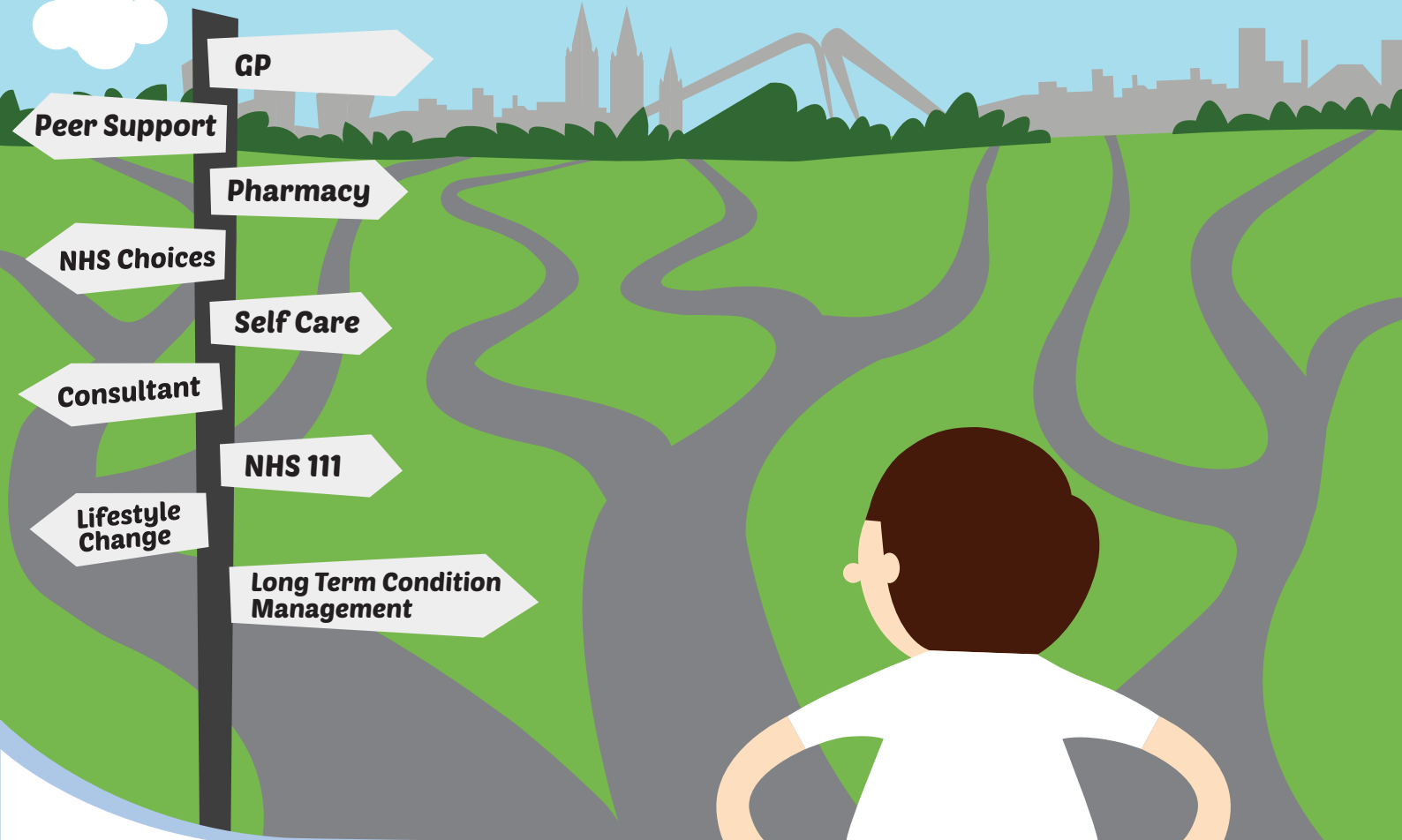


Primary Care at the heart of our health



Foreword

“Primary care truly lies at the heart of our health, and GPs are uniquely placed to provide holistic care for patients in the heart of their communities. We are working with colleagues across the health and social care system to consider new models of care that will enable primary care to remain at the heart of our health and adapt to the challenges it faces, and to enable the people of Coventry to lead healthier lives.”



