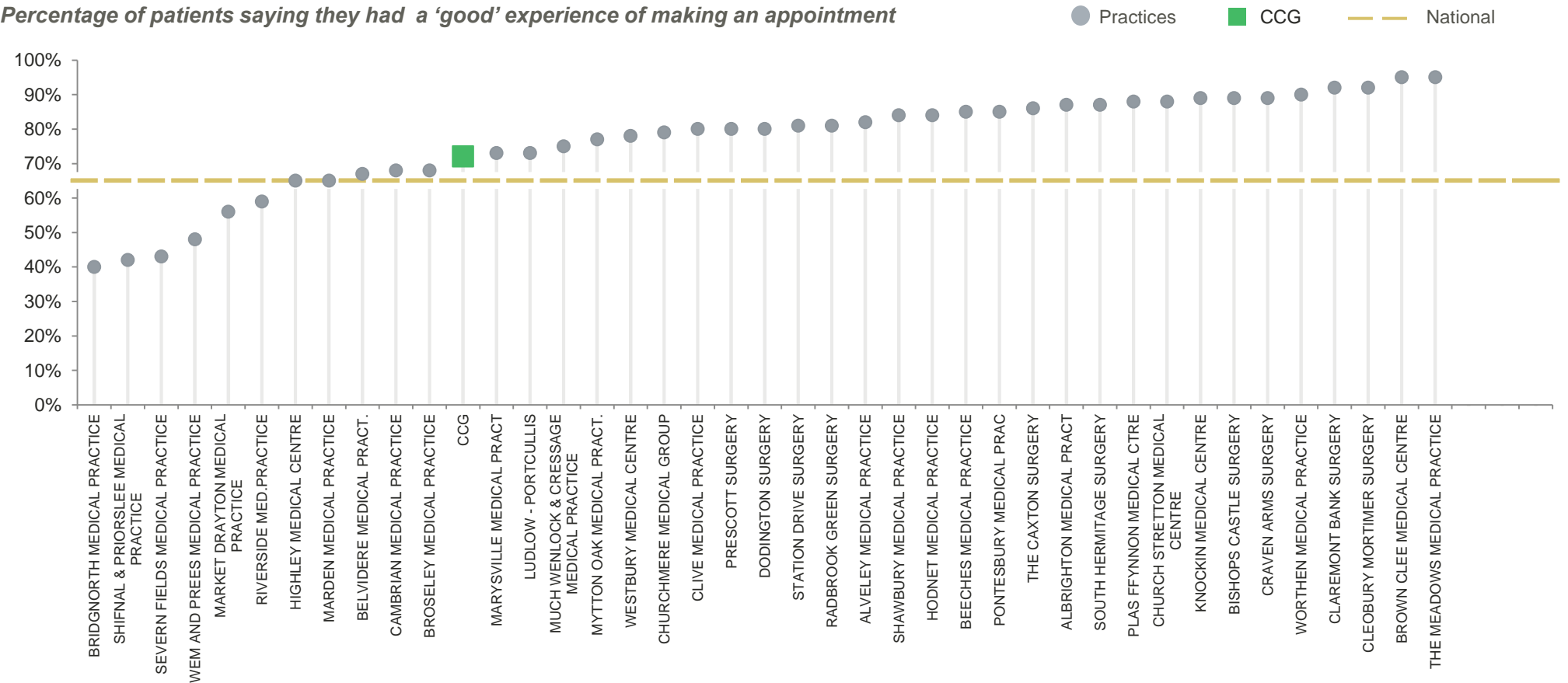


Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (4,357); CCG 2019 (4,700); CCG 2018 (4,678); Practice bases range from 90 to 127; CCG bases range from 1,333 to 14,628

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (4,357); Practice bases range from 90 to 127

%Good = %Very good + %Fairly good

Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

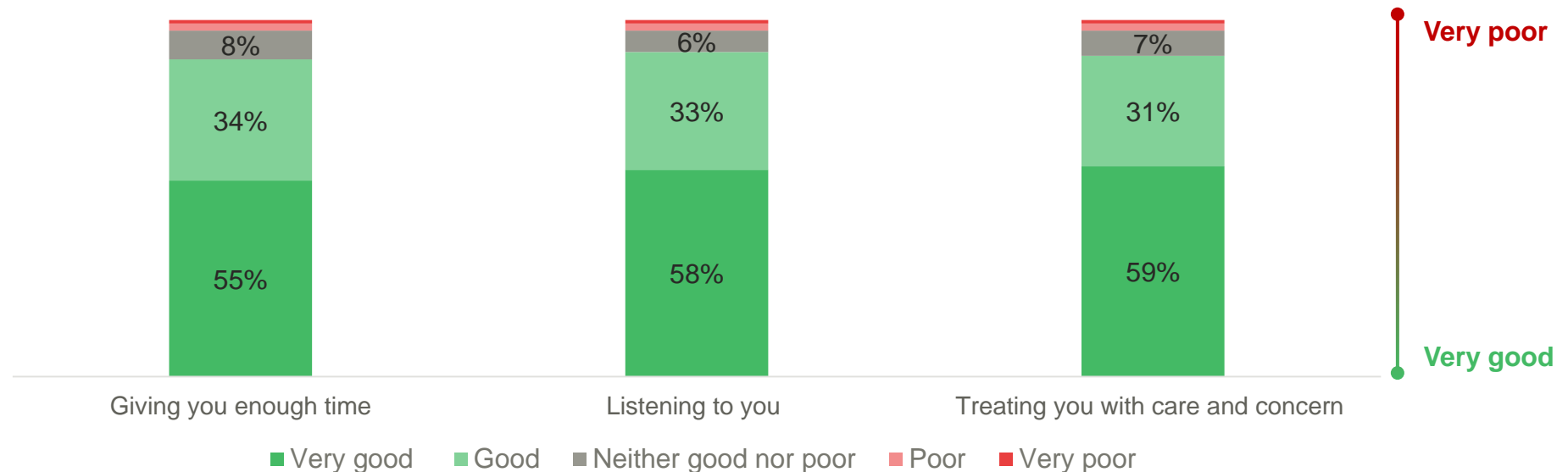
CCG's results

National results			
% 'Poor' (total)	4%	4%	4%
CCG results			
% 'Poor' (total)	3%	3%	3%

Giving you enough time

Listening to you

Treating you with care and concern



Very good Good Neither good nor poor Poor Very poor

Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (4,476; 4,448; 4,459)

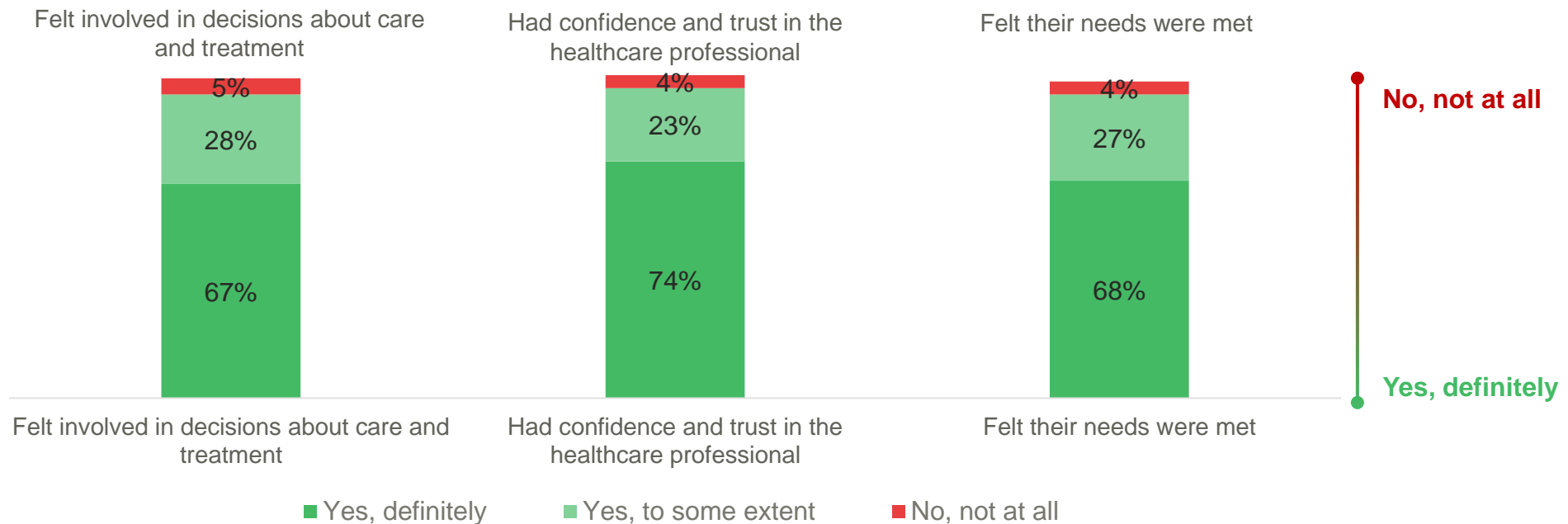
%Poor (total) = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

CCG's results

National results			
% 'No, not at all'	7%	5%	6%
CCG results			
% 'No, not at all'	5%	4%	4%

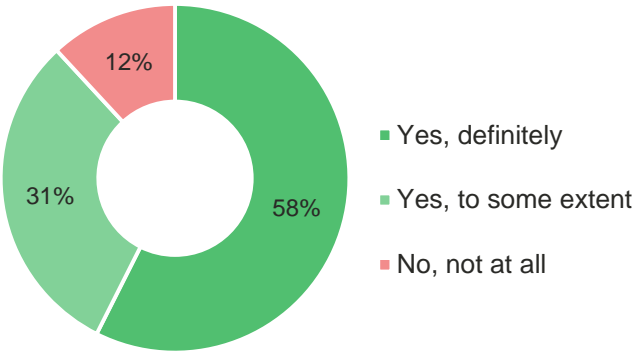


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say':
National (603,943; 667,229; 663,675); CCG 2020 (4,021; 4,430; 4,421)

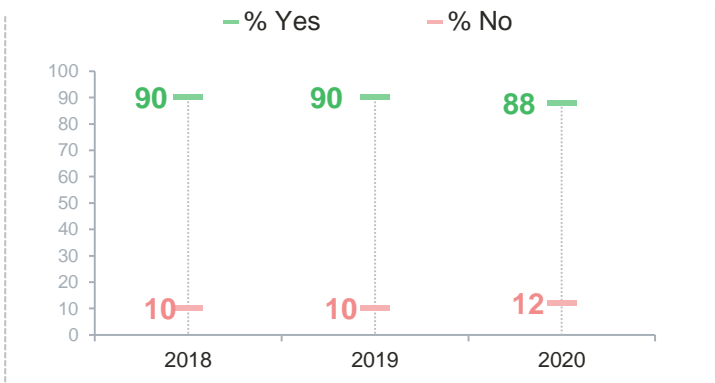
Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

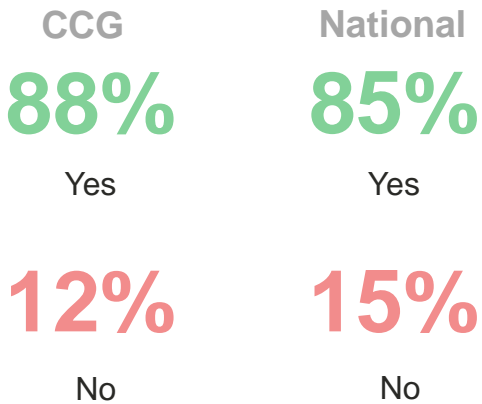
CCG's results



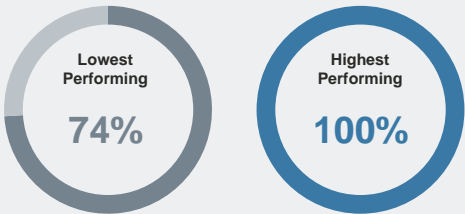
CCG's results over time



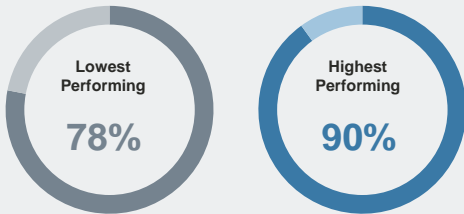
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (1,674); CCG 2019 (1,670); CCG 2018 (1,702); Practice bases range from 27 to 51; CCG bases range from 528 to 6,747

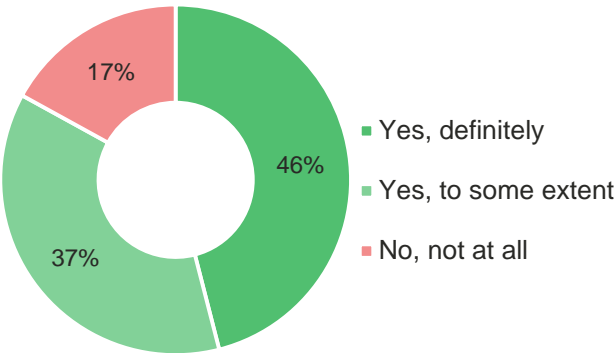
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

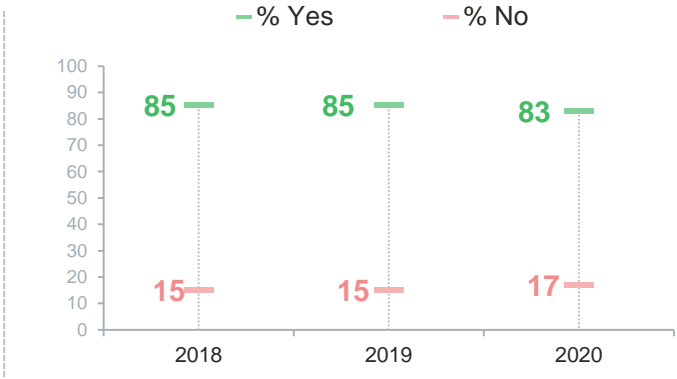
Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

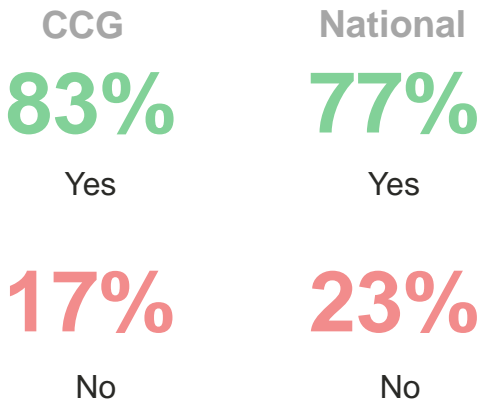
CCG's results



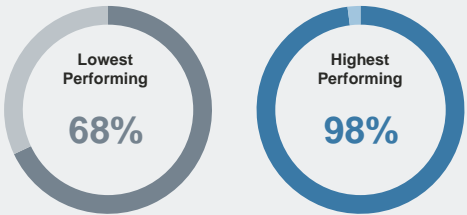
CCG's results over time



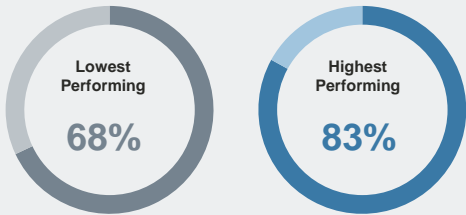
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



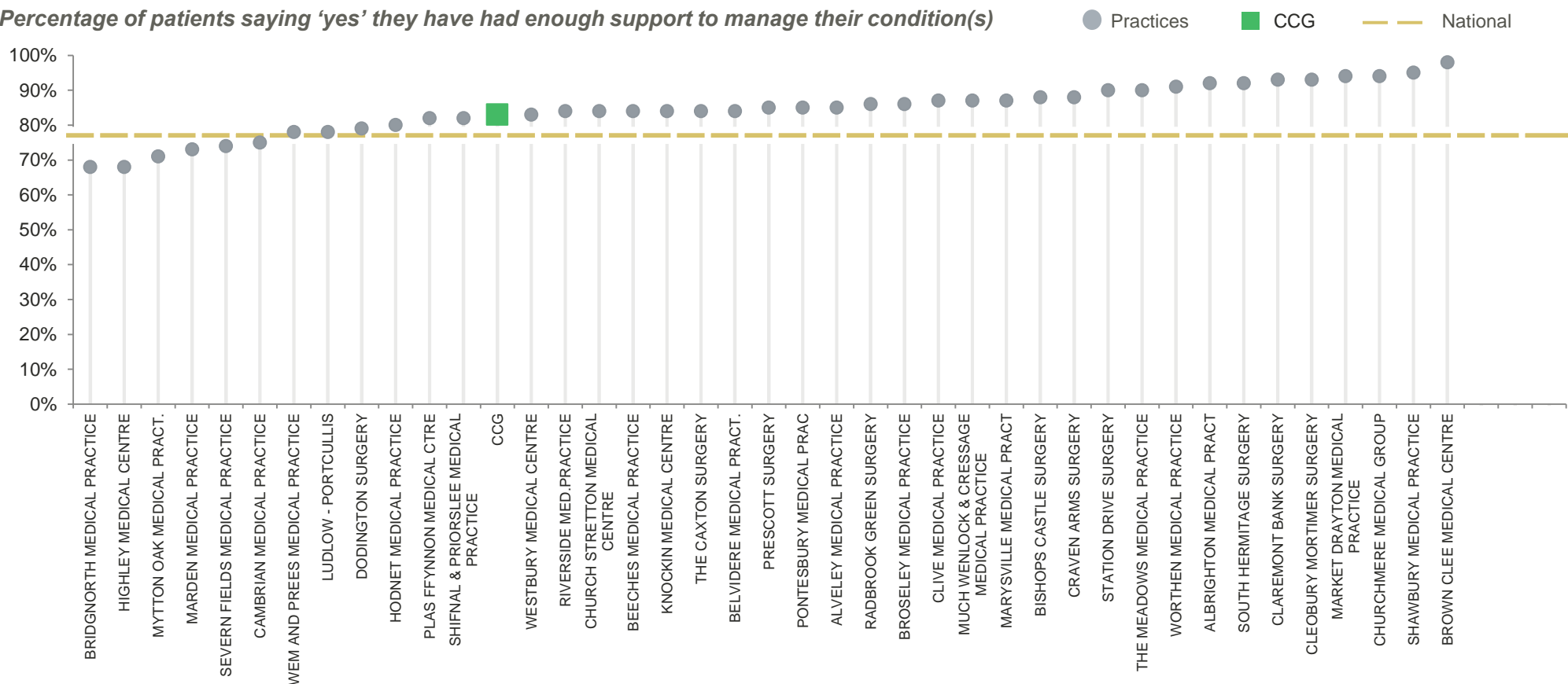
Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,827); CCG 2019 (2,000); CCG 2018 (1,979); Practice bases range from 33 to 63; CCG bases range from 612 to 6,183

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Percentage of patients saying 'yes' they have had enough support to manage their condition(s)



Comparisons are indicative only: differences may not be statistically significant

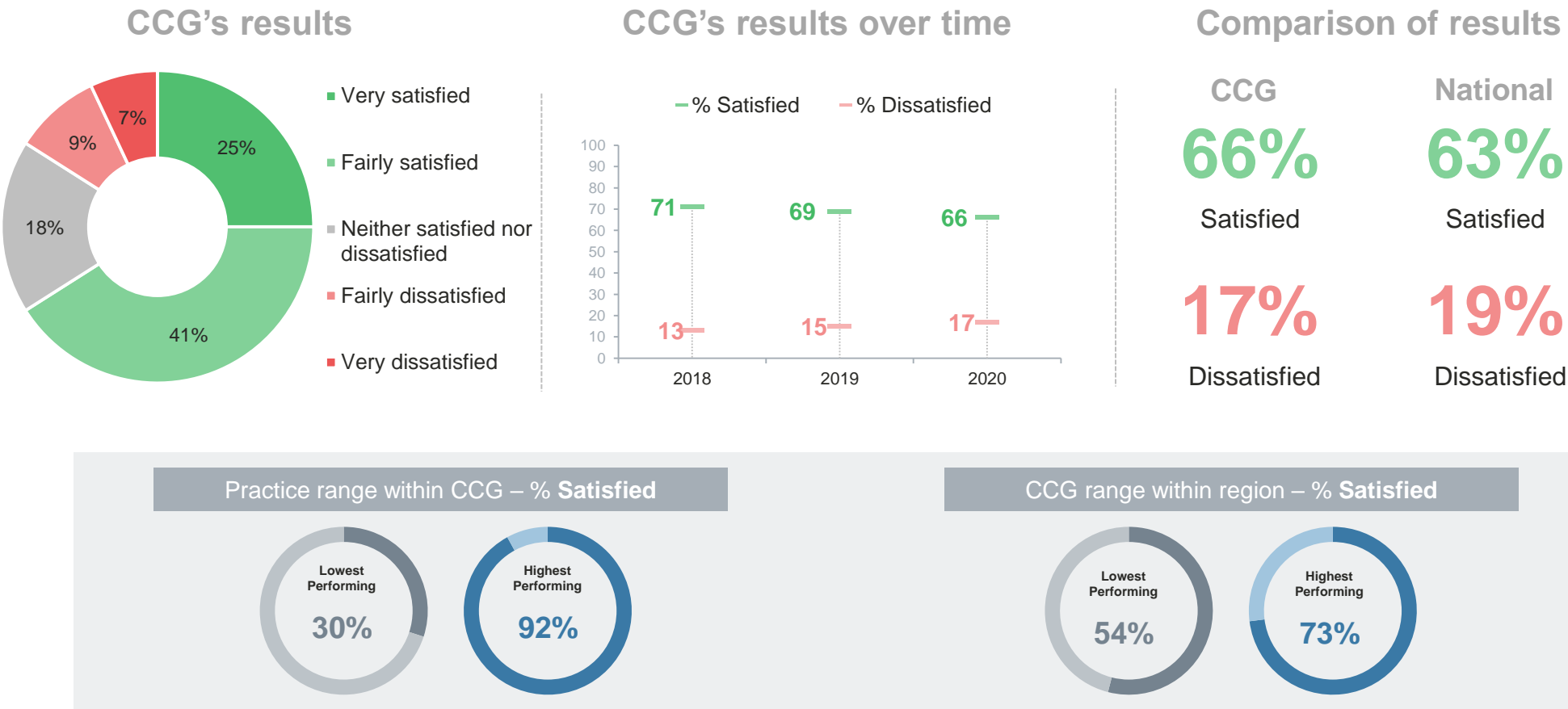
Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,827); Practice bases range from 33 to 63

%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?*



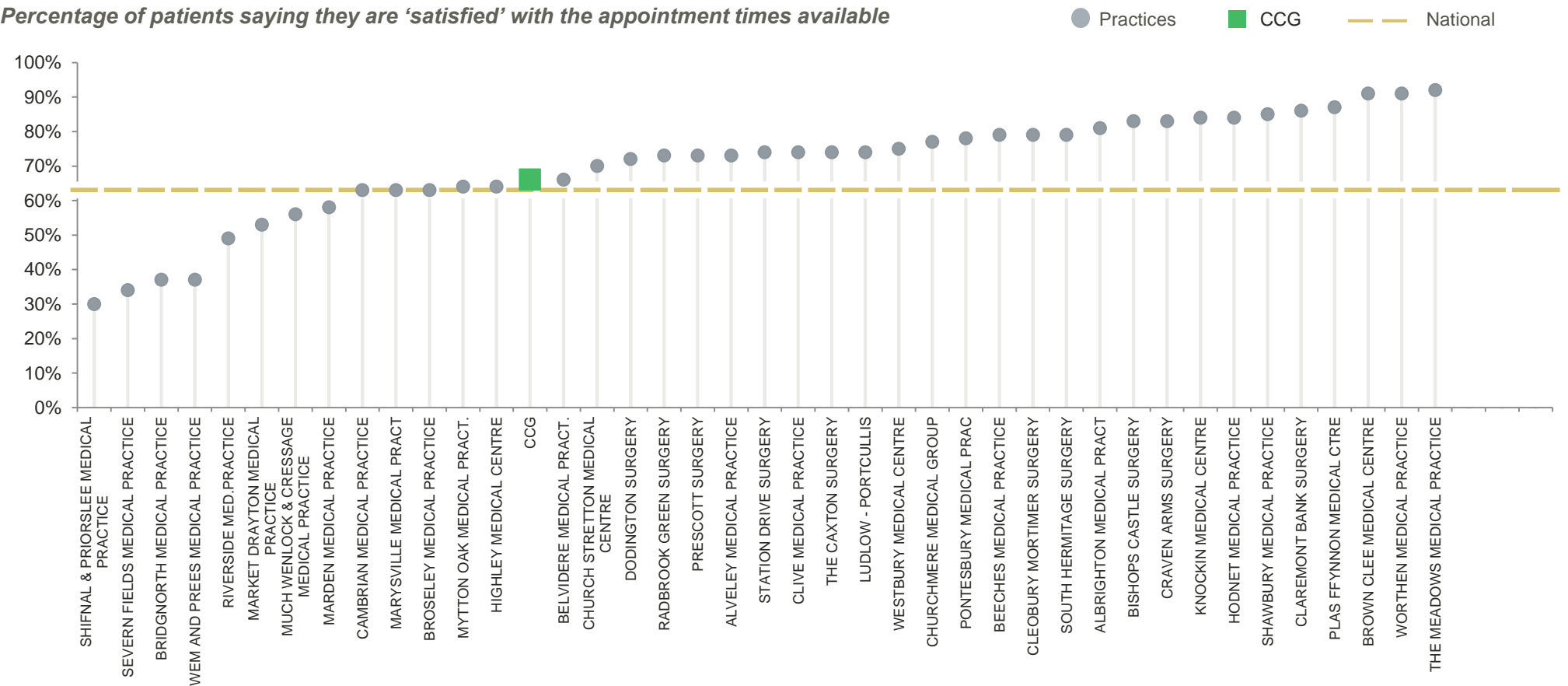
*Those who say 'I'm not sure when I can get an appointment' (2%) have been excluded from these results.

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (4,356); CCG 2019 (4,669); CCG 2018 (4,695); Practice bases range from 87 to 130; CCG bases range from 1,268 to 14,536

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (4,356); Practice bases range from 87 to 130

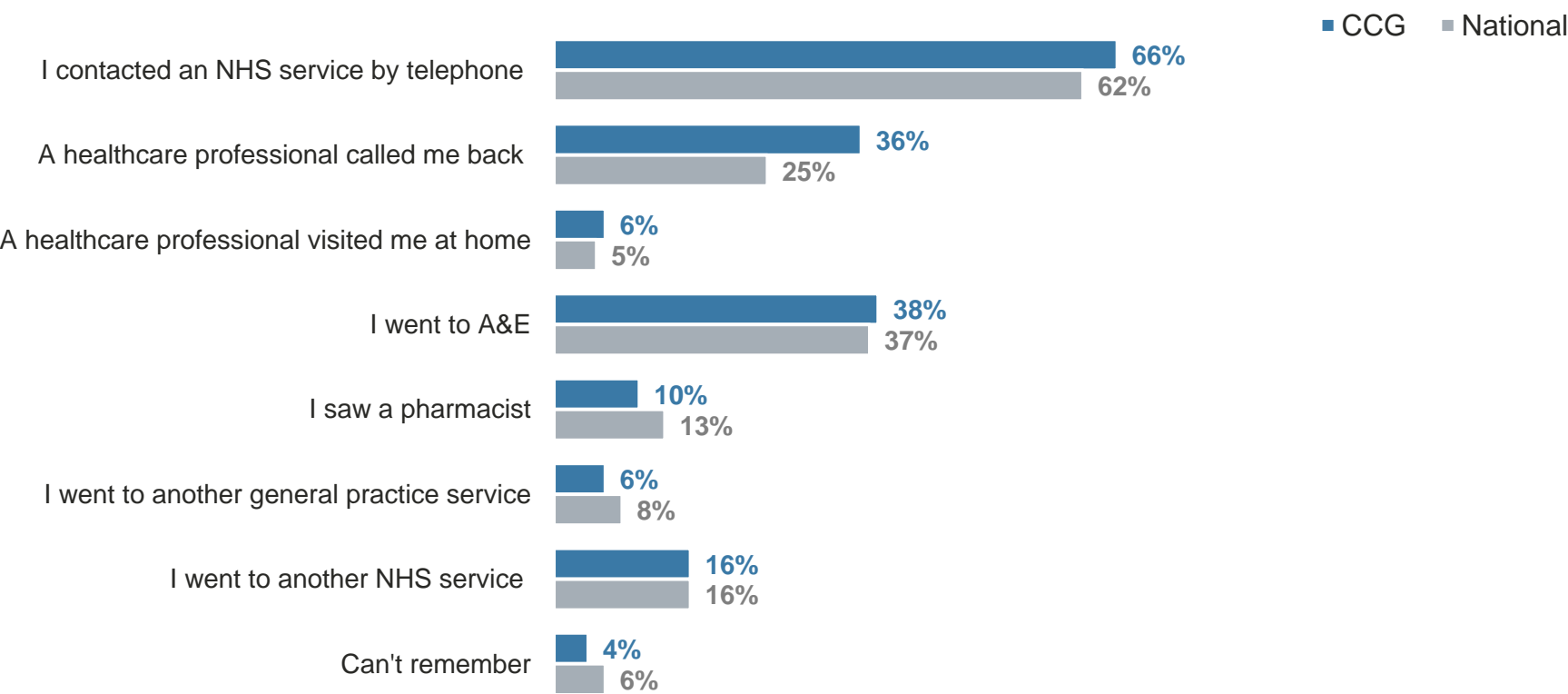
%Satisfied = %Very satisfied + %Fairly satisfied

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

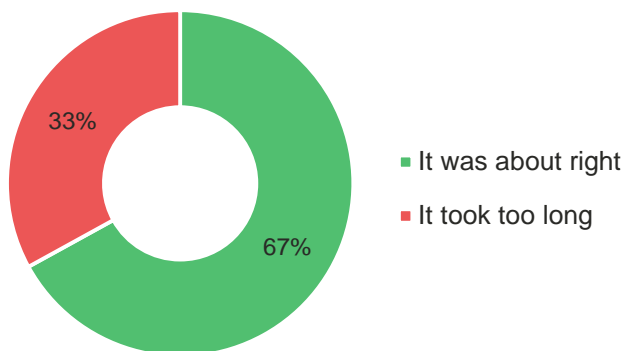


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (753)

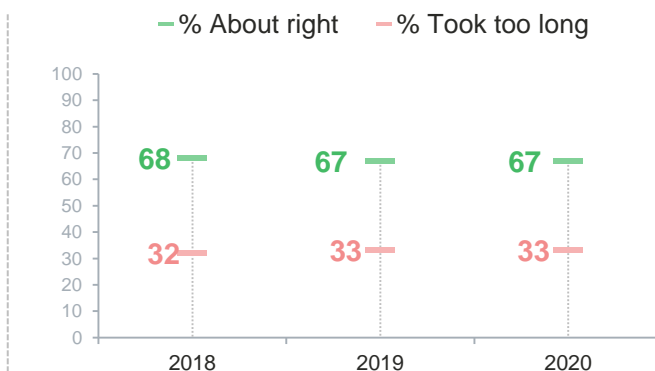
Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

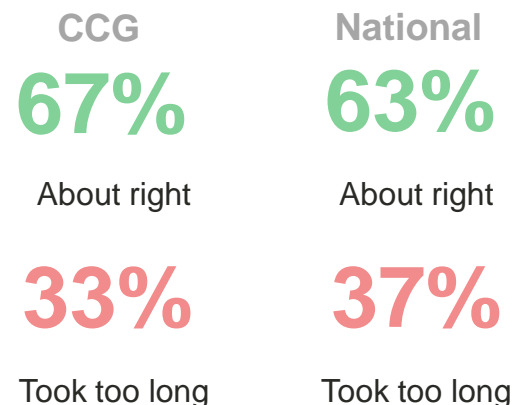
CCG's results



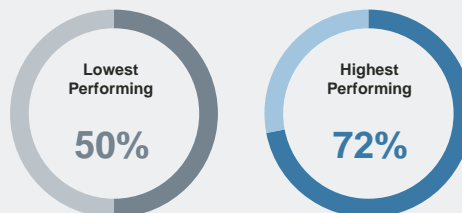
CCG's results over time



Comparison of results



CCG range within region – % About right

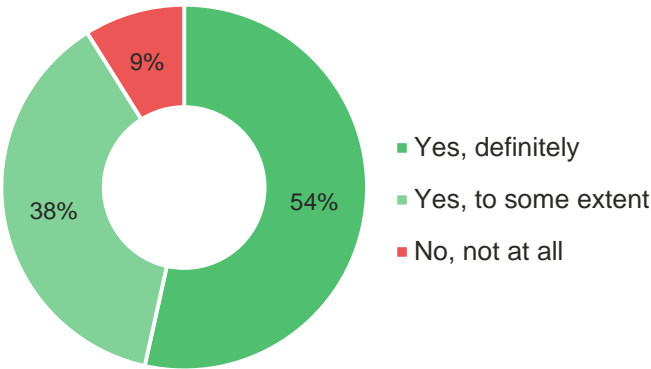


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (720); CCG 2019 (828); CCG 2018 (781); CCG bases range from 271 to 3,168

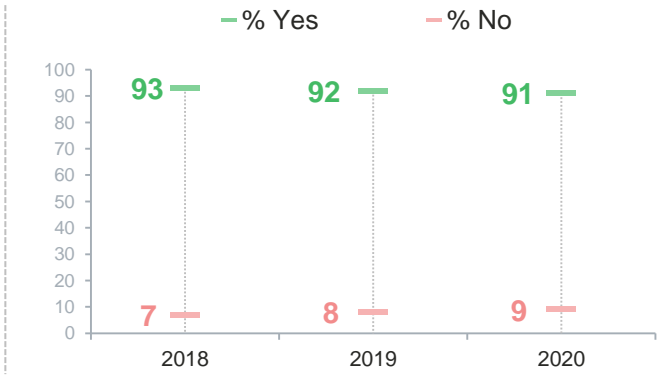
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

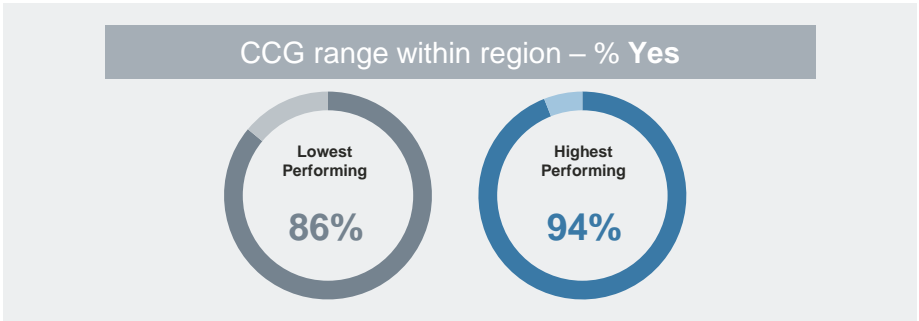
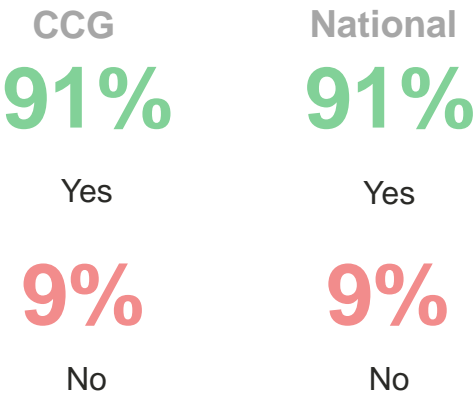
CCG's results



CCG's results over time



Comparison of results



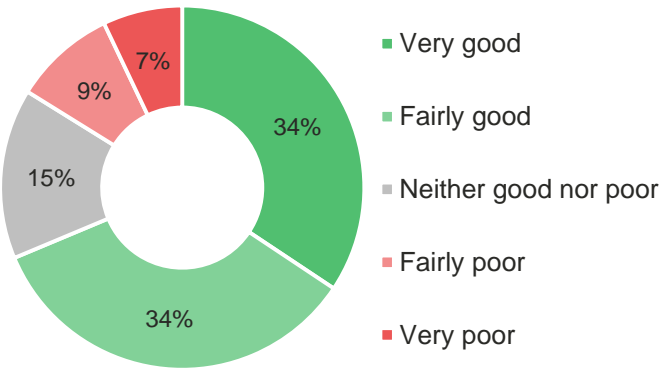
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (125,059); CCG 2020 (709); CCG 2019 (844); CCG 2018 (794); CCG bases range from 271 to 3,205

%Yes = %Yes, definitely + % Yes, to some extent

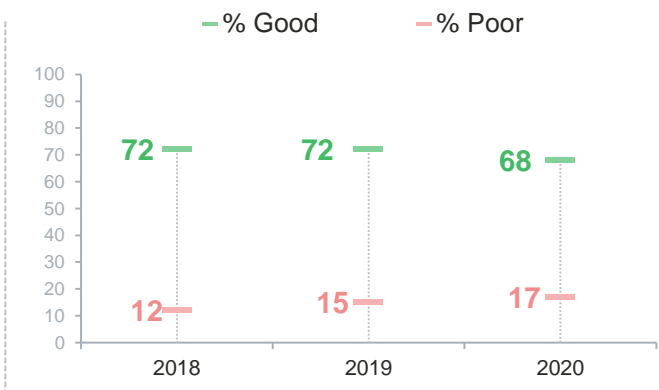
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

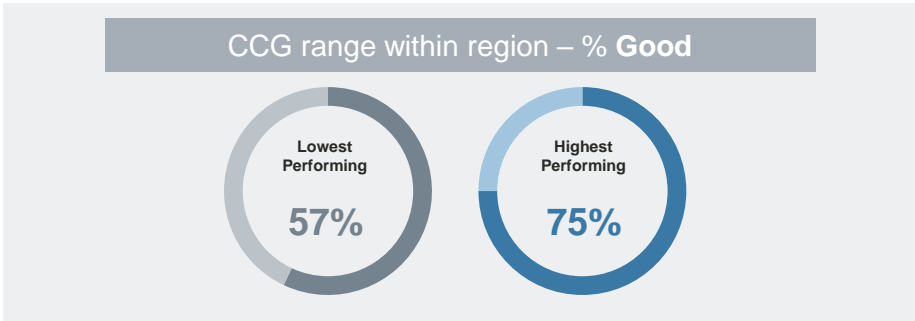
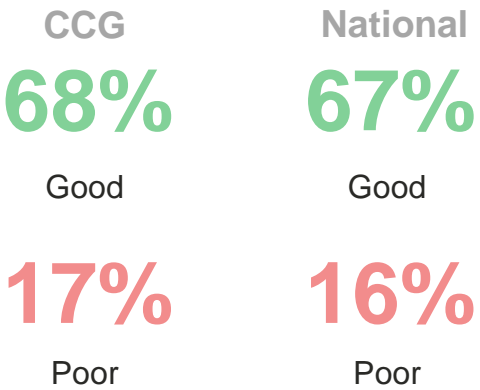
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (734); CCG 2019 (841); CCG 2018 (799); CCG bases range from 282 to 3,308

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level.

An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	739,637	0.10	0.15	0.17
CCG	5,479	1.13	1.73	1.88
Practice	108	6.93	10.20	11.08

For example, taking a CCG where 5,479 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.73 percentage points from that question’s result (i.e. between 28.27% and 31.73%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when the results for a group are based on smaller numbers i.e. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.3 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **31.7%**, based on **739,637** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

c.2.3m

Surveys to adults
registered with an
English GP practice

739,637

Completed surveys in
the 2020 publication

31.7%

National response
rate

Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2020>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

Technical Details

This report contains data collected from patients aged 16+ registered with a GP practice in England.

Data are weighted by age and gender to reflect the population of eligible patients within each practice and CCG.

[See the GP Patient Survey website for further information about weighting.](#)

Results

[Please find the data tables in the Results tab](#)

An asterisk (*) indicates a base size of fewer than 10. Where a percentage is below 0.5% it will be displayed as 0%.

Where percentages do not sum to 100, or individual responses do not sum-up to the combined response, this may be due to respondents being able to select multiple responses, computer rounding or the exclusion of non specific responses such as don't know or can't say. Where any response is excluded from the combined response, this will be specified.

More information

For more information about the survey please see the: [GP Patient Survey website FAQ.](#)

Shropshire: NHS SHROPSHIRE CCG

This report contains data collected from patients aged 16+ registered with a GP practice in England.

Weighted Data

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Weighted Base: Shropshire (3,777). Unweighted Base: Shropshire (4,611)

	Shropshire (%)	Shropshire (N)
Easy	77%	2925
Not easy	23%	852
Total		3777

Q2. How helpful do you find the receptionists at your GP practice?

Weighted Base: Shropshire (3,843). Unweighted Base: Shropshire (4,685)

	Shropshire (%)	Shropshire (N)
Helpful	92%	3535
Not helpful	8%	308
Total		3843

Q3. In the past 12 months, have you booked general practice appointments in any of the following ways?

Weighted Base: Shropshire (3,945). Unweighted Base: Shropshire (4,784)

	Shropshire (%)	Shropshire (N)
In person	44%	1741
By phone	79%	3117
By automated telephone booking	1%	36
Online including on an app	9%	368
Via another route, such as NHS 111	2%	70
Doesn't apply / none of these	10%	395
Total		3945

Q4. As far as you know, which of the following online services does your GP practice offer?

Weighted Base: Shropshire (3,864). Unweighted Base: Shropshire (4,650)

	Shropshire (%)	Shropshire (N)
Booking appointments online	42%	1622
Ordering repeat prescriptions online	43%	1670
Accessing my medical records online	21%	809
None of these	6%	213
Don't know	42%	1623
Total		3864

Q5. Which of the following general practice online services have you used in the past 12 months?

Weighted Base: Shropshire (3,897). Unweighted Base: Shropshire (4,712)

	Shropshire (%)	Shropshire (N)
Booking appointments online	12%	457
Ordering repeat prescriptions online	18%	707
Accessing my medical records online	6%	245
None of these	77%	2987
Total		3897

Q6. How easy is it to use your GP practice's website to look for information or access services?

Weighted Base: Shropshire (1,309). Unweighted Base: Shropshire (1,511)

	Shropshire (%)	Shropshire (N)
Easy	81%	1057
Not easy	19%	253
Total		1309

Q7. As far as you are aware, what general practice appointment times are available to you?

Weighted Base: Shropshire (3,860). Unweighted Base: Shropshire (4,658)

	Shropshire (%)	Shropshire (N)
Before 8am on at least one weekday	7%	272
Weekdays between 8am and 6.30pm	68%	2640
After 6.30pm on a weekday	11%	443
On a Saturday	9%	329
On a Sunday	1%	38
Don't know	28%	1078
Total		3860

Q8. How satisfied are you with the general practice appointment times that are available to you?

Weighted Base: Shropshire (3,569). Unweighted Base: Shropshire (4,356)

	Shropshire (%)	Shropshire (N)
Satisfied	66%	2348
Dissatisfied	17%	597

Q9. Is there a particular GP you usually prefer to see or speak to?

Weighted Base: Shropshire (3,796). Unweighted Base: Shropshire (4,541)

	Shropshire (%)	Shropshire (N)
Yes	50%	1913
No	50%	1883
Total		3796

Q10. How often do you see or speak to your preferred GP when you would like to?*Weighted Base: Shropshire (1,798). Unweighted Base: Shropshire (2,381)*

	Shropshire (%)	Shropshire (N)
Always or almost always/A lot of the time	47%	839

Q11. When did you last try to make a general practice appointment, either for yourself or for someone else?*Weighted Base: Shropshire (3,808). Unweighted Base: Shropshire (4,596)*

	Shropshire (%)	Shropshire (N)
Last 6 months	76%	2892
More than 6 months ago	22%	821

Q12. Who was this appointment for?*Weighted Base: Shropshire (3,515). Unweighted Base: Shropshire (4,248)*

	Shropshire (%)	Shropshire (N)
Me	86%	3036
A child under 16	6%	224
An adult aged 16 or over who I am a carer for	1%	46
Another adult aged 16 or over (including family members)	6%	209
Total		3515

Q13. How concerned were you at the time about your health, or the health of the person you were making this appointment for?*Weighted Base: Shropshire (3,608). Unweighted Base: Shropshire (4,374)*

	Shropshire (%)	Shropshire (N)
Concerned	67%	2422
Not concerned	33%	1186
Total		3608

Q14. Before you tried to get this appointment, did you do any of the following?*Weighted Base: Shropshire (3,615). Unweighted Base: Shropshire (4,352)*

	Shropshire (%)	Shropshire (N)
I looked for information online	35%	1257
Spoke to a pharmacist	14%	521
Tried to treat myself / the person I was making this appointment for (for example with medication)	28%	1013
Called an NHS helpline, such as NHS 111	5%	191
Went to or contacted another NHS service	4%	137
Asked for advice from a friend or family member	23%	839
Tried to get information or advice elsewhere (from a non-NHS service)	7%	258
I did not try to get information or advice	36%	1301
Total		3615

Q15. When would you have liked this appointment to be?

