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**To: Health and Social Care Scrutiny Board (5)**

**Date: 18 March 2015**

**From: Professor Jane Moore**

**Subject: Developing a primary care system fit for the future**

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## **1 Executive Summary**

Nationally and locally, primary care 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.

In order to ensure that primary care is able to adapt to these challenges, Coventry City Council, in partnership with Coventry and Rugby Clinical Commissioning Group (CCG), NHS England, Coventry Local Medical Committee (LMC), Healthwatch Coventry, Coventry Local Pharmaceutical Committee, local GPs and patient representatives have worked together to implement the recommendations from the Director of Public Health's 2014 Annual Report and to build a shared vision of primary care in Coventry to ensure the model of care is fit for the future.

There has been considerable progress across a number of areas. In order to keep people healthy, Public Health have continued to work with primary care to deliver lifestyle services, and have developed an online directory to provide an overview of community initiatives and lifestyle services within Coventry. To enable people to make the right choice, the Primary Care Quality Group are exploring asset based development approaches to encourage and empower people to have a greater role in managing their own health. In addition, Public Health have completed a pharmaceutical needs assessment to ensure pharmacy provision is adequate in the city and to ensure that people are enabled to access the appropriate service for their needs.

To improve collaboration and drive innovation in primary care, the Coventry GP Alliance was set up in 2014 by local GPs, with the vision of protecting, improving and enhancing primary care in the city, and to date over two thirds of the city population are covered by the member practices. In February 2015, Public Health, Coventry and Rugby CCG and Coventry LMC hosted a workshop, attended by representatives from across the primary care system to start building a shared vision of what the evolution of primary care might look like and achieve.

Future work will continue to build upon these areas, further developing this vision and continuing to celebrate and reward innovative practice at a GP award evening planned to take place in June. The Primary Care Quality Group will also work to address the challenges primary care faces, undertaking projects to improve GP recruitment and retention in the city, and empowering and enabling people to access community, lifestyle and pharmacy services as well as looking after themselves.

## **2 Purpose**

In December 2014, the Director of Public Health published her Annual Report, *Primary Care at the heart of our health*. The recommendations in the report were aimed at celebrating the progress and achievements of primary care in Coventry, as well as looking to potential future developments to ensure that primary care can adapt to the challenges of the future.

Following the development and publication of the 2014 Annual Report, Coventry City Council, in partnership with Coventry and Rugby CCG NHS England, Coventry LMC, Healthwatch Coventry, Coventry Local Pharmaceutical Committee, local GPs and patient representatives have worked together to implement the recommendations from the report and to develop a vision of primary care in Coventry to ensure the model of care is fit for the future.

The purpose of this report is to provide an update to Health and Social Care Scrutiny Board (5) on the progress made against the recommendations of the Director of Public Health's 2014 Annual Report, inform Health and Social Care Scrutiny Board (5) of the vision created by the Coventry Primary Care Quality Group, GPs and patients, and invite Health and Social Care Scrutiny Board (5) to view and comment on the proposed approach to take these recommendations and vision forward.

## **3 Recommendations**

It is recommended that the Health and Social Care Scrutiny Board (5):

- (i) Endorse the suggested approach for continuing to develop and improve primary care in Coventry
- (ii) Contribute comments and suggestions to the vision for primary care in Coventry and the approach for future work

## **4 Background and context**

### **4.1 The role of primary care**

Primary care is often defined as the first point of contact between individuals and families with the health system. It 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 positioned in the heart of communities.

As well as providing high quality care and encouraging people to make healthier choices, GPs act as advocates for patients and provide important links to services including housing, welfare and benefits advice, particularly for more vulnerable groups. GPs are positioned at the forefront of the interface between the health and social care systems enabling them to take a holistic approach to patient care.<sup>1</sup> By assessing a patient's physical, mental and social needs as well as individual health conditions, GPs are able to have a wider impact on people's lives.