Dr Jane Moore
Director of Public Health

This is my second report as Director of Public Health for Coventry City Council. Last year I looked at healthy behaviours in the city and how these have changed over time. This year I have chosen to focus on the primary care system and its unique role in addressing health inequalities. As well as providing high quality care and encouraging people to make healthier choices, GPs tackle health inequalities by acting as advocates for patients and providing important links to services including housing, welfare and benefits advice, particularly for more vulnerable groups.

There are differences in life expectancy within almost all cities in England, and Coventry is no exception. Men in the most affluent areas of the city will live, on average, 11.2 years longer than men in the most deprived areas, while for women the difference is 8.6 years. There are many factors which contribute to these health inequalities, including how much you earn and how long you stay in education. We also know that some of the inequality in life expectancy can be addressed by good quality health care.

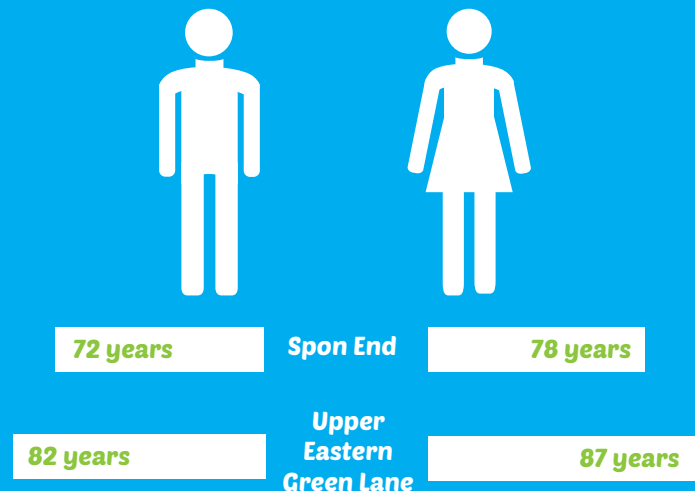
Primary care has been at the heart of the National Health Service since it was formed in 1948. It is often defined as the first point of contact between individuals and families with the health system, and encompasses a range of community based health professionals including GPs, nurses, pharmacists, therapists and dentists. General practice lies at

the core of primary care and is the main focus of my report. I recently spent time with a GP in their surgery and saw the central role that primary care services play in people's lives. By providing care for the whole person rather than focusing on treating individual conditions, GPs are able to have an impact on a range of factors that affect peoples' health.

This report has been prepared in consultation with patient representatives, GPs and local and regional organisations that have responsibilities for working together to ensure that everyone in Coventry has access to high quality primary care. However this remains an independent report and the recommendations are my own. It includes a number of case studies highlighting areas of innovative practice in the city, along with detailed feedback from patients on a range of issues. It also highlights areas where there is more work to be done to overcome the persistent challenges that affect primary care provided and health outcomes across the city.

I am very grateful to everybody who has contributed to and commented on this report. I look forward to continuing to work collaboratively to build on the successes of recent years and enable good practice to be shared and celebrated, whilst also addressing areas for improvement and developing new service models to ensure that general practice is fit for the future.

Life expectancy in Coventry at birth 2008-2012



Editor's note:

The report you are reading is a short summary of the full document that highlights the key findings and recommendations. Please refer to the full text which can be accessed on the Coventry City Council website for further details and analysis.



Setting the scene

Primary care in England is operating in an increasingly challenging context.

Primary care in England is operating in an increasingly challenging context. Rising patient expectations, an aging population, the rising prevalence of chronic disease and the emergence of new technologies are putting real pressure on the system. This is combined with a reduction in resources available in primary care and reduced recruitment to GP training schemes. These challenges are also reflected at the local level.

Coventry has high levels of deprivation and poorer overall health than England as a whole. The population of the city is diverse, with a high proportion of residents from black and minority ethnic backgrounds, and 21% of all residents born outside the UK.

“ Local Medical Committees are the statutory representatives of General Practice. Coventry LMC is committed to promoting General Practice which can meet the challenges of providing healthcare in the future.