Weighted Base: Shropshire (3,607). Unweighted Base: Shropshire (4,354)

	Shropshire (%)	Shropshire (N)
On the same day	35%	1257
On the next day	14%	522
A few days later	26%	937
A week or more later	5%	164
I didn't have a specific day in mind	17%	628
Can't remember	3%	98
Total		3607

Q16. On this occasion, were you offered a choice of appointment?

Weighted Base: Shropshire (3,038). Unweighted Base: Shropshire (3,699)

	Shropshire (%)	Shropshire (N)
I was offered a choice	61%	1866
Not offered a choice	39%	1172
Total		3038

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Weighted Base: Shropshire (3,669). Unweighted Base: Shropshire (4,423)

	Shropshire (%)	Shropshire (N)
Satisfied	76%	2790
Dissatisfied	24%	879

Q18. If you did not take any appointments you were offered, why was that?

Weighted Base: Shropshire (170). Unweighted Base: Shropshire (156)

	Shropshire (%)	Shropshire (N)
There weren't any appointments available for the time or day I wanted	43%	73
The appointment was at too short notice	5%	9
The appointment wasn't soon enough	27%	46
I couldn't book ahead at my GP practice	19%	33
There weren't any appointments at the place I wanted	9%	15
The appointment was too far away / too difficult to get to	4%	7
I couldn't see my preferred GP	6%	11
There weren't any appointments with the healthcare professional I wanted	5%	9
The type of appointment I wanted was not available	8%	14
Another reason	30%	51
Total		170

Q19. What did you do when you did not take the appointment you were offered?

Weighted Base: Shropshire (166). Unweighted Base: Shropshire (153)

	Shropshire (%)	Shropshire (N)
Got an appointment for a different day	13%	21
Called an NHS helpline, such as NHS 111	8%	13
Went to A&E	16%	27
Spoke to a pharmacist	13%	21
Went to or contacted another NHS service	8%	13
Decided to contact my practice another time	11%	19
Looked for information online	19%	32
Spoke to a friend or family member	11%	19
Didn't see or speak to anyone	28%	46
Total		166

Q20. What type of appointment did you get?

Weighted Base: Shropshire (3,302). Unweighted Base: Shropshire (3,995)

	Shropshire (%)	Shropshire (N)
to speak to someone on the phone	7%	242
to see someone at my GP practice	89%	2934
to see someone at another general practice location	3%	86
to speak to someone online, for example on a video call	0%	1
for a home visit	1%	38
Total		3302

Q21. How long after initially trying to book the appointment did the appointment take place?

Weighted Base: Shropshire (3,403). Unweighted Base: Shropshire (4,119)

	Shropshire (%)	Shropshire (N)
On the same day	26%	898
On the next day	9%	309
A few days later	27%	919
A week or more later	33%	1115
Can't remember	5%	162
Total		3403

Q22. Overall, how would you describe your experience of making an appointment?

Weighted Base: Shropshire (3,613). Unweighted Base: Shropshire (4,357)

	Shropshire (%)	Shropshire (N)
Good	72%	2607
Poor	14%	493

Q23. When was your last general practice appointment?

Weighted Base: Shropshire (3,795). Unweighted Base: Shropshire (4,606)

	Shropshire (%)	Shropshire (N)
Last 6 months	71%	2684
More than 6 months ago	29%	1111
Total		3795

Q24. Who was your last general practice appointment with?*Weighted Base: Shropshire (3,674). Unweighted Base: Shropshire (4,436)*

	Shropshire (%)	Shropshire (N)
A GP	65%	2387
A nurse	29%	1067
A general practice pharmacist	1%	24
A mental health professional	1%	27
Another healthcare professional	3%	102
Don't know / not sure who I saw	2%	66
Total		3674

Q25. How long after your appointment time did you wait to see or speak to a healthcare professional?*Weighted Base: Shropshire (3,111). Unweighted Base: Shropshire (3,819)*

	Shropshire (%)	Shropshire (N)
15 minutes or less	68%	2113
More than 15 minutes	32%	998
Total		3111

Q26a. Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?*Weighted Base: Shropshire (3,684). Unweighted Base: Shropshire (4,476)*

	Shropshire (%)	Shropshire (N)
Good	89%	3286
Poor	3%	105

Q26b. Last time you had a general practice appointment, how good was the healthcare professional at listening to you?*Weighted Base: Shropshire (3,668). Unweighted Base: Shropshire (4,448)*

	Shropshire (%)	Shropshire (N)
Good	91%	3329
Poor	3%	107

Q26c. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?*Weighted Base: Shropshire (3,682). Unweighted Base: Shropshire (4,459)*

	Shropshire (%)	Shropshire (N)
Good	90%	3322
Poor	3%	110

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?*Weighted Base: Shropshire (1,501). Unweighted Base: Shropshire (1,674)*

	Shropshire (%)	Shropshire (N)
Yes	88%	1325
No	12%	176
Total		1501

Q28. During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

Weighted Base: Shropshire (3,298). Unweighted Base: Shropshire (4,021)

	Shropshire (%)	Shropshire (N)
Yes	95%	3146
No	5%	152

Q29. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

Weighted Base: Shropshire (3,636). Unweighted Base: Shropshire (4,430)

	Shropshire (%)	Shropshire (N)
Yes	96%	3503
No	4%	133
Total		3636

Q30. Thinking about the reason for your last general practice appointment, were your needs met?

Weighted Base: Shropshire (3,635). Unweighted Base: Shropshire (4,421)

	Shropshire (%)	Shropshire (N)
Yes	96%	3473
No	4%	162
Total		3635

Q31. Overall, how would you describe your experience of your GP practice?

Weighted Base: Shropshire (3,850). Unweighted Base: Shropshire (4,667)

	Shropshire (%)	Shropshire (N)
Good	85%	3289
Poor	6%	222

Q44. In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?

Weighted Base: Shropshire (3,894). Unweighted Base: Shropshire (4,707)

	Shropshire (%)	Shropshire (N)
Yes, for myself	12%	455
Yes, for someone else	8%	305
No	82%	3178
Total		3894

Q45. Please think about the last time you contacted an NHS service (for yourself or for someone else) when you wanted to see a GP but your GP practice was closed. Considering all of the services you contacted, which of the following happened on that occasion?

Weighted Base: Shropshire (694). Unweighted Base: Shropshire (753)

	Shropshire (%)	Shropshire (N)
I contacted an NHS service by telephone	66%	459
A healthcare professional called me back	36%	247
A healthcare professional visited me at home	6%	44
I went to A&E	38%	265
I saw a pharmacist	10%	71
I went to another general practice service	6%	38
I went to another NHS service	16%	112
Can't remember	4%	29
Total		694

Q46. How do you feel about how quickly you received care or advice on that occasion?

Weighted Base: Shropshire (659). Unweighted Base: Shropshire (720)

	Shropshire (%)	Shropshire (N)
It was about right	67%	444
It took too long	33%	215
Total		659

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

Weighted Base: Shropshire (646). Unweighted Base: Shropshire (709)

	Shropshire (%)	Shropshire (N)
Yes	91%	591
No	9%	55
Total		646

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

Weighted Base: Shropshire (681). Unweighted Base: Shropshire (734)

	Shropshire (%)	Shropshire (N)
Good	68%	463
Poor	17%	113

GP PATIENT SURVEY

NHS TELFORD AND WREKIN CCG

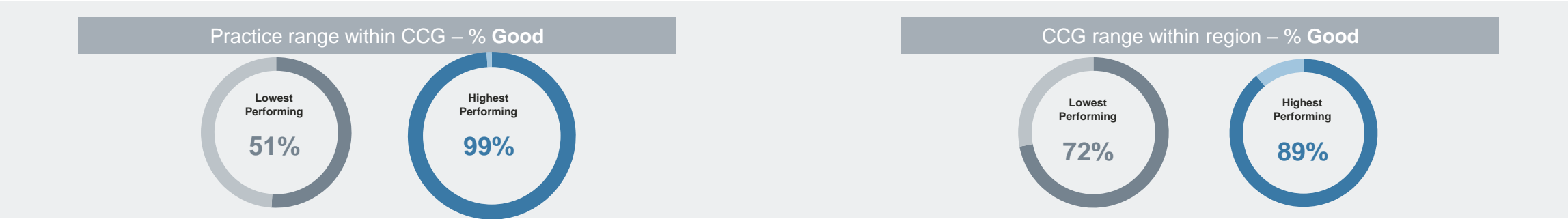
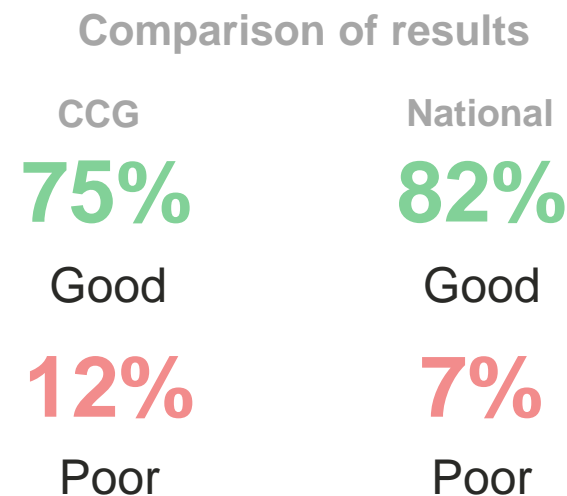
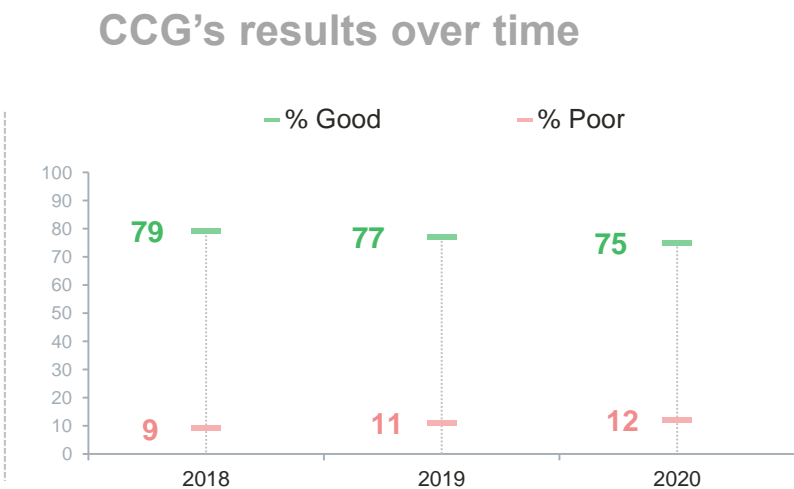
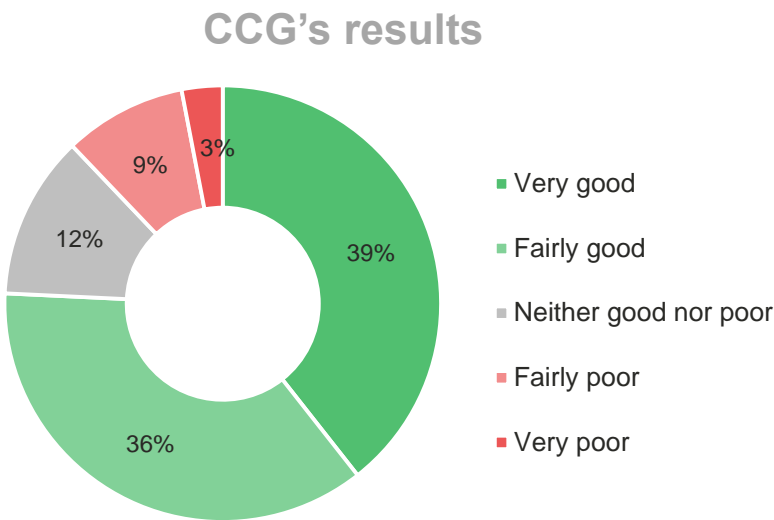
Latest survey results

2020 survey publication

Key Performance Measures

Overall experience of GP practice

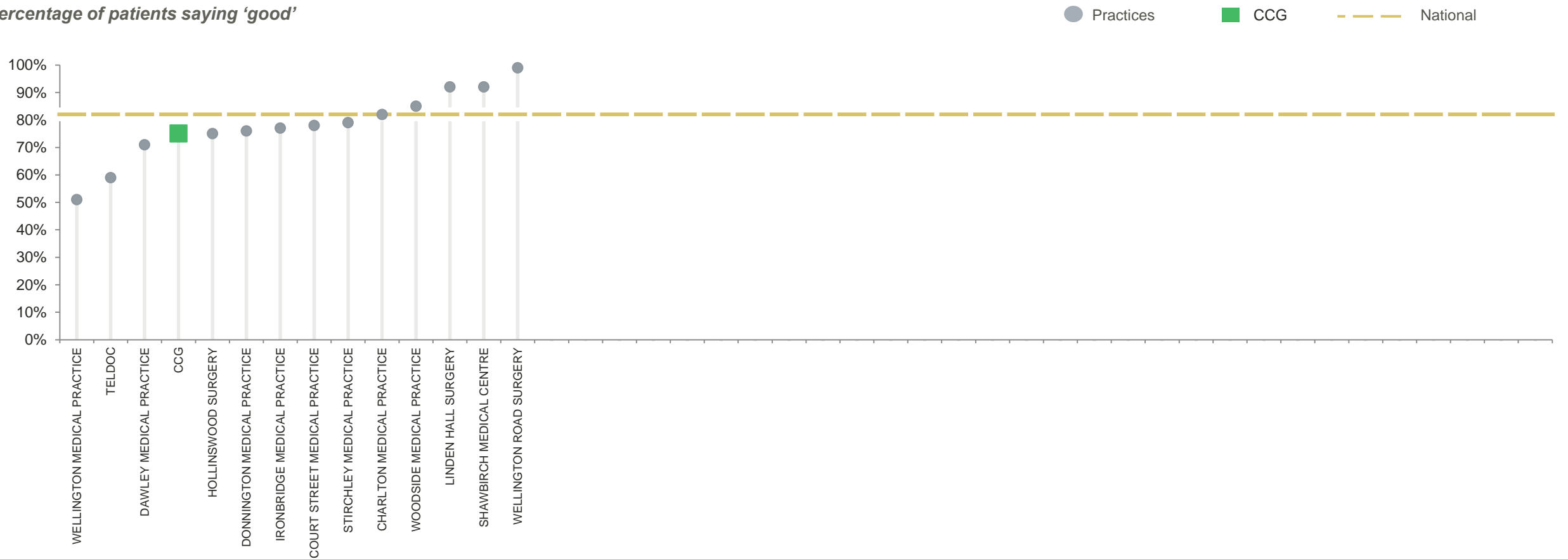
Q31. Overall, how would you describe your experience of your GP practice?



Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

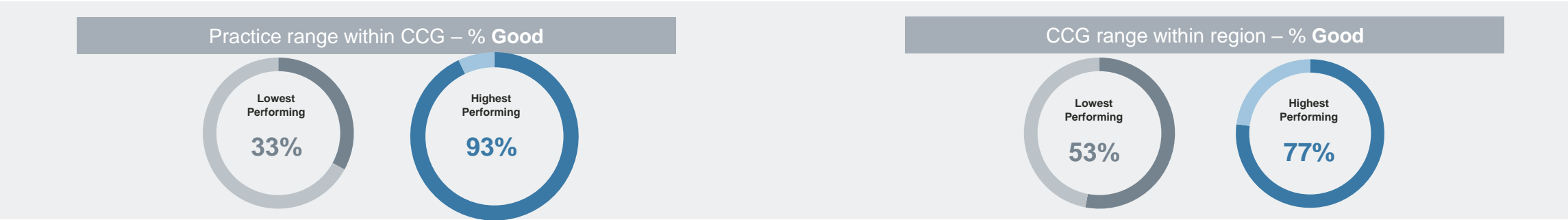
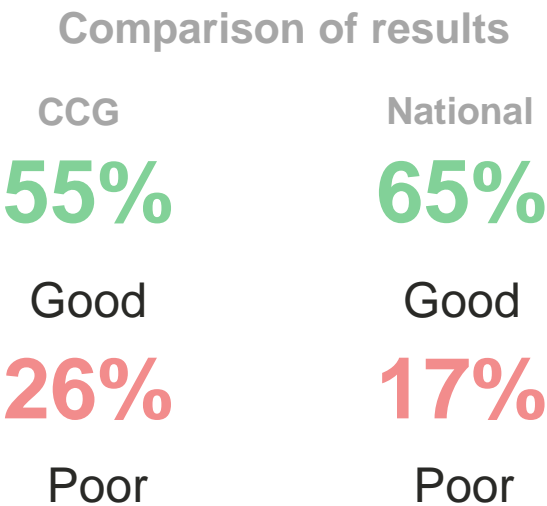
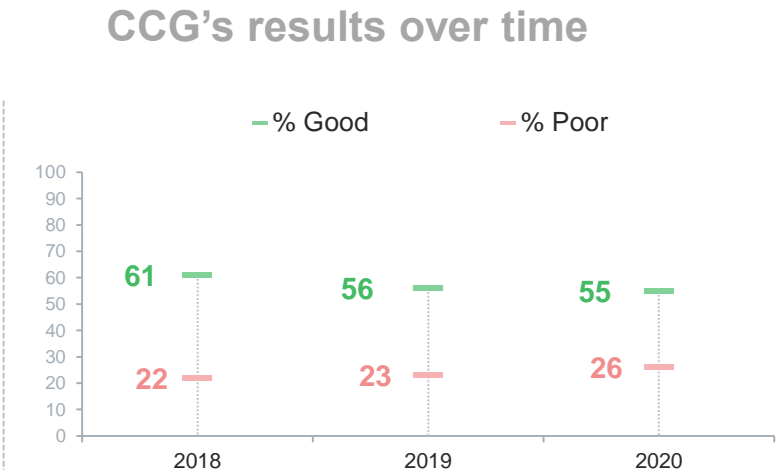
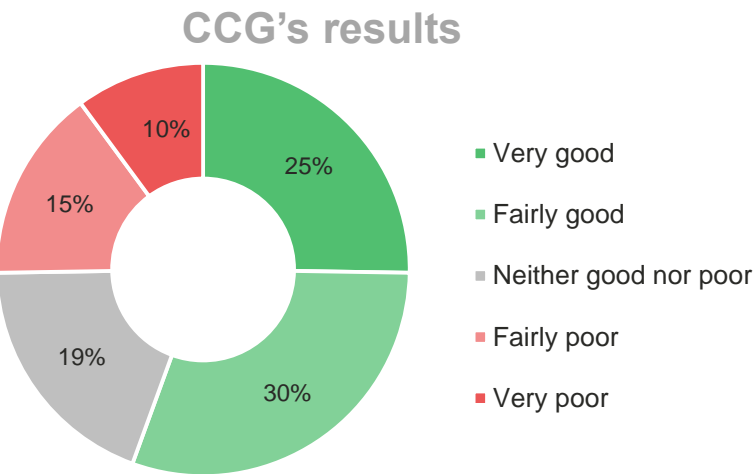
Percentage of patients saying 'good'



Comparisons are indicative only: differences may not be statistically significant

Overall experience of making an appointment

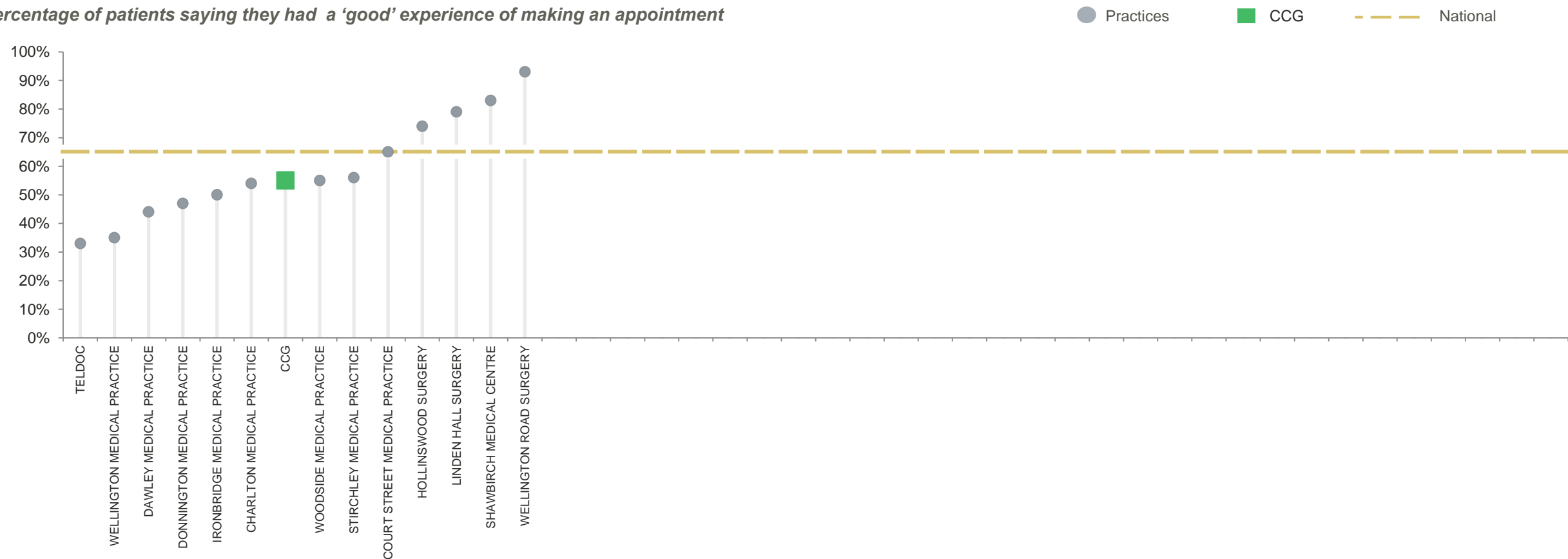
Q22. Overall, how would you describe your experience of making an appointment?



Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

Analysis By Question

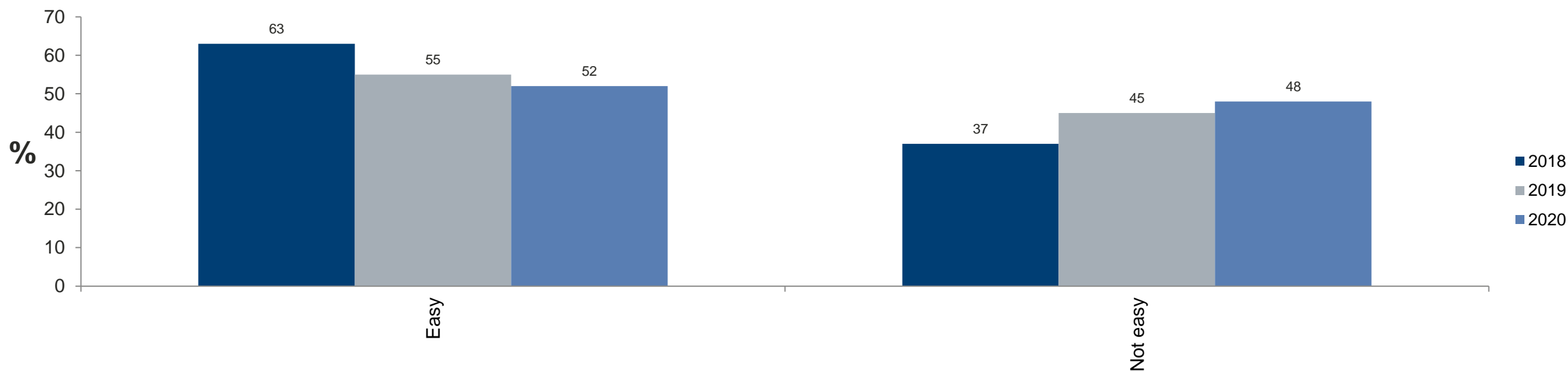
(Comparisons to Results from Previous Years)

Showing summary results - Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding haven't tried

Easy = Very easy + Fairly easy. Not easy = Not very easy + Not at all easy

Unweighted Base: 2018 (1,514), 2019 (1,630), 2020 (1,424)

Weighted Base: 2018 (1,924), 2019 (2,333), 2020 (2,211)

Excluding those who said "Haven't tried" (weighted): 2018 (94), 2019 (92), 2020 (87)

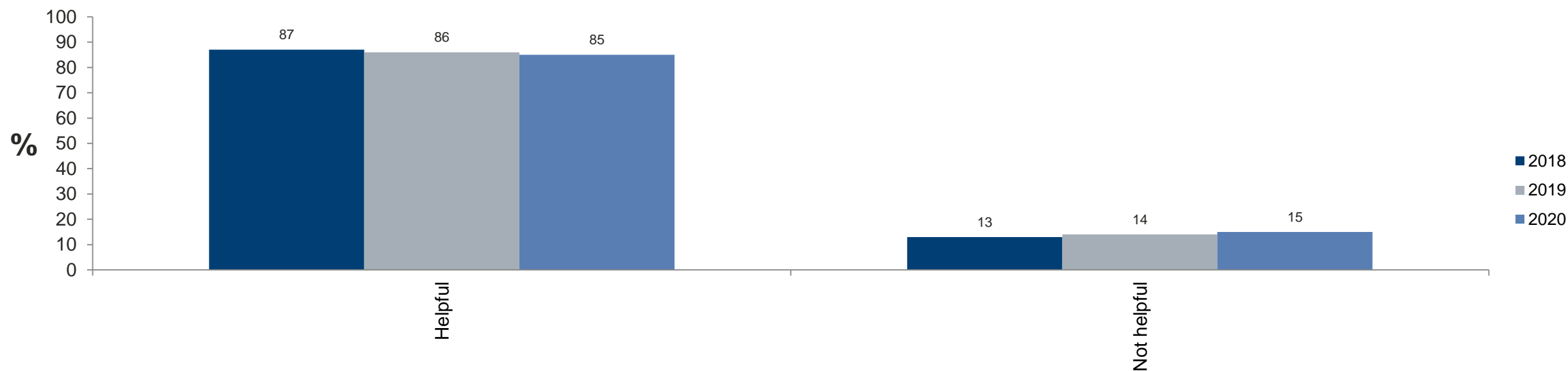
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q2. How helpful do you find the receptionists at your GP practice?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding don't know

Helpful = Very helpful + Fairly helpful. Not helpful = Not very helpful + Not at all helpful

Unweighted Base: 2018 (1,531), 2019 (1,630), 2020 (1,453)

Weighted Base: 2018 (1,952), 2019 (2,318), 2020 (2,257)

Excluding those who said "Don't know" (weighted): 2018 (57), 2019 (94), 2020 (44)

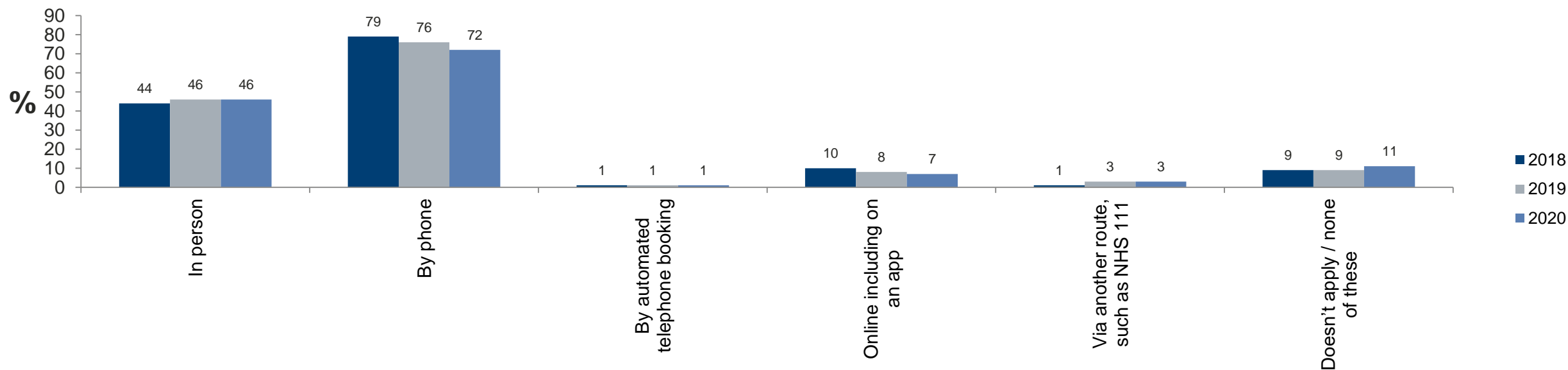
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q3. In the past 12 months, have you booked general practice appointments in any of the following ways?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,563), 2019 (1,668), 2020 (1,479)

Weighted Base: 2018 (2,013), 2019 (2,414), 2020 (2,304)

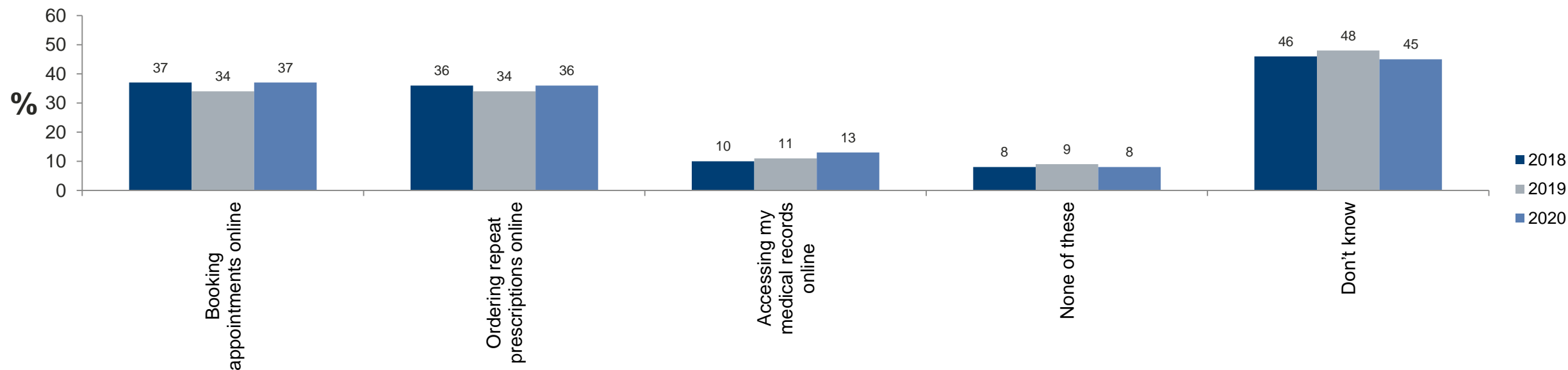
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q4. As far as you know, which of the following online services does your GP practice offer?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,530), 2019 (1,625), 2020 (1,448)

Weighted Base: 2018 (1,983), 2019 (2,366), 2020 (2,265)

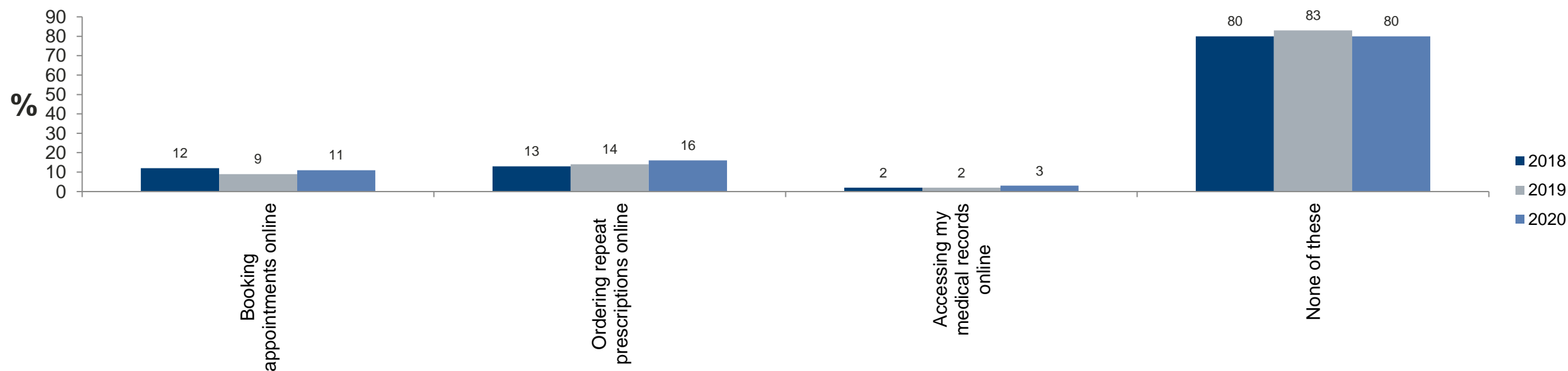
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q5. Which of the following general practice online services have you used in the past 12 months?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,549), 2019 (1,643), 2020 (1,469)

Weighted Base: 2018 (2,001), 2019 (2,391), 2020 (2,296)

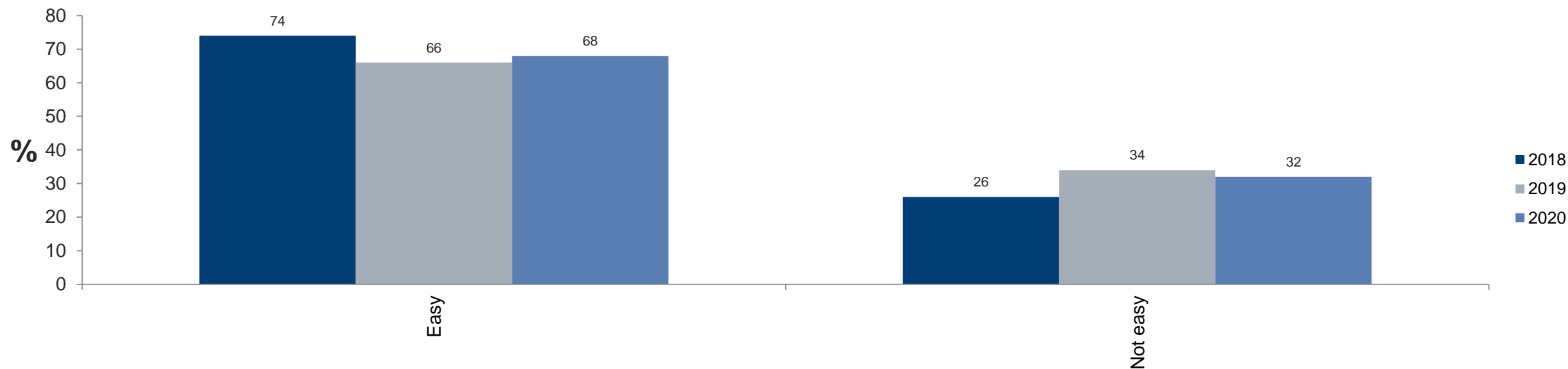
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q6. How easy is it to use your GP practice's website to look for information or access services?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding haven't tried

Easy = Very easy + Fairly easy. Not easy = Not very easy + Not at all easy

Unweighted Base: 2018 (491), 2019 (507), 2020 (478)

Weighted Base: 2018 (708), 2019 (774), 2020 (840)

Excluding those who said "Haven't tried" (weighted): 2018 (1,297), 2019 (1,624), 2020 (1,456)

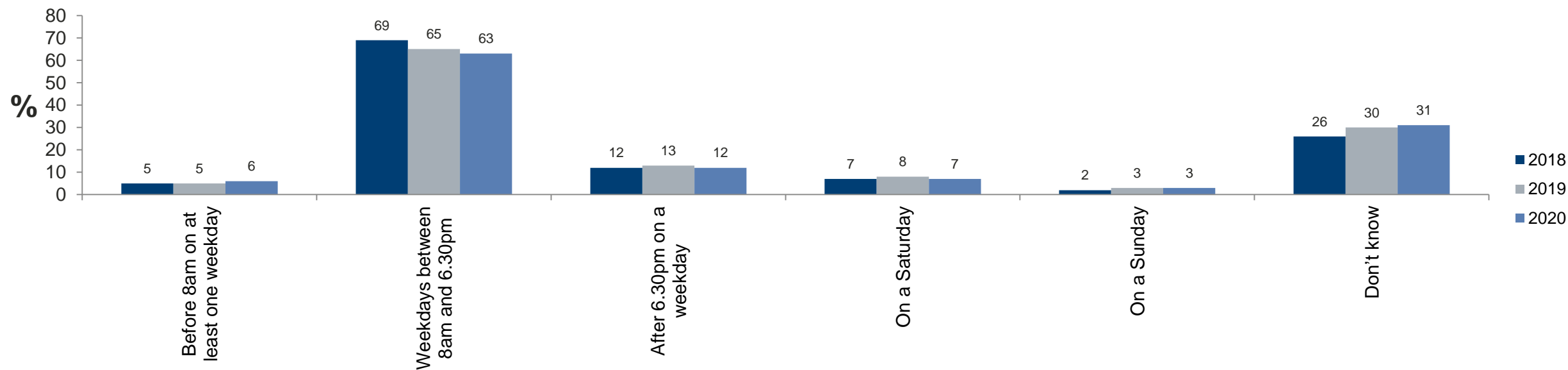
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q7. As far as you are aware, what general practice appointment times are available to you?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,541), 2019 (1,638), 2020 (1,446)

Weighted Base: 2018 (1,980), 2019 (2,373), 2020 (2,265)

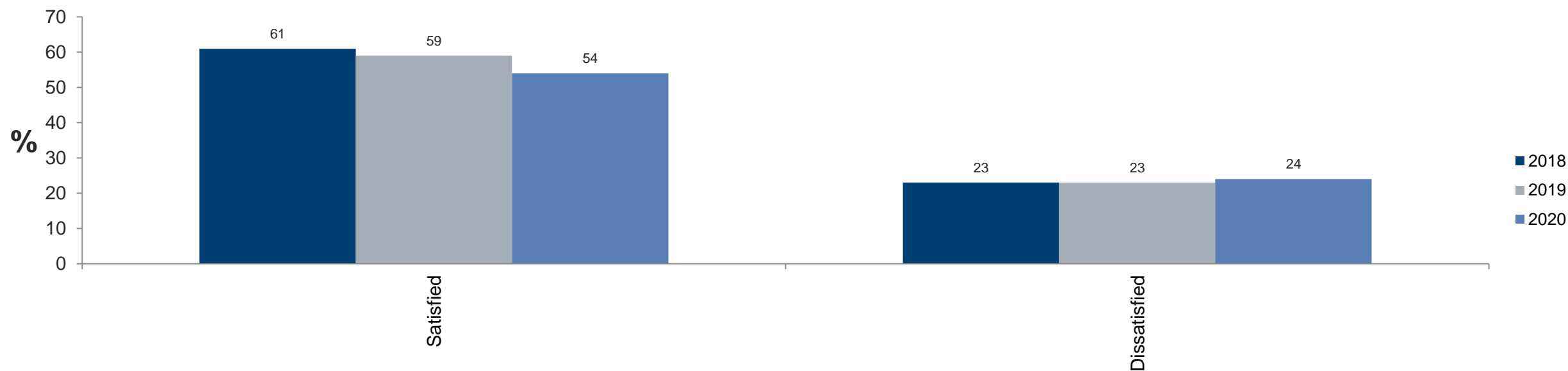
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q8. How satisfied are you with the general practice appointment times that are available to you?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding not sure

Satisfied = Very satisfied + Fairly satisfied. Dissatisfied = Fairly dissatisfied + Very dissatisfied

Unweighted Base: 2018 (1,393), 2019 (1,478), 2020 (1,268)

Weighted Base: 2018 (1,793), 2019 (2,089), 2020 (1,974)

Excluding those who said "I'm not sure when I can get an appointment" (weighted): 2018 (24), 2019 (29), 2020 (49)

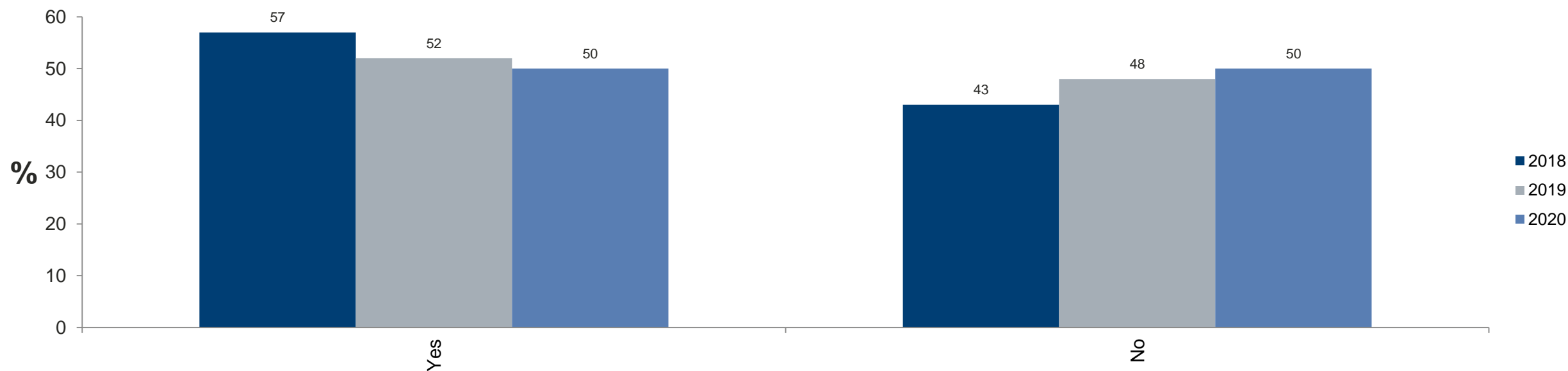
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q9. Is there a particular GP you usually prefer to see or speak to?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those with only one GP in GP practice

Yes = Yes, for all + Yes for some

Unweighted Base: 2018 (1,483), 2019 (1,577), 2020 (1,392)

Weighted Base: 2018 (1,919), 2019 (2,291), 2020 (2,213)

Excluding those who said "There is usually only one GP in my GP practice" (weighted): 2018 (20), 2019 (24), 2020 (16)

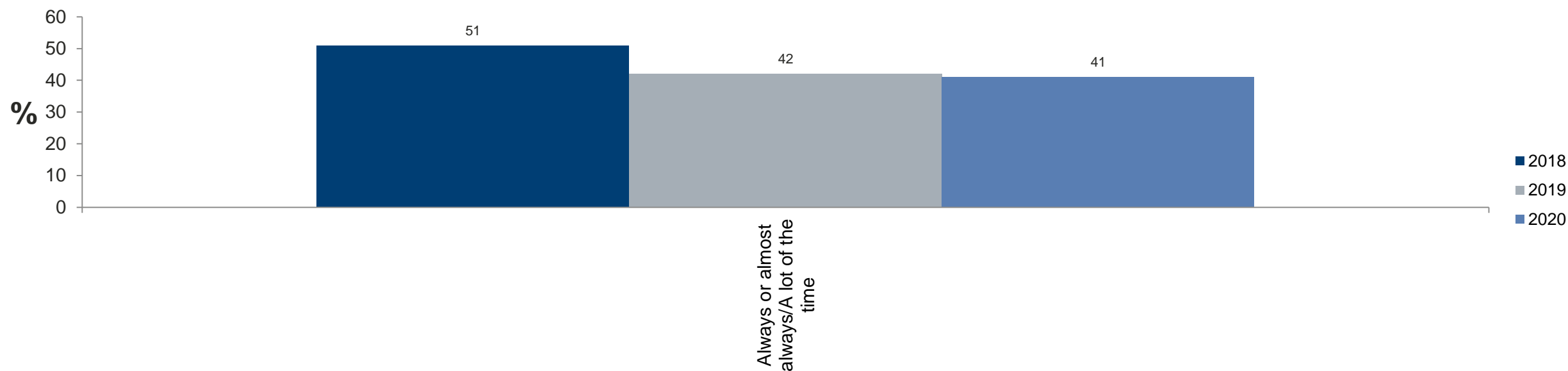
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q10. How often do you see or speak to your preferred GP when you would like to?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who have a GP they prefer to see or speak to, excluding have not tried

Unweighted Base: 2018 (860), 2019 (893), 2020 (748)

Weighted Base: 2018 (1,021), 2019 (1,122), 2020 (1,020)

Excluding those who said "I have not tried" (weighted): 2018 (41), 2019 (63), 2020 (53)