## 4.2 The challenging context

The ageing population has led to a greater burden of chronic diseases, many of which will be managed in primary care. This has increased demands on GPs' time not just in terms of seeing more patients, but in the average length of consultation time required for each patient.<sup>iii</sup> Consultations lasting at least 10 minutes are recognised as an indicator of quality in the GP Contract, but the British Medical Association argues that this is insufficient to manage the complex needs of many patients.<sup>iv</sup>

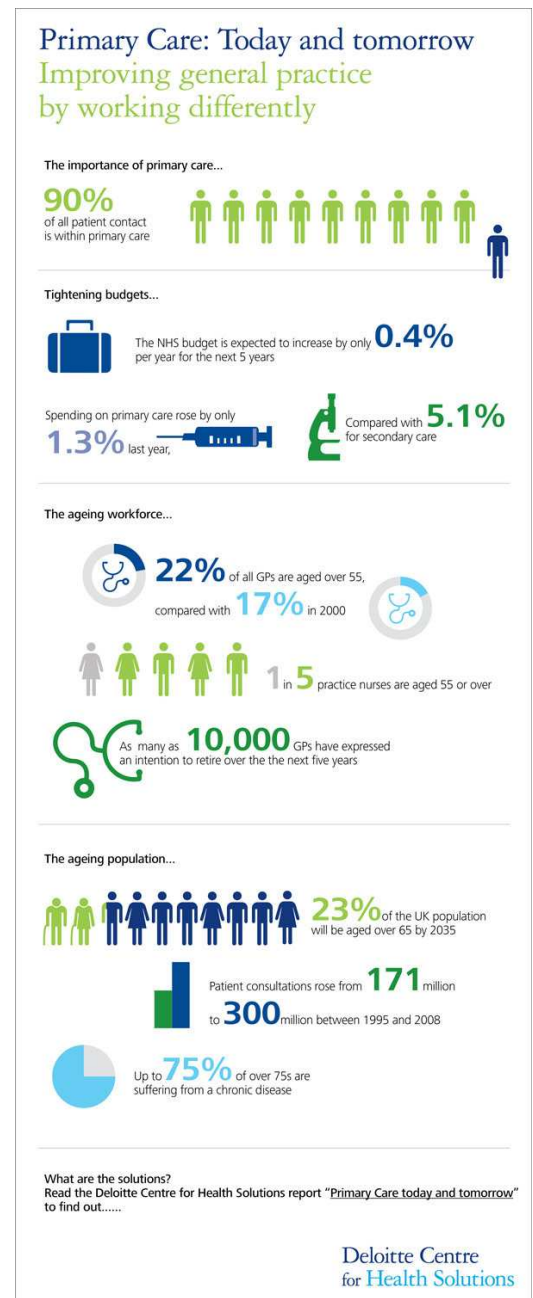
At the same time, the emphasis on patient-centred care and improving health literacy means that the doctor-patient relationship itself is changing. Patients are encouraged to be more involved in decisions about their care, and are more aware of the options available to them.<sup>v</sup> In addition, the increasing focus on mental health and wellbeing has further broadened the role of primary care services.<sup>vi</sup> Mental health consultations account for almost a quarter of all general practice consultations, and cost the health and social care system £21 billion a year. Evidence suggests that people who are living in poverty are more likely to have greater needs for mental health services, and that in addition, living with higher mental health needs can itself cause social disadvantage. Poor mental health outcomes are 2.5 times higher among those experiencing the greatest social disadvantage.<sup>vii</sup>

It has been claimed that inadequate capacity in general practice leads to unmet need and increased demand on other services such as Accident and Emergency (A&E) units and walk-in clinics.<sup>viii</sup> The gap between need and supply is thought to be increasing. However, perspectives of clinical urgency differ among health care providers and patients, with patients being more likely to view non-urgent conditions as being urgent, suggesting that there is a difference between 'need' and 'demand'.<sup>ix</sup> In addition, the outcomes measured by professionals and decision makers do not always reflect what patients feel they need from health care services.

The way in which GPs are expected to work has changed. 25% of income now comes from pay-for-performance incentives, and the GP role has become broader and more complex. Demands on GPs are competing as well as increasing, and these additional demands reduce their availability for direct patient contact, creating difficulties in providing high quality care.