The primary causes of health inequalities such as; education, housing, income, employment etc are well documented. GPs cannot address the causes but they deal with the effects, physical, mental and social on a daily basis both as clinicians and as patient's advocates. This is the unique role of General Practice which is why the profession continues to be held in such high regard by patients.

There is clearly some variation in the quality of care provided by Practices. Coventry LMC will continue to support practices in their efforts to provide the best possible care for their patients, and in working with public health and other agencies in reducing the disparity in health outcomes across the city. ”

Pressures on Primary Care:

90%

of all patient contact is with primary care



Spending on primary care rose by 1.3% compared to 5.1% on secondary care

The amount the NHS budget is expected to rise over the next 5 years

0.4%



Dr Jamie Macpherson
Secretary of Coventry
Local Medical Committee

Recent improvements

There have been improvements in several aspects of primary care in Coventry in recent years.

Work to improve quality in prescribing has led to notable improvements against national indicators in a short period of time. There has been a substantial increase in the number of Quality and Outcomes Framework points awarded to GP practices in Coventry, which is based on management of chronic diseases, organisation of practices, how patients view their experience and the extra services offered by the practice. In addition, an increase in the number of health checks completed, an increase in the percentage of children immunised against infectious diseases and a reduction in the prevalence of smoking in Coventry are all improvements which will have a positive impact on health inequalities in the city.

“ My GPs are both willing to listen when asked questions about medication and will listen and make suggestions to reduce side effects. However, when I decided that I wanted to try to minimise the amount of medication I was on, they listened to my reasons and suggestions and, between us, we agreed a plan that enabled me to reduce the amount of medication I am taking. This gave me more control over my condition and reduced the amount of drugs I take as well as saving the cost of the medication. ”

Patient



“ I like the fact that we can, if the problem is minor, or if we're not sure if we need to actually see a GP, have a telephone appointment. Often it is the same day, or the next day when the GP will telephone us and talk us through the problem. This service is very good because sometimes a small matter can easily be dealt with over the phone. The patient can be re-assured that it is nothing to worry about, or an appointment can then be made should the GP decide that it is necessary to discuss things further. This service saves us going to the surgery – saving us time and reduces the risk of infection from other patients and it frees up surgery appointment time for other patients with greater need than ours. ”

Patient



Persisting challenges

“ The quality of primary care in Coventry has improved over the last year and continues to improve with support of NHS England, the CCG and the GPs themselves. We are very pleased with the progress although there is more to be done. The important role GPs play in managing the increased demand and the more technical services in the community requires a very different approach. The work that continues in Coventry will help the GPs to work with other staff to deliver this new model of care. ”



Sue Price
Director of Commissioning,
NHS England Area Team

Whilst there have been improvements in several areas, the report also demonstrates that there is persisting variation in some aspects of primary care in the city.

These include access to general practice and patient experience of general practice in Coventry, with some GP practices scoring significantly higher and others significantly lower than the national average, and in comparison to areas with similar characteristics to Coventry. There is also variation in the way GP practices are structured in Coventry, with a larger proportion of single contract holders compared to the average for England.

In order to reduce variation and overcome these challenges, it is necessary to provide support for practices that do least well to make rapid improvements, identify innovative ideas in the practices that are performing well and to share these with others. At the same time, patients should be educated and encouraged to live healthy lifestyles, look after themselves, and access the most appropriate service for their needs.

“ Much work has been done within Coventry to support and help practices and individual GPs in delivering good quality health care. This has been supported and complemented by work within local practices, the CCG and also the Local Medical Committee. There is evidence that this is improving the overall quality of clinical services within the city. ”



Dr Francis Campbell
Medical Director,
NHS England
Area Team

Looking to the future

This report highlights innovative examples where general practice and other primary care services provide not only diagnosis, referral and treatment services but influences the wider health and social care system. These include:

- increased telephone consultations in Coventry aimed at reducing numbers of face to face GP consultations and ensuring that GPs see the most urgent patients
- the development of a primary care safeguarding forum to share good practice in relation to safeguarding in primary care
- a new pilot model which integrates existing teams and services in Tile Hill and Hillfields to improve outcomes for 0-5 year olds
- projects to support patients to develop strong social networks to reduce isolation and promote wellbeing, independence and stronger connections
- the piloting of a new integrated neighbourhood team model targeting the frail elderly population, which aims to provide more care in the community and reduce reliance on statutory agencies.