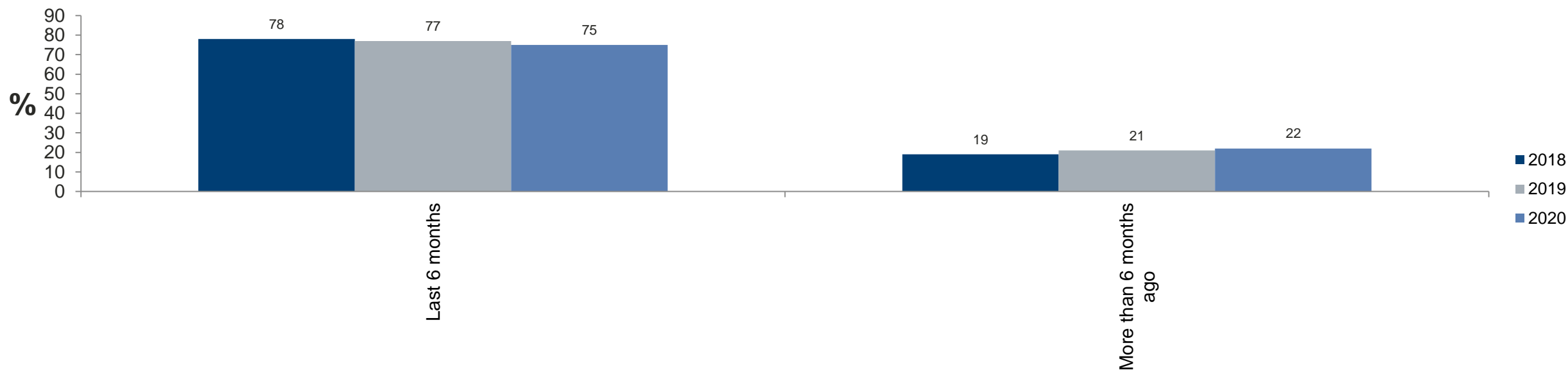
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q11. When did you last try to make a general practice appointment, either for yourself or for someone else?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding don't know

Last 6 months = In the past 3 months + Between 3 and 6 months ago. More than 6 months ago = Between 6 and 12 months ago + More than 12 months ago

Unweighted Base: 2018 (1,527), 2019 (1,606), 2020 (1,394)

Weighted Base: 2018 (1,972), 2019 (2,318), 2020 (2,168)

Excluding those who said "Don't know" (weighted): 2018 (23), 2019 (53), 2020 (72)

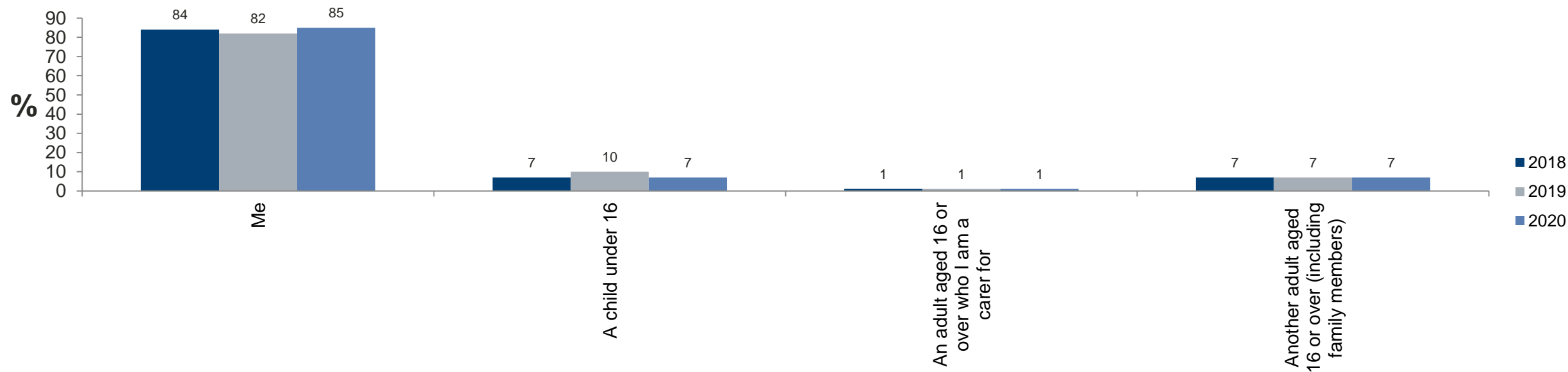
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q12. Who was this appointment for?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who have not tried to make an appointment since being registered

Unweighted Base: 2018 (1,403), 2019 (1,515), 2020 (1,300)

Weighted Base: 2018 (1,801), 2019 (2,209), 2020 (2,046)

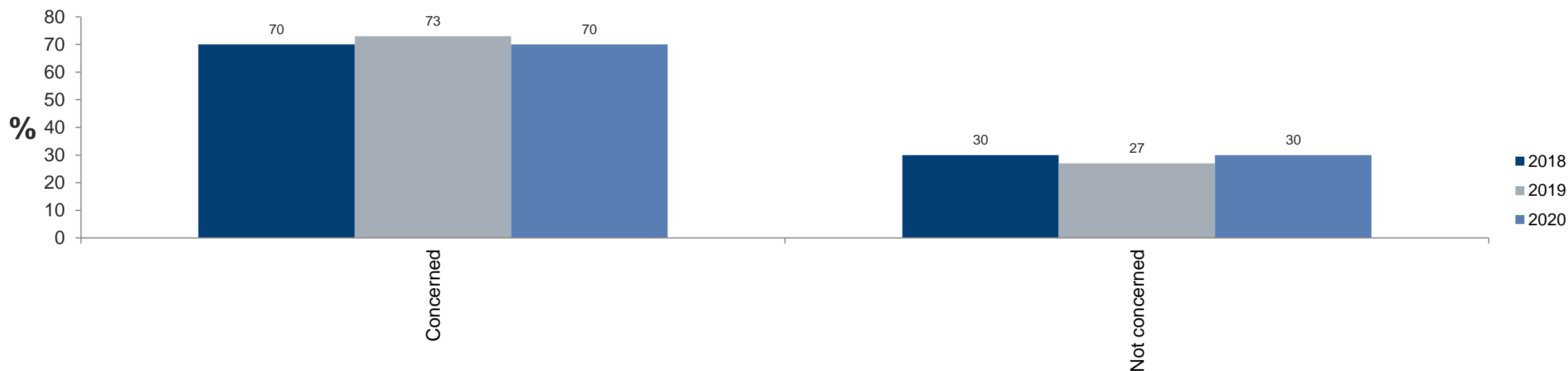
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q13. How concerned were you at the time about your health, or the health of the person you were making this appointment for?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who have not tried to make an appointment since being registered, excluding can't remember

Concerned = Very concerned + Fairly concerned. Not concerned = Not very concerned + Not at all concerned

Unweighted Base: 2018 (1,460), 2019 (1,532), 2020 (1,323)

Weighted Base: 2018 (1,870), 2019 (2,205), 2020 (2,045)

Excluding those who said "Can't remember" (weighted): 2018 (39), 2019 (88), 2020 (71)

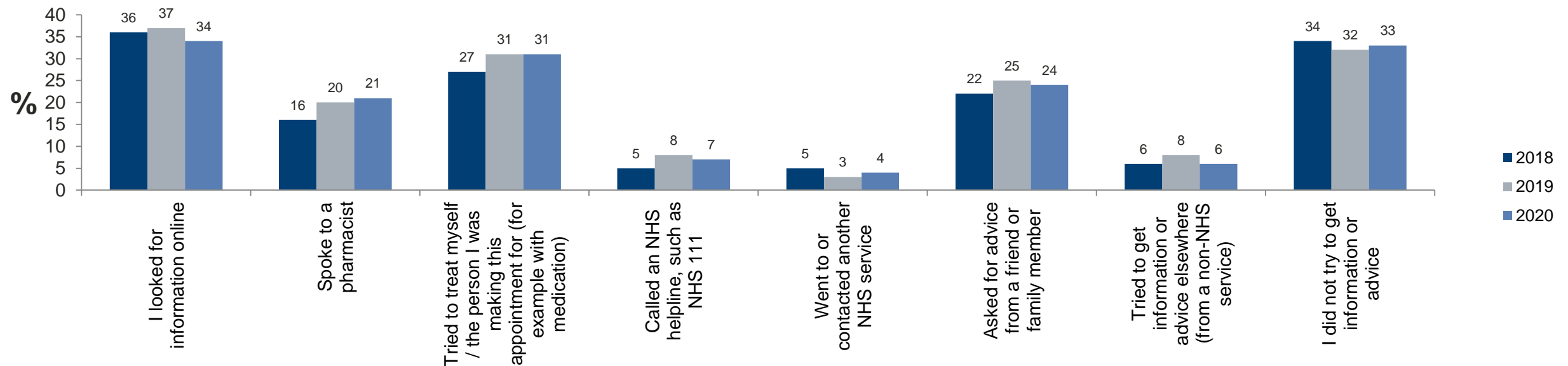
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q14. Before you tried to get this appointment, did you do any of the following?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who have not tried to make an appointment since being registered Due to the large number of answer codes, it may be easier to view this data by switching to table view or using the excel download at the top of this page

Unweighted Base: 2018 (1,439), 2019 (1,548), 2020 (1,340)

Weighted Base: 2018 (1,861), 2019 (2,269), 2020 (2,106)

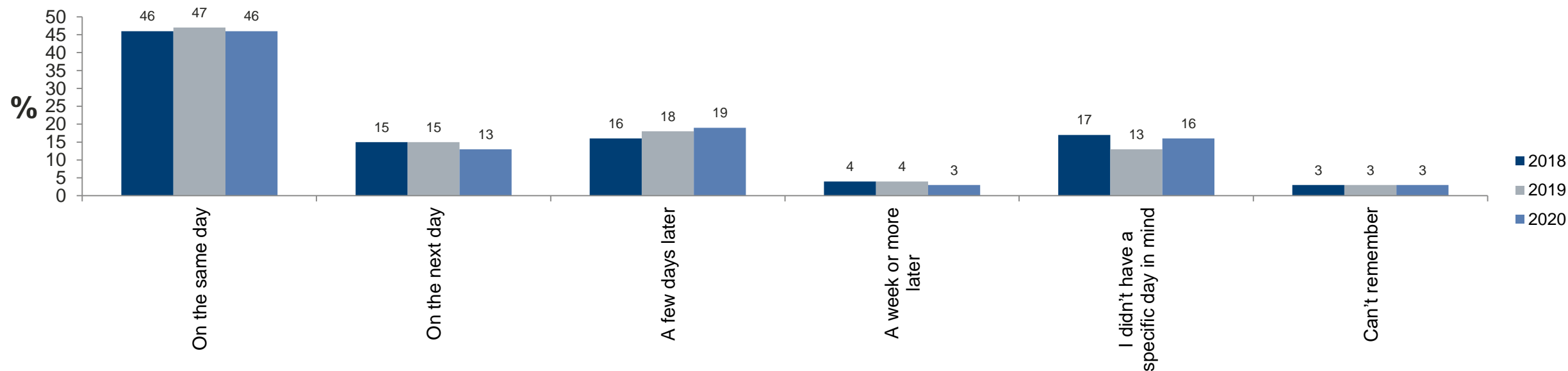
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q15. When would you have liked this appointment to be?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who have not tried to make an appointment since being registered

Unweighted Base: 2018 (1,466), 2019 (1,545), 2020 (1,332)

Weighted Base: 2018 (1,869), 2019 (2,225), 2020 (2,074)

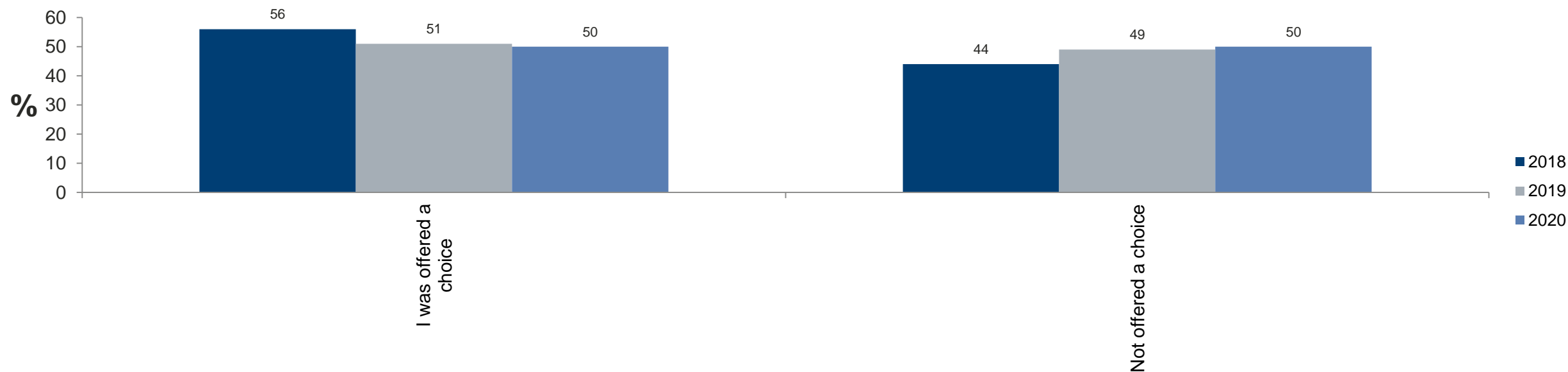
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q16. On this occasion, were you offered a choice of appointment?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who have not tried to make an appointment since being registered, excluding can't remember and doesn't apply

Offered a choice = choice of place or time/day or healthcare professional

Unweighted Base: 2018 (1,252), 2019 (1,321), 2020 (1,137)

Weighted Base: 2018 (1,603), 2019 (1,861), 2020 (1,799)

Excluding those who said "Can't remember" or "Doesn't apply" (weighted): 2018 (284), 2019 (411), 2020 (310)

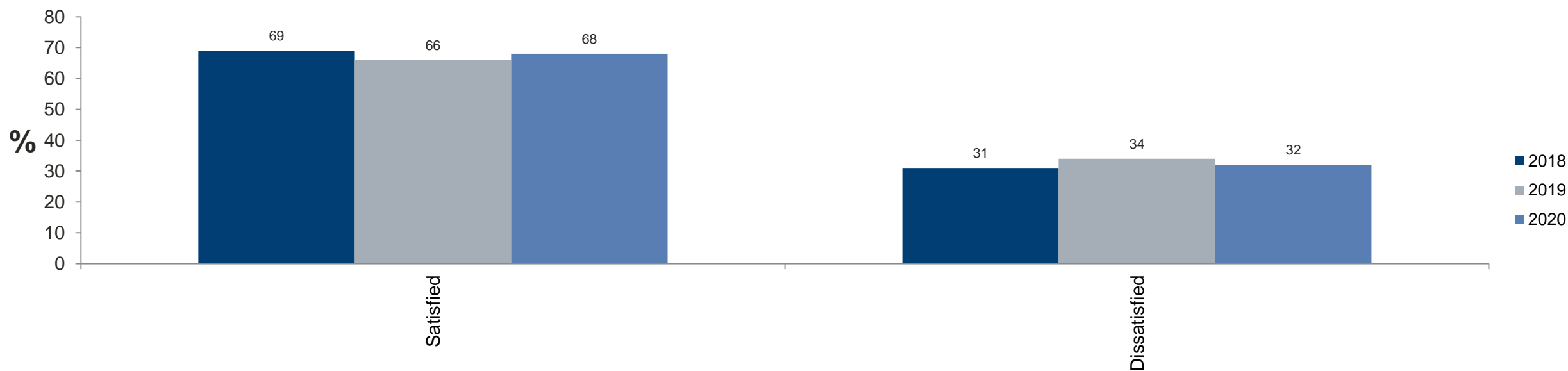
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who have not tried to make an appointment since being registered

Satisfied = Yes, and I accepted an appointment. Dissatisfied = No, but I still took an appointment + No, and I did not take an appointment

Unweighted Base: 2018 (1,471), 2019 (1,568), 2020 (1,342)

Weighted Base: 2018 (1,900), 2019 (2,274), 2020 (2,102)

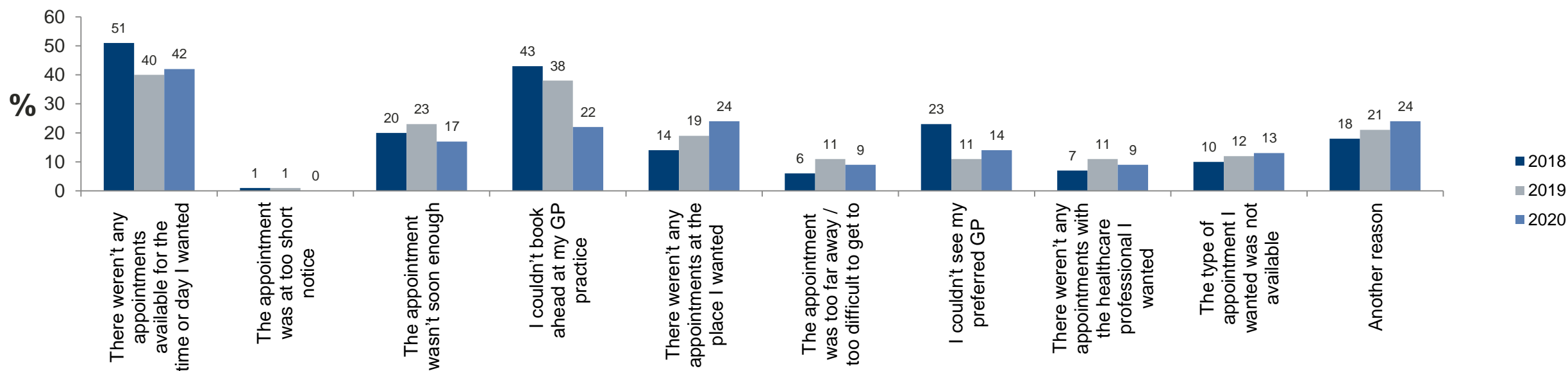
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q18. If you did not take any appointments you were offered, why was that?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who did not take an appointment offered (excluding those who have not tried to make an appointment since being registered) Due to the large number of answer codes, it may be easier to view this data by switching to table view or using the excel download at the top of this page

Unweighted Base: 2018 (94), 2019 (103), 2020 (88)

Weighted Base: 2018 (151), 2019 (195), 2020 (164)

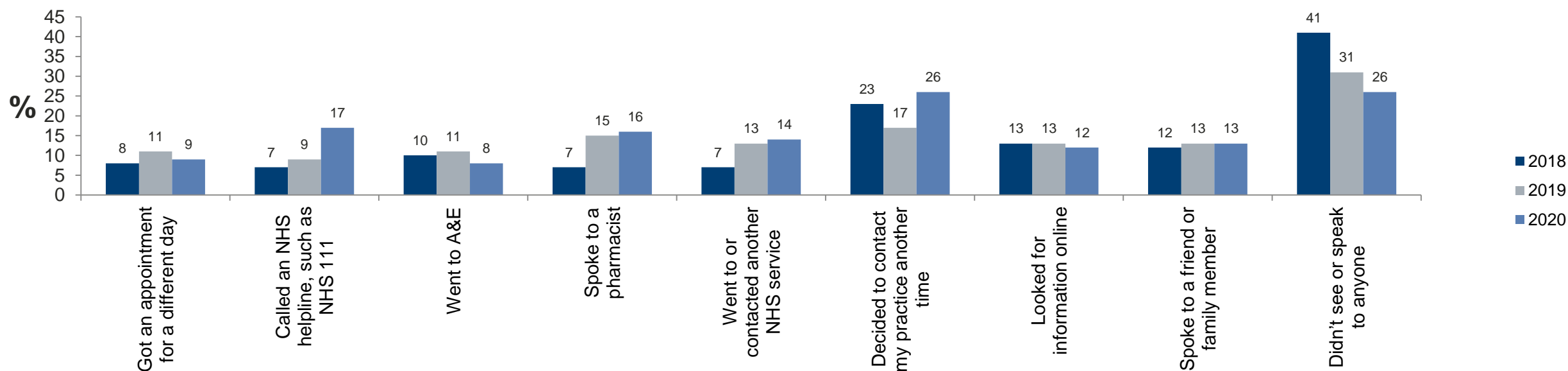
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q19. What did you do when you did not take the appointment you were offered?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who did not take an appointment offered (excluding those who have not tried to make an appointment since being registered)

Unweighted Base: 2018 (92), 2019 (100), 2020 (83)

Weighted Base: 2018 (150), 2019 (191), 2020 (158)

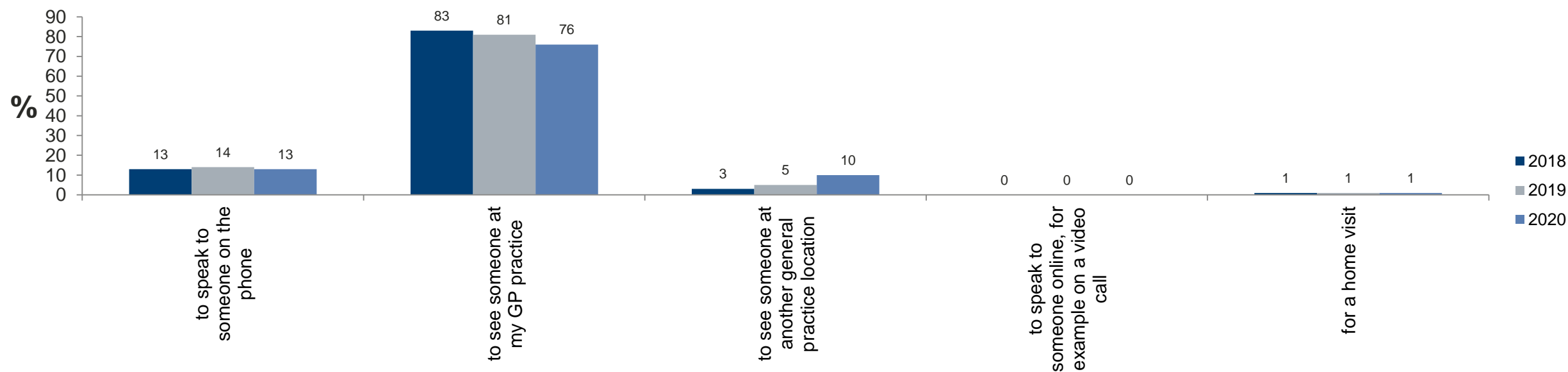
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q20. What type of appointment did you get?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who accepted an appointment

Unweighted Base: 2018 (1,317), 2019 (1,386), 2020 (1,178)

Weighted Base: 2018 (1,688), 2019 (1,995), 2020 (1,837)

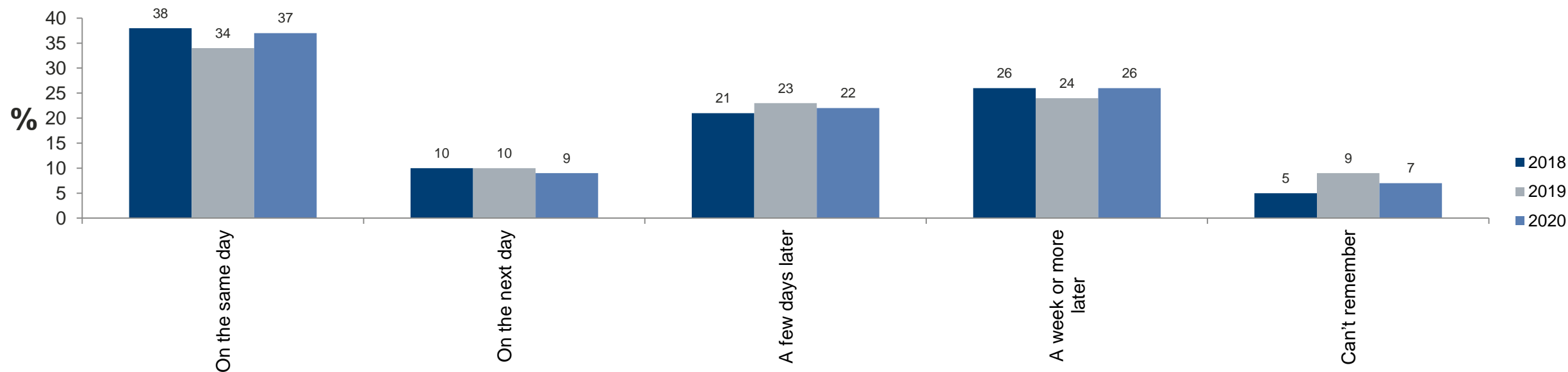
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q21. How long after initially trying to book the appointment did the appointment take place?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who accepted an appointment

Unweighted Base: 2018 (1,332), 2019 (1,406), 2020 (1,219)

Weighted Base: 2018 (1,698), 2019 (2,016), 2020 (1,891)

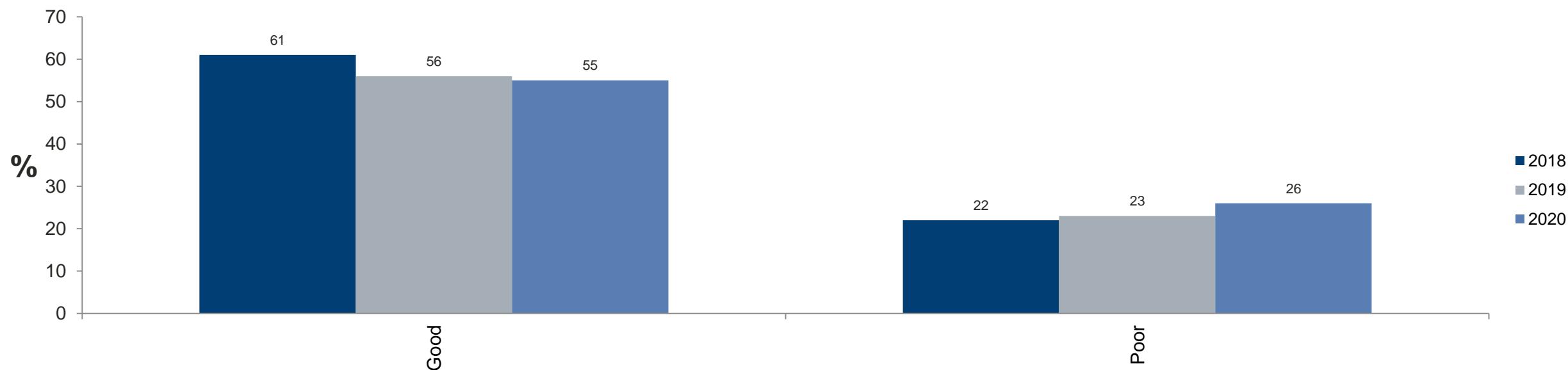
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q22. Overall, how would you describe your experience of making an appointment?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who have not tried to make an appointment since being registered

Good = Very good + Fairly good. Poor = Fairly poor + Very poor

Unweighted Base: 2018 (1,456), 2019 (1,551), 2020 (1,333)

Weighted Base: 2018 (1,880), 2019 (2,258), 2020 (2,091)

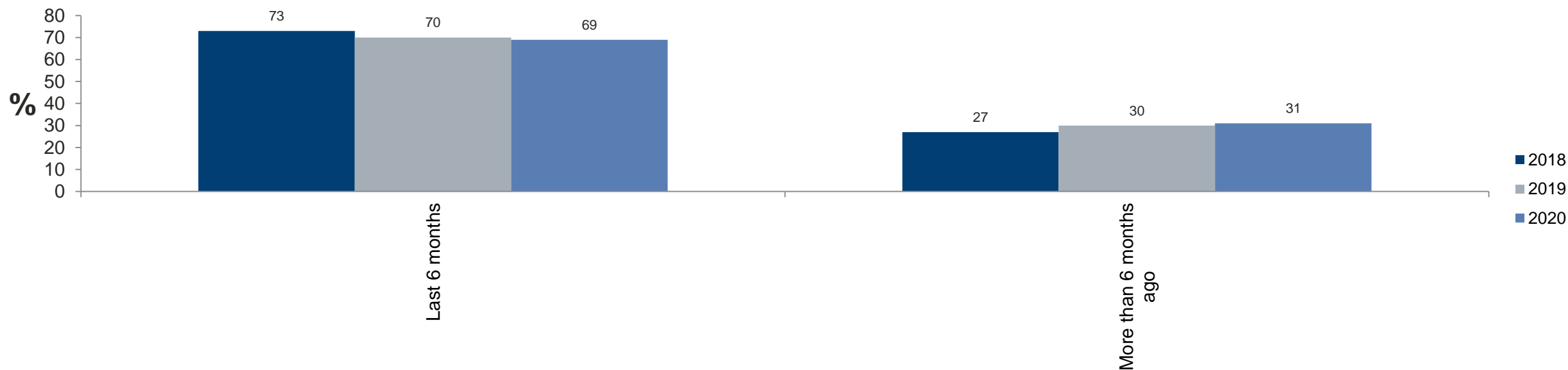
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q23. When was your last general practice appointment?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Last 6 months = In the past 3 months + Between 3 and 6 months ago. More than 6 months ago = Between 6 and 12 months ago + More than 12 months ago

Unweighted Base: 2018 (1,512), 2019 (1,616), 2020 (1,391)

Weighted Base: 2018 (1,935), 2019 (2,323), 2020 (2,148)

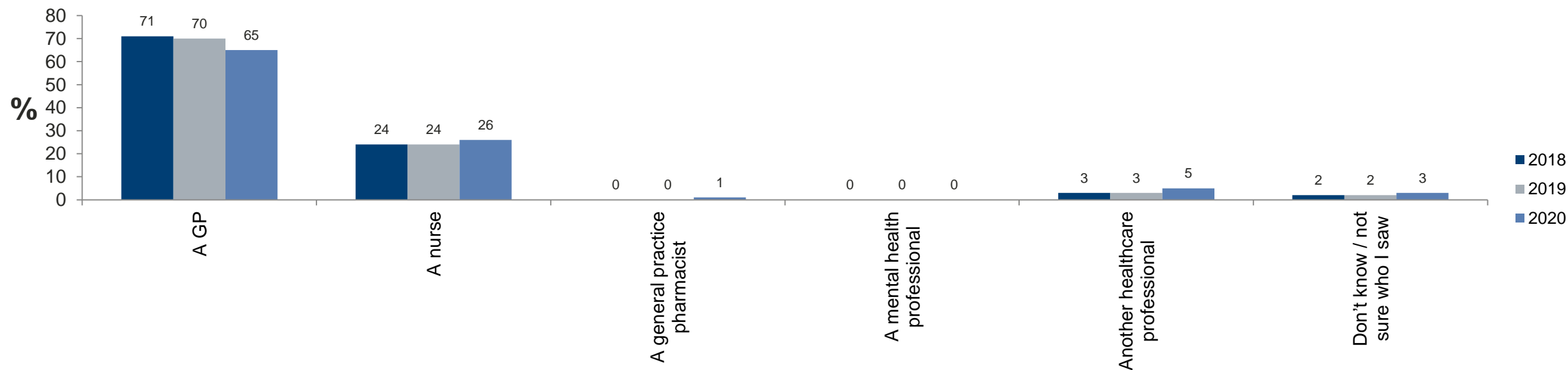
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q24. Who was your last general practice appointment with?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months

Unweighted Base: 2018 (1,465), 2019 (1,577), 2020 (1,343)

Weighted Base: 2018 (1,886), 2019 (2,273), 2020 (2,083)

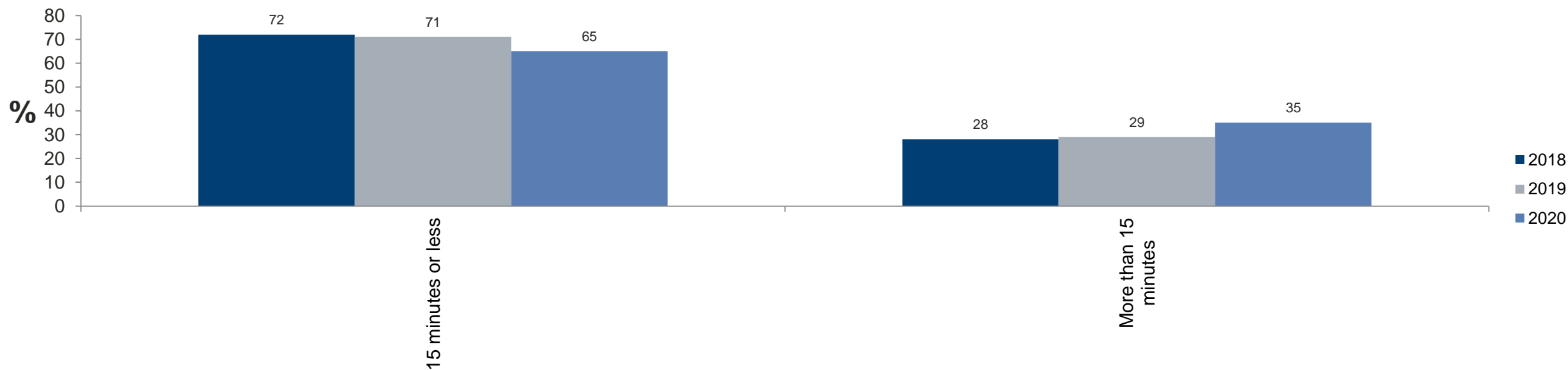
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q25. How long after your appointment time did you wait to see or speak to a healthcare professional?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding can't remember and I didn't have an appointment at a set time

15 minutes or less = 5 minutes or less + Between 5 and 15 minutes. More than 15 minutes = 15 to 30 minutes + More than 30 minutes

Unweighted Base: 2018 (1,261), 2019 (1,327), 2020 (1,162)

Weighted Base: 2018 (1,594), 2019 (1,852), 2020 (1,762)

Excluding those who said "I didn't have an appointment at a set time" or "Can't remember" (weighted): 2018 (285), 2019 (411), 2020 (344)

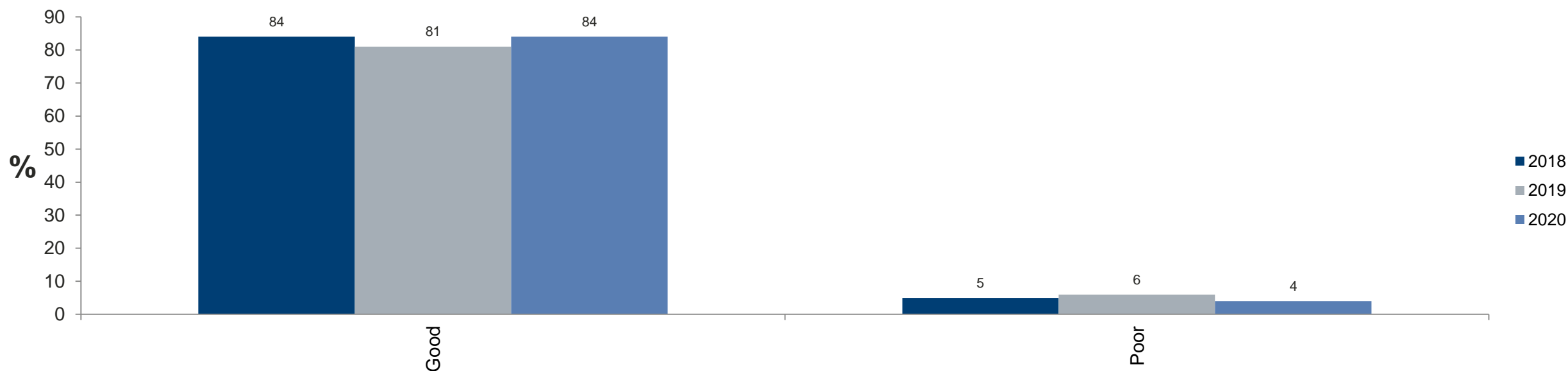
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q26a. Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding doesn't apply

Good = Very good + Good. Poor = Poor + Very poor

Unweighted Base: 2018 (1,466), 2019 (1,579), 2020 (1,359)

Weighted Base: 2018 (1,880), 2019 (2,284), 2020 (2,104)

Excluding those who said "Doesn't apply" (weighted): 2018 (30), 2019 (14), 2020 (21)

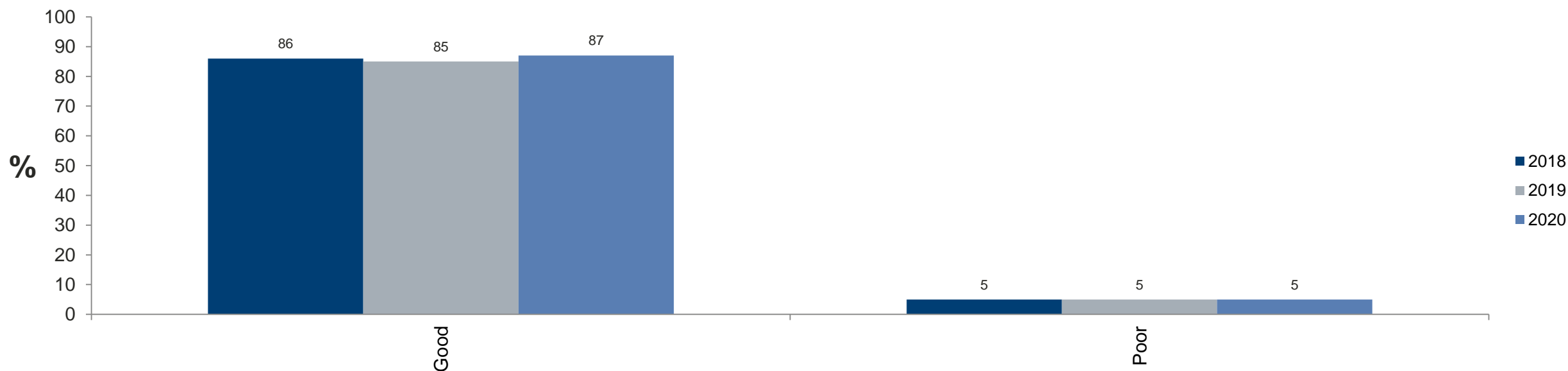
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q26b. Last time you had a general practice appointment, how good was the healthcare professional at listening to you?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding doesn't apply

Good = Very good + Good. Poor = Poor + Very poor

Unweighted Base: 2018 (1,463), 2019 (1,569), 2020 (1,352)

Weighted Base: 2018 (1,883), 2019 (2,267), 2020 (2,089)

Excluding those who said "Doesn't apply" (weighted): 2018 (22), 2019 (17), 2020 (21)

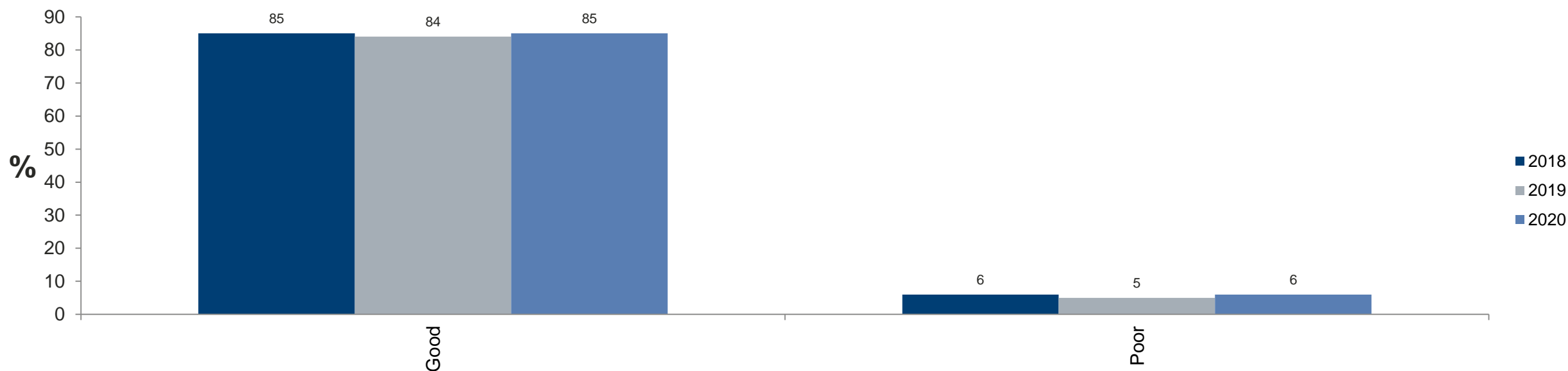
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q26c. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding doesn't apply

Good = Very good + Good. Poor = Poor + Very poor

Unweighted Base: 2018 (1,472), 2019 (1,574), 2020 (1,354)

Weighted Base: 2018 (1,893), 2019 (2,270), 2020 (2,095)

Excluding those who said "Doesn't apply" (weighted): 2018 (16), 2019 (16), 2020 (15)

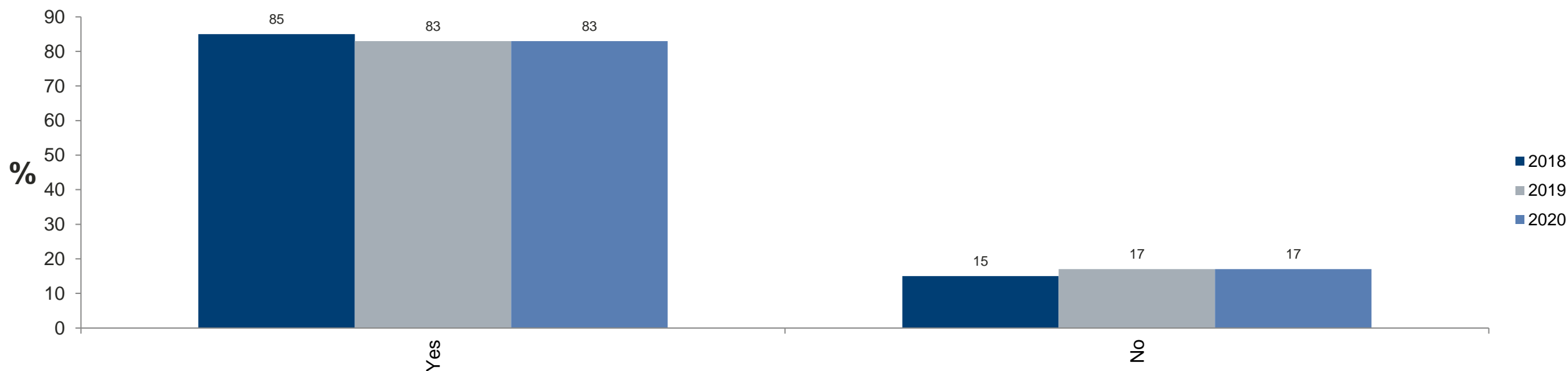
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding those who did not have any mental health needs and who say this did not apply to their last appointment

Yes = Yes, definitely + Yes, to some extent

Unweighted Base: 2018 (546), 2019 (651), 2020 (536)

Weighted Base: 2018 (733), 2019 (958), 2020 (902)

Excluding those who said "I did not have any mental health needs" or "Did not apply to my last appointment" (weighted): 2018 (1,141), 2019 (1,301), 2020 (1,165)

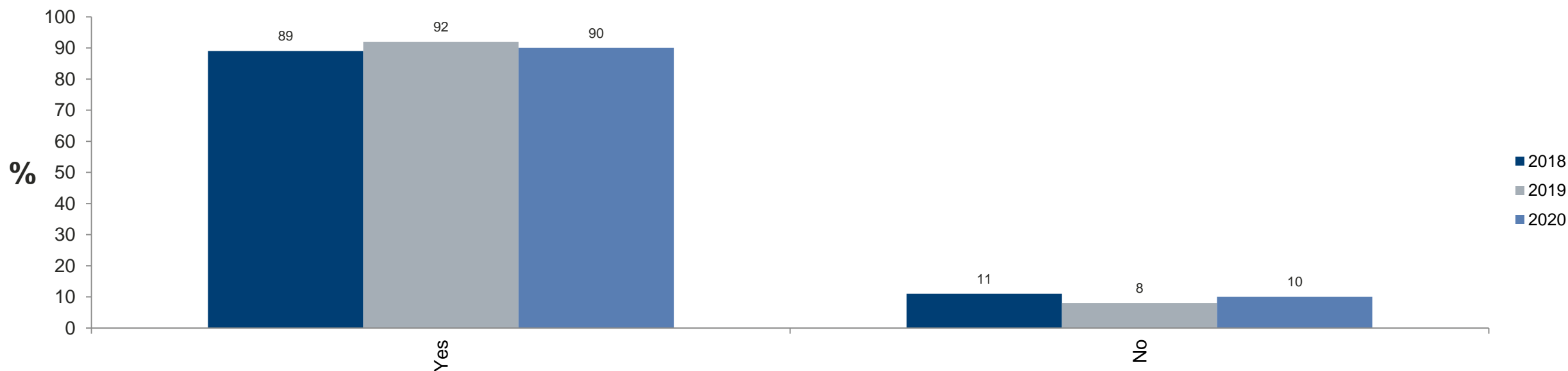
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q28. During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding don't know and doesn't apply

Yes = Yes, definitely + Yes, to some extent

Unweighted Base: 2018 (1,308), 2019 (1,398), 2020 (1,205)