At the same time, resources available to primary care have decreased. Since 2009 there has been a 3% reduction in numbers of GPs; this is in part due to the fact that the proportion of NHS funding for general practice has decreased from 12% to 8.4%,<sup>x</sup> but also due to reduced recruitment to GP training schemes and increasing cohorts of GPs who are retiring. In addition, the age-gender balance in general practice is shifting, and women in their 30s are expected to make up the majority of the GP workforce by 2030. Given that women are more likely to work less

Figure 1: Facts and figures on primary care<sup>ii</sup>



than full-time, a larger number of GPs will be needed. In Coventry, the number of GPs per head of the population is lower than the average for England and the proportion of GPs has not increased over time.<sup>xi</sup>

In addition, Coventry has higher 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.<sup>xii</sup> There are over 100 languages spoken in Coventry, and nearly 9% of households do not have any person resident with English as their first language.<sup>xiii</sup> This creates a number of challenges for primary care in the city, such as the requirement for translation and interpretation services and the time taken for GP consultations. The high level of population churn in Coventry also creates challenges for primary care in building relationships and ensuring that patients are registered with a GP.<sup>xiv</sup>

Changes in both the volume and the nature of demand, patient expectations and available resources pose considerable challenges to primary care. In order to contribute to a reduction of health inequalities and an improvement in health outcomes in Coventry, primary care is faced with the challenge of adapting to these changes while also developing more innovative approaches to caring for patients.

The NHS Five Year Forward View, published on 23 October 2014, sets out a vision for the future of the NHS, arguing that there are viable options for sustaining and improving the NHS over the next five years. It has been developed by organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. The key priorities highlighted in the Forward View include radically upgrading prevention and public health, giving people greater control over their own care, removing barriers in how care is provided, supporting different care delivery options (for example, multispeciality community providers, combining primary care and acute care systems), integrating urgent and emergency care services, providing local flexibility and improving the ability of the NHS to undertake research and apply innovation.

At the same time, list based primary care will remain the foundation of NHS care. The Forward View recognises that there is a need for a 'new deal' for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The Forward View also identifies that the number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

#### **4.3 Improving primary care in Coventry**

Coventry's Joint Strategic Needs Assessment (JSNA) for 2012-13 identified prevention, partnership working and community engagement as cross-cutting themes in the initial priorities for the city's Health and Wellbeing Strategy. Reducing variation in general practice and tackling challenges in the wider systems which support and manage primary care as a whole were recognised as important factors in improving health outcomes in Coventry.<sup>xv</sup> This was also highlighted in a health and wellbeing peer challenge delivered at Coventry City Council in October 2013 as part of the Local Government Association's health and wellbeing system improvement programme. While feedback was positive overall there were some areas for improvement, including addressing variability in primary care quality.<sup>xvi</sup>

Overcoming the challenges affecting general practice and the system in which it operates while maximising opportunities to celebrate improvements and share innovation is the central focus of the Primary Care Quality Group, established in 2014. Members of the Primary Care Quality Group include Coventry City Council (represented by the Public Health department and the

People directorate), Coventry & Rugby Clinical Commissioning Group (CCG), the NHS England Area Team, Healthwatch Coventry, the Local Medical Committee, the Coventry GP Alliance and the Local Pharmaceutical Committee. The group is directly accountable to the Health and Wellbeing Board.

## **5 Progress to date**

In 2014, the Primary Care Quality Group contributed to and commented on the Director of Public Health's 2014 Annual Report, *Primary Care at the heart of our health*. The eleven recommendations from the report were aimed at celebrating the progress and achievements in Coventry, as well as looking to potential future developments to ensure that primary care can adapt to the challenges of the future.

The recommendations were aimed at Public Health, patients, practices, commissioners and the wider care system, and focused on four key areas set out below: keeping people healthy, making the right choice, collaborative and innovative primary care and a health and social care system that supports good primary care.

### **5.1 Keeping people healthy**

*"Public Health should work with GPs and communities to continue to promote healthy lifestyles to ensure people stay healthier for longer."*

Public Health commissions a number of lifestyle services, including Stop Smoking services and NHS Health Checks. Public Health commissions three general stop smoking services and a separate specialist service for pregnant smokers. Collectively, these services supported 3,006 smokers to quit within 4 weeks in 2014/15. Public Health is also piloting services to support people with mental health conditions and learning disabilities to reduce and quit smoking, is working with trading standards to investigate and seize illicit tobacco and prosecute its distributors, and is promoting smoke free areas, including school gates and playgrounds, and supporting University Hospitals Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT) to become smoke-free.