Dr Madeleine Wells
Medical Director,
Coventry &
Rugby CCG

“ As Medical Director for the CCG, charged with quality and assurance and a long standing GP in the city, I feel we should celebrate the good work being done in General Practice in the city and the improvements that have been taking place year on year despite an increasing work load in an increasingly diverse and challenging city.

I have been working with Health Education West Midlands and the Area Team to scope recruitment and retention of both GPs and practice nurses and there have been some exciting developments that should hopefully feed through to help us maintain an enthusiastic workforce for Coventry, delivering the healthcare our population deserves. ”

“ It is heartening to see the progress that General Practice in the city has made in recent years. Practicing in an urban deprived area with a vibrant multi ethnic culture is both challenging and stimulating. I see the pressure of increasing workload and the launch of clinical commissioning and yet many of my GP colleagues rise to these challenges with a resilience that never ceases to amaze me. As a CCG leader I will do everything I can to create an environment amongst local health and social care providers and voluntary organisations that will allow my GP colleagues to deliver their ambition of providing first class care all the time. ”



Dr Steve Allen
Chief Clinical
Officer, NHS
Coventry and
Rugby Clinical
Commissioning
Group



Prescription for change

The following recommendations are aimed at celebrating the progress and achievements in primary care in Coventry, but also at reducing the variation and overcoming the challenges that persist in order to improve health in the city.

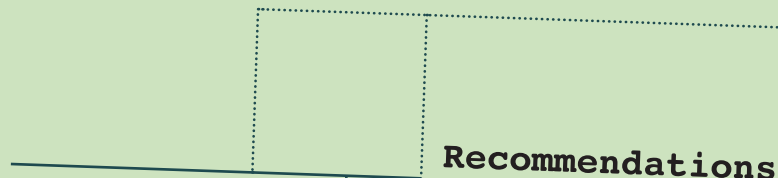
They are aimed at public health, patients, practices, commissioners and the wider care system and they take account of the challenging context within which primary care operates, both nationally and locally, looking to potential future developments that will ensure that primary care can adapt to these challenges.

The Primary Care Quality Group, directly accountable to Coventry's Health and Wellbeing Board, will provide strategic leadership to oversee the further development and implementation of these recommendations, driving forward an action plan in collaboration with wider stakeholders.

“ I welcome the focus of this year's Director of Public Health Annual Report on Primary Care. GPs are uniquely placed in the heart of our local communities and I know work incredibly hard to change people's lives for the better. My aspiration is for everybody in the city to be able to access high quality primary care services. The Coventry Primary Care Quality Group will ensure that we continue to work together to drive improvements in the city. ”



Cllr Alison Gingell
Cabinet Member for Health and Adult Services at Coventry City Council and Chair of Coventry's Health and Wellbeing Board



Keeping people healthy:

- 1) **Public health should work with GPs and communities to continue to promote healthy lifestyles to ensure people stay healthier for longer.** We need to empower communities to change and ensure that we co-design and co-produce services with local people, work with existing assets within communities, work with local champions who can act as advocates in their communities and make sure services are easy to access so that people can get the right support at the right time. GPs have a key role in helping people to make healthier choices and referring people to appropriate lifestyle services.

- 2) **Public health and GPs should work together to enable practices to better understand the population in their local areas.**

Information on local demographics and the likely prevalence of different conditions can help planning amongst GP practices and can enable practices to take a holistic view of their locality. It is key to link this information with knowledge of community initiatives in the local area that may be able to support people's care outside of the practice setting.