Weighted Base: 2018 (1,656), 2019 (1,984), 2020 (1,856)

Excluding those who said "Don't know" or "doesn't apply" (weighted): 2018 (244), 2019 (304), 2020 (263)

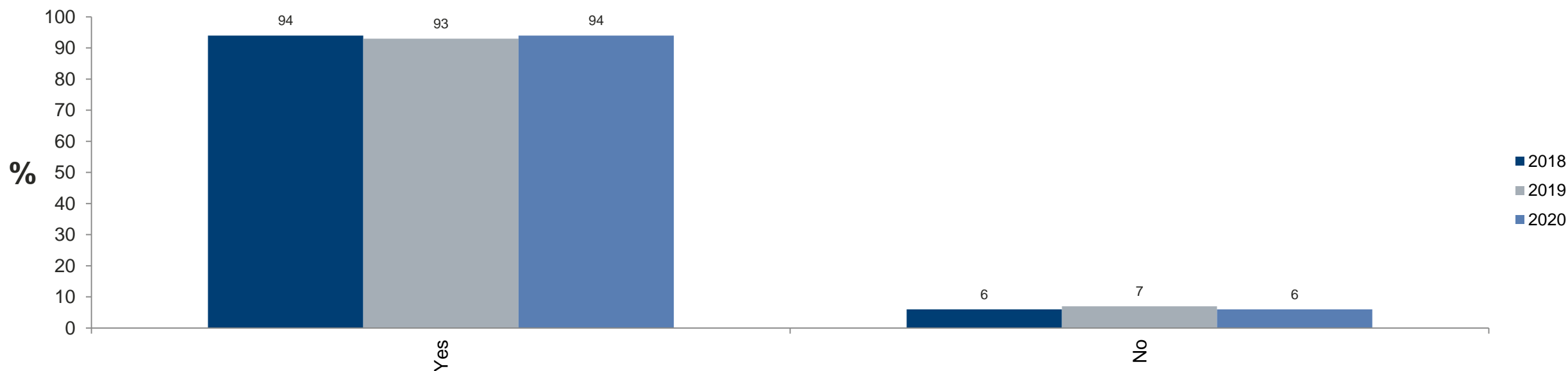
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q29. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding don't know /can't say

Yes = Yes, definitely + Yes, to some extent

Unweighted Base: 2018 (1,451), 2019 (1,557), 2020 (1,332)

Weighted Base: 2018 (1,846), 2019 (2,230), 2020 (2,071)

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (58), 2019 (64), 2020 (49)

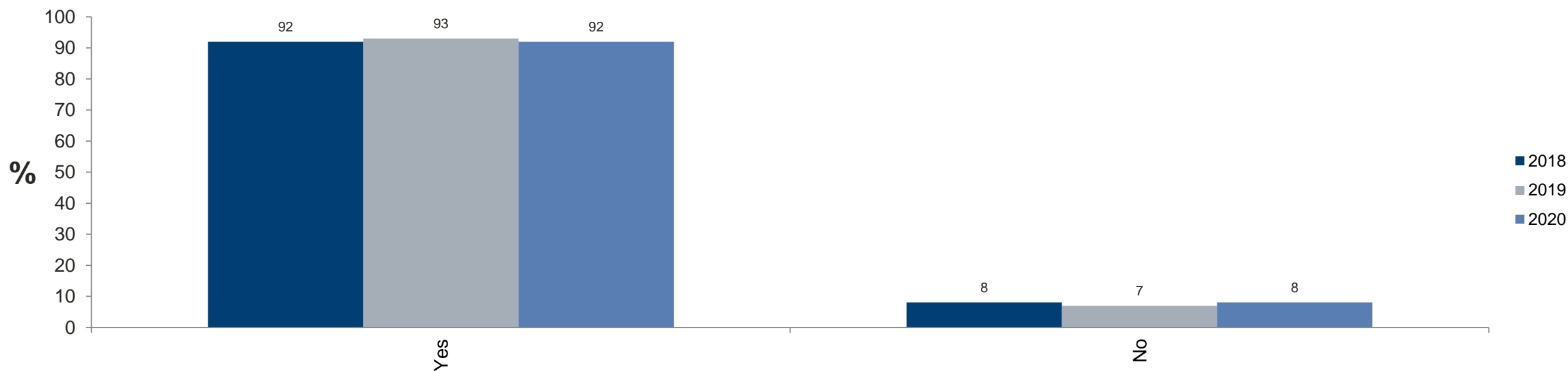
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q30. Thinking about the reason for your last general practice appointment, were your needs met?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who had an appointment in the last 12 months, excluding don't know /can't say

Yes = Yes, definitely + Yes, to some extent

Unweighted Base: 2018 (1,463), 2019 (1,557), 2020 (1,322)

Weighted Base: 2018 (1,864), 2019 (2,221), 2020 (2,028)

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (37), 2019 (62), 2020 (72)

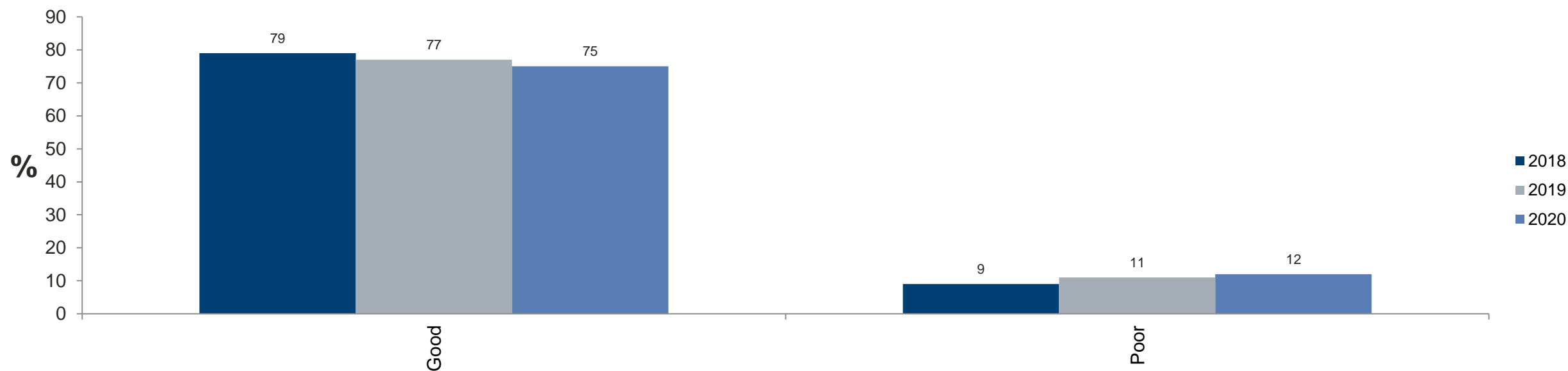
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q31. Overall, how would you describe your experience of your GP practice?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Good = Very good + Fairly good. Poor = Fairly poor + Very poor

Unweighted Base: 2018 (1,550), 2019 (1,657), 2020 (1,440)

Weighted Base: 2018 (1,984), 2019 (2,405), 2020 (2,244)

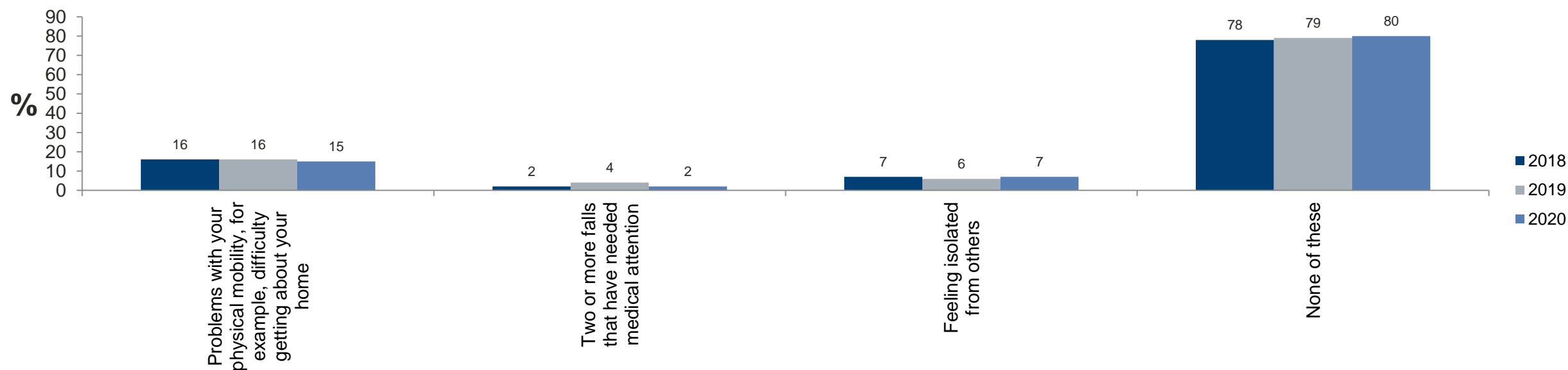
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q32. Have you experienced any of the following over the last 12 months?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,522), 2019 (1,618), 2020 (1,449)

Weighted Base: 2018 (1,959), 2019 (2,341), 2020 (2,242)

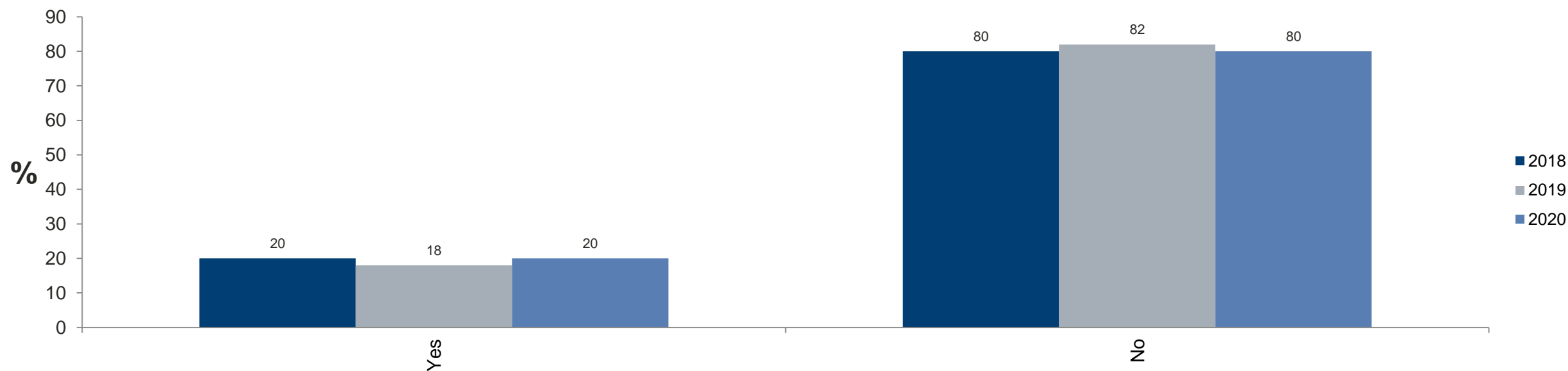
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q33. Do you take 5 or more medications on a regular basis?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,553), 2019 (1,659), 2020 (1,465)

Weighted Base: 2018 (1,998), 2019 (2,409), 2020 (2,277)

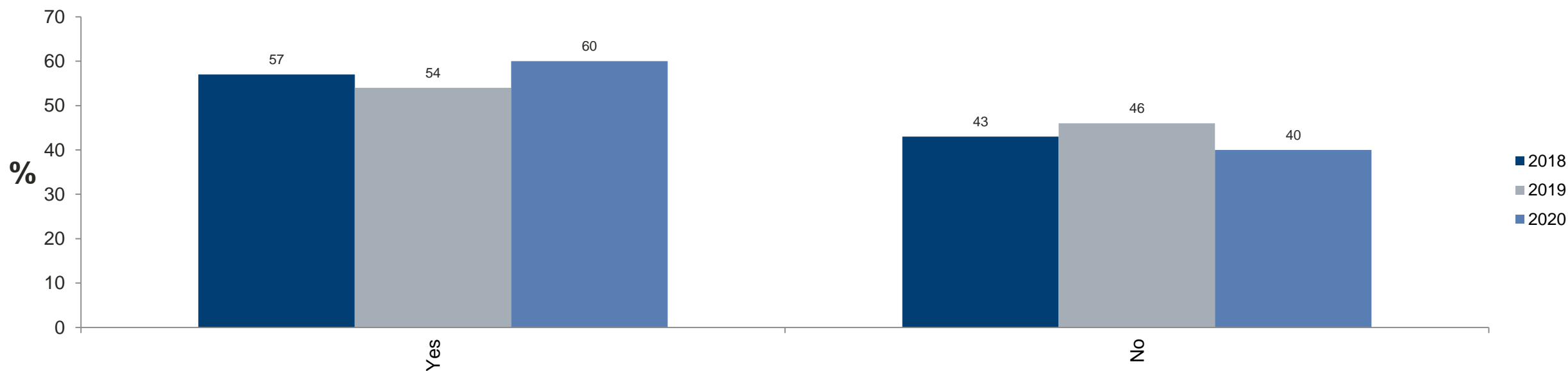
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q34. Do you have any long-term physical or mental health conditions, disabilities or illnesses?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding don't know/can't say

Unweighted Base: 2018 (1,489), 2019 (1,582), 2020 (1,402)

Weighted Base: 2018 (1,892), 2019 (2,277), 2020 (2,189)

Excluding those who said "Don't know/can't say" (weighted): 2018 (33), 2019 (42), 2020 (44)

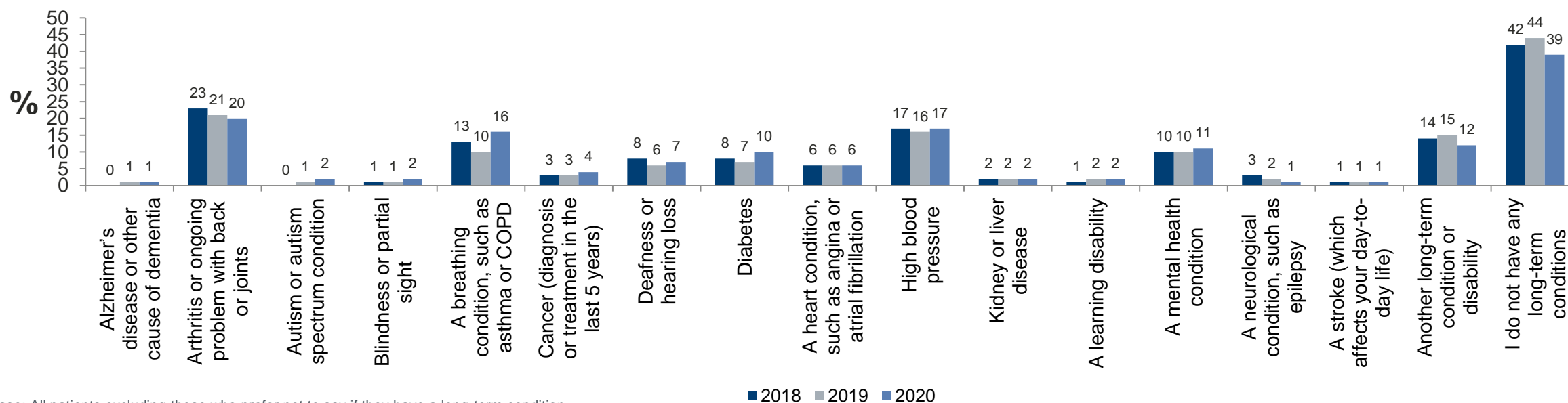
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q35. Which, if any, of the following long-term conditions do you have?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients excluding those who prefer not to say if they have a long-term condition

Note: "Autism or autism spectrum condition" is a new answer option for the 2019 questionnaire

Due to the large number of answer codes, it may be easier to view this data by switching to table view or using the excel download at the top of this page.

Unweighted Base: 2018 (1,417), 2019 (1,480), 2020 (1,325)

Weighted Base: 2018 (1,803), 2019 (2,170), 2020 (2,096)

All patients excluding those who prefer not to say if they have a long-term condition (weighted): 2018 (43), 2019 (79), 2020 (36)

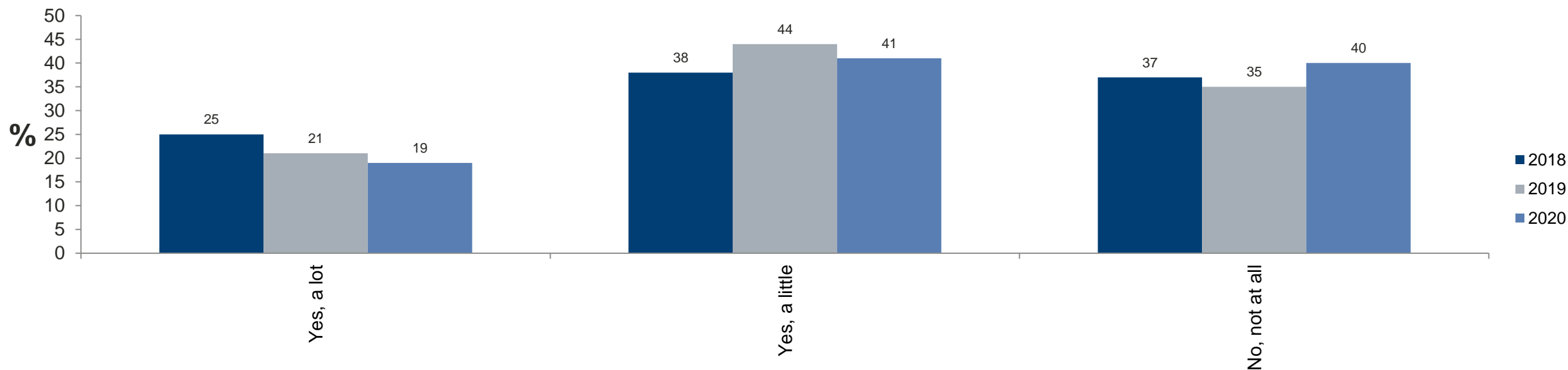
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q36. Do any of these conditions reduce your ability to carry out your day-to-day activities?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients with a long-term condition

Unweighted Base: 2018 (949), 2019 (970), 2020 (903)

Weighted Base: 2018 (1,037), 2019 (1,196), 2020 (1,261)

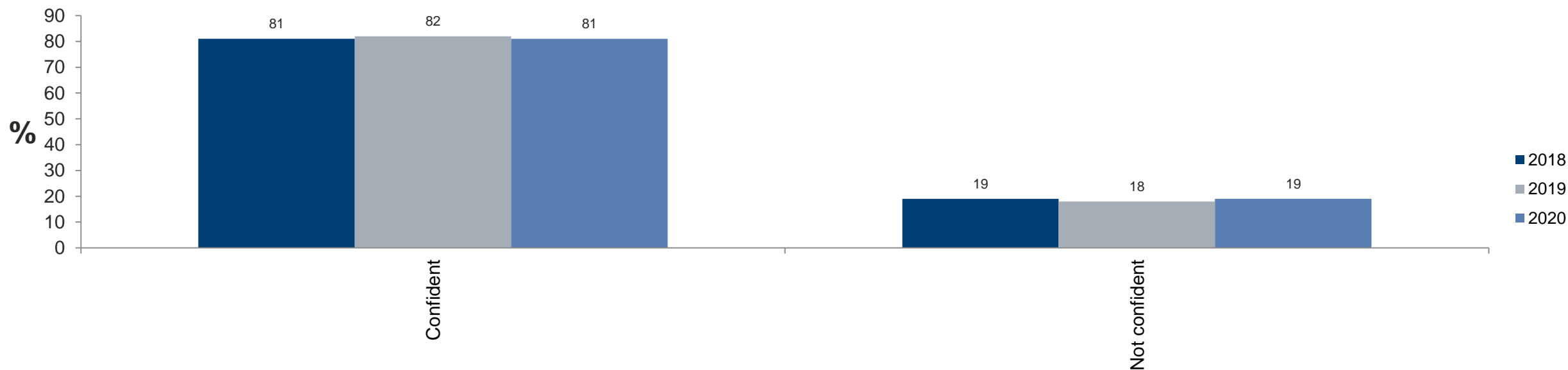
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q37. How confident are you that you can manage any issues arising from your condition (or conditions)?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients with a long-term condition, excluding don't know

Confident = Very confident + Fairly confident. Not confident = Not very confident + Not at all confident

Unweighted Base: 2018 (926), 2019 (938), 2020 (883)

Weighted Base: 2018 (1,008), 2019 (1,148), 2020 (1,233)

Excluding those who said "Don't know" (weighted): 2018 (33), 2019 (53), 2020 (24)

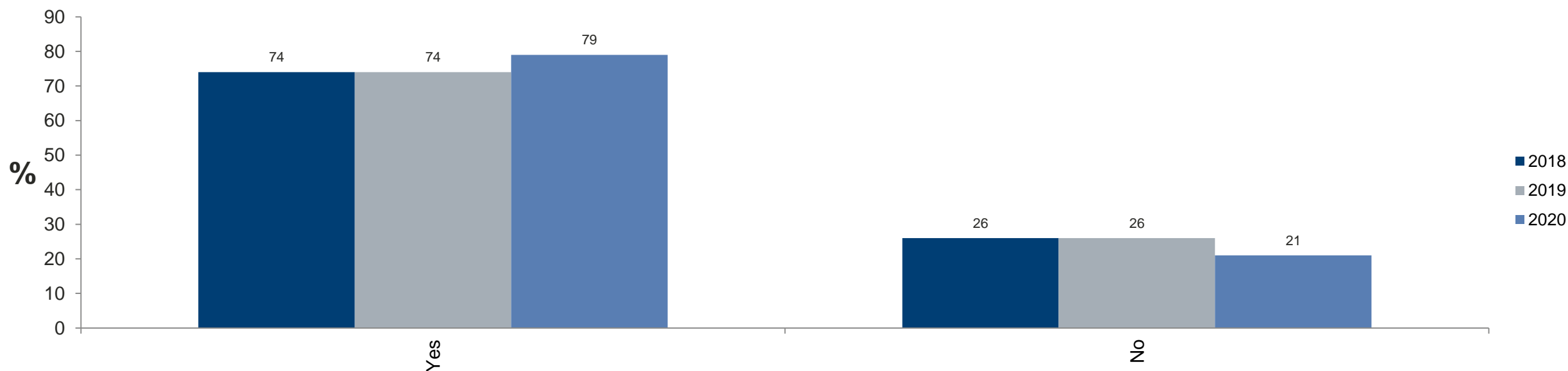
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients with a long-term condition, excluding those who haven't needed support and don't/can't say

Yes = Yes, definitely + Yes, to some extent

Unweighted Base: 2018 (651), 2019 (649), 2020 (612)

Weighted Base: 2018 (743), 2019 (833), 2020 (912)

Excluding those who said "I haven't needed support" or "Don't know/ Can't say" (weighted): 2018 (291), 2019 (354), 2020 (336)

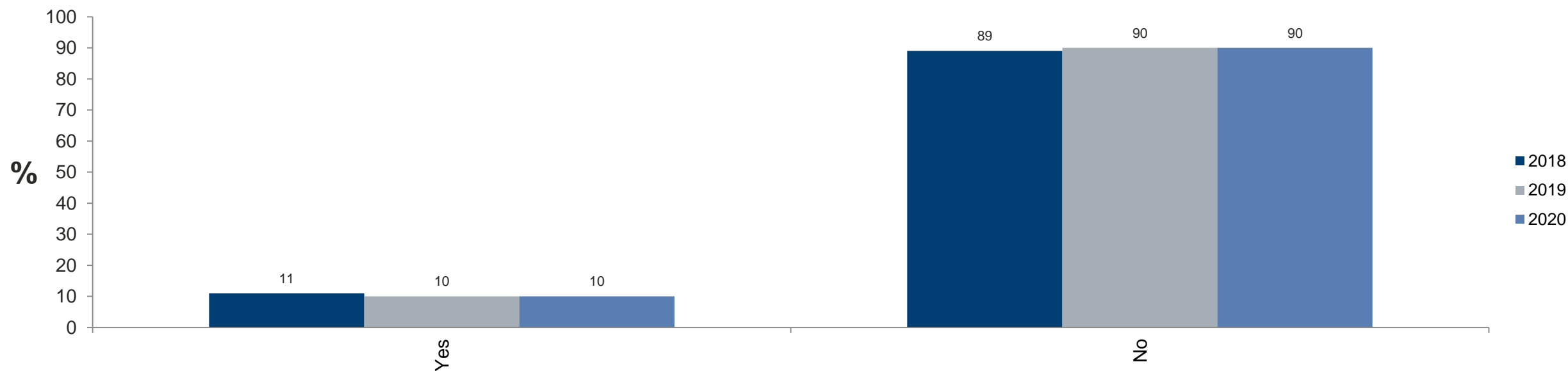
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q39. In the last 12 months have you had any unexpected stays in hospital because of your condition (or conditions)?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients with a long-term condition

Unweighted Base: 2018 (954), 2019 (967), 2020 (905)

Weighted Base: 2018 (1,042), 2019 (1,192), 2020 (1,258)

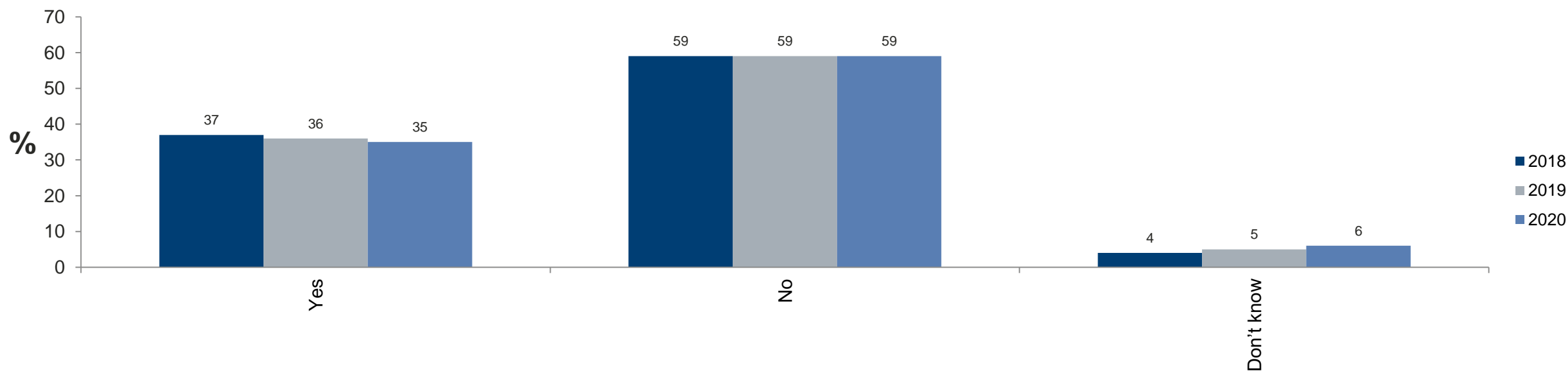
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q40. Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients with a long-term condition

Unweighted Base: 2018 (924), 2019 (946), 2020 (876)

Weighted Base: 2018 (1,018), 2019 (1,179), 2020 (1,230)

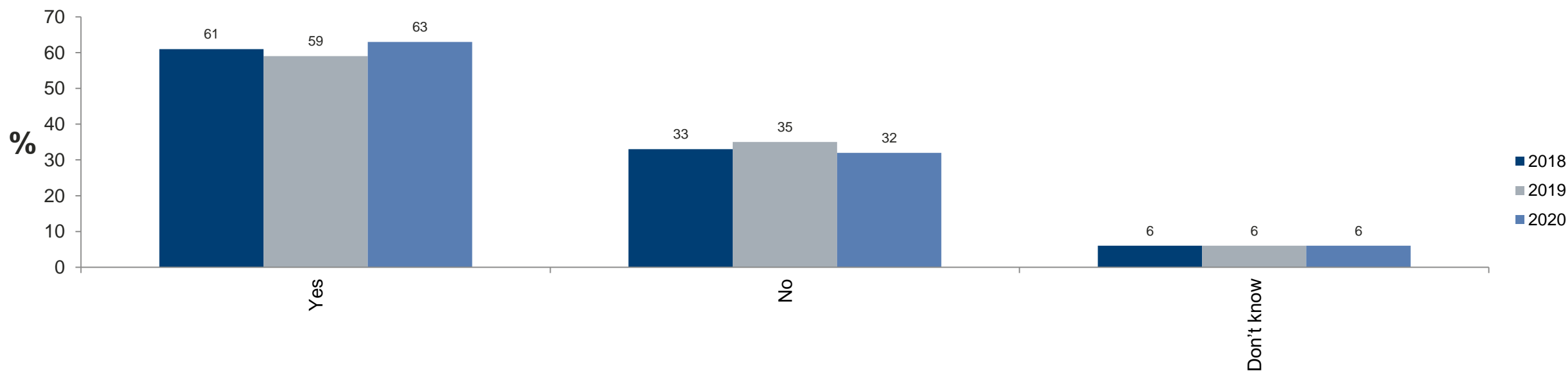
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q41. Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who have had a conversation with a healthcare professional about managing their condition

Unweighted Base: 2018 (318), 2019 (306), 2020 (280)

Weighted Base: 2018 (362), 2019 (389), 2020 (412)

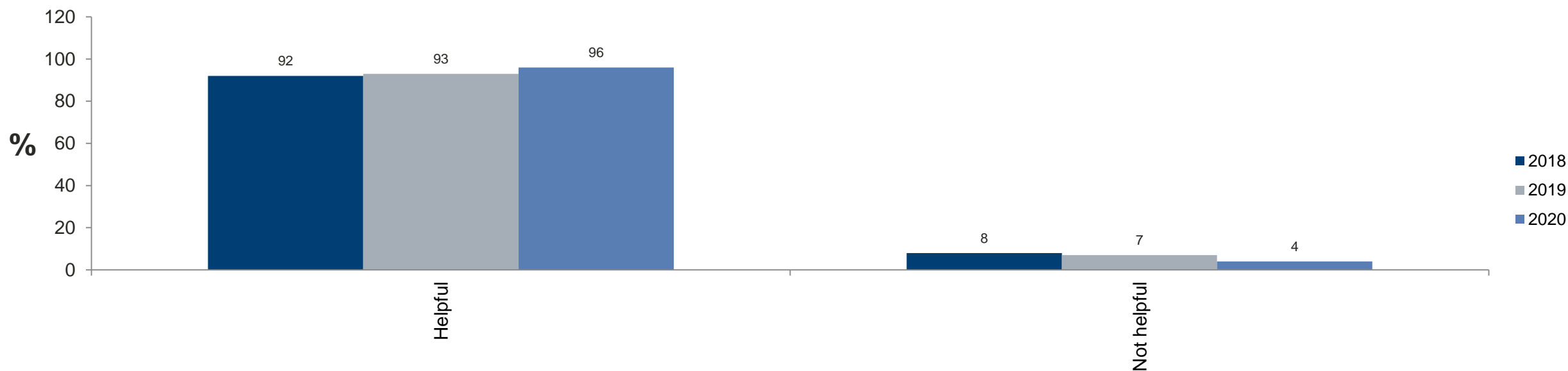
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q42. How helpful have you found this plan in managing your condition (or conditions)?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who have had a conversation with a healthcare professional about managing their condition, excluding don't know

Helpful = Very helpful + Fairly helpful. Not helpful = Not very helpful + Not at all helpful

Unweighted Base: 2018 (194), 2019 (180), 2020 (174)

Weighted Base: 2018 (214), 2019 (219), 2020 (254)

Excluding those who said "Don't know" (weighted): 2018 (5), 2019 (8), 2020 (1)

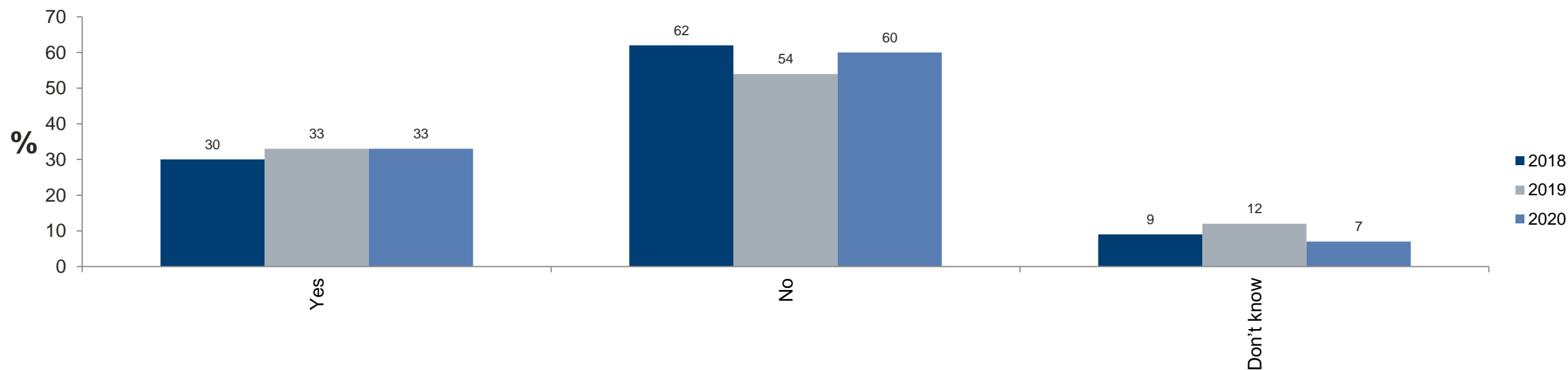
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q43. Have you been given (or offered) a written or printed copy of this plan?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who have had a conversation with a healthcare professional about managing their condition

Unweighted Base: 2018 (197), 2019 (184), 2020 (175)

Weighted Base: 2018 (218), 2019 (227), 2020 (253)

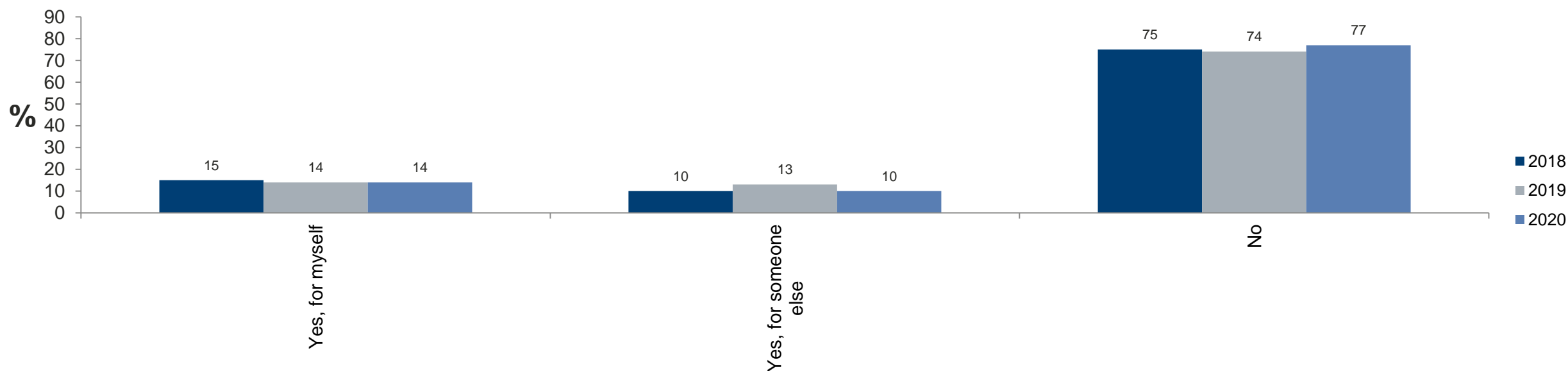
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q44. In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,548), 2019 (1,650), 2020 (1,444)

Weighted Base: 2018 (1,994), 2019 (2,392), 2020 (2,263)

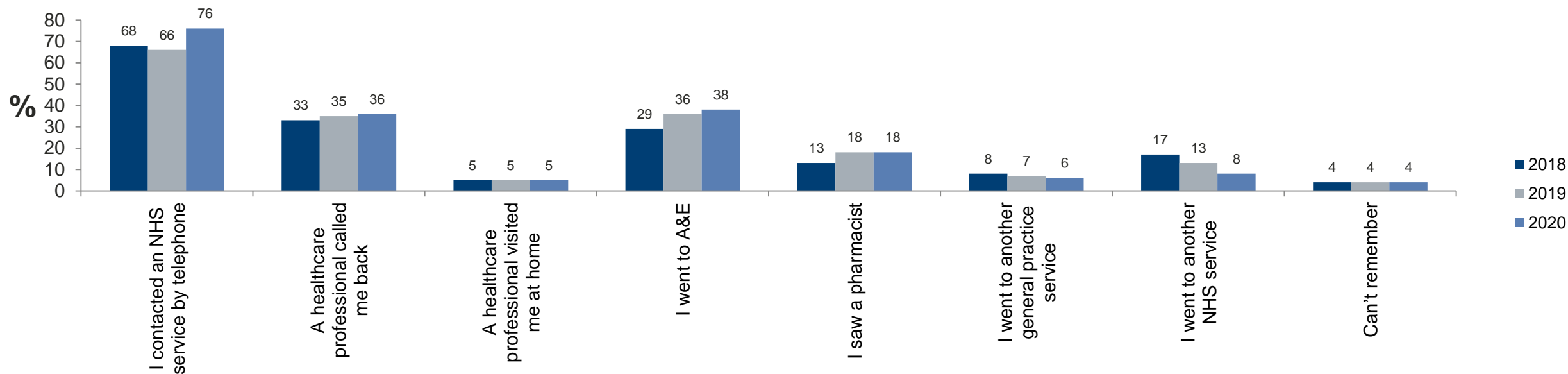
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q45. Please think about the last time you contacted an NHS service (for yourself or for someone else) when you wanted to see a GP but your GP practice was closed. Considering all of the services you contacted, which of the following happened on that occasion?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who contacted an out-of-hours service in the last 12 months

Unweighted Base: 2018 (314), 2019 (314), 2020 (291)

Weighted Base: 2018 (477), 2019 (578), 2020 (496)

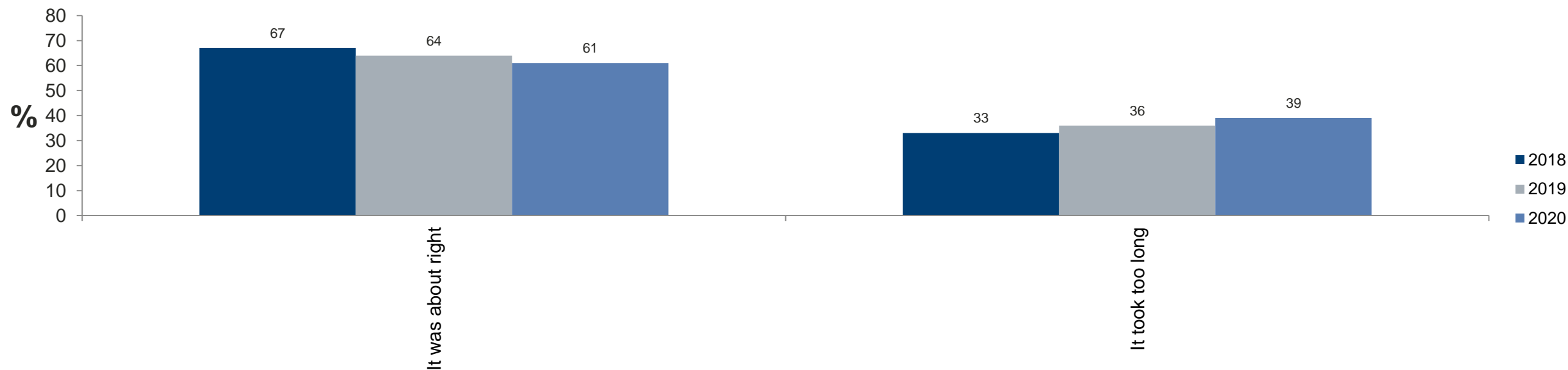
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q46. How do you feel about how quickly you received care or advice on that occasion?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who contacted an out-of-hours service in the last 12 months, excluding don't know/doesn't apply

Unweighted Base: 2018 (295), 2019 (299), 2020 (286)

Weighted Base: 2018 (439), 2019 (556), 2020 (480)

Excluding those who said "Don't know" or "doesn't apply" (weighted): 2018 (35), 2019 (34), 2020 (24)

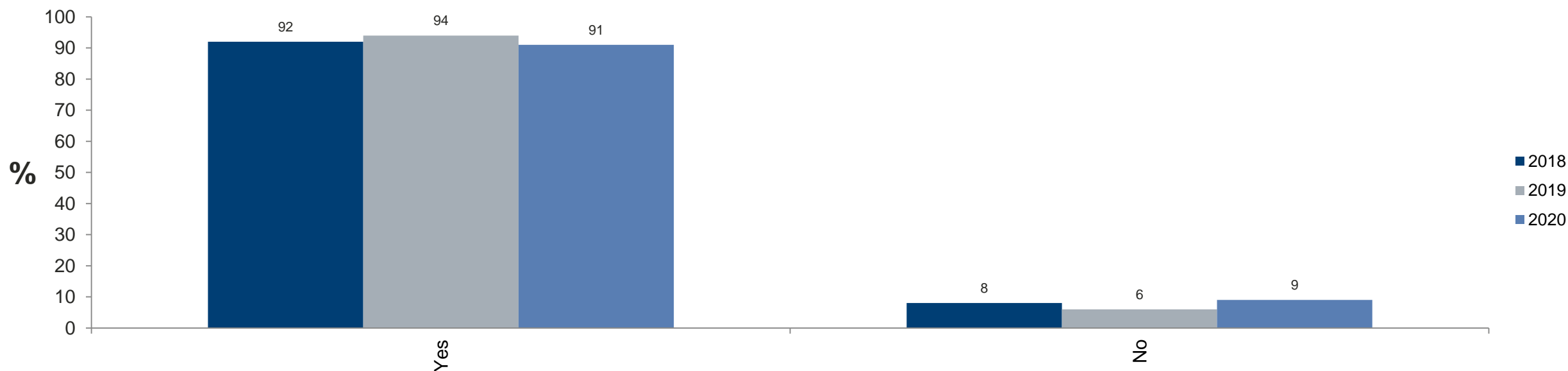
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who contacted an out-of-hours service in the last 12 months, excluding don't know/can't say

Yes = Yes, definitely + Yes, to some extent

Unweighted Base: 2018 (302), 2019 (305), 2020 (284)

Weighted Base: 2018 (453), 2019 (547), 2020 (482)

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (23), 2019 (43), 2020 (15)

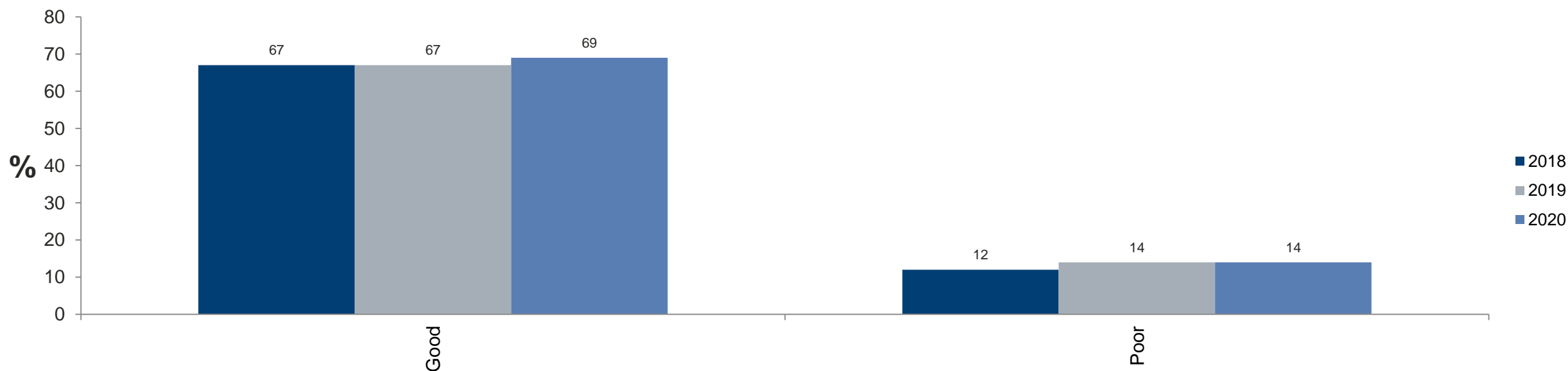
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients who contacted an out-of-hours service in the last 12 months, excluding don't know/can't say

Good = Very good + Fairly good. Poor = Fairly poor + Very poor

Unweighted Base: 2018 (306), 2019 (306), 2020 (290)

Weighted Base: 2018 (455), 2019 (569), 2020 (492)