Public Health are also working with GPs to deliver NHS Health Checks to those aged 40-74 to prevent or delay the onset of diabetes, heart disease, kidney disease and strokes, and to keep people healthy for longer. The Health Check consists of both a risk assessment and risk management and reduction actions, which can include a referral, lifestyle advice, or clinical interventions. In 2013/14, 15,271 people were invited to attend a health check and of these 9,374 completed a health check. As a consequence, three per cent of those who completed health checks were identified as having a long term illness and were subsequently put onto a disease risk register with their GP.

*"Public Health and GPs should work together to enable practices to better understand the population in their local areas."*

Public Health have also developed an online directory to provide an overview of community initiatives and lifestyle services within Coventry, which can be used by GPs to refer people to an appropriate service easily and effectively, and can enable people to support themselves outside of the practice setting. The lifestyle directory was finalised in February 2015. Hard copies are being distributed to practices and the directory is also available online at [www.coventry.gov.uk/lifestyleservices](http://www.coventry.gov.uk/lifestyleservices).

## 5.2 Making the right choice

*“Patients should have a more active role themselves in managing their health.”*

Discussions at the Primary Care Quality Group on 22 January and at the Primary Care workshop on 10 February focused on ways to encourage patients to do more for themselves, through living a healthy lifestyle and using self-care methods and over-the-counter medicines where possible.

This approach aligns closely with Coventry’s Asset-based Working Strategy, discussed at Health and Wellbeing Board and Scrutiny Board 5 earlier this year. The Asset-based Working Strategy sets out a vision for a new way of working with local people and communities, by empowering them to use and develop their own skills and potential to take control over their own lives. This approach reduces demand and pressure on services, and leads to improvements in health, as people who feel empowered and in control of their condition are likely to have better health outcomes than those who do not.

One example of where this has worked in a healthcare setting is the RIPPLE project, which aims to restore the health and wellbeing of individuals with chronic obstructive pulmonary disorder (COPD) using an asset based community development approach. The project was set up by a consultant at UHCW who recognized that many of his patients were seeking help from health services because they had become socially isolated. It enables and empowers individuals with COPD to be more active and involved both in society and in the self-management of their care. The project has increased and supported participation in community activities that patients want to do, with local voluntary sector groups helping people to find the right group or activity for them. Participants are seeing positive outcomes in their day to day lives, including improved social inclusion, general wellbeing and self-management, all of which highlight potentially significant healthcare savings.

In primary care settings, Age UK are encouraging GPs to refer to social navigators when their patients’ needs are better served by a community asset than by medical treatment. Engagement with GPs and practices about what is wanted from directories and local assets is still on-going.

Adapting asset based approaches in primary care in Coventry, potentially through enabling and encouraging GPs to prescribe more social rather than medical interventions, and also encouraging and empowering individuals and communities to use self-care methods in the first instance, is being explored through discussions between the Active Citizens, Strong Communities lead and the Primary Care Quality Group. One area of consideration is better linking of GPs to their practice populations and communities, and using GPs as a community focus. This would require extra space, which would need to be taken account of in the future design of primary care buildings. Using patient groups differently and enabling better use of community pharmacies, discussed below, would also encourage people to be in control of their conditions.

*“Patients should choose the most appropriate service for their needs.”*

Better use of pharmacies by patients in the first instance and ensuring pharmacy provision is adequate in the city will contribute to ensuring that patients are accessing appropriate services for their needs.

In February 2015, the Public Health department completed a pharmaceutical needs assessment for the period 2015-2019, which looked at where pharmacies and dispensing practices are located in Coventry, when they are open and what services they offer. The needs assessment found that there are 91 community pharmacies which offer a good provision of pharmaceutical services across Coventry. They are evenly distributed across the city with a higher concentration in the east of the city where population density is greater. In addition, pharmacies provide a good

range of services across the city. This not only includes essential services, such as furnishing prescriptions, but also advanced services such as medicines use reviews, and enhanced services such as emergency contraception.