Making the right choice:

- 3) **Patients should have a more active role themselves in managing their health.** By living a healthy lifestyle, looking after yourself and making best use of services such as NHS Choices and NHS 111, patients can help to reduce pressure on primary care services. Visits to the GP for conditions that can be self-treated cost the NHS an estimated £2 billion every year. There are many minor conditions that can be treated at home in the first instance with self-care methods and over-the-counter medicines, saving patients time and trouble.
- 4) **Patients should choose the most appropriate service for their needs.** Patients should have the necessary information to make an informed choice about the most appropriate service to access, and should ensure that they use that service in the first instance. In the event that a condition cannot be treated at home with self-care or over-the-counter medicines, your GP is generally the first medical professional to contact when you feel unwell (rather than a walk-in centre or A&E).
- 5) **Patients should be involved in co-designing services.** Patients should engage with patient participation forums and Healthwatch, making sure that their views are represented and they are involved in the co-design and co-production of services. In addition, patients should ensure that they are proactive in exercising their choice to change GP practice if they are not satisfied.



Unnecessary visits to the GP for conditions that can be self-treated cost the NHS an estimated

£2 billion every year



“ Healthwatch Coventry is the independent consumer champion for health and social care in Coventry. We work to give people a voice in their services and argue for the interests of those who use or are unable to access services. Queries about GP services are the most frequent questions received by the Healthwatch Coventry Public Information Line and people regularly raise views and experiences of using GP services with us. This reflects the pivotal role the GP services play in managing people’s health and in access to other health services. It can be difficult for people to know what level of service they should be getting from GP services. This is why we are carrying out surveys and focus groups to help define what a good service looks like and how this can be supported locally. ”



John Mason
Healthwatch Coventry

Collaborative and innovative primary care:

- 6) **General practice should be open and accessible.** Additional training for receptionists should be provided, as the skills and qualities of receptionists are vital to ensuring that patients feel able to access care when they need to. Practices should also utilise the Coventry and Rugby Clinical Commissioning Group dashboard as a tool to highlight areas where they are doing well and where they could improve.
- 7) **Practices should collaborate and share learning.** Smaller practices should be encouraged to work together in larger groupings to improve collaboration and sharing of innovative practice between different GP practices. Working together through networks facilitates an extended range of services, a greater focus on population health management and increased investment in IT and other technologies.

A health and social care system that supports good primary care:

- 8) **A workshop should be organised to consider the future configuration of general practice in the city to ensure that services are fit for purpose in the future.** This should include discussion of ways to improve recruitment and retention of GPs in the city. Coventry should be given a voice in regional and national discussions around the changing role of primary care to influence the future direction of travel.
- 9) **Mechanisms to celebrate and share success should be continued.** This will ensure that good performance and innovative approaches are rewarded and encouraged and will ensure that these approaches

and their results and benefits are shared throughout Coventry. In previous years a GP award evening has been held by the Inspires Locality, with awards given for improvements or innovative practice in a number of key areas, including healthy lifestyles. This year a proposal for a further Coventry-wide GP award evening is being developed.

10) **Communication materials should be developed to engage with and inform the public.** The materials should focus on:

- Clarifying the role and responsibility of the GP, and what patients should expect from their GP – when accessing GP services is appropriate, the ways GPs can help, when the practice is open, whether they can expect to see the same GP on a continual basis, how to book an appointment and how long they can expect to wait.
- What a patients' GP can expect from them – to turn up for appointments, to take medication as prescribed and to live a healthy lifestyle to minimise the need for GP intervention.
- How a patient can change GP practice – clearly communicate that patients have a choice in which practice they are registered with, and set out the process for changing practices if the patient is not satisfied with the care they are receiving.

11) **Commissioners should continue to provide feedback and support to practices that are the most challenged.** Performance of GP practices in Coventry should continue to be monitored and managed. The NHS Area Team are further developing mechanisms to identify practices that are not performing as expected against a range of different indicators. Where this is the case, the NHS Area Team should work with practices to understand the underlying issues and support practices to improve.