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (24), 2019 (23), 2020 (14)

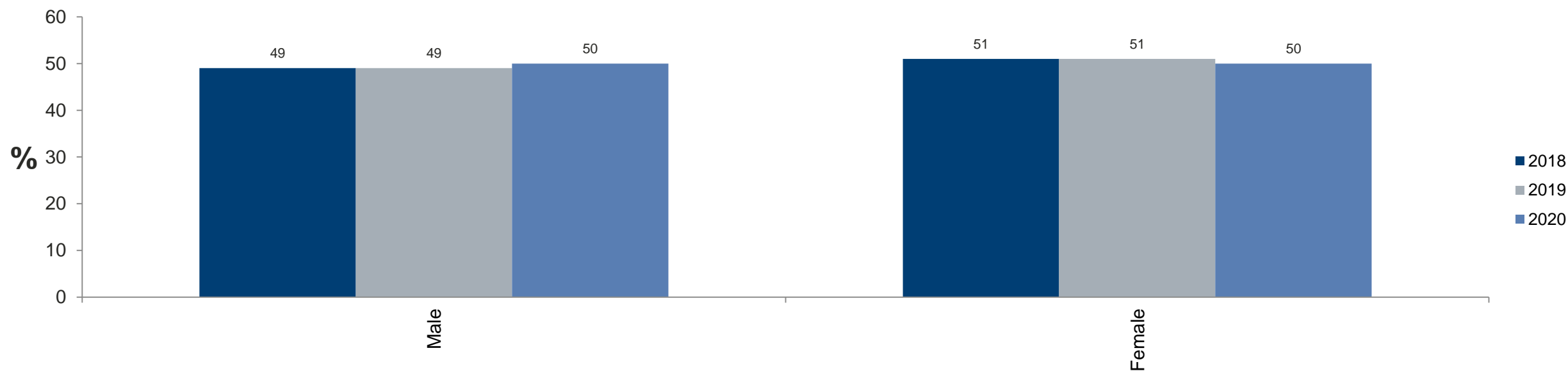
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q54. Are you male or female?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,556), 2019 (1,666), 2020 (1,415)

Weighted Base: 2018 (1,992), 2019 (2,408), 2020 (2,233)

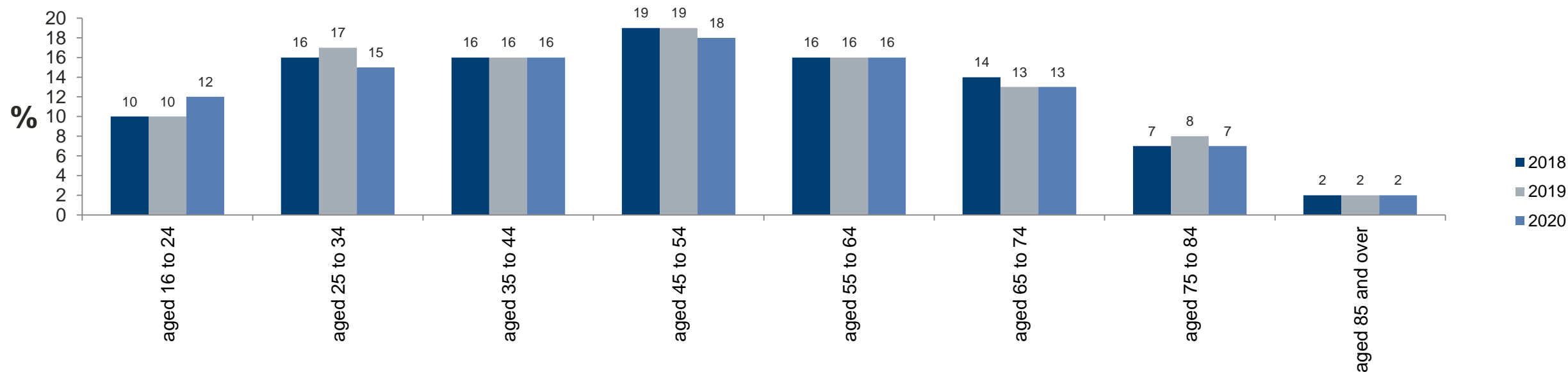
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q55. How old are you?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,557), 2019 (1,666), 2020 (1,456)

Weighted Base: 2018 (1,997), 2019 (2,407), 2020 (2,275)

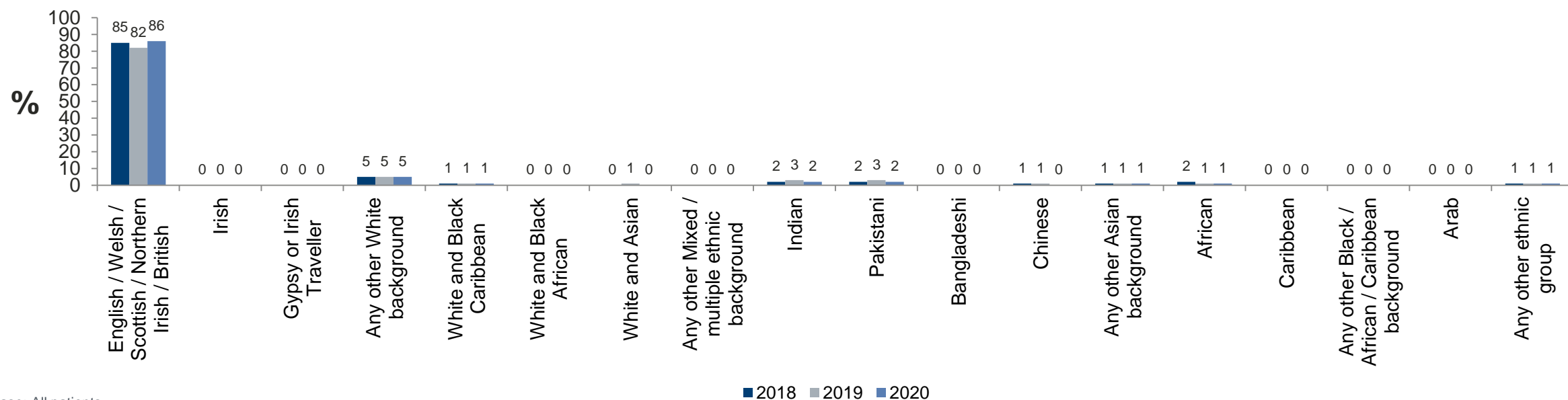
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q56. What is your ethnic group?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,548), 2019 (1,658), 2020 (1,444)

Weighted Base: 2018 (1,982), 2019 (2,406), 2020 (2,276)

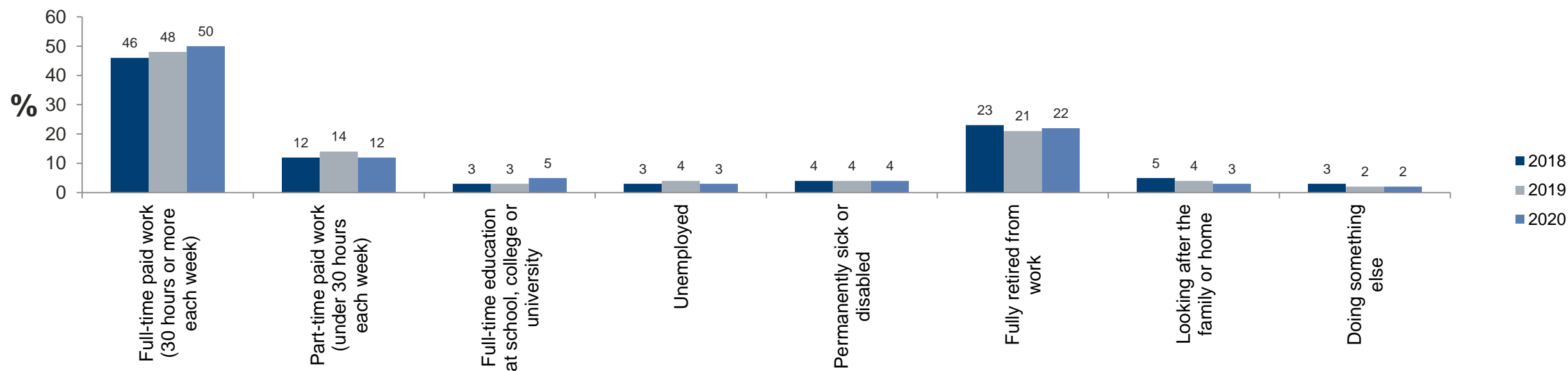
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q57. Which of these best describes what you are doing at present?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,509), 2019 (1,619), 2020 (1,418)

Weighted Base: 2018 (1,937), 2019 (2,351), 2020 (2,227)

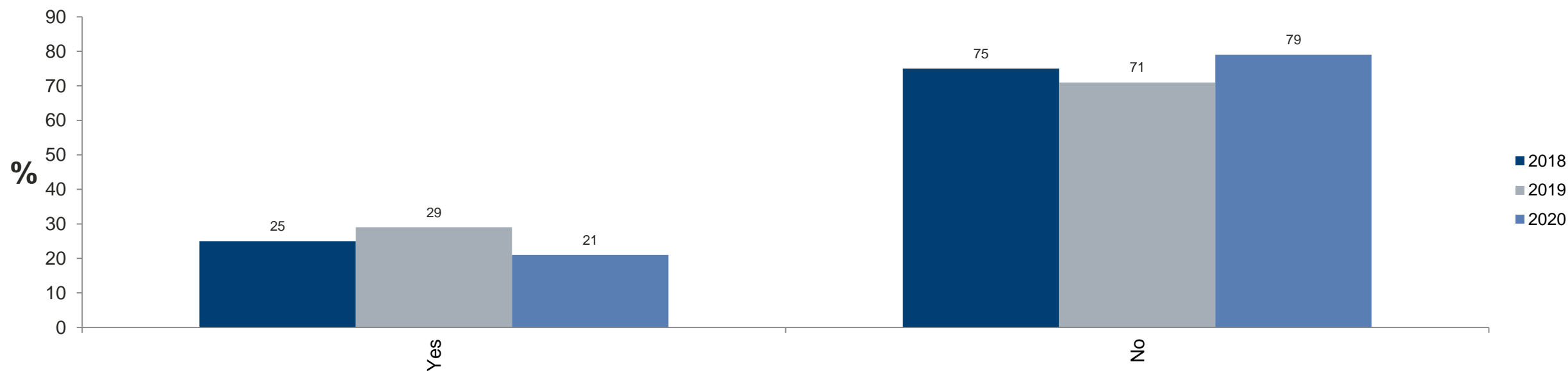
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q58. Are you a parent or a legal guardian for any children aged under 16 living in your home?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,545), 2019 (1,648), 2020 (1,457)

Weighted Base: 2018 (1,982), 2019 (2,384), 2020 (2,273)

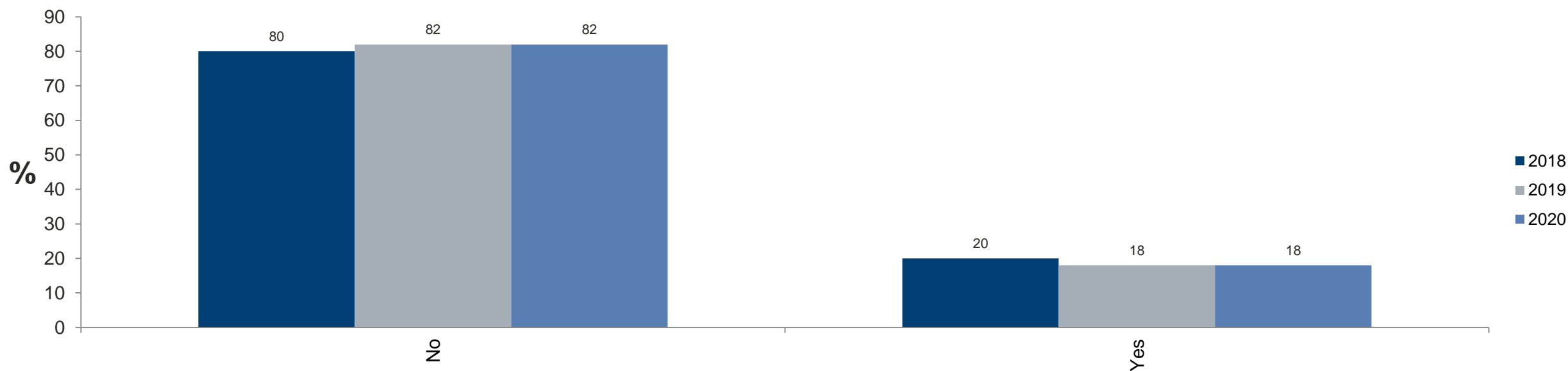
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing summary results - Q59. Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical or mental ill health /disability, or problems related to old age?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Yes = At least one hour a week

Unweighted Base: 2018 (1,523), 2019 (1,626), 2020 (1,438)

Weighted Base: 2018 (1,964), 2019 (2,363), 2020 (2,255)

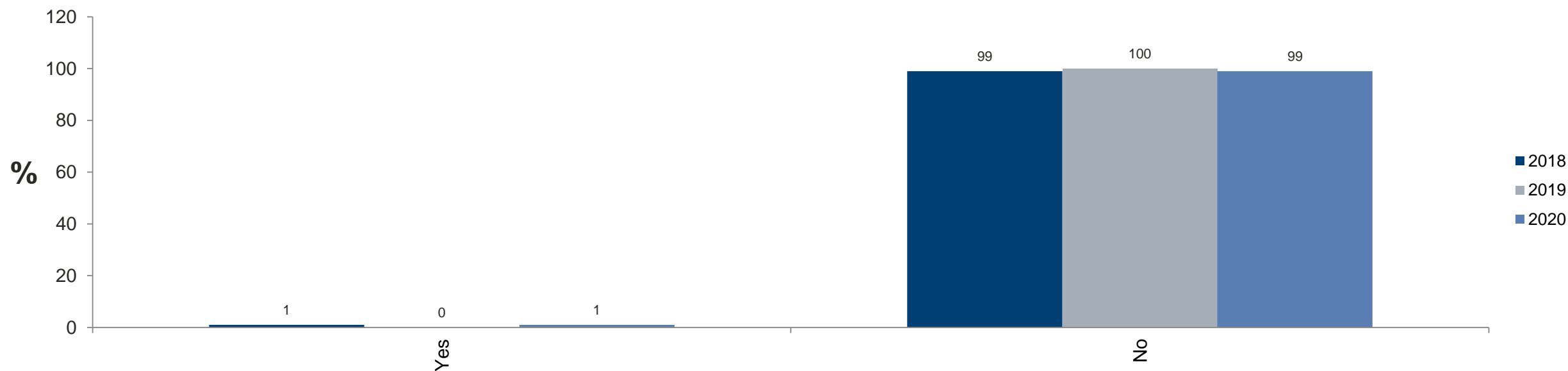
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q60. Are you a deaf person who uses sign language?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,549), 2019 (1,658), 2020 (1,466)

Weighted Base: 2018 (1,984), 2019 (2,406), 2020 (2,282)

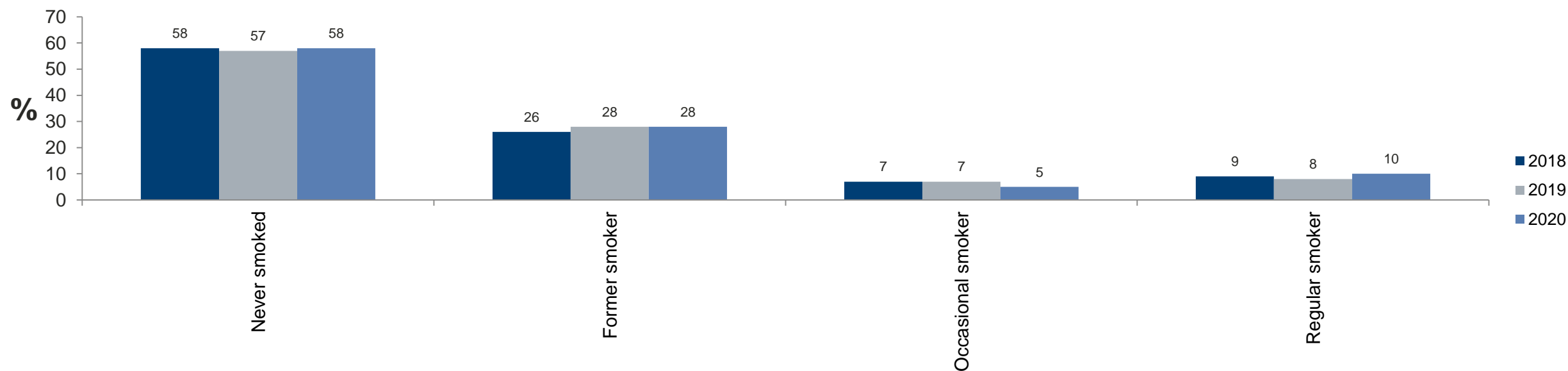
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q61. Which of the following best describes your smoking habits?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,560), 2019 (1,663), 2020 (1,483)

Weighted Base: 2018 (1,990), 2019 (2,400), 2020 (2,311)

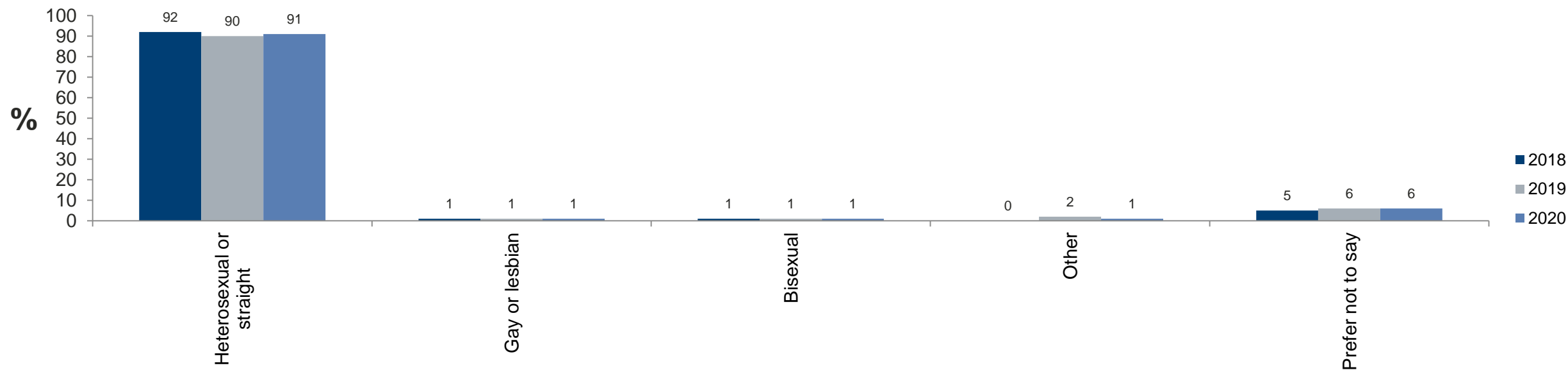
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q62. Which of the following best describes how you think of yourself?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,522), 2019 (1,634), 2020 (1,445)

Weighted Base: 2018 (1,957), 2019 (2,381), 2020 (2,258)

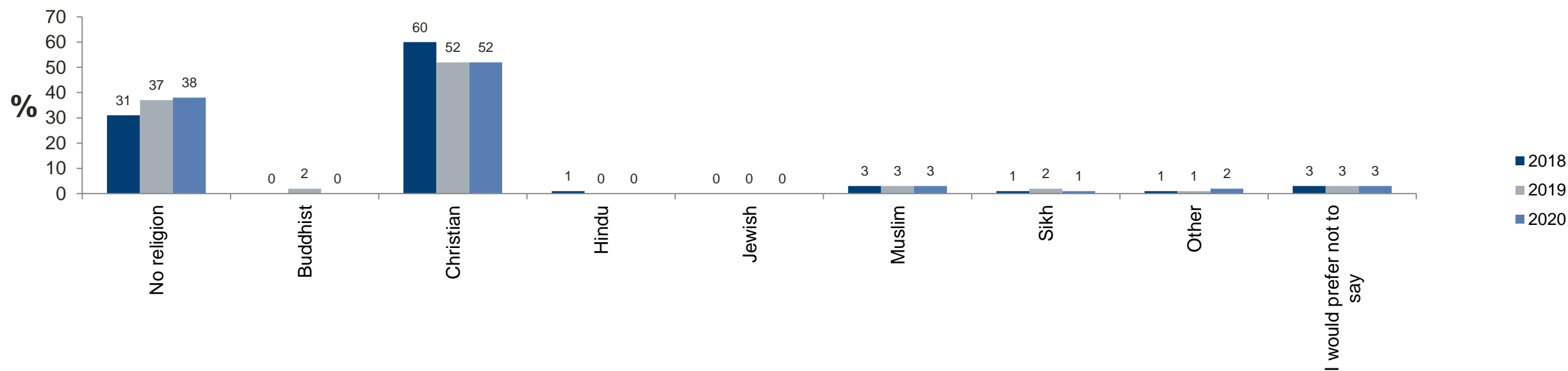
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Showing full results - Q63. Which, if any, of the following best describes your religion?

Results showing for NHS TELFORD AND WREKIN CCG

Filters: No filter applied

Showing weighted data



Base: All patients

Unweighted Base: 2018 (1,555), 2019 (1,660), 2020 (1,464)

Weighted Base: 2018 (1,990), 2019 (2,397), 2020 (2,287)

Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

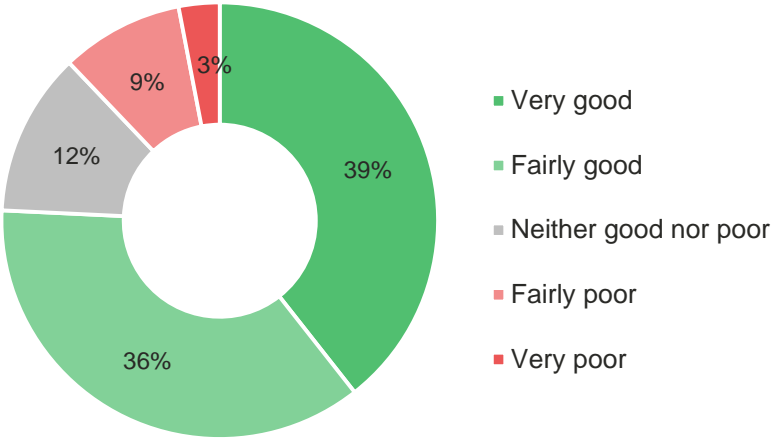
Analysis By Criteria

Overall experience of GP practice

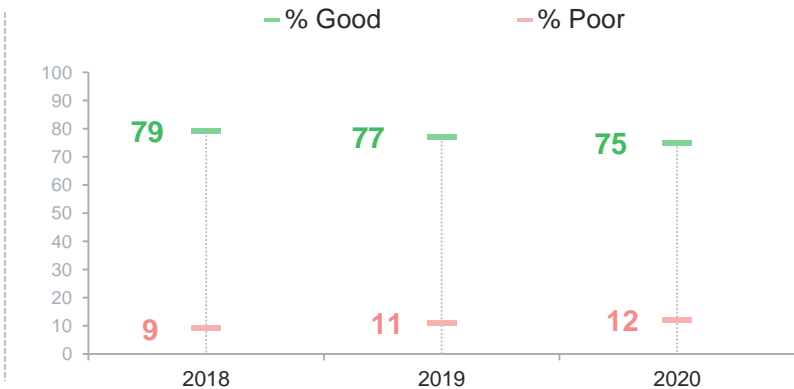
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

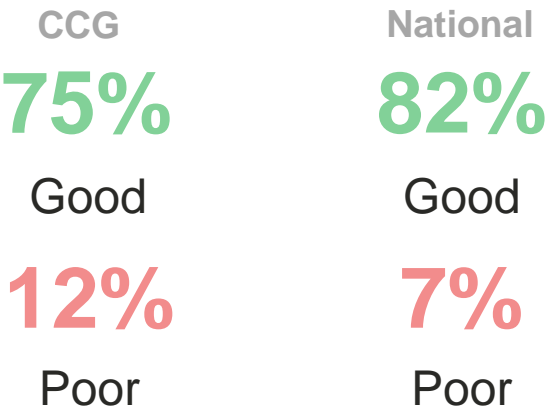
CCG's results



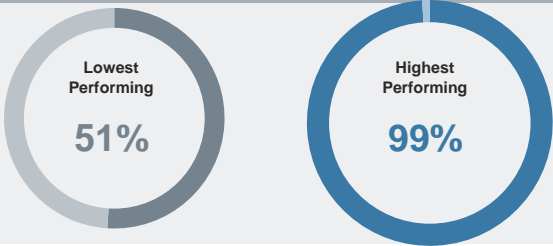
CCG's results over time



Comparison of results



Practice range within CCG – % Good



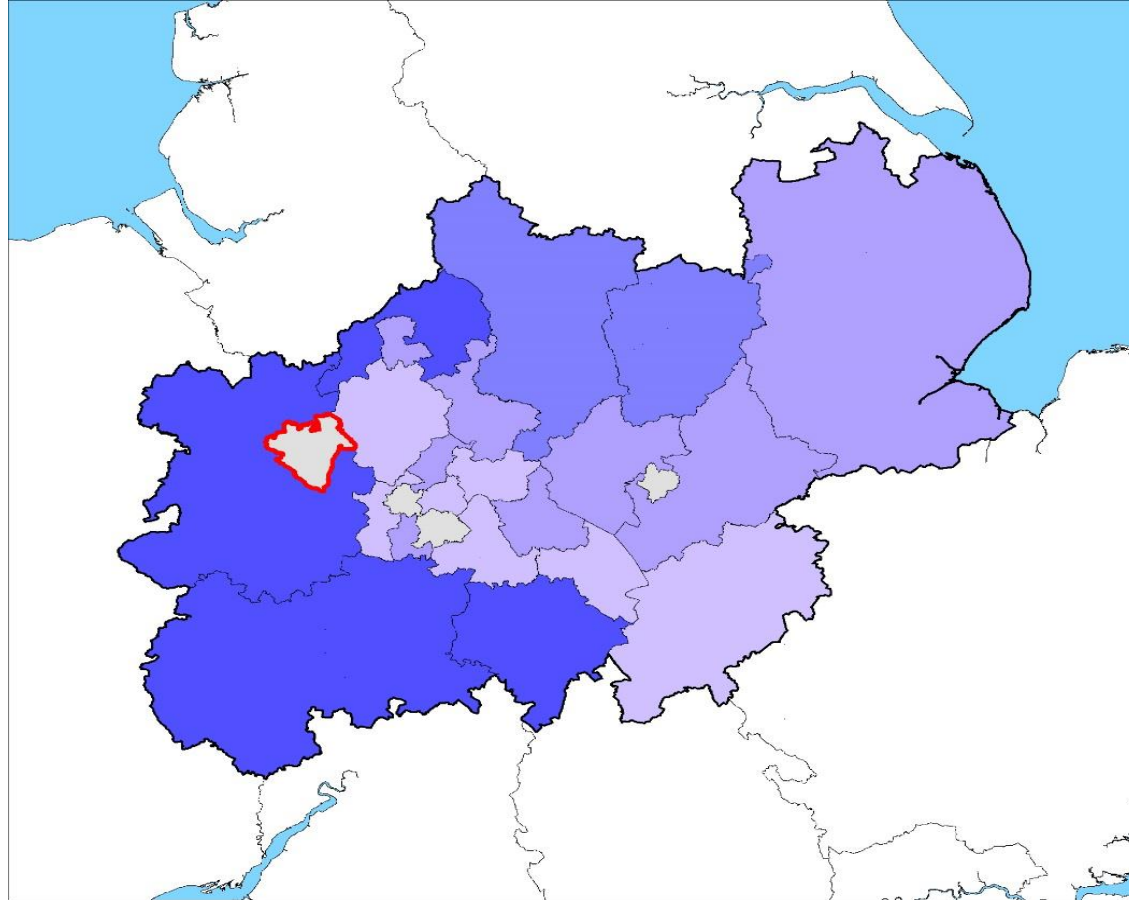
CCG range within region – % Good



Overall experience: how the CCG's results compare to other CCGs within the region

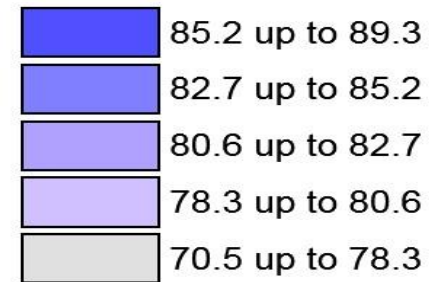
Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good



Results range from

72%
to
89%

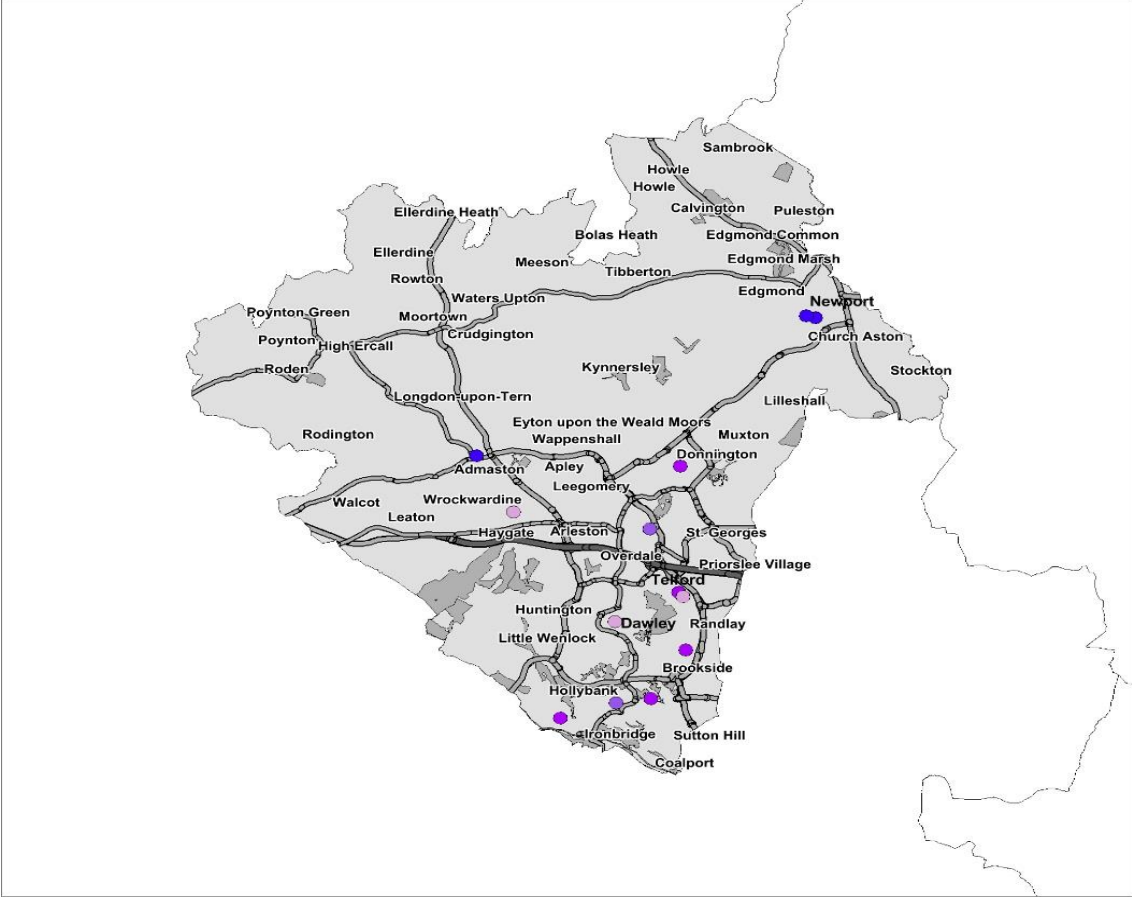
The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saving 'good'



Overall Experience of GP Practice
% **Good**

- 91.5 up to 100.0
- 86.6 up to 91.5
- 81.3 up to 86.6
- 74.2 up to 81.3
- 37.0 up to 74.2

Results range from

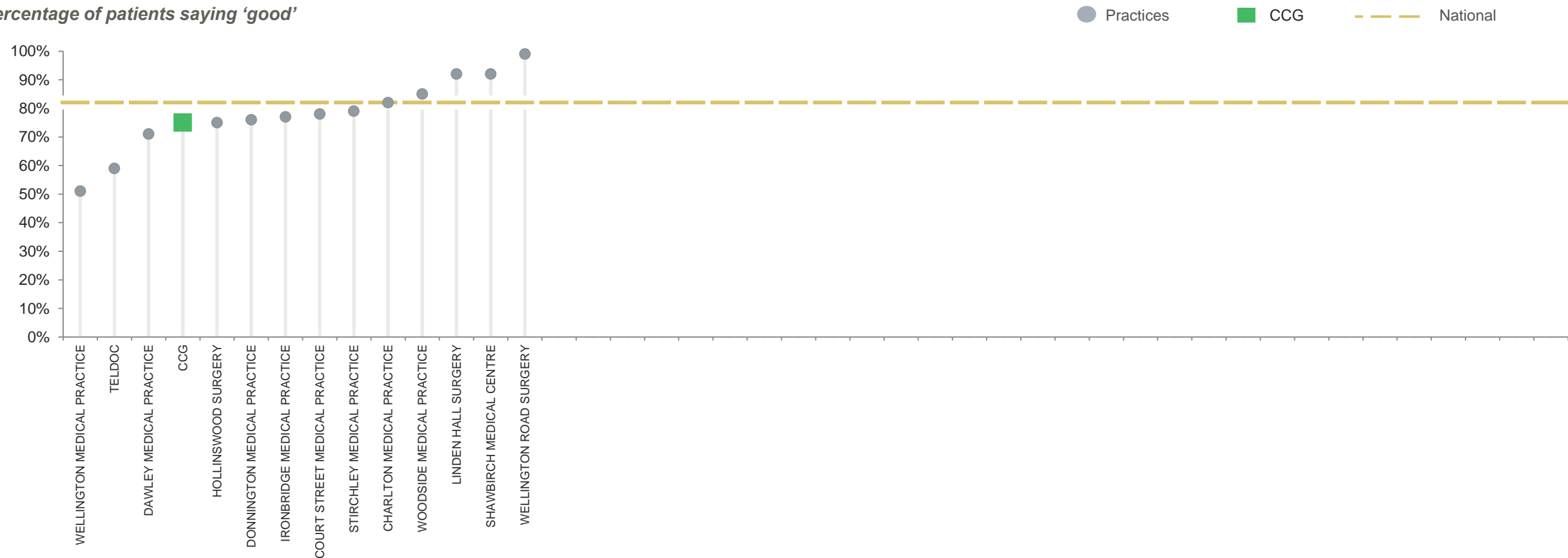
51%
to
99%

Comparisons are indicative only: differences may not be statistically significant

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



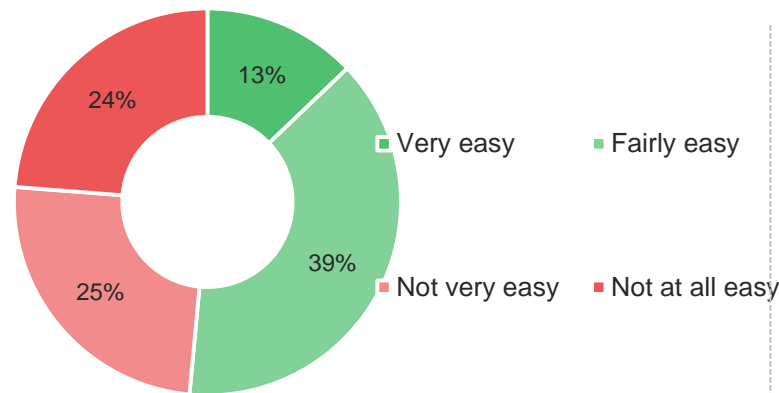
Comparisons are indicative only: differences may not be statistically significant

Local GP services

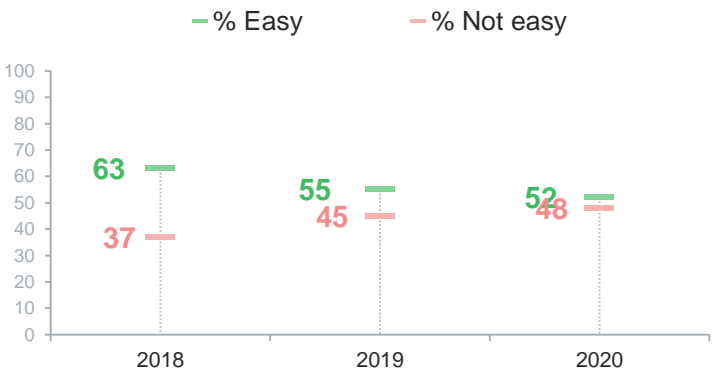
Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

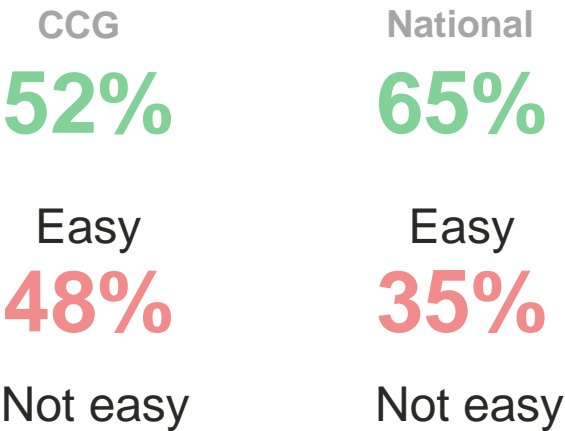
CCG's results



CCG's results over time



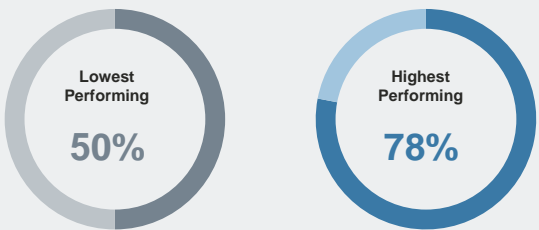
Comparison of results



Practice range within CCG – % Easy



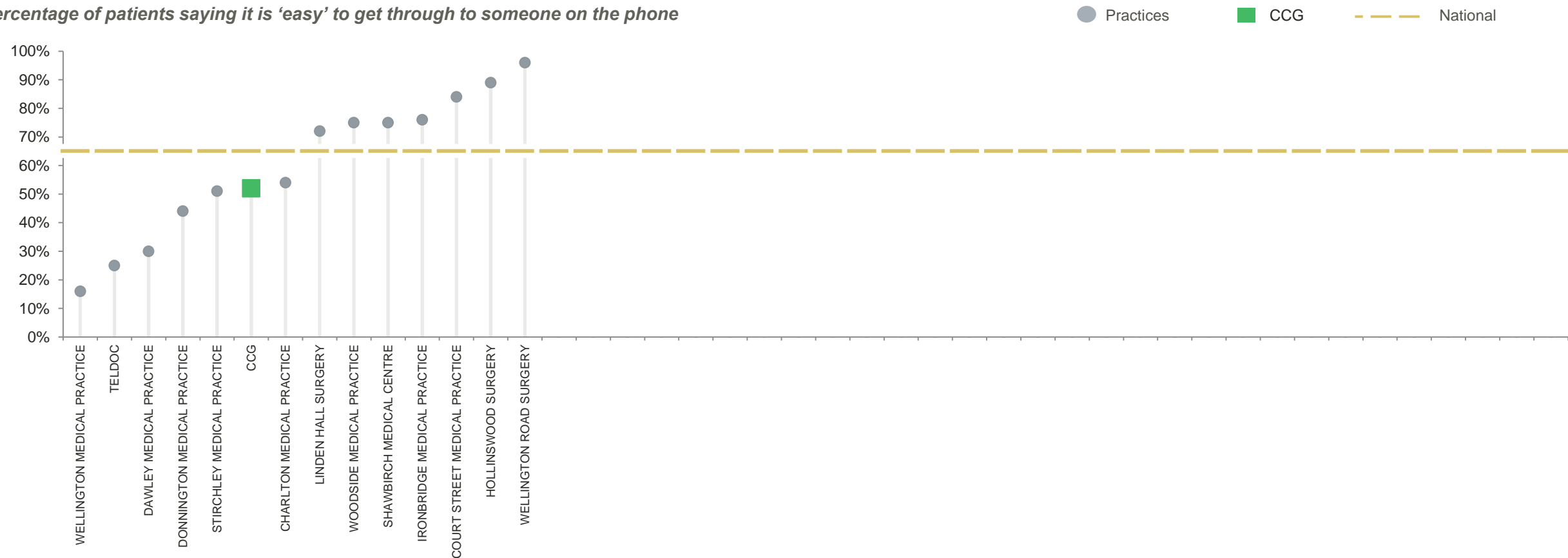
CCG range within region – % Easy



Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone

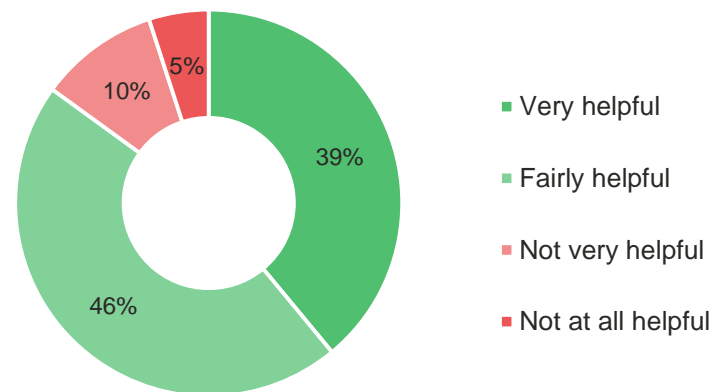


Comparisons are indicative only: differences may not be statistically significant

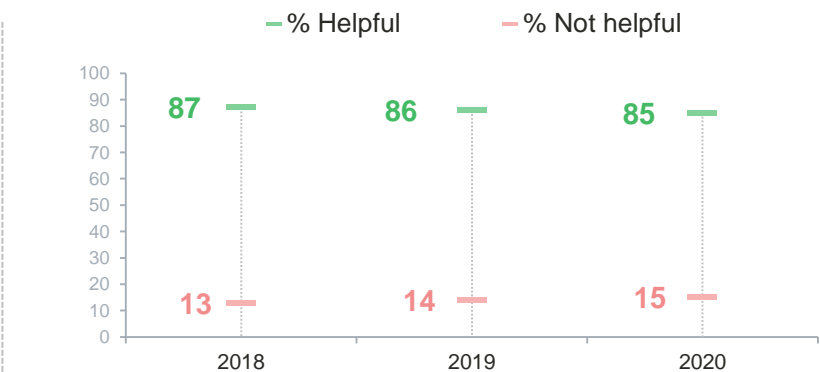
Helpfulness of receptionists at GP practice

Q2. How helpful do you find the receptionists at your GP practice?