23%



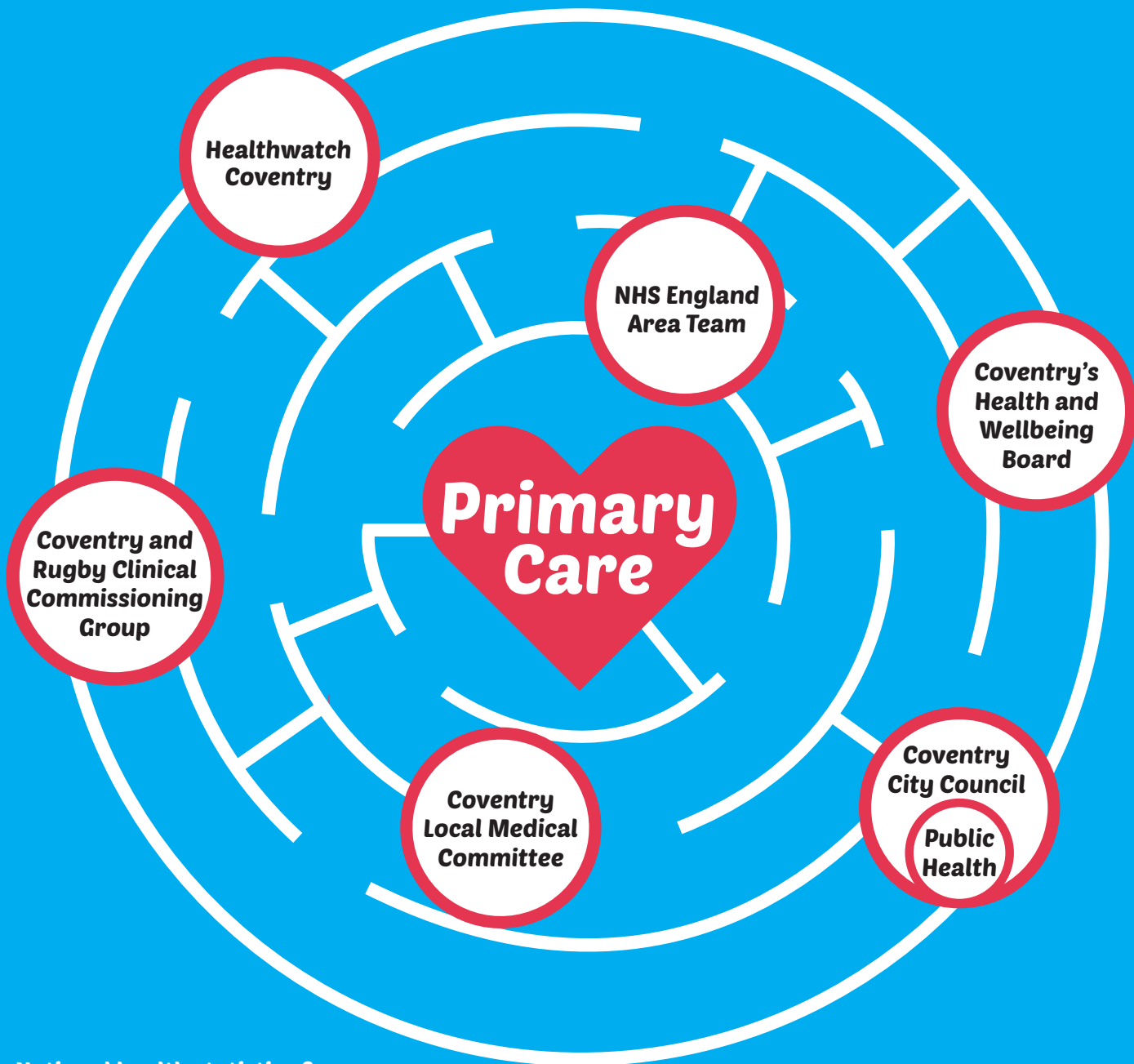
of the UK population will be 65+ by 2035

“The population is ageing, consultations are becoming more complex and patient expectations are increasing. Most GPs love their work, however many of us feel we are buckling under the strain. Many GPs are retiring early and there is a recruitment crisis amongst young GPs. The system needs to change, and quickly.”



Dr Alison Payne
GP, Willenhall Primary
Care Centre





National health statistics from
'Primary Care: Today and Tomorrow - Improving general
practice by working differently', May 2012, used with kind
permission from Deloitte Centre for Health Solutions.

A full copy of this report can
be found at www.coventry.gov.uk