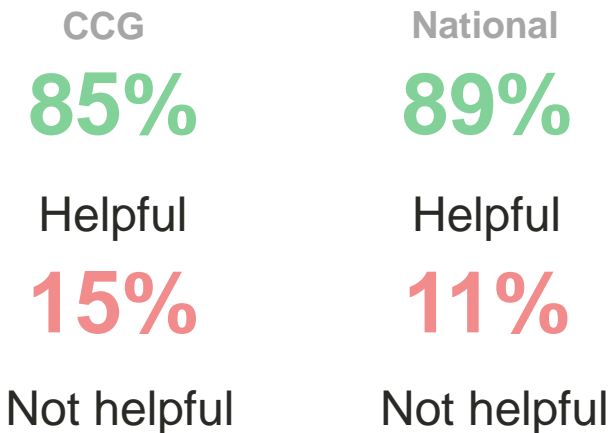
CCG's results



CCG's results over time



Comparison of results



Practice range within CCG – % Helpful

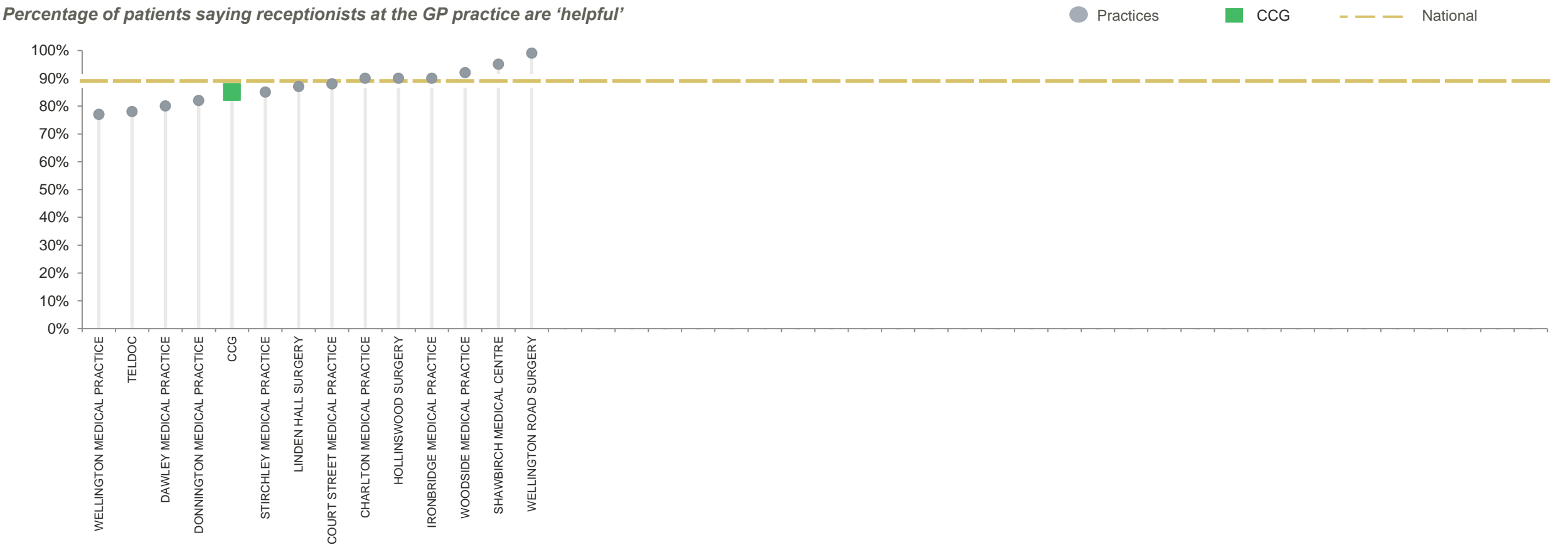


CCG range within region – % Helpful



Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?

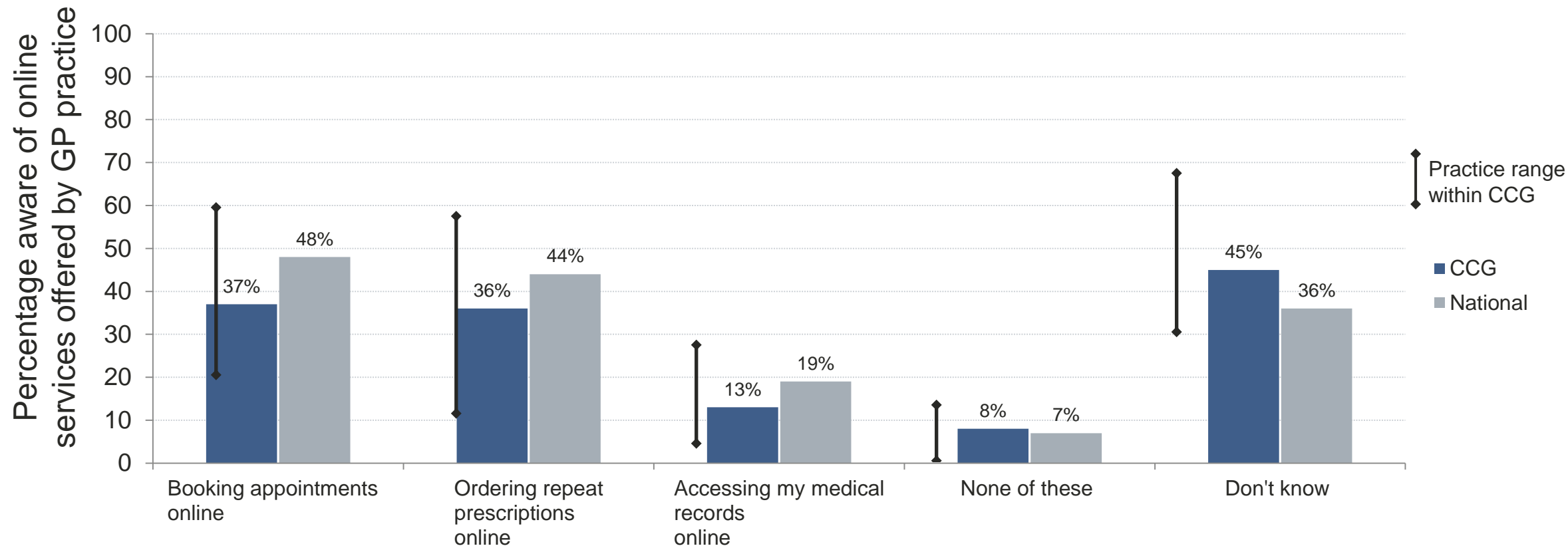


Comparisons are indicative only: differences may not be statistically significant

Access to online services

Awareness of online services

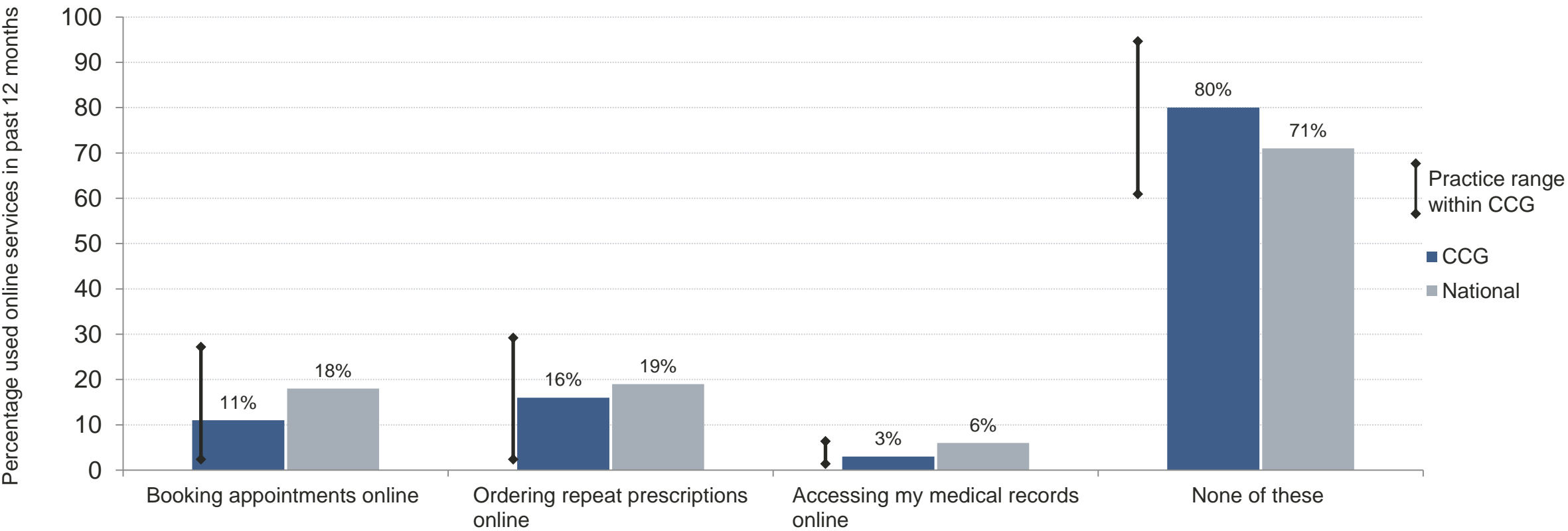
Q4. As far as you know, which of the following online services does your GP practice offer?



Comparisons are indicative only: differences may not be statistically significant

Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?

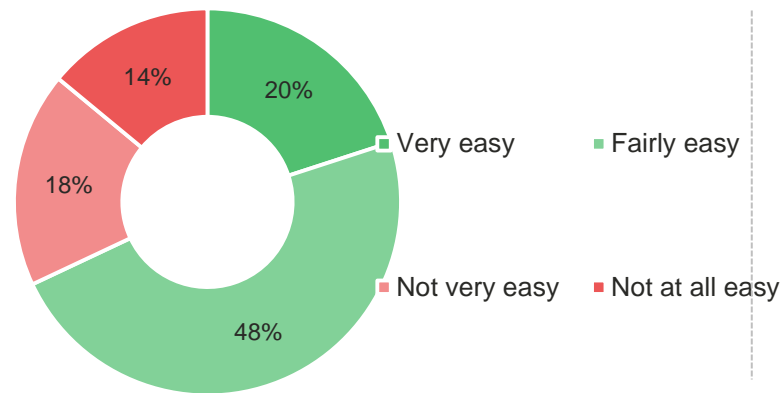


Comparisons are indicative only: differences may not be statistically significant

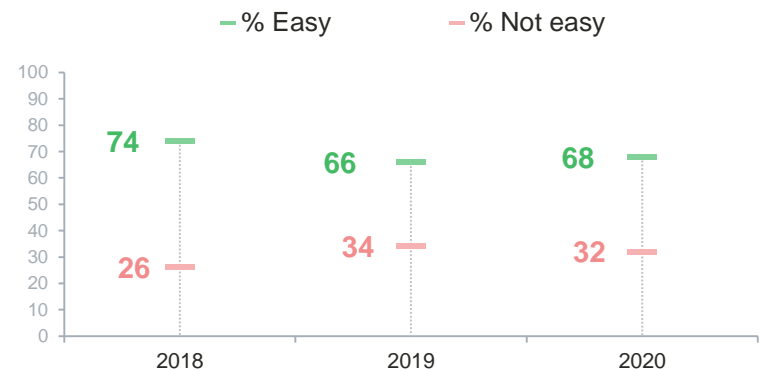
Ease of use of online services

Q6. How easy is it to use your GP practice's website to look for information or access services?*

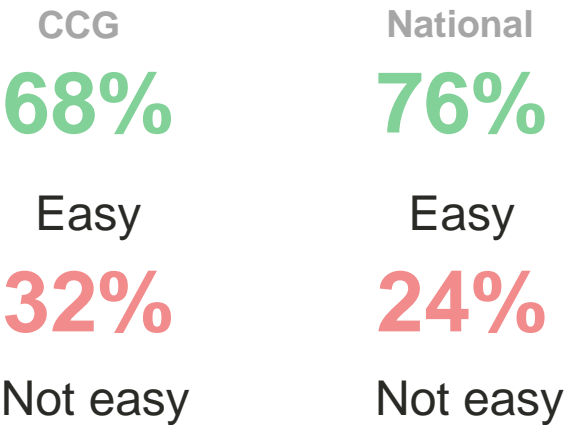
CCG's results



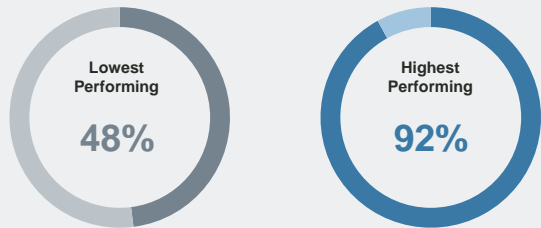
CCG's results over time



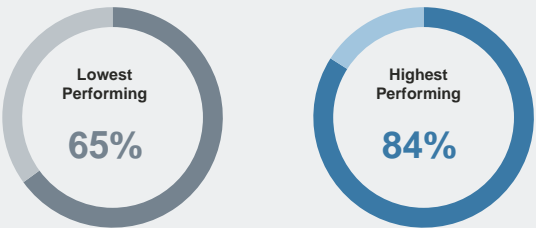
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy

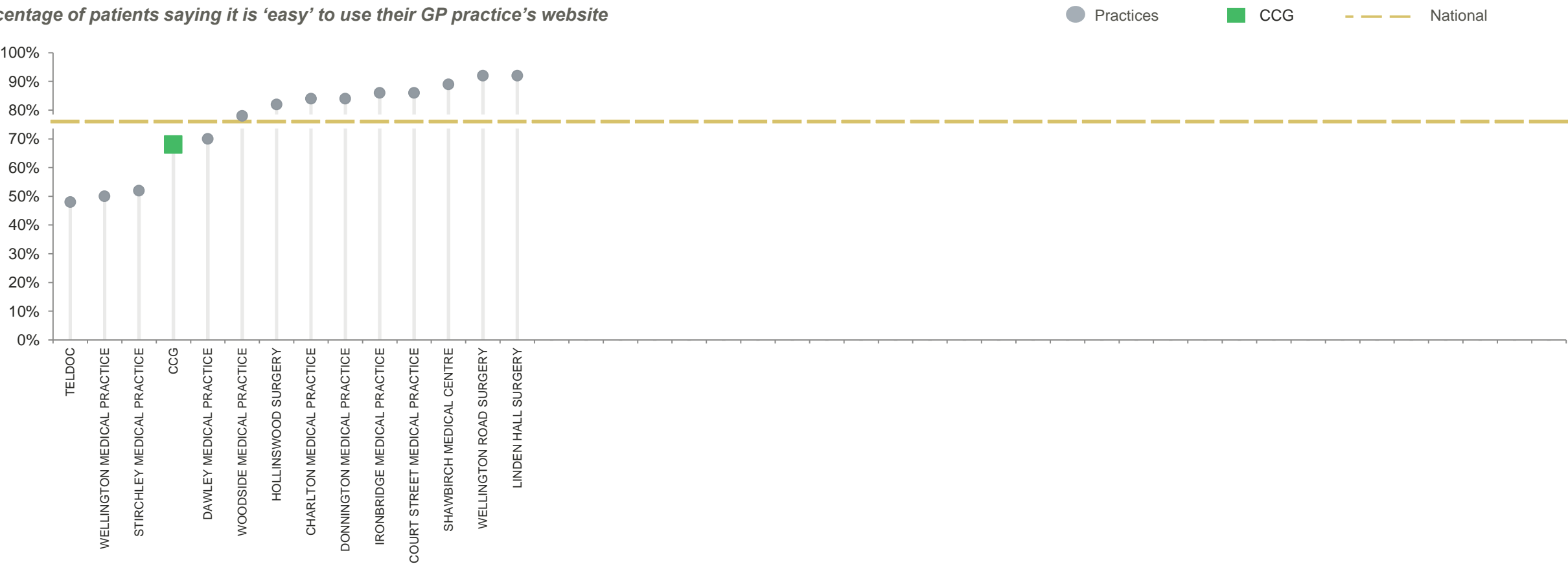


*Those who say 'Haven't tried' (63%) have been excluded from these results.

Ease of use of online services: how the CCG's practices compare

Q6. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



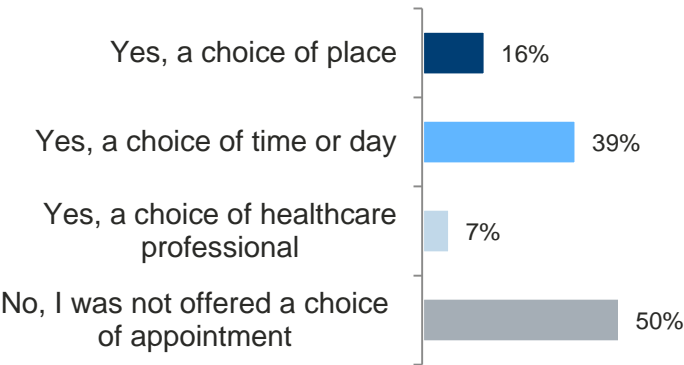
Comparisons are indicative only: differences may not be statistically significant

Making an appointment

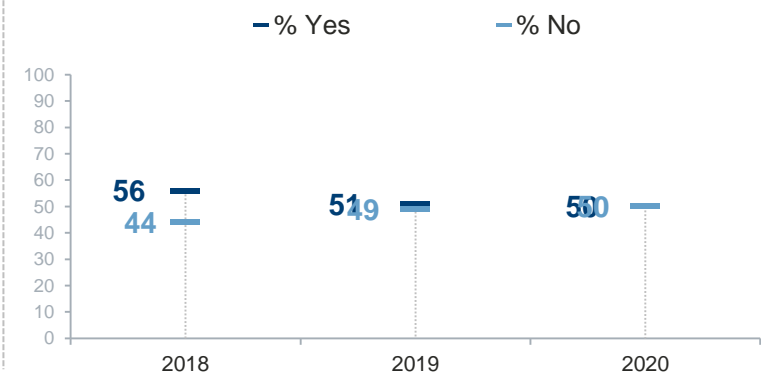
Choice of appointment

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

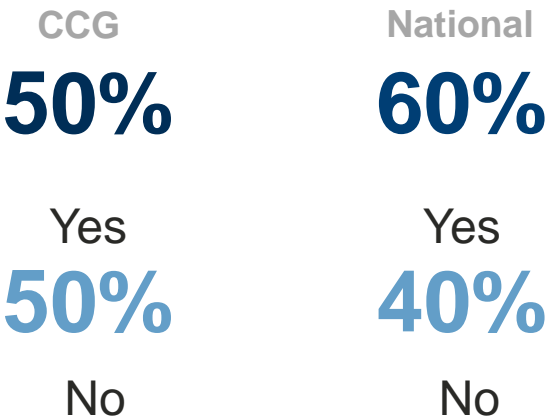
CCG's results



CCG's results over time



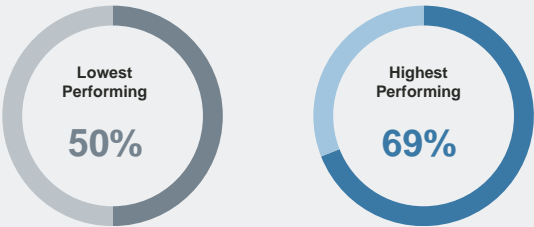
Comparison of results



Practice range within CCG – % Yes



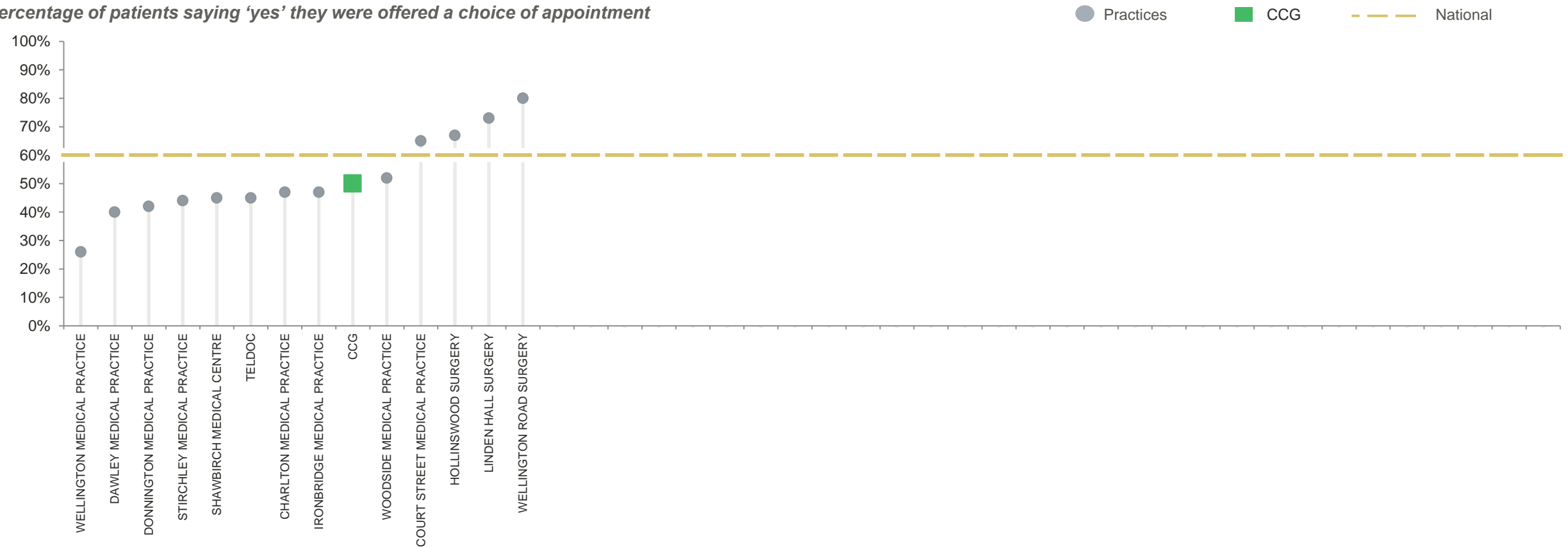
CCG range within region – % Yes



Choice of appointment: how the CCG's practices compare

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment

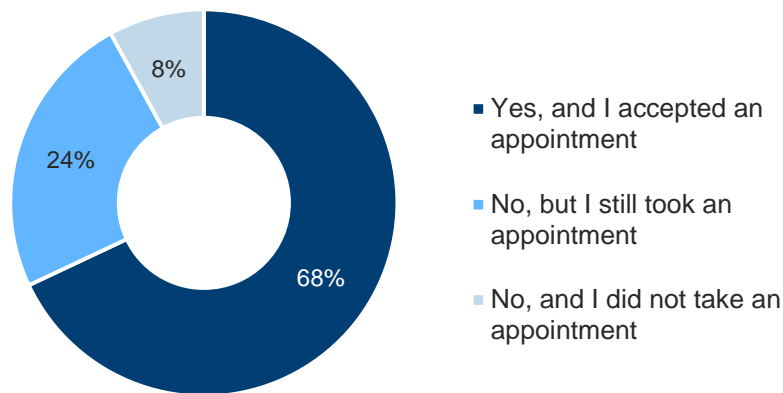


Comparisons are indicative only: differences may not be statistically significant

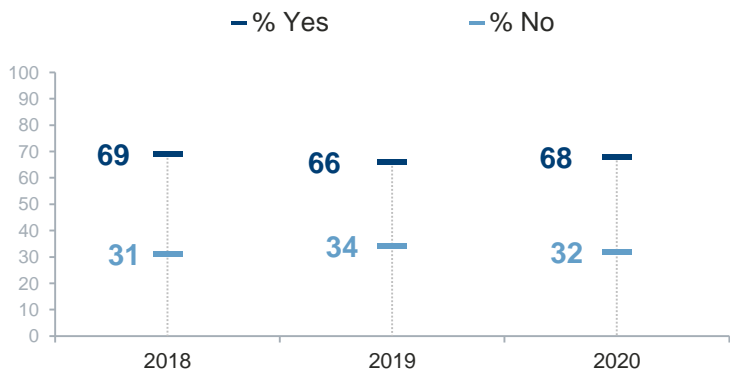
Satisfaction with appointment offered

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

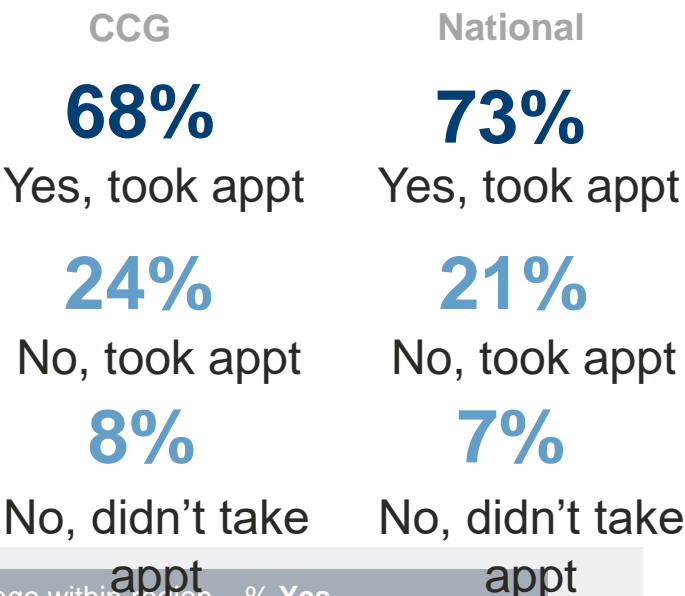
CCG's results



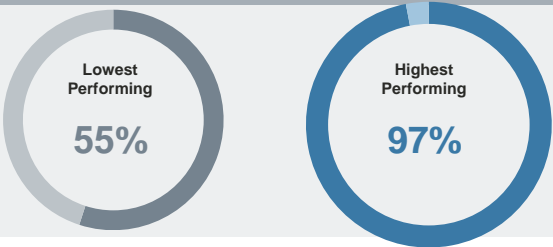
CCG's results over time



Comparison of results



Practice range within CCG – % Yes



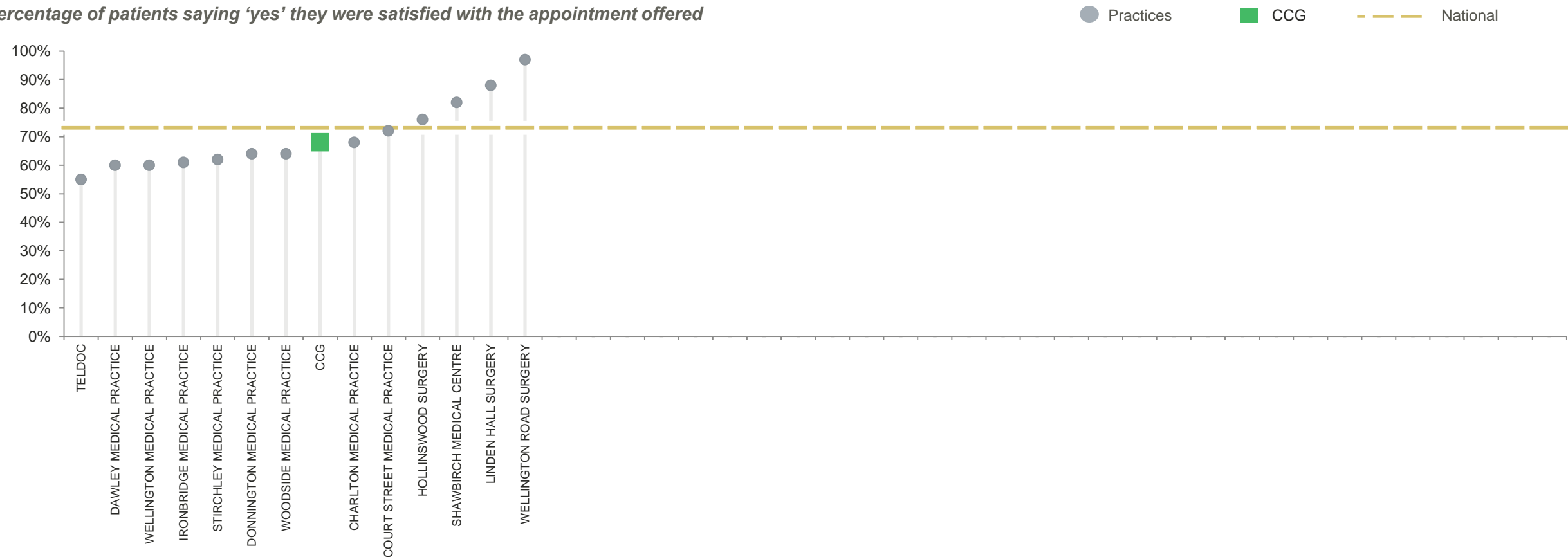
CCG range within region – % Yes



Satisfaction with appointment offered: how the CCG's practices compare

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

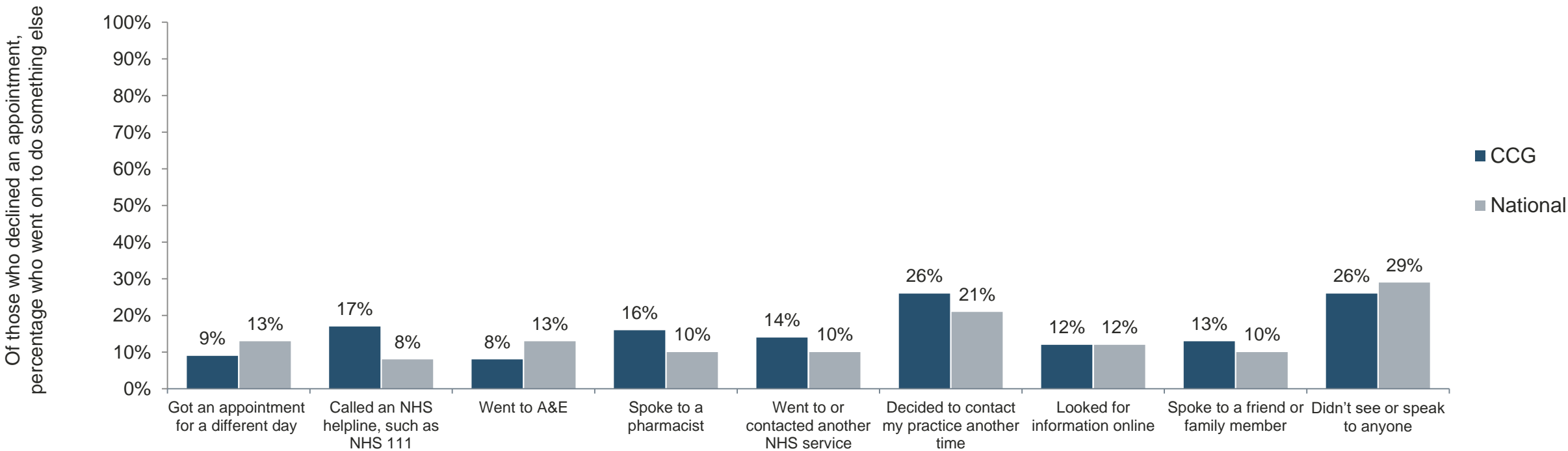
Percentage of patients saying 'yes' they were satisfied with the appointment offered



Comparisons are indicative only: differences may not be statistically significant

What patients do when they are not satisfied with the appointment offered and do not take it

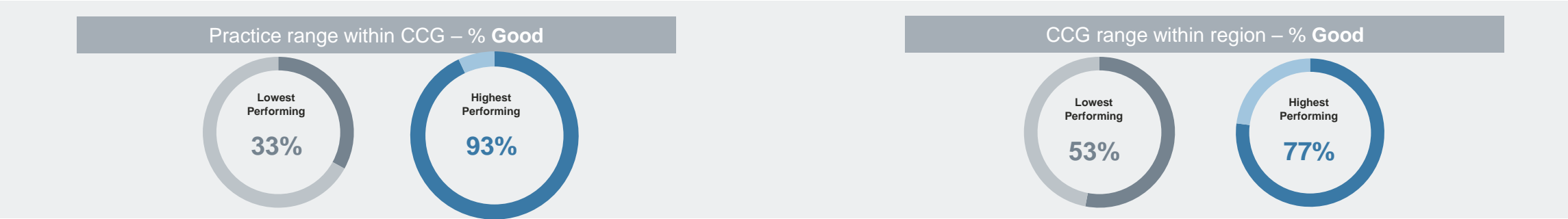
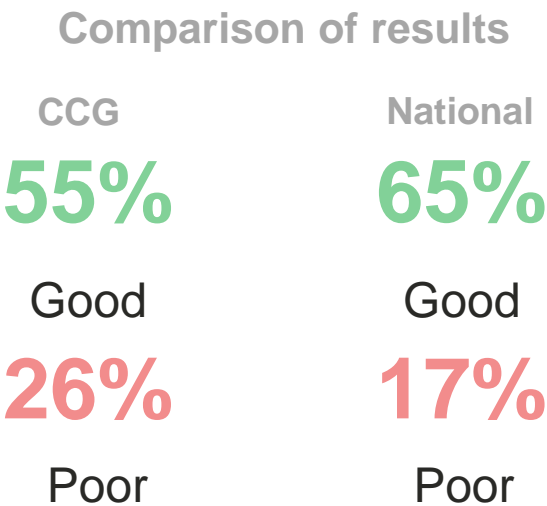
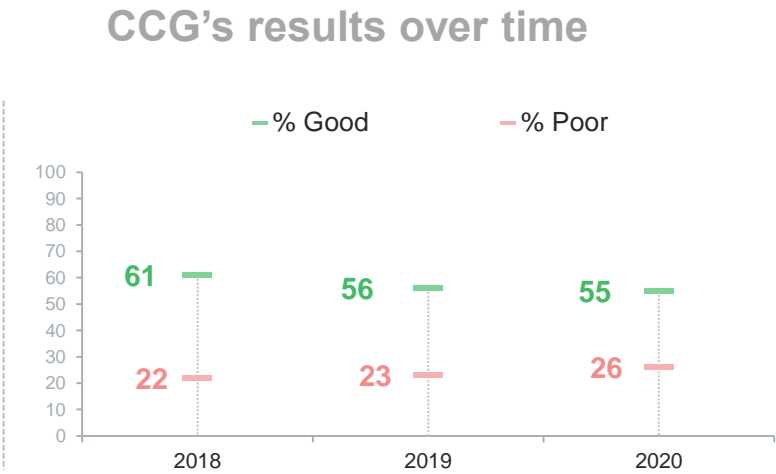
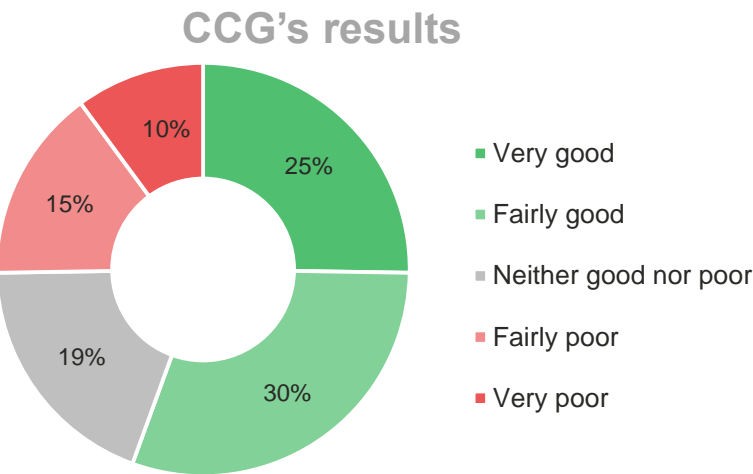
Q19. What did you do when you did not take the appointment you were offered?



Comparisons are indicative only: differences may not be statistically significant

Overall experience of making an appointment

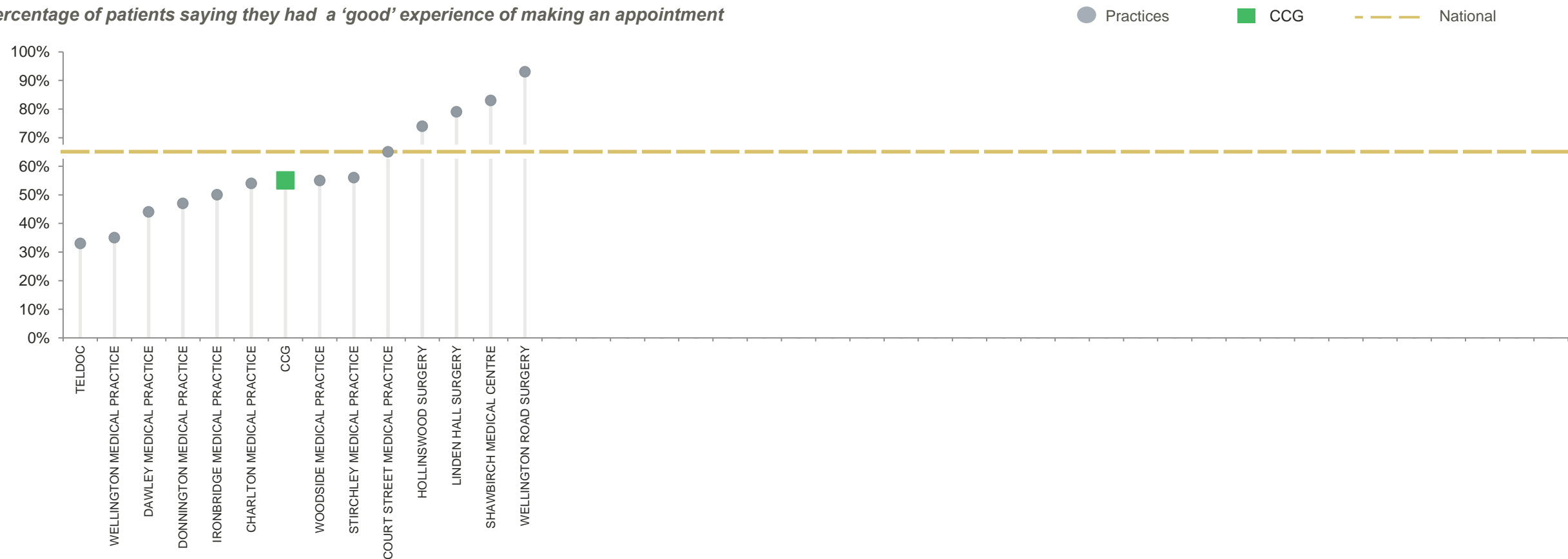
Q22. Overall, how would you describe your experience of making an appointment?



Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



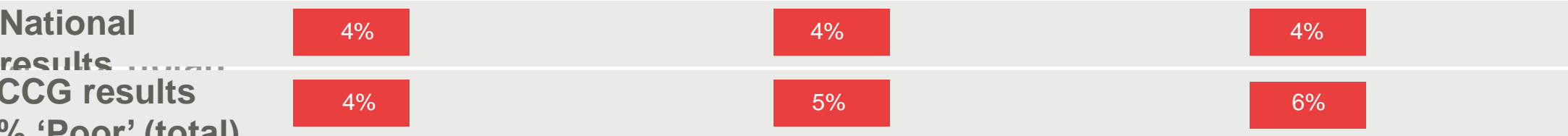
Comparisons are indicative only: differences may not be statistically significant

Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

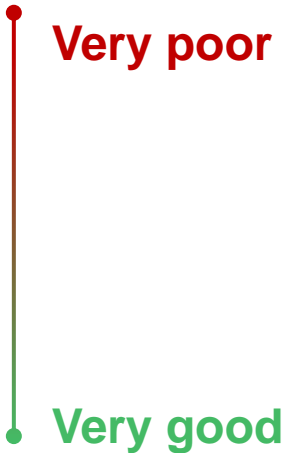
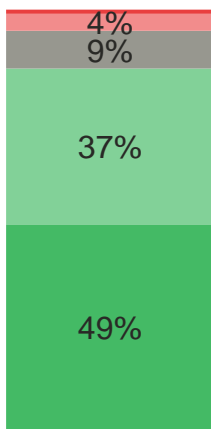
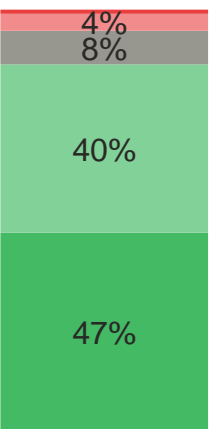
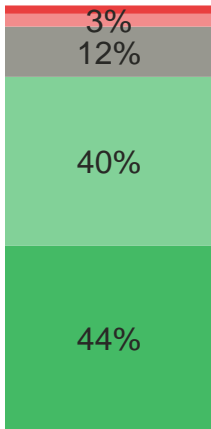


% 'Poor' (total)

Giving you enough time

Listening to you

Treating you with care and concern



Giving you enough time

Listening to you

Treating you with care and concern

Very good Good Neither good nor poor Poor Very poor

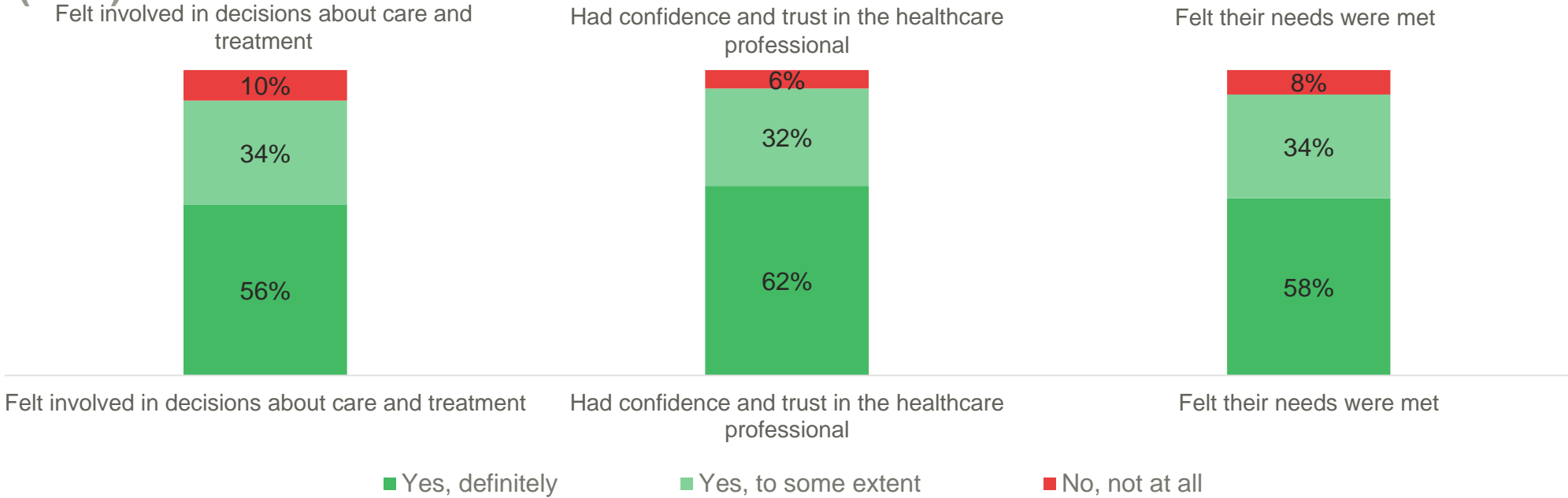
Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

CCG's results

National results	7%	5%	6%
CCG results	10%	6%	8%

% 'No, not at all'



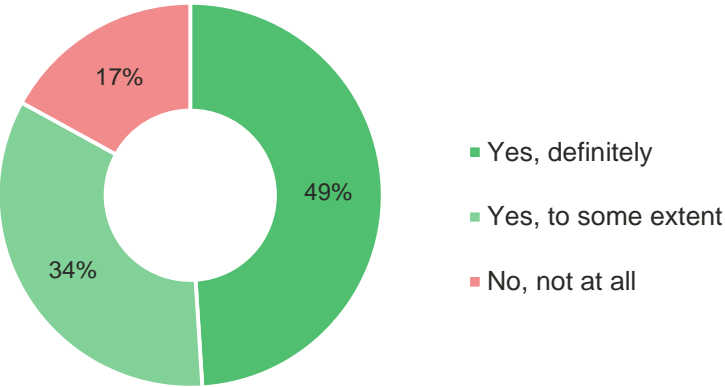
No, not at all

Yes, definitely

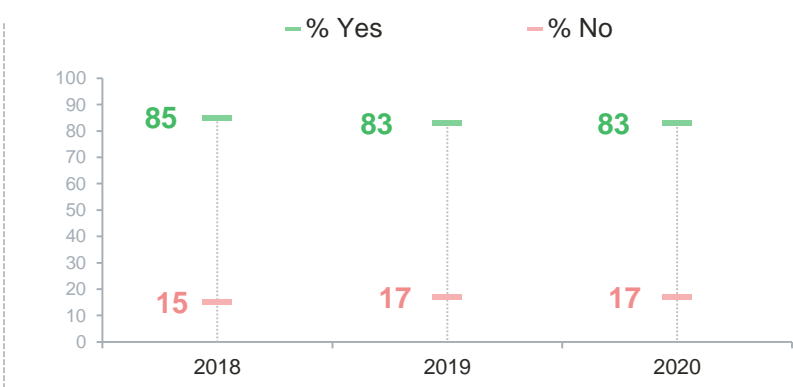
Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

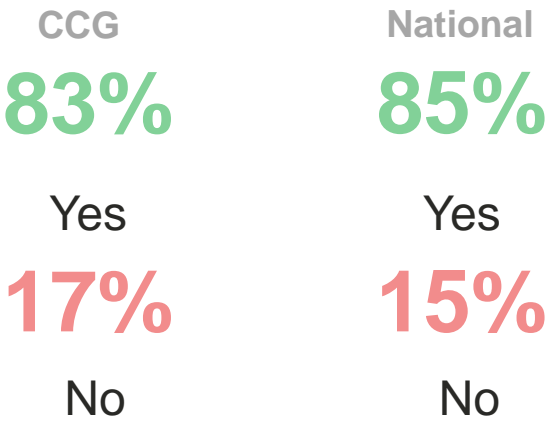
CCG's results



CCG's results over time



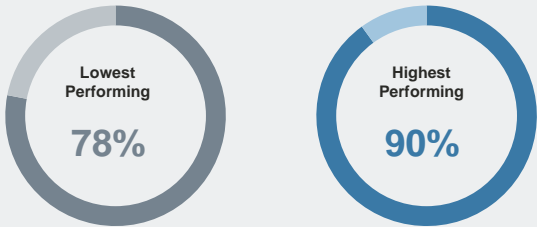
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes

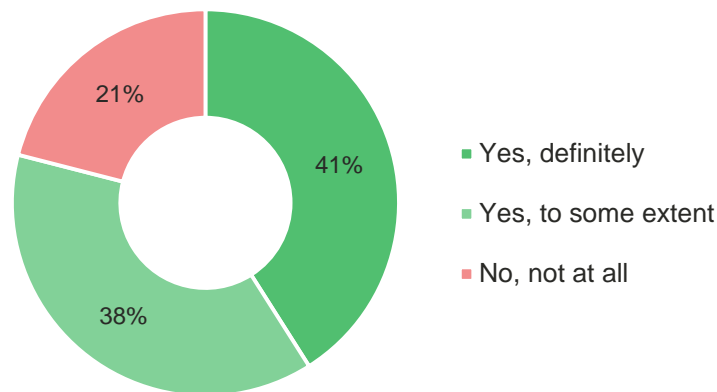


Managing health conditions

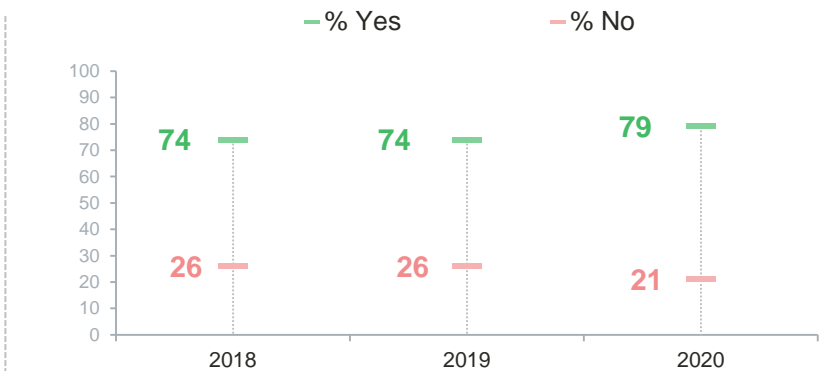
Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

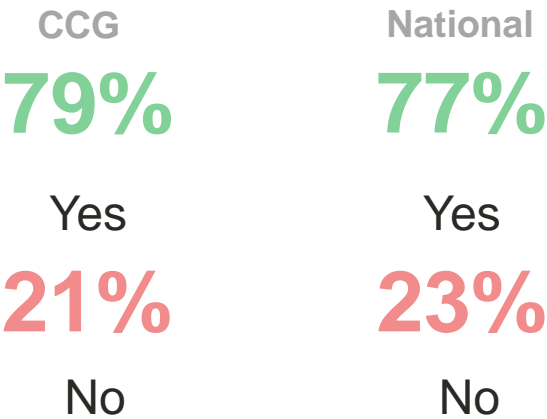
CCG's results



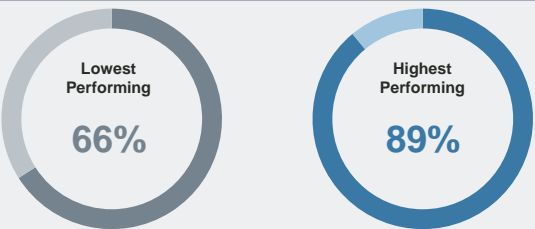
CCG's results over time



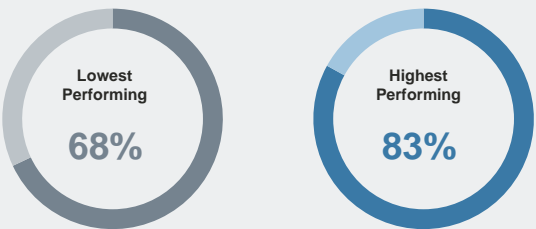
Comparison of results



Practice range within CCG – % Yes

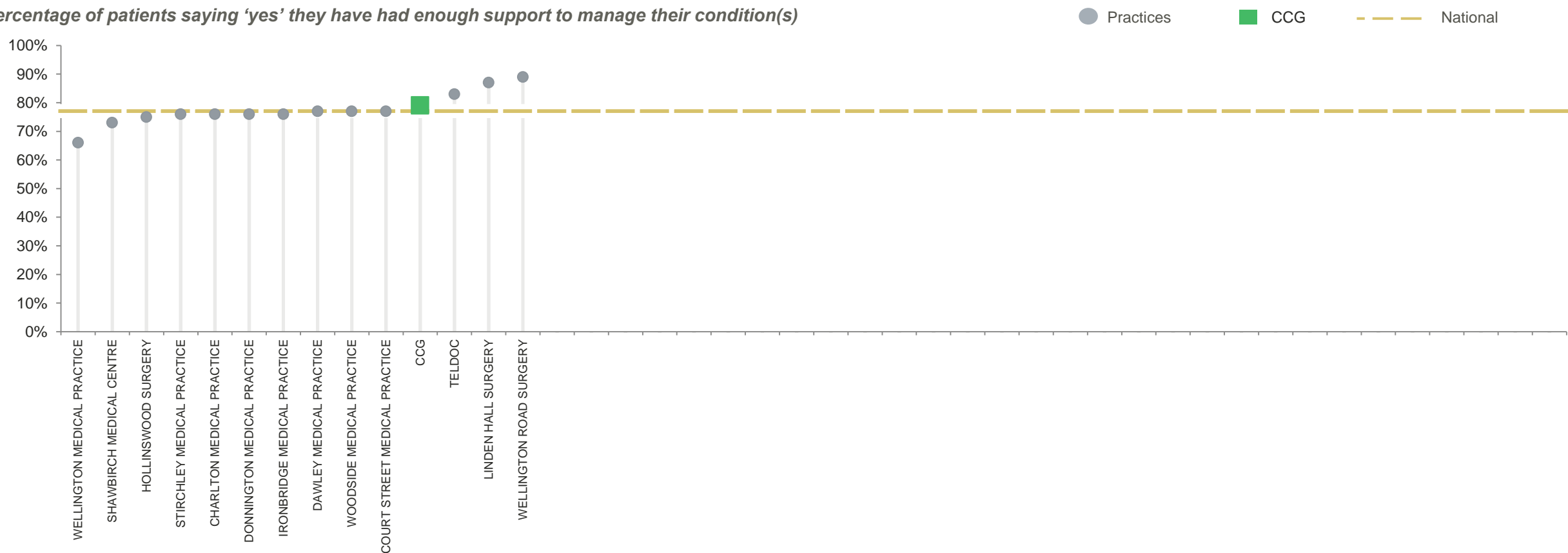


CCG range within region – % Yes



Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

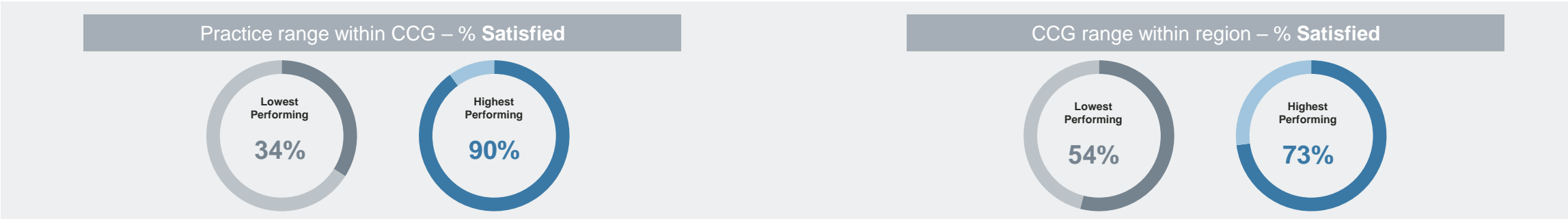
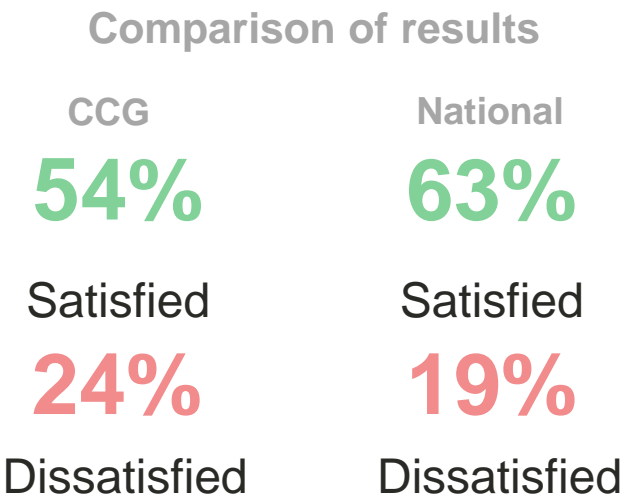
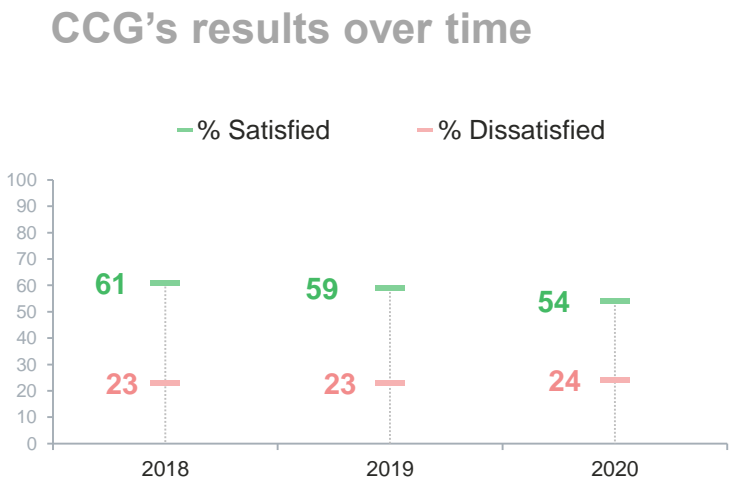
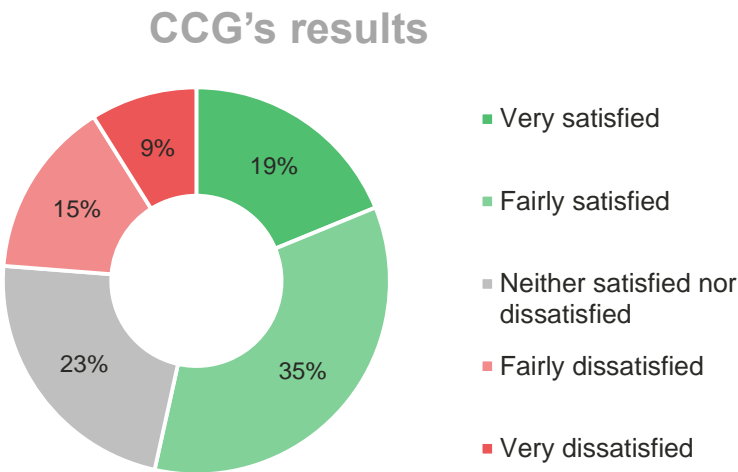


Comparisons are indicative only: differences may not be statistically significant

Satisfaction with general practice appointment times

Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?*

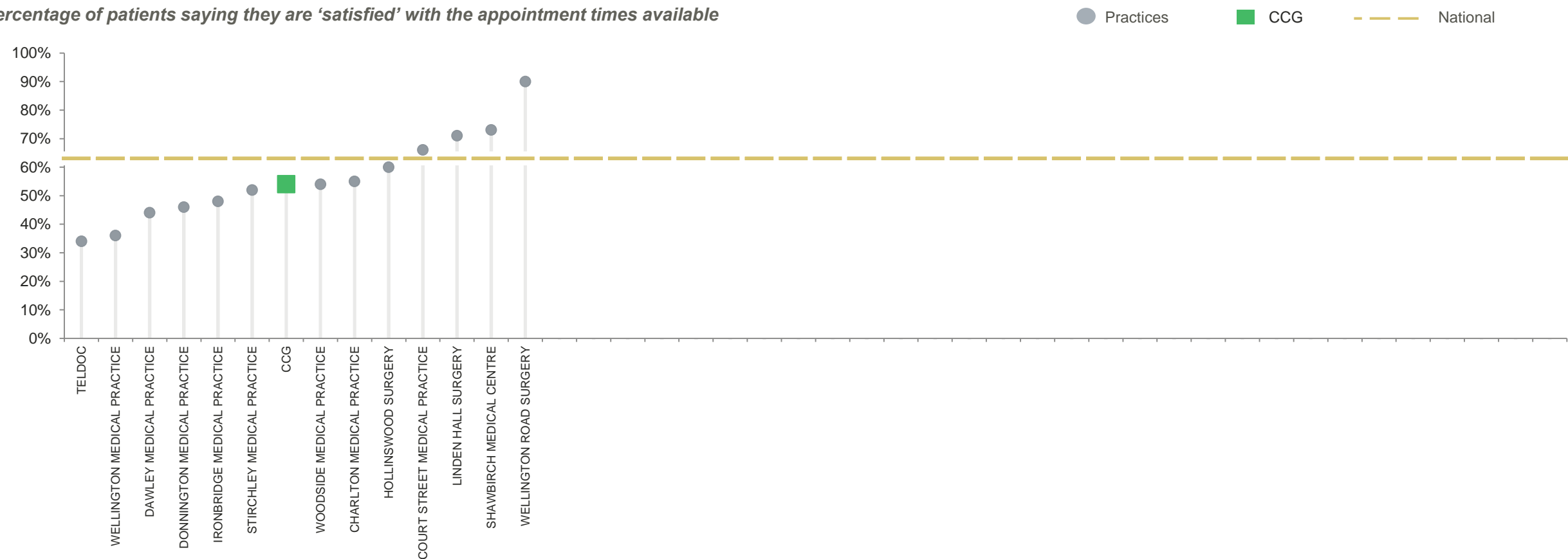


*Those who say 'I'm not sure when I can get an appointment' (2%) have been excluded from these results.

Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



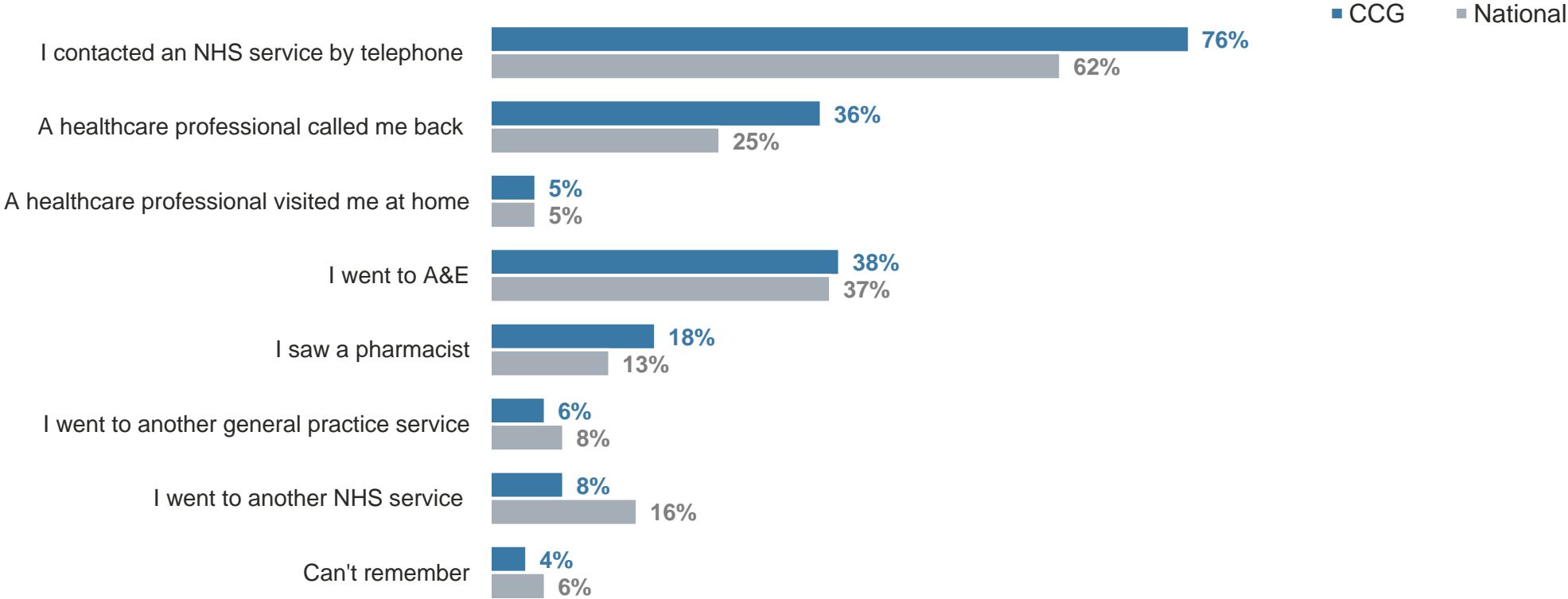
Comparisons are indicative only: differences may not be statistically significant

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

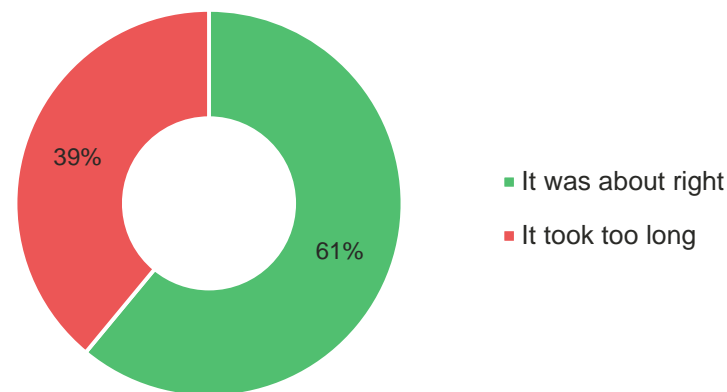
Q45. Considering all of the services you contacted, which of the following happened on that occasion?



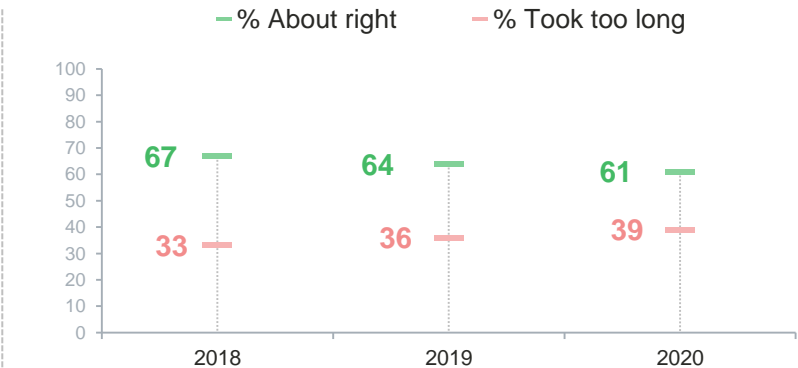
Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

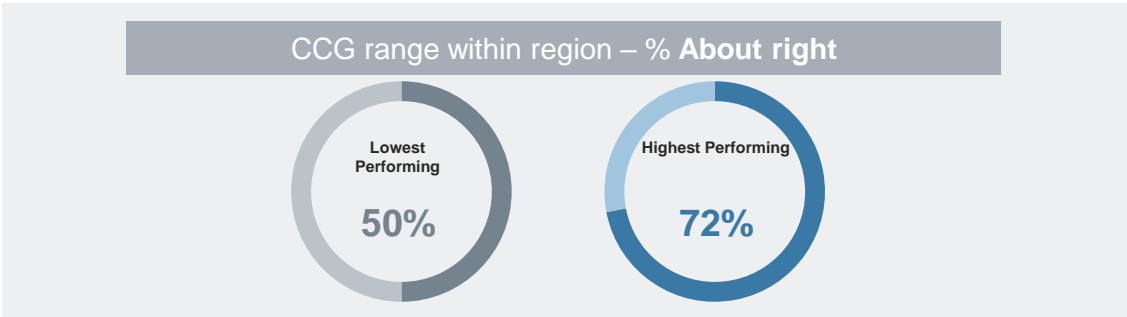
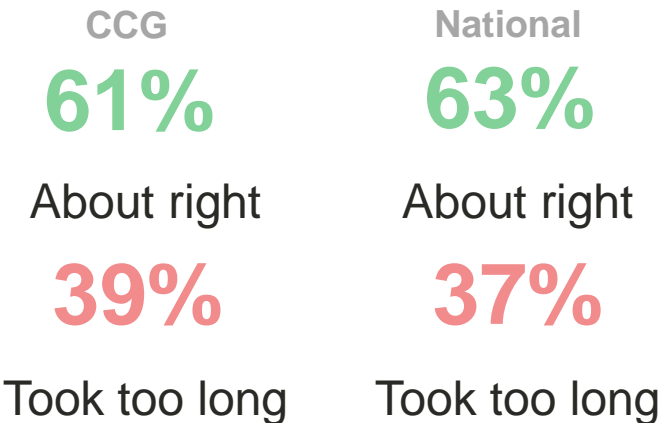
CCG's results



CCG's results over time



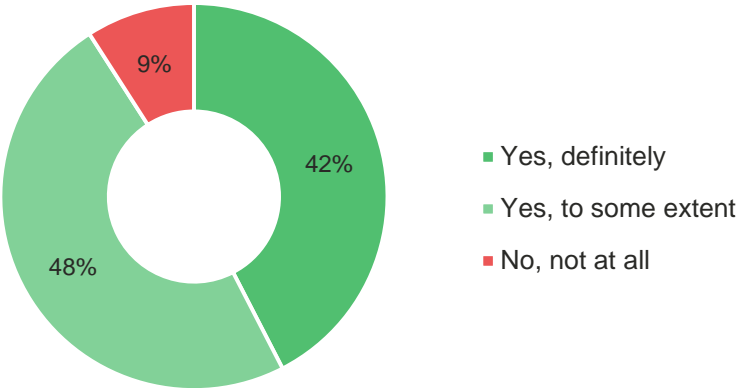
Comparison of results



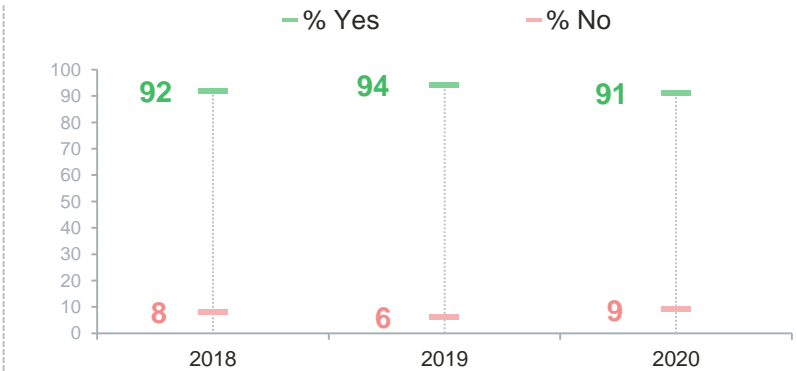
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

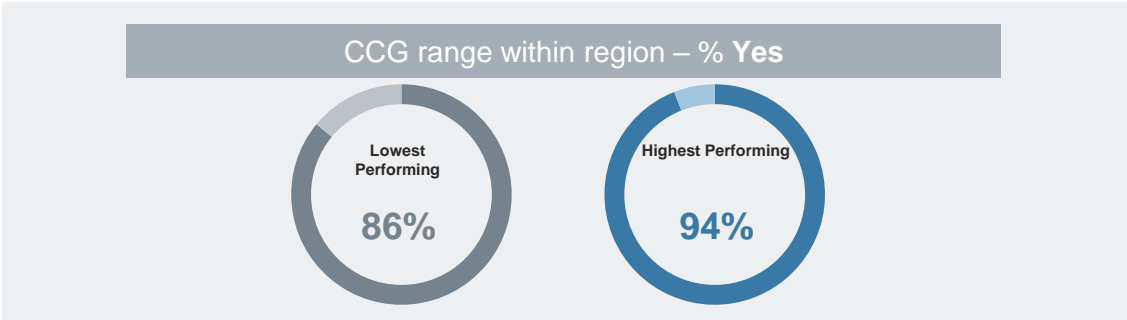
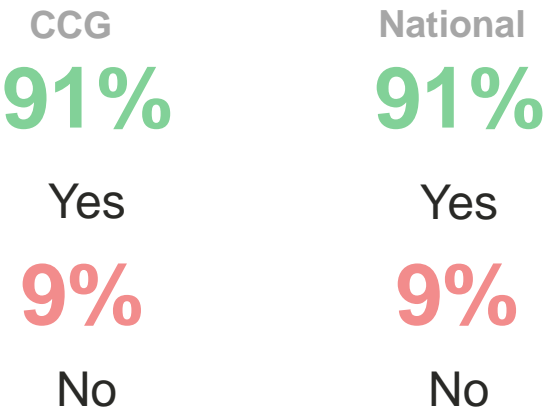
CCG's results



CCG's results over time



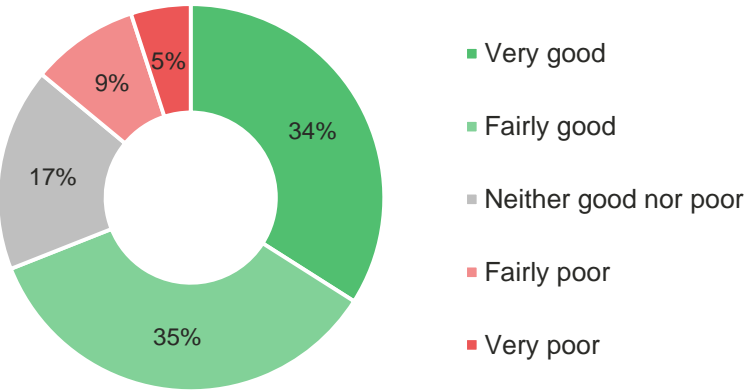
Comparison of results



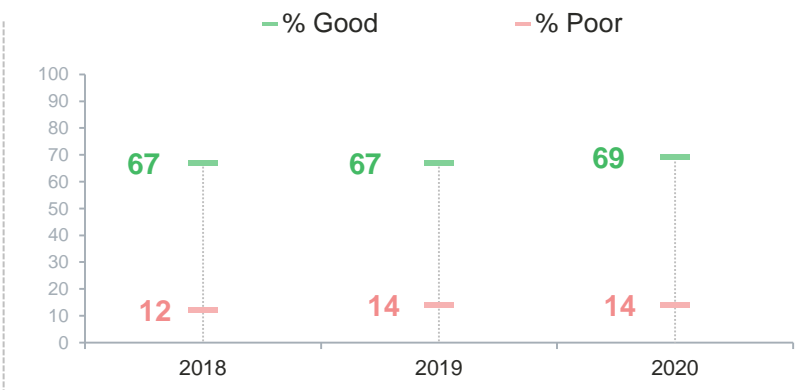
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

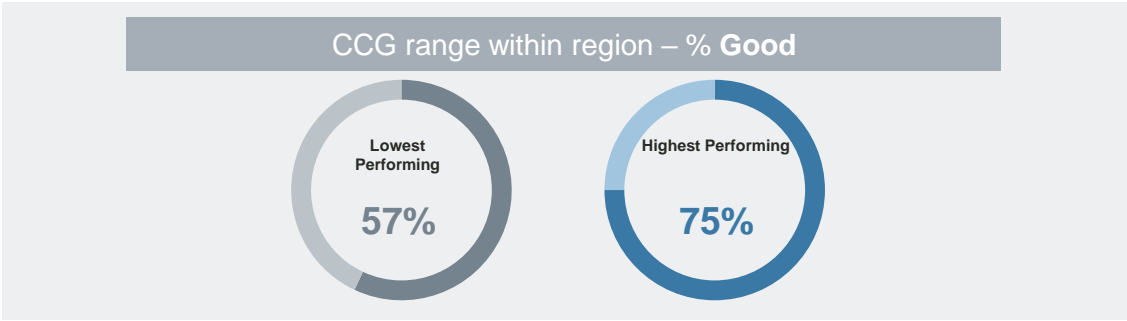
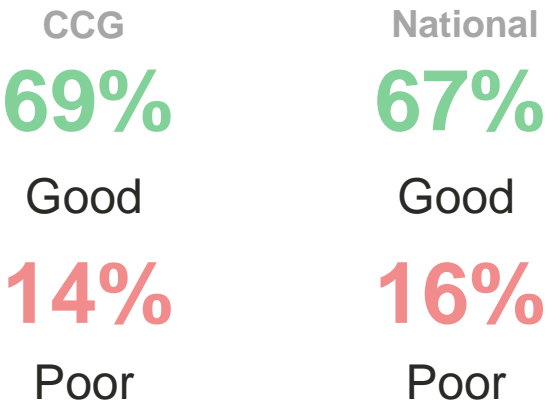
CCG's results



CCG's results over time



Comparison of results



Background information about the survey

Introduction

- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS TELFORD AND WREKIN CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS TELFORD AND WREKIN CCG, **4,233** questionnaires were sent out, and **1,500** were returned completed. This represents a response rate of **35%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.

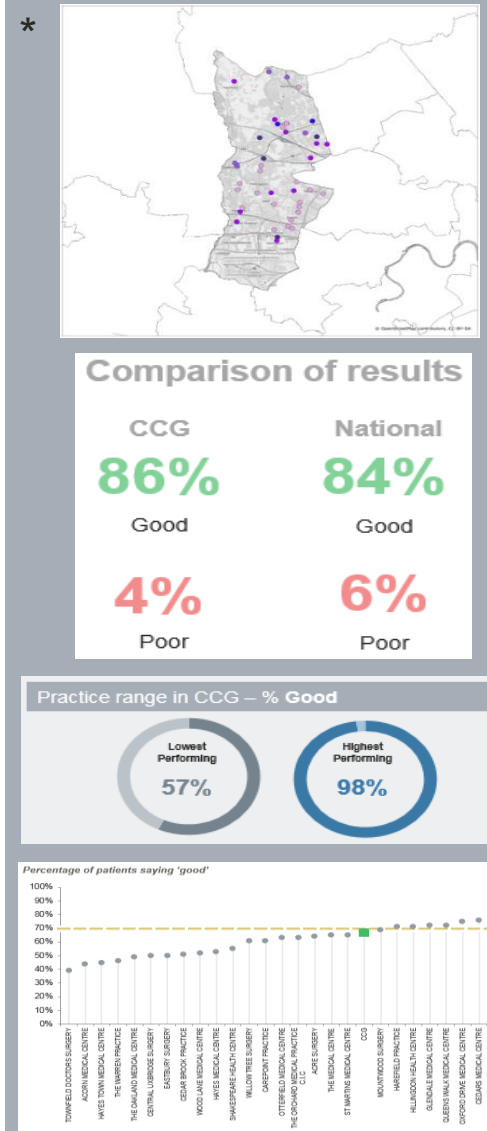
The screenshot shows the 'GP PATIENT SURVEY' login page. At the top, it features the Ipsos MORI and NHS logos. Below the title, there is a disclaimer: 'Please answer the questions below by putting an x in the box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential. If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey'. The login section includes fields for 'Survey number' (1234567890) and 'Online password' (ABCDE), with an 'SSL' icon. The main content area is titled 'YOUR LOCAL GP SERVICES' and contains several questions (Q1-Q7) with checkboxes for responses. Questions cover topics like ease of getting through to receptionists, helpfulness of receptionists, booking appointments online, and general practice appointment times. The page is marked as 'page 1' and includes a 'Please turn over' instruction with a right-pointing arrow.

Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- **Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- **Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- **Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here: <https://www.england.nhs.uk/about/regional-area-teams/>

*Images used in this slide are for example purposes only



Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.



More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

Technical Details

This report contains data collected from patients aged 16+ registered with a GP practice in England.

The charts produced in this PowerPoint can be resized and reformatted to meet your needs. The data is available behind the charts should you wish to change the chart type.

Data are weighted by age and gender to reflect the population of eligible patients within each practice and CCG.

[See the GP Patient Survey website for further information about weighting.](#)

Results

An asterisk (*) indicates a base size of fewer than 10. Where a percentage is below 0.5% it will be displayed as 0%.

Where percentages do not sum to 100, or individual responses do not sum-up to the combined response, this may be due to respondents being able to select multiple responses, computer rounding or the exclusion of 'don't know'/ not stated. Where any response is excluded from the combined response, this will be specified.

More information

For more information about the survey please see the: [GP Patient Survey website FAQ.](#)

Results from **NHS TELFORD AND WREKIN CCG** This report contains data collected from patients aged 16+ registered with a GP practice in England. **Weighted Data** - No filter applied

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Weighted Base: 2018 (1,924), 2019 (2,333), 2020 (2,211). Unweighted Base: 2018 (1,514), 2019 (1,630), 2020 (1,424)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Easy		63%	1207	55%	1282	52%	1143
Not easy		37%	717	45%	1051	48%	1069
Total			1924		2333		2211

-3% ↓
-3% ↓

Excluding those who said "Haven't tried" (weighted): 2018 (94), 2019 (92), 2020 (87)

Q2. How helpful do you find the receptionists at your GP practice?

Weighted Base: 2018 (1,952), 2019 (2,318), 2020 (2,257). Unweighted Base: 2018 (1,531), 2019 (1,630), 2020 (1,453)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Helpful		87%	1703	86%	1988	85%	1927
Not helpful		13%	250	14%	330	15%	329
Total			1952		2318		2257

-1% ↓
-1% ↓

Excluding those who said "Don't know" (weighted): 2018 (57), 2019 (94), 2020 (44)

Q3. In the past 12 months, have you booked general practice appointments in any of the following ways?

Weighted Base: 2018 (2,013), 2019 (2,414), 2020 (2,304). Unweighted Base: 2018 (1,563), 2019 (1,668), 2020 (1,479)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
In person		44%	885	46%	1117	46%	1052
By phone		79%	1585	76%	1842	72%	1666
By automated telephone booking		1%	22	1%	25	1%	22
Online including on an app		10%	195	8%	186	7%	170
Via another route, such as NHS 111		1%	22	3%	76	3%	78
Doesn't apply / none of these		9%	173	9%	222	11%	260
Total			2013		2414		2304

0% →
-4% ↓
0% →
-1% ↓
0% →
2% ↑

Q4. As far as you know, which of the following online services does your GP practice offer?

Weighted Base: 2018 (1,983), 2019 (2,366), 2020 (2,265). Unweighted Base: 2018 (1,530), 2019 (1,625), 2020 (1,448)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
Booking appointments online	37%	743	34%	805	37%	831	3%	↑
Ordering repeat prescriptions online	36%	715	34%	797	36%	821	2%	↔
Accessing my medical records online	10%	203	11%	254	13%	283	2%	↑
None of these	8%	162	9%	215	8%	178	-1%	↔
Don't know	46%	908	48%	1138	45%	1019	3%	↑
Total		1983		2366		2265		

Q5. Which of the following general practice online services have you used in the past 12 months?

Weighted Base: 2018 (2,001), 2019 (2,391), 2020 (2,296). Unweighted Base: 2018 (1,549), 2019 (1,643), 2020 (1,469)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
Booking appointments online	12%	245	9%	224	11%	254	2%	↑
Ordering repeat prescriptions online	13%	259	14%	326	16%	370	2%	↔
Accessing my medical records online	2%	47	2%	40	3%	58	1%	↔
None of these	80%	1609	83%	1982	80%	1830	3%	↑
Total		2001		2391		2296		

Q6. How easy is it to use your GP practice's website to look for information or access services?

Weighted Base: 2018 (708), 2019 (774), 2020 (840). Unweighted Base: 2018 (491), 2019 (507), 2020 (478)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Easy	74%	526	66%	513	68%	570	2% ↑
Not easy	26%	182	34%	261	32%	270	2% ↑
Total		708		774		840	

Excluding those who said "Haven't tried" (weighted): 2018 (1,297), 2019 (1,624), 2020 (1,456)

Q7. As far as you are aware, what general practice appointment times are available to you?

Weighted Base: 2018 (1,980), 2019 (2,373), 2020 (2,265). Unweighted Base: 2018 (1,541), 2019 (1,638), 2020 (1,446)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Before 8am on at least one weekday	5%	93	5%	123	6%	129	1% ↗
Weekdays between 8am and 6.30pm	69%	1365	65%	1553	63%	1436	-2% ↓
After 6.30pm on a weekday	12%	233	13%	298	12%	277	-1% ↓
On a Saturday	7%	134	8%	201	7%	158	-1% ↘
On a Sunday	2%	38	3%	68	3%	71	0% ↗
Don't know	26%	518	30%	712	31%	698	-1% ↓
Total		1980		2373		2265	

Q8. How satisfied are you with the general practice appointment times that are available to you?

Weighted Base: 2018 (1,793), 2019 (2,089), 2020 (1,974). Unweighted Base: 2018 (1,393), 2019 (1,478), 2020 (1,268)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Satisfied	61%	1088	59%	1242	54%	1060	-5% ↓
Dissatisfied	23%	412	23%	474	24%	468	-1% ↘

Excluding those who said "I'm not sure when I can get an appointment" (weighted): 2018 (24), 2019 (29), 2020 (49)

Q9. Is there a particular GP you usually prefer to see or speak to?

Weighted Base: 2018 (1,919), 2019 (2,291), 2020 (2,213). Unweighted Base: 2018 (1,483), 2019 (1,577), 2020 (1,392)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Yes	57%	1092	52%	1202	50%	1099
No	43%	827	48%	1089	50%	1114
Total		1919		2291		2213

2% ↑
2% ↑

Excluding those who said "There is usually only one GP in my GP practice" (weighted): 2018 (20), 2019 (24), 2020 (16)

Q10. How often do you see or speak to your preferred GP when you would like to?

Weighted Base: 2018 (1,021), 2019 (1,122), 2020 (1,020). Unweighted Base: 2018 (860), 2019 (893), 2020 (748)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Always or almost always/A lot of the time	51%	517	42%	472	41%	418

-1% ↓

Excluding those who said "I have not tried" (weighted): 2018 (41), 2019 (63), 2020 (53)

Q11. When did you last try to make a general practice appointment, either for yourself or for someone else?

Weighted Base: 2018 (1,972), 2019 (2,318), 2020 (2,168). Unweighted Base: 2018 (1,527), 2019 (1,606), 2020 (1,394)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Last 6 months	78%	1533	77%	1787	75%	1633
More than 6 months ago	19%	381	21%	484	22%	467

-2% ↓
1% ↓

Excluding those who said "Don't know" (weighted): 2018 (23), 2019 (53), 2020 (72)

Q12. Who was this appointment for?

Weighted Base: 2018 (1,801), 2019 (2,209), 2020 (2,046). Unweighted Base: 2018 (1,403), 2019 (1,515), 2020 (1,300)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Me	84%	1510	82%	1810	85%	1749
A child under 16	7%	134	10%	217	7%	141
An adult aged 16 or over who I am a carer for	1%	23	1%	28	1%	22
Another adult aged 16 or over (including family members)	7%	134	7%	154	7%	133
Total		1801		2209		2046

3% ↑
-3% ↓
0% →
0% →

Q13. How concerned were you at the time about your health, or the health of the person you were making this appointment for?

Weighted Base: 2018 (1,870), 2019 (2,205), 2020 (2,045). Unweighted Base: 2018 (1,460), 2019 (1,532), 2020 (1,323)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Concerned	70%	1300	73%	1608	70%	1439	3% ↑
Not concerned	30%	570	27%	598	30%	606	3% ↑
Total		1870		2205		2045	

Excluding those who said "Can't remember" (weighted): 2018 (39), 2019 (88), 2020 (71)

Q14. Before you tried to get this appointment, did you do any of the following?

Weighted Base: 2018 (1,861), 2019 (2,269), 2020 (2,106). Unweighted Base: 2018 (1,439), 2019 (1,548), 2020 (1,340)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
I looked for information online	36%	671	37%	847	34%	718	-3% ↓
Spoke to a pharmacist	16%	305	20%	462	21%	445	1% ↑
Tried to treat myself / the person I was making this appointment for (for example with medication)	27%	506	31%	709	31%	647	0% →
Called an NHS helpline, such as NHS 111	5%	86	8%	174	7%	154	-1% ↓
Went to or contacted another NHS service	5%	100	3%	76	4%	93	1% ↑
Asked for advice from a friend or family member	22%	404	25%	567	24%	506	-1% ↓
Tried to get information or advice elsewhere (from a non-NHS service)	6%	113	8%	176	6%	122	-2% ↓
I did not try to get information or advice	34%	628	32%	722	33%	705	1% ↑
Total		1861		2269		2106	

Q15. When would you have liked this appointment to be?

Weighted Base: 2018 (1,869), 2019 (2,225), 2020 (2,074). Unweighted Base: 2018 (1,466), 2019 (1,545), 2020 (1,332)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
On the same day	46%	865	47%	1057	46%	950	-1% ↓
On the next day	15%	281	15%	342	13%	268	-2% ↓
A few days later	16%	293	18%	399	19%	395	1% ↑
A week or more later	4%	68	4%	87	3%	72	-1% ↓
I didn't have a specific day in mind	17%	309	13%	278	16%	325	3% ↑
Can't remember	3%	54	3%	62	3%	62	0% →
Total		1869		2225		2074	

Q16. On this occasion, were you offered a choice of appointment?

Weighted Base: 2018 (1,603), 2019 (1,861), 2020 (1,799). Unweighted Base: 2018 (1,252), 2019 (1,321), 2020 (1,137)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
I was offered a choice	56%	897	51%	950	50%	894	-1% ↓
Not offered a choice	44%	706	49%	910	50%	905	-1% ↓
Total		1603		1861		1799	

Excluding those who said "Can't remember" or "Doesn't apply" (weighted): 2018 (284), 2019 (411), 2020 (310)

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Weighted Base: 2018 (1,900), 2019 (2,274), 2020 (2,102). Unweighted Base: 2018 (1,471), 2019 (1,568), 2020 (1,342)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Satisfied	69%	1319	66%	1509	68%	1432	2% ↑
Dissatisfied	31%	581	34%	765	32%	671	2% ↑

Q18. If you did not take any appointments you were offered, why was that?

Weighted Base: 2018 (151), 2019 (195), 2020 (164). Unweighted Base: 2018 (94), 2019 (103), 2020 (88)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
There weren't any appointments available for the time or day I wanted	51%	78	40%	79	42%	68	-2% ↓
The appointment was at too short notice	1%	1	1%	2	0%	1	1% ↓
The appointment wasn't soon enough	20%	30	23%	45	17%	29	6% ↑
I couldn't book ahead at my GP practice	43%	66	38%	74	22%	36	16% ↑
There weren't any appointments at the place I wanted	14%	22	19%	36	24%	39	-5% ↓
The appointment was too far away / too difficult to get to	6%	10	11%	22	9%	15	2% ↑
I couldn't see my preferred GP	23%	35	11%	22	14%	22	-3% ↓
There weren't any appointments with the healthcare professional I wanted	7%	10	11%	22	9%	16	2% ↑
The type of appointment I wanted was not available	10%	15	12%	23	13%	21	-1% ↓
Another reason	18%	27	21%	40	24%	39	-3% ↓
Total		151		195		164	

Q19. What did you do when you did not take the appointment you were offered?

Weighted Base: 2018 (150), 2019 (191), 2020 (158). Unweighted Base: 2018 (92), 2019 (100), 2020 (83)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
Got an appointment for a different day	8%	13	11%	21	9%	14	2%	↑
Called an NHS helpline, such as NHS 111	7%	11	9%	18	17%	27	-8%	↓
Went to A&E	10%	16	11%	20	8%	13	3%	↑
Spoke to a pharmacist	7%	11	15%	28	16%	25	-1%	↓
Went to or contacted another NHS service	7%	10	13%	26	14%	22	-1%	↓
Decided to contact my practice another time	23%	34	17%	33	26%	41	9%	↑
Looked for information online	13%	19	13%	24	12%	19	1%	↔
Spoke to a friend or family member	12%	19	13%	25	13%	20	0%	↔
Didn't see or speak to anyone	41%	62	31%	60	26%	41	-5%	↓
Total		150		191		158		

Q20. What type of appointment did you get?

Weighted Base: 2018 (1,688), 2019 (1,995), 2020 (1,837). Unweighted Base: 2018 (1,317), 2019 (1,386), 2020 (1,178)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
to speak to someone on the phone	13%	212	14%	272	13%	230	-1%	↓
to see someone at my GP practice	83%	1406	81%	1609	76%	1400	-5%	↓
to see someone at another general practice location	3%	53	5%	95	10%	188	5%	↑
to speak to someone online, for example on a video call	0%	1	0%	0	0%	4	0%	↔
for a home visit	1%	15	1%	18	1%	15	0%	↔
Total		1688		1995		1837		

Q21. How long after initially trying to book the appointment did the appointment take place?

Weighted Base: 2018 (1,698), 2019 (2,016), 2020 (1,891). Unweighted Base: 2018 (1,332), 2019 (1,406), 2020 (1,219)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
On the same day	38%	644	34%	695	37%	691	3%	↑
On the next day	10%	167	10%	196	9%	174	-1%	↓
A few days later	21%	354	23%	470	22%	414	-1%	↓
A week or more later	26%	447	24%	482	26%	485	-2%	↓
Can't remember	5%	86	9%	173	7%	126	2%	↔
Total		1698		2016		1891		

Q22. Overall, how would you describe your experience of making an appointment?

Weighted Base: 2018 (1,880), 2019 (2,258), 2020 (2,091). Unweighted Base: 2018 (1,456), 2019 (1,551), 2020 (1,333)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Good	61%	1153	56%	1266	55%	1153	-1% ↓
Poor	22%	420	23%	509	26%	540	-3% ↓

Q23. When was your last general practice appointment?

Weighted Base: 2018 (1,935), 2019 (2,323), 2020 (2,148). Unweighted Base: 2018 (1,512), 2019 (1,616), 2020 (1,391)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Last 6 months	73%	1415	70%	1631	69%	1486	-1% ↓
More than 6 months ago	27%	520	30%	693	31%	662	-1% ↓
Total		1935		2323		2148	

Q24. Who was your last general practice appointment with?

Weighted Base: 2018 (1,886), 2019 (2,273), 2020 (2,083). Unweighted Base: 2018 (1,465), 2019 (1,577), 2020 (1,343)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
A GP	71%	1343	70%	1593	65%	1354	-5% ↓
A nurse	24%	445	24%	550	26%	539	2% ↑
A general practice pharmacist	0%	6	0%	6	1%	20	1% ↑
A mental health professional	0%	2	0%	8	0%	6	0% →
Another healthcare professional	3%	53	3%	67	5%	105	2% ↑
Don't know / not sure who I saw	2%	37	2%	49	3%	60	-1% ↓
Total		1886		2273		2083	

Q25. How long after your appointment time did you wait to see or speak to a healthcare professional?

Weighted Base: 2018 (1,594), 2019 (1,852), 2020 (1,762). Unweighted Base: 2018 (1,261), 2019 (1,327), 2020 (1,162)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
15 minutes or less	72%	1140	71%	1310	65%	1144	-6% ↓
More than 15 minutes	28%	454	29%	543	35%	618	-6% ↓
Total		1594		1852		1762	

Excluding those who said "I didn't have an appointment at a set time" or "Can't remember" (weighted): 2018 (285), 2019 (411), 2020 (344)

Q26a. Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?

Weighted Base: 2018 (1,880), 2019 (2,284), 2020 (2,104). Unweighted Base: 2018 (1,466), 2019 (1,579), 2020 (1,359)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Good	84%	1571	81%	1846	84%	1765
Poor	5%	86	6%	129	4%	91

3%

2%



Excluding those who said "Doesn't apply" (weighted): 2018 (30), 2019 (14), 2020 (21)

Q26b. Last time you had a general practice appointment, how good was the healthcare professional at listening to you?

Weighted Base: 2018 (1,883), 2019 (2,267), 2020 (2,089). Unweighted Base: 2018 (1,463), 2019 (1,569), 2020 (1,352)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Good	86%	1627	85%	1931	87%	1816
Poor	5%	96	5%	116	5%	105

2%

0%



Excluding those who said "Doesn't apply" (weighted): 2018 (22), 2019 (17), 2020 (21)

Q26c. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?

Weighted Base: 2018 (1,893), 2019 (2,270), 2020 (2,095). Unweighted Base: 2018 (1,472), 2019 (1,574), 2020 (1,354)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Good	85%	1612	84%	1916	85%	1788
Poor	6%	112	5%	124	6%	116

1%

-1%



Excluding those who said "Doesn't apply" (weighted): 2018 (16), 2019 (16), 2020 (15)

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

Weighted Base: 2018 (733), 2019 (958), 2020 (902). Unweighted Base: 2018 (546), 2019 (651), 2020 (536)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	85%	624	83%	799	83%	748	0% →
No	15%	109	17%	158	17%	155	0% →
Total		733		958		902	

Excluding those who said "I did not have any mental health needs" or "Did not apply to my last appointment" (weighted): 2018 (1,141), 2019 (1,301), 2020 (1,165)

Q28. During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

Weighted Base: 2018 (1,656), 2019 (1,984), 2020 (1,856). Unweighted Base: 2018 (1,308), 2019 (1,398), 2020 (1,205)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	89%	1480	92%	1822	90%	1678	-2% ↓
No	11%	177	8%	162	10%	177	-2% ↓

Excluding those who said "Don't know" or "doesn't apply" (weighted): 2018 (244), 2019 (304), 2020 (263)

Q29. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

Weighted Base: 2018 (1,846), 2019 (2,230), 2020 (2,071). Unweighted Base: 2018 (1,451), 2019 (1,557), 2020 (1,332)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	94%	1738	93%	2072	94%	1938	1% →
No	6%	108	7%	158	6%	134	1% →
Total		1846		2230		2071	

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (58), 2019 (64), 2020 (49)

Q30. Thinking about the reason for your last general practice appointment, were your needs met?

Weighted Base: 2018 (1,864), 2019 (2,221), 2020 (2,028). Unweighted Base: 2018 (1,463), 2019 (1,557), 2020 (1,322)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	92%	1714	93%	2064	92%	1859	-1% ↓
No	8%	150	7%	157	8%	169	-1% ↘
Total		1864		2221		2028	

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (37), 2019 (62), 2020 (72)

Q31. Overall, how would you describe your experience of your GP practice?

Weighted Base: 2018 (1,984), 2019 (2,405), 2020 (2,244). Unweighted Base: 2018 (1,550), 2019 (1,657), 2020 (1,440)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Good	79%	1574	77%	1858	75%	1688	-2% ↓
Poor	9%	183	11%	253	12%	276	-1% ↘

Q32. Have you experienced any of the following over the last 12 months?

Weighted Base: 2018 (1,959), 2019 (2,341), 2020 (2,242). Unweighted Base: 2018 (1,522), 2019 (1,618), 2020 (1,449)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Problems with your physical mobility, for example, difficulty getting about your	16%	304	16%	366	15%	335	1% ↗
Two or more falls that have needed medical attention	2%	49	4%	83	2%	50	2% ↑
Feeling isolated from others	7%	145	6%	138	7%	164	-1% ↓
None of these	78%	1535	79%	1861	80%	1793	1% ↗
Total		1959		2341		2242	

Q33. Do you take 5 or more medications on a regular basis?

Weighted Base: 2018 (1,998), 2019 (2,409), 2020 (2,277). Unweighted Base: 2018 (1,553), 2019 (1,659), 2020 (1,465)



	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	20%	403	18%	433	20%	458	-2% ↓
No	80%	1595	82%	1975	80%	1819	2% ↗
Total		1998		2409		2277	

Q34. Do you have any long-term physical or mental health conditions, disabilities or illnesses?

Weighted Base: 2018 (1,892), 2019 (2,277), 2020 (2,189). Unweighted Base: 2018 (1,489), 2019 (1,582), 2020 (1,402)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Yes	57%	1085	54%	1228	60%	1305
No	43%	807	46%	1049	40%	884

Excluding those who said "Don't know/can't say" (weighted): 2018 (33), 2019 (42), 2020 (44)

-6% 
6% 

Q35. Which, if any, of the following long-term conditions do you have?

Weighted Base: 2018 (1,803), 2019 (2,170), 2020 (2,096). Unweighted Base: 2018 (1,417), 2019 (1,480), 2020 (1,325) All patients excluding those who prefer not to say if they have a long-term condition (weighted): 2018 (43), 2019 (79), 2020 (36)




	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Alzheimer's disease or other cause of dementia	0%	7	1%	12	1%	12
Arthritis or ongoing problem with back or joints	23%	410	21%	447	20%	425
Autism or autism spectrum condition	0%	0	1%	26	2%	36
Blindness or partial sight	1%	24	1%	21	2%	43
A breathing condition, such as asthma or COPD	13%	231	10%	222	16%	340
Cancer (diagnosis or treatment in the last 5 years)	3%	53	3%	70	4%	77
Deafness or hearing loss	8%	149	6%	131	7%	155
Diabetes	8%	148	7%	152	10%	205
A heart condition, such as angina or atrial fibrillation	6%	115	6%	128	6%	120
High blood pressure	17%	303	16%	352	17%	348
Kidney or liver disease	2%	37	2%	38	2%	37
A learning disability	1%	22	2%	37	2%	45
A mental health condition	10%	188	10%	211	11%	233
A neurological condition, such as epilepsy	3%	48	2%	45	1%	31
A stroke (which affects your day-to-day life)	1%	21	1%	24	1%	17
Another long-term condition or disability	14%	253	15%	327	12%	262
I do not have any long-term conditions	42%	753	44%	961	39%	818
Total		1803		2170		2096

All patients excluding those who prefer not to say if they have a long-term condition (weighted): 2018 (43), 2019 (79), 2020 (36)

Q36. Do any of these conditions reduce your ability to carry out your day-to-day activities?

Weighted Base: 2018 (1,037), 2019 (1,196), 2020 (1,261). Unweighted Base: 2018 (949), 2019 (970), 2020 (903)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)
Yes, a lot	25%	260	21%	249	19%	242
Yes, a little	38%	393	44%	528	41%	515
No, not at all	37%	384	35%	419	40%	504
Total		1037		1196		1261



2% 
3% 
5% 

Q37. How confident are you that you can manage any issues arising from your condition (or conditions)?

Weighted Base: 2018 (1,008), 2019 (1,148), 2020 (1,233). Unweighted Base: 2018 (926), 2019 (938), 2020 (883)

	2018 (%)		2018 (N)		2019 (%)		2019 (N)		2020 (%)		2020 (N)	
Confident			81%	816			82%	940			81%	998
Not confident			19%	192			18%	207			19%	235
Total				1008				1148				1233

Excluding those who said "Don't know" (weighted): 2018 (33), 2019 (53), 2020 (24)



-1% 
-1% 

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Weighted Base: 2018 (743), 2019 (833), 2020 (912). Unweighted Base: 2018 (651), 2019 (649), 2020 (612)

Weighted Base: 2018 (71%), 2019 (86%), 2020 (81.2); Unweighted Base: 2018 (86%), 2019 (81%), 2020 (81.2)							
	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes		74%	552	74%	613	79%	716
No		26%	191	26%	220	21%	196
Total			743		833		912



Excluding those who said "I haven't needed support" or "Don't know/ Can't say" (weighted): 2018 (291), 2019 (354), 2020 (336)

5% 
5% 

Q39. In the last 12 months have you had any unexpected stays in hospital because of your condition (or conditions)?

Weighted Base: 2018 (1,042), 2019 (1,192), 2020 (1,258). Unweighted Base: 2018 (954), 2019 (967), 2020 (905)




	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes		11%	113	10%	114	10%	123
No		89%	928	90%	1079	90%	1136
Total			1042		1192		1258

0% 
0% 

Q40. Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?

Weighted Base: 2018 (1,018), 2019 (1,179), 2020 (1,230). Unweighted Base: 2018 (924), 2019 (946), 2020 (876)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes		37%	376	36%	420	35%	428
No		59%	600	59%	700	59%	725
Don't know		4%	43	5%	59	6%	77
Total			1018		1179		1230

-1% 
0% 
-1% 

Q41. Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?
Weighted Base: 2018 (362), 2019 (389), 2020 (412). Unweighted Base: 2018 (318), 2019 (306), 2020 (280)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	61%	220	59%	229	63%	258	4% ↑
No	33%	121	35%	136	32%	132	3% ↑
Don't know	6%	21	6%	24	6%	23	0% →
Total		362		389		412	

Q42. How helpful have you found this plan in managing your condition (or conditions)?
Weighted Base: 2018 (214), 2019 (219), 2020 (254). Unweighted Base: 2018 (194), 2019 (180), 2020 (174)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Helpful	92%	196	93%	204	96%	243	3% ↑
Not helpful	8%	18	7%	15	4%	11	3% ↑
Total		214		219		254	

Excluding those who said "Don't know" (weighted): 2018 (5), 2019 (8), 2020 (1)

Q43. Have you been given (or offered) a written or printed copy of this plan?
Weighted Base: 2018 (218), 2019 (227), 2020 (253). Unweighted Base: 2018 (197), 2019 (184), 2020 (175)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	30%	65	33%	76	33%	83	0% →
No	62%	134	54%	123	60%	153	-6% ↓
Don't know	9%	19	12%	28	7%	18	5% ↑
Total		218		227		253	

Q44. In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?
Weighted Base: 2018 (1,994), 2019 (2,392), 2020 (2,263). Unweighted Base: 2018 (1,548), 2019 (1,650), 2020 (1,444)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes, for myself	15%	309	14%	336	14%	326	0% →
Yes, for someone else	10%	204	13%	317	10%	237	3% ↑
No	75%	1503	74%	1778	77%	1735	3% ↑
Total		1994		2392		2263	

Q45. Please think about the last time you contacted an NHS service (for yourself or for someone else) when you wanted to see a GP but your GP practice was closed. Considering all of the services you contacted, which of the following happened on that occasion?

Weighted Base: 2018 (477), 2019 (578), 2020 (496). Unweighted Base: 2018 (314), 2019 (314), 2020 (291)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
I contacted an NHS service by telephone	68%	324	66%	382	76%	375	-10%	↓
A healthcare professional called me back	33%	156	35%	201	36%	177	-1%	↓
A healthcare professional visited me at home	5%	22	5%	31	5%	26	0%	→
I went to A&E	29%	140	36%	209	38%	186	-2%	↓
I saw a pharmacist	13%	64	18%	102	18%	92	0%	→
I went to another general practice service	8%	37	7%	39	6%	28	1%	↗
I went to another NHS service	17%	82	13%	74	8%	40	5%	↑
Can't remember	4%	21	4%	22	4%	20	0%	→
Total		477		578		496		

Q46. How do you feel about how quickly you received care or advice on that occasion?

Weighted Base: 2018 (439), 2019 (556), 2020 (480). Unweighted Base: 2018 (295), 2019 (299), 2020 (286)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
It was about right	67%	294	64%	355	61%	291	-3%	↓
It took too long	33%	144	36%	201	39%	188	-3%	↓
Total		439		556		480		

Excluding those who said "Don't know" or "doesn't apply" (weighted): 2018 (35), 2019 (34), 2020 (24)

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

Weighted Base: 2018 (453), 2019 (547), 2020 (482). Unweighted Base: 2018 (302), 2019 (305), 2020 (284)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
Yes	92%	419	94%	517	91%	438	-3%	↓
No	8%	34	6%	30	9%	44	-3%	↓
Total		453		547		482		

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (23), 2019 (43), 2020 (15)

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

Weighted Base: 2018 (455), 2019 (569), 2020 (492). Unweighted Base: 2018 (306), 2019 (306), 2020 (290)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)		
Good	67%	306	67%	380	69%	338	2%	↗
Poor	12%	56	14%	78	14%	70	0%	→

Excluding those who said "Don't know" or "can't say" (weighted): 2018 (24), 2019 (23), 2020 (14)

Q54. Are you male or female?

Weighted Base: 2018 (1,992), 2019 (2,408), 2020 (2,233). Unweighted Base: 2018 (1,556), 2019 (1,666), 2020 (1,415)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Male	49%	972	49%	1179	50%	1111	1%
Female	51%	1020	51%	1229	50%	1121	-1%
Total		1992		2408		2233	

Q55. How old are you?

Weighted Base: 2018 (1,997), 2019 (2,407), 2020 (2,275). Unweighted Base: 2018 (1,557), 2019 (1,666), 2020 (1,456)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
aged 16 to 24	10%	196	10%	245	12%	283	2%
aged 25 to 34	16%	324	17%	414	15%	351	-2%
aged 35 to 44	16%	316	16%	376	16%	364	0%
aged 45 to 54	19%	372	19%	449	18%	402	-1%
aged 55 to 64	16%	318	16%	382	16%	362	0%
aged 65 to 74	14%	277	13%	310	13%	293	0%
aged 75 to 84	7%	145	8%	181	7%	163	-1%
aged 85 and over	2%	49	2%	51	2%	56	0%
Total		1997		2407		2275	

Q56. What is your ethnic group?

Weighted Base: 2018 (1,982), 2019 (2,406), 2020 (2,276). Unweighted Base: 2018 (1,548), 2019 (1,658), 2020 (1,444)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
English / Welsh / Scottish / Northern Irish / British	85%	1680	82%	1983	86%	1955	4%
Irish	0%	10	0%	12	0%	10	0%
Gypsy or Irish Traveller	0%	0	0%	0	0%	0	0%
Any other White background	5%	101	5%	113	5%	125	0%
White and Black Caribbean	1%	17	1%	33	1%	17	0%
White and Black African	0%	6	0%	0	0%	0	0%
White and Asian	0%	7	1%	28	0%	0	-1%
Any other Mixed / multiple ethnic background	0%	5	0%	2	0%	11	0%
Indian	2%	41	3%	70	2%	37	-1%
Pakistani	2%	31	3%	62	2%	39	-1%
Bangladeshi	0%	2	0%	1	0%	2	0%
Chinese	1%	11	1%	13	0%	8	-1%
Any other Asian background	1%	12	1%	21	1%	14	0%
African	2%	34	1%	31	1%	28	0%
Caribbean	0%	2	0%	7	0%	2	0%
Any other Black / African / Caribbean background	0%	5	0%	6	0%	4	0%
Arab	0%	0	0%	0	0%	10	0%
Any other ethnic group	1%	19	1%	25	1%	14	0%
Total		1982		2406		2276	

Q57. Which of these best describes what you are doing at present?

Weighted Base: 2018 (1,937), 2019 (2,351), 2020 (2,227). Unweighted Base: 2018 (1,509), 2019 (1,619), 2020 (1,418)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Full-time paid work (30 hours or more each week)	46%	897	48%	1123	50%	1119	2%
Part-time paid work (under 30 hours each week)	12%	226	14%	329	12%	258	-2%
Full-time education at school, college or university	3%	66	3%	64	5%	107	2%
Unemployed	3%	60	4%	84	3%	60	-1%
Permanently sick or disabled	4%	81	4%	93	4%	89	0%
Fully retired from work	23%	450	21%	503	22%	480	1%
Looking after the family or home	5%	101	4%	101	3%	63	-1%
Doing something else	3%	57	2%	54	2%	52	0%
Total		1937		2351		2227	

Q58. Are you a parent or a legal guardian for any children aged under 16 living in your home?

Weighted Base: 2018 (1,982), 2019 (2,384), 2020 (2,273). Unweighted Base: 2018 (1,545), 2019 (1,648), 2020 (1,457)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	25%	504	29%	691	21%	467	-8%
No	75%	1478	71%	1693	79%	1806	8%
Total		1982		2384		2273	

Q59. Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical or mental ill health /disability, or problems related to old age?

Weighted Base: 2018 (1,964), 2019 (2,363), 2020 (2,255). Unweighted Base: 2018 (1,523), 2019 (1,626), 2020 (1,438)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
No	80%	1570	82%	1938	82%	1855	0%
Yes	20%	394	18%	425	18%	400	0%
Total		1964		2363		2255	

Q60. Are you a deaf person who uses sign language?

Weighted Base: 2018 (1,984), 2019 (2,406), 2020 (2,282). Unweighted Base: 2018 (1,549), 2019 (1,658), 2020 (1,466)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Yes	1%	11	0%	11	1%	18	1%
No	99%	1973	100%	2395	99%	2264	-1%
Total		1984		2406		2282	

Q61. Which of the following best describes your smoking habits?

Weighted Base: 2018 (1,990), 2019 (2,400), 2020 (2,311). Unweighted Base: 2018 (1,560), 2019 (1,663), 2020 (1,483)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Never smoked	58%	1159	57%	1359	58%	1332	1%
Former smoker	26%	512	28%	676	28%	642	0%
Occasional smoker	7%	133	7%	175	5%	117	-2%
Regular smoker	9%	186	8%	190	10%	221	2%
Total		1990		2400		2311	

Q62. Which of the following best describes how you think of yourself?

Weighted Base: 2018 (1,957), 2019 (2,381), 2020 (2,258). Unweighted Base: 2018 (1,522), 2019 (1,634), 2020 (1,445)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
Heterosexual or straight	92%	1806	90%	2142	91%	2049	1%
Gay or lesbian	1%	28	1%	30	1%	29	0%
Bisexual	1%	22	1%	19	1%	19	0%
Other	0%	9	2%	47	1%	22	-1%
Prefer not to say	5%	92	6%	143	6%	138	0%
Total		1957		2381		2258	

Q63. Which, if any, of the following best describes your religion?

Weighted Base: 2018 (1,990), 2019 (2,397), 2020 (2,287). Unweighted Base: 2018 (1,555), 2019 (1,660), 2020 (1,464)

	2018 (%)	2018 (N)	2019 (%)	2019 (N)	2020 (%)	2020 (N)	
No religion	31%	609	37%	884	38%	867	1%
Buddhist	0%	9	2%	38	0%	8	-2%
Christian	60%	1191	52%	1255	52%	1196	0%
Hindu	1%	22	0%	5	0%	6	0%
Jewish	0%	4	0%	2	0%	0	0%
Muslim	3%	50	3%	74	3%	68	0%
Sikh	1%	23	2%	45	1%	33	-1%
Other	1%	18	1%	29	2%	39	1%
I would prefer not to say	3%	64	3%	66	3%	70	0%
Total		1990		2397		2287	

GP PATIENT SURVEY

Please answer the questions below by putting an **X** in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to **fill in the survey online**, please go to **www.gp-patient.co.uk/survey**



Survey
number:

1234567890



Online
password:

ABCDE



YOUR LOCAL GP SERVICES

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

Q2 How helpful do you find the receptionists at your GP practice?

- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know

Q3 In the past 12 months, have you booked general practice appointments in any of the following ways?

Please put an **X** in all the boxes that apply to you.

- ☐ In person
- ☐ By phone
- ☐ By automated telephone booking
- ☐ Online including on an app
- ☐ Via another route, such as NHS 111
- ☐ Doesn't apply / none of these

Q4 As far as you know, which of the following online services does your GP practice offer?

By 'online' we mean on a website or smartphone app.

Please put an **X** in all the boxes that apply to you.

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ None of these
- ☐ Don't know

Q5 Which of the following general practice online services have you used in the past 12 months?

By 'online' we mean on a website or smartphone app.

Please put an **X** in all the boxes that apply to you.

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ None of these

Q6 How easy is it to use your GP practice's website to look for information or access services?

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

Q7 As far as you are aware, what general practice appointment times are available to you?

Please put an **X** in all the boxes that apply to you.

- ☐ Before 8am on at least one weekday
- ☐ Weekdays between 8am and 6.30pm
- ☐ After 6.30pm on a weekday
- ☐ On a Saturday
- ☐ On a Sunday
- ☐ Don't know



Q8

How satisfied are you with the general practice appointment times that are available to you?

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ I'm not sure when I can get an appointment

Q9

Is there a particular GP you usually prefer to see or speak to?

- ☐ Yes, for all appointments
- ☐ Yes, for some appointments but not others
- ☐ NoGo to Q11
- ☐ There is usually only one GP in my GP practiceGo to Q11

Q10

How often do you see or speak to your preferred GP when you would like to?

- ☐ Always or almost always
- ☐ A lot of the time
- ☐ Some of the time
- ☐ Never or almost never
- ☐ I have not tried

MAKING AN APPOINTMENT

Q11

When did you last try to make a general practice appointment, either for yourself or for someone else?

Please include general practice appointments with different healthcare professionals. This could be with a GP, nurse or other healthcare professional.

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago
- ☐ Don't know
- ☐ I haven't tried to make an appointment since being registered with my current GP practiceGo to Q23

If you tried to make more than one appointment, please think about just one of these when answering the next questions.

Q12

Who was this appointment for?

- ☐ Me
- ☐ A child under 16
- ☐ An adult aged 16 or over who I am a carer for
- ☐ Another adult aged 16 or over (including family members)

Q13

How concerned were you at the time about your health, or the health of the person you were making this appointment for?

- ☐ Very concerned
- ☐ Fairly concerned
- ☐ Not very concerned
- ☐ Not at all concerned
- ☐ Can't remember

Q14

Before you tried to get this appointment, did you do any of the following?

Please put an X in all the boxes that apply to you.

- ☐ I looked for information online
- ☐ Spoke to a pharmacist
- ☐ Tried to treat myself / the person I was making this appointment for (for example with medication)
- ☐ Called an NHS helpline, such as NHS 111
- ☐ Went to or contacted another NHS service
- ☐ Asked for advice from a friend or family member
- ☐ Tried to get information or advice elsewhere (from a non-NHS service)
- ☐ I did not try to get information or advice

Q15

When would you have liked this appointment to be?

Please choose one option only.

- ☐ On the same day
- ☐ On the next day
- ☐ A few days later
- ☐ A week or more later
- ☐ I didn't have a specific day in mind
- ☐ Can't remember

Q16

On this occasion, were you offered a choice of appointment?

This could be a choice of place, time or healthcare professional.

Please put an X in all the boxes that apply to you.

- ☐ Yes, a choice of place
- ☐ Yes, a choice of time or day
- ☐ Yes, a choice of healthcare professional
- ☐ No, I was not offered a choice of appointment
- ☐ Can't remember
- ☐ Doesn't apply





Q17 Were you satisfied with the type of appointment (or appointments) you were offered?

- ☐ Yes, and I accepted an appointment
- ☐ No, but I still took an appointment
- ☐ No, and I did not take an appointment

PLEASE
GO TO
Q20



Q18 If you did not take any appointments you were offered, why was that?

Please put an **X** in all the boxes that apply to you.

- ☐ There weren't any appointments available for the time or day I wanted
- ☐ The appointment was at too short notice
- ☐ The appointment wasn't soon enough
- ☐ I couldn't book ahead at my GP practice
- ☐ There weren't any appointments at the place I wanted
- ☐ The appointment was too far away / too difficult to get to
- ☐ I couldn't see my preferred GP
- ☐ There weren't any appointments with the healthcare professional I wanted
- ☐ The type of appointment I wanted was not available
- ☐ Another reason

Q19 What did you do when you did not take the appointment you were offered?

Please put an **X** in all the boxes that apply to you.

- ☐ Got an appointment for a different day.....Go to Q20
- ☐ Called an NHS helpline, such as NHS 111
- ☐ Went to A&E
- ☐ Spoke to a pharmacist
- ☐ Went to or contacted another NHS service
- ☐ Decided to contact my practice another time
- ☐ Looked for information online
- ☐ Spoke to a friend or family member
- ☐ Didn't see or speak to anyone

PLEASE
GO TO
Q22



Q20 What type of appointment did you get?

I got an appointment...

- ☐ ...to speak to someone on the phone
- ☐ ...to see someone at my GP practice
- ☐ ...to see someone at another general practice location
- ☐ ...to speak to someone online, for example on a video call
- ☐ ...for a home visit

Q21 How long after initially trying to book the appointment did the appointment take place?

- ☐ On the same day
- ☐ On the next day
- ☐ A few days later
- ☐ A week or more later
- ☐ Can't remember

Q22 Overall, how would you describe your experience of making an appointment?

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

YOUR LAST APPOINTMENT

The next few questions are about the last time you personally had a general practice appointment.

Q23 When was your last general practice appointment?

Please include appointments with different healthcare professionals, at different locations, as well as telephone and online appointments.

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago
- ☐ I haven't had an appointment since being registered with my current GP practice.....Go to Q31

PLEASE
GO TO
Q24





Q24 Who was your last general practice appointment with?

Please choose one option only.

- ☐ A GP
- ☐ A nurse
- ☐ A general practice pharmacist
- ☐ A mental health professional
- ☐ Another healthcare professional
- ☐ Don't know / not sure who I saw

Q25 How long after your appointment time did you wait to see or speak to the healthcare professional?

- ☐ 5 minutes or less
- ☐ Between 5 and 15 minutes
- ☐ 15 to 30 minutes
- ☐ More than 30 minutes
- ☐ I didn't have an appointment at a set time
- ☐ Can't remember

Q26 Last time you had a general practice appointment, how good was the healthcare professional at each of the following?

Giving you enough time

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Listening to you

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Treating you with care and concern

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply



Q27 During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ I did not have any mental health needs
- ☐ Did not apply to my last appointment

Q28 During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / doesn't apply

Q29 During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

Q30 Thinking about the reason for your last general practice appointment, were your needs met?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

OVERALL EXPERIENCE

Q31 Overall, how would you describe your experience of your GP practice?

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

YOUR HEALTH

Q32 Have you experienced any of the following over the last 12 months?

Please put an X in all the boxes that apply to you.

- ☐ Problems with your physical mobility, for example, difficulty getting about your home
- ☐ Two or more falls that have needed medical attention
- ☐ Feeling isolated from others
- ☐ None of these





Q33

Do you take 5 or more medications on a regular basis?

Please think about prescribed medications as well as those bought over the counter.

- ☐ Yes
☐ No

Q34

Do you have any long-term physical or mental health conditions, disabilities or illnesses?

By long-term, we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.

- ☐ Yes
☐ No
☐ Don't know / can't say
☐ I would prefer not to sayGo to Q44

Q35

Which, if any, of the following long-term conditions do you have?

Please put an X in all the boxes that apply to you.

- ☐ Alzheimer's disease or other cause of dementia
☐ Arthritis or ongoing problem with back or joints

☐ Autism or autism spectrum condition
☐ Blindness or partial sight
☐ A breathing condition such as asthma or COPD
☐ Cancer (diagnosis or treatment in the last 5 years)
☐ Deafness or hearing loss
☐ Diabetes
☐ A heart condition, such as angina or atrial fibrillation
☐ High blood pressure
☐ Kidney or liver disease
☐ A learning disability
☐ A mental health condition
☐ A neurological condition, such as epilepsy
☐ A stroke (which affects your day-to-day life)
☐ Another long-term condition or disability
☐ I do not have any long-term conditions.....Go to Q44

PLEASE
GO TO
Q36

Q36

Do any of these conditions reduce your ability to carry out your day-to-day activities?

- ☐ Yes, a lot
☐ Yes, a little
☐ No, not at all

Q37

How confident are you that you can manage any issues arising from your condition (or conditions)?

- ☐ Very confident
☐ Fairly confident
☐ Not very confident
☐ Not at all confident
☐ Don't know

Q38

In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Please think about all services and organisations, not just health services.

- ☐ Yes, definitely
☐ Yes, to some extent

☐ No
☐ I haven't needed support
☐ Don't know / can't say

Q39

In the last 12 months have you had any unexpected stays in hospital because of your condition (or conditions)?

- ☐ Yes
☐ No





The next few questions are about support you have had to plan and manage care relating to your long-term condition (or conditions).

Q40

Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?

- ☐ Yes
☐ No.....Go to Q44
☐ Don't know.....Go to Q44

A care plan is an agreement between you and healthcare professionals to help you manage your health day-to-day. It can include information about your medicine, an eating or exercise plan, or goals you want to achieve such as returning to work.

Q41

Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?

- ☐ Yes
☐ No.....Go to Q44
☐ Don't know.....Go to Q44

Q42

How helpful have you found this plan in managing your condition (or conditions)?

- ☐ Very helpful
☐ Fairly helpful
☐ Not very helpful
☐ Not at all helpful
☐ Don't know

Q43

Have you been given (or offered) a written or printed copy of this plan?

- ☐ Yes
☐ No
☐ Don't know

WHEN YOUR GP PRACTICE IS CLOSED

Q44

In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?

- ☐ Yes, for myself
☐ Yes, for someone else
☐ NoGo to Q49

Please think about the last time you contacted an NHS service (for yourself or for someone else) when you wanted to see a GP but your GP practice was closed.

Q45

Considering all of the services you contacted, which of the following happened on that occasion?

Please put an **X** in all the boxes that apply to you.

- ☐ I contacted an NHS service by telephone
☐ A healthcare professional called me back
☐ A healthcare professional visited me at home
☐ I went to A&E
☐ I saw a pharmacist

☐ I went to another general practice service
☐ I went to another NHS service
☐ Can't remember

Q46

How do you feel about how quickly you received care or advice on that occasion?

- ☐ It was about right
☐ It took too long
☐ Don't know / doesn't apply

Q47

Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

- ☐ Yes, definitely
☐ Yes, to some extent
☐ No, not at all
☐ Don't know / can't say

Q48

Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

- ☐ Very good
☐ Fairly good
☐ Neither good nor poor
☐ Fairly poor
☐ Very poor
☐ Don't know / can't say



NHS DENTISTRY

Q49 When did you last try to get an NHS dental appointment for yourself?

- ☐ In the last 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 2 years ago
- ☐ More than 2 years agoGo to Q53
- ☐ I have never tried to get an NHS dental appointmentGo to Q53

Q50 Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care?

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q51 Were you successful in getting an NHS dental appointment?

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q52 Overall, how would you describe your experience of NHS dental services?

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

PLEASE
GO TO
Q54

Q53 Why haven't you tried to get an NHS dental appointment in the last two years?

If more than one of these applies to you, please put an X in the box next to the main one only.

- ☐ I haven't needed to visit a dentist
- ☐ I no longer have any natural teeth
- ☐ I haven't had time to visit a dentist
- ☐ I don't like going to the dentist
- ☐ I didn't think I could get an NHS dentist
- ☐ I'm on a waiting list for an NHS dentist
- ☐ I stayed with my dentist when they changed from NHS to private
- ☐ I prefer to go to a private dentist
- ☐ NHS dental care is too expensive
- ☐ Another reason

SOME QUESTIONS ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

Q54 Are you male or female?

- ☐ Male
- ☐ Female

Q55 How old are you?

- ☐ Under 16
- ☐ 16 to 17
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or over

Q56 What is your ethnic group?

A. White

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

B. Mixed / multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / multiple ethnic background

C. Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

D. Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background

E. Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group



Q57 Which of these best describes what you are doing at present?

If more than one of these applies to you, please put an X in the box next to the main one only.

- ☐ Full-time paid work (30 hours or more each week)
- ☐ Part-time paid work (under 30 hours each week)
- ☐ Full-time education at school, college or university
- ☐ Unemployed
- ☐ Permanently sick or disabled
- ☐ Fully retired from work
- ☐ Looking after the family or home
- ☐ Doing something else

Q58 Are you a parent or a legal guardian for any children aged under 16 living in your home?

- ☐ Yes
- ☐ No

Q59 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill health / disability, or
- problems related to old age?

Don't count anything you do as part of your paid employment.

- ☐ No
- ☐ Yes, 1 to 9 hours a week
- ☐ Yes, 10 to 19 hours a week
- ☐ Yes, 20 to 34 hours a week
- ☐ Yes, 35 to 49 hours a week
- ☐ Yes, 50 or more hours a week

Q60 Are you a deaf person who uses sign language?

- ☐ Yes
- ☐ No

Q61 Which of the following best describes your smoking habits?

- ☐ Never smoked
- ☐ Former smoker
- ☐ Occasional smoker
- ☐ Regular smoker

Q62 Which of the following best describes how you think of yourself?

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other
- ☐ I would prefer not to say

Q63 Which, if any, of the following best describes your religion?

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ I would prefer not to say

Thank you for your time.

Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked FREEPOST GP PATIENT SURVEY (you do not need a stamp).

Originally developed with



REPORT TO: **Shropshire, Telford and Wrekin CCGs Primary Care Commissioning Committee**
Meetings in Common held in Public on 7 October 2020

Item Number:	Agenda Item:
PCCC-20-10.14	Risk Register – Enclosure No. 11

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships Ext: 2492 claire.parker2@nhs.net	Corrine Ralph – Head of Primary Care Ext: 2360 corrineralph@nhs.net

Action Required (please select):					
A=Approval	R=Ratification	S=Assurance	✓	D=Discussion	I=Information

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):		
<p>This document contains the historical risks presented at the respective Primary Care Commissioning Committee in February 2020 for Telford and Wrekin CCG and Shropshire CCG.</p> <p>There are four medium risks in Shropshire CCG and three moderate risks in Telford and Wrekin CCG. A shared risk register has been developed that combines similar risks that had been identified in both areas.</p>		
Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	Yes/No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	Yes/No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	Yes/No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	Yes/No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	Yes/No

6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	Yes/No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	Yes/No

Recommendations/Actions Required:

Telford and Wrekin CCG Primary Care Commissioning Committee is asked to:

- To receive the Telford and Wrekin CCG and the shared risk register
- To note the updated position of current risks
- To support the removal of two risks relating to:-
 - Implementation of the targets contained within the Investment and Evolution GP Framework
 - Capacity to deliver extended hours
- To note the item added to the shared risk register relating to the recruitment and retention of staff
- To charge the primary care team to ensure the risk registers are updated in line with the emerging work on the board assurance framework and vision, values and objectives

Shropshire CCG Primary Care Commissioning Committee is asked to:-

- To receive the Shropshire CCG and the shared risk register
- To note the item added to the shared risk register relating to the recruitment and retention of staff
- To charge the primary care team to ensure the risk registers are updated in line with the emerging work on the board assurance framework and vision, values and objectives

Primary Care Commissioning Committee - Risk Registers

1. Introduction and context

A risk register is a log which records elements and their potential to threaten the achievement of an organisation's objectives. It is a living document which is populated through an organisations risk assessment and evaluation processes.

This document contains the risk register relating to the delivery of primary care delegated functions. Risks that were consistent across both risk registers have been merged and included in a shared register.

2. Key points

Shropshire CCG has four risks, three medium risks with one low.

Telford and Wrekin CCG has three risks, all identified as low risks.

The recruitment and retention of GPs and ANPs was identified in both risk registers, in view of this these have been combined and included on the shared risk register and are rated as medium risks.

Risk ID 4 (Telford and Wrekin register) identifies the potential challenges in delivering the metrics identified in the Implementation of the targets contained within the Investment and Evolution GP Framework. The strategy document contains a significant proportion of the markers identified in this document; and demonstrates good progress.

Risk ID 5 identifies the potential challenges practices may have in maintaining delivery of extended hours in addition to extended access. PCNs have delivered extended access consistently since the service was commissioned and throughout COVID. Extended hours have also been maintained. There are no current workforce issues that are affecting deliver.

It is therefore recommended that the above two risks are removed.

3. Next steps

It is important to note that a decision has been made to start to work on a shared vision, values and objectives for the emerging new organisation. This decision has been endorsed by the Audit Committee. It is anticipated this work will be completed on 12 October with outputs anticipated by the end of November. The completion of this work will ensure the effective alignment of risks with objectives, and support the consistent risk management and appropriate integration into the Board Assurance Framework.

It is anticipated that the risk registers will be updated in advance of the Primary Care Commissioning Committee in December 2020.

4. Recommendations

Telford and Wrekin CCG Primary Care Commissioning Committee is asked to:

- To receive the Telford and Wrekin CCG and the shared risk register
- To note the updated position of current risks
- To support the removal of two risks relating to:-
 - Implementation of the targets contained within the Investment and Evolution GP Framework
 - Capacity to deliver extended hours
- To note the item added to the shared risk register relating to the recruitment and retention of staff
- To charge the primary care team to ensure the risk registers are updated in line with the emerging work on the board assurance framework and vision, values and objectives

Shropshire CCG Primary Care Commissioning Committee is asked to:-

- To receive the Shropshire CCG and the shared risk register
 - To note the item added to the shared risk register relating to the recruitment and retention of staff
 - To charge the primary care team to ensure the risk registers are updated in line with the emerging work on the board assurance framework and vision, values and objectives
-

CCG Objective 1: To improve commissioning of effective, safe and sustainable services, which deliver the best possible outcomes, based upon best available evidence.

CCG Objective 2: To increase life expectancy and reduce health inequalities.

CCG Objective 3: To encourage healthier lifestyles

CCG Objective 4: To support vulnerable people

CCG Objective 5: In meeting the objectives above, to exercise CCG functions effectively, efficiently and economically, and in accordance with generally accepted principles of good governance and as an employer of choice.

Risk reference number	Objective	Opened / source / objective / type	Risk title and description <i>Root cause</i>	Opportunity	Existing controls	Existing sources of assurance	Gaps in controls and assurances	Risk score (consequences x likelihood)	Action plan / cost / action owner / (target date) / sufficient mitigation	Target risk score for end of financial year	Executive lead	Risk Owner	Amendments: name and date
1	4,5	24.6.19 Primary care team (PCT)	Primary Care Networks (PCN) Three PCNs established July 2020. These new organisations will have to establish how they will work together as a network and share resources. There is a risk of potential delay and/or conflict as the new roles and the new ways of working are established. This would mean that their is inconsistent development of PCNs across the CCG which may affect service provision and access to our patients.	1. There is a potential opportunity for PCNs to create additional competition in the market for services traditionally provided by acute/community services. 2. Opportunity to increase the resilience of practices by sharing resources and effort overtime	1. National guidance for PCN development and the associated network agreements signed by all practices 2. Clinical leadership identified by members of each PCN PCNs to follow guidance from NHSE in regards to their establishment. 3. Guidance on the delivery of DES' for 2020 released	Notes of PCN meetings.	1. Knowledge of the levels of engagement between partner practices within PCNs. 2. Formal assurance process under development.	3 x 3 = 9 (moderate)	1. Take opportunities to seek out the views of practices on the PCN development processes (ongoing). 2. Establish regular meetings with CDs to enable monitoring of progress by August 2020 3. Support PCNs to complete/re-visit baseline assessments as part of the developmental programme by September 2020	1 x 3 = 3 (Low) (Re-assess in December 2020)	Nicky Wilde	CR	Risk updated by CR: 30/09/20
4	1,2,3,4,5	2.4.19 CR	Implementation of the targets contained within the Investment and Evolution GP Framework In January 2019 the NHS Long Term Plan was released and subsequently in February 2019 the Investment and Evolution GP Framework. In view of the volume of demands placed on primary care, there is a risk that the milestones identified are not delivered to time. This may increase the level of scrutiny from NHS England	A list of priorities, milestones and opportunities are listed within the new framework which the CCG needs to implement to see an overall improvement to patient experience, health outcomes, workforce resilience, care closer to people's homes and improvements in estates, technology and new models of care	The STP primary care plan has been developed to address the priorities outlined in the new contractual changes An STP primary care programme board which works across all areas of the plan will be introduced which will report directly into the primary care commissioning committees of both CCGs.	Delivery frameworks against all sections of the STP plan have been developed with contributions from the T&W primary care team These frameworks will be overseen by smaller working groups working to timelines set both nationally and within the local STP plan. A set of milestones for the developing primary care networks has been developed that will be used to monitor PCN development and the achievement of priorities.	A process of engagement has already been introduced both for clinical representatives from constituent member practices, patient groups and other key stakeholders. The risk of capacity within both primary care STP teams to deliver the programme has been noted and actions are being implemented.	2 x 4 = 8 (Moderate)	1. Core markers are included in the primary care strategy and are monitored on a monthly basis through joint primary care team. 2. PCN based responsibilities will be monitored monthly through the PCN development sessions. 3. Newly established Regional Transformation Board will provide high level oversight. 4. Three regional groups for PCN development, extended access and workforce will help by the provision of best practice 5. NHSE/I are to confirm the assurance that is to be put in place as part of the new organisation/ways of working (25/11/19) 6. NHSE have confirmed the current checkpoint meetings will continue until the end of March 2019 (27/01/20)	1 x 3 = 3 (Low)	Claire Parker	CR	Risk updated by CR: 30/09/20 Good progress made on the delivery of markers. Achievement of the low level of risk confirmed. RECOMMEND REMOVAL.
5	1,2,3,4,5	26.6.19 DF	GPVF Extended Hours Access The CCG has issued notice to all practices for the extended access service. This was due to the fact the service did not adhere to national guidance. The CCG plans to ask the emerging PCNs to provide the service. On 1 July 2019 all practices are required to sign up to the extended hours DES. There is a risk that practices may not have the capacity to deliver both the extended hours and extended access requirements; and/or that collections of practices may opt out of the delivery of the extended access service. There is a risk that the CCG would not be able to deliver the required number of additional appointments as set out in the national guidance.	1. PCN delivery offers a greater opportunity to reduce the variation in appointment availability across the CCG 2. Reduces duplication/opening hours in multiple practices at the same time. 3. Reduces the demands placed on individual GPs - improving work/life balance.	1. All practices are part of a PCN and received information regarding the new requirements. 2. All PCNs to submit plans to TW CCG by 1st July 2019.	1. Contract monitoring 2. Access/use of appointments made available 3. Patient feedback	Awaiting plan submissions from PCNs to determine if offer meets NHSE requirements, and delivers the required number of appointments per head of population.	2 x 4 = 8 (Moderate)	1. Ensure the active involvement of all PCNs in the planning of the service 2. Demonstrate equitable engagement will all PCNs. 3. Ensure the sharing of all questions raised with all stakeholders 4. Set clear deadlines for submission of responses 5. Monitor delivery and access	1 x 3 = 3 (Low)	Claire Parker	CR	Risk updated by CR: 30/09/20 Extended hours being implemented as part of the PCN DES. Some delay in delivering extended hours in Wrekin due to issues with EMIS DSA. No reported issues with capacity affecting delivery. RECOMMEND REMOVAL