The Primary Care Quality Group will provide strategic leadership to oversee the implementation of the recommendations from the Pharmaceutical Needs Assessment, which are as follows:

- Raise awareness of opening times, particularly evenings and weekends. Most people are aware that some pharmacies are open late into the evening, early in the morning, at weekends and bank holidays, but only half of those surveyed know where these are located.
- Work with pharmacies to increase awareness of pharmacy services. This would help services to be used more effectively and contribute to the improvement of the health of the local population.
- Increase uptake of enhanced services including the Not Dispensed service, the TB medication supervision service and minor ailments scheme by pharmacy contractors. In particular, better use of the minor ailments scheme would contribute to reducing unnecessary A&E and / or GP attendance.
- Focus on managing the interface between community, hospital and tertiary care to reduce the risk associated with medicines.
- Develop services to support specific diseases appropriate to the needs of Coventry patients.

*“Patients should be involved in co-designing services”*

In February 2015, Healthwatch Coventry published a report, ‘GP quality in Coventry: what is important to local people and recommendations for action’. The aims of the work were to enable the views of local people to influence the future vision of primary care in Coventry and to help define a bench mark for good quality GP services in the city.

Healthwatch Coventry undertook two surveys and four focus groups in order to gather the views of 277 local people about what they would like from GP services, peoples’ experiences of using the Walk In Centre, and what constitutes good practice. Meetings were also held with a sample of GP practice managers and visits made to the Walk In Centre. The surveys were available to the whole city and the focus groups and conversations with practice managers were focused on Foleshill and Henley wards, which are areas where Public health indicators show less favourable outcomes for local people.

The report found that people valued their GP practice being close to their home, and that people preferred to travel to their GP practice on foot. For a routine matter, most people would prefer to wait and see a GP of choice at their practice, and for an urgent matter when people could not see their GP they would prefer to have a phone conversation with their GP or see a practice nurse. Other elements which were considered to be important for good quality GP care related to access to appointments, requests for longer consultations, improvements to disabled access, more health checks, the need for more GPs and the importance of continuity of care and the doctor-patient relationship.

In addition, the Walk in Centre was found to be used by people who hadn’t been able to get a GP appointment, felt they had to wait too long for a GP appointment, did not have a local GP or felt, based on previous experience, that it was easier to use the Walk in Centre than see their GP. 53% thought the service at the Walk In Centre was ‘good’ and 15% that it was ‘very good’. The two most frequently suggested improvements were for reduced waiting times and/or for more information about waiting times and position in the queue.

Based on the findings of their report, Healthwatch have produced a statement of 'what a good quality GP service looks like', which contains statements in relation to access, staff, information, raising issues and patient engagement that the people surveyed by Healthwatch considered to be important for their GP service. The Healthwatch report also contains suggestions to improve engagement with patients to ensure their feedback and comments are considered when services are designed. Eight patient representatives attended the primary care workshop, co-hosted by Coventry City Council, Coventry Local Medical Committee and Coventry and Rugby CCG on 10<sup>th</sup> February 2015 to contribute their views to the vision of primary care that was developed.

### 5.3 Collaborative and innovative primary care

*"General practice should be open and accessible"*

Healthwatch Coventry's report also identified that 93.6% of respondents to their surveys felt that reception staff were very important to their GP practice, and the most frequently used words to describe the characteristics of good reception staff were: 'approachable', 'respectful', 'helpful', 'caring', 'friendly', 'sensitive', 'considerate', 'calm' and 'patient'. In addition, 67% of respondents did not know whether or not their practice had a patient group.

Healthwatch Coventry identified the need for additional training for receptionist staff, particularly in customer service, as the skills and qualities of receptionists are vital to ensuring that patients feel able to access care when they need to. Receptionist training has taken place in Inspires locality, and Coventry and Rugby CCG is now looking to train receptionists in Godiva practices.

*"Practices should collaborate and share learning"*

The 2014 DPH Annual Report highlighted innovative examples where primary care provides not only diagnosis, referral and treatment services but influences the wider health and social care system. Working together through networks can facilitate an extended range of services, a greater focus on population health management and increased investment in IT and other technologies. In order to improve primary care and health in the city, there has been a drive to encourage smaller practices to work together in larger groupings to collaborate and share learning.

The Coventry GP Alliance was set up in 2014 by local GPs with the vision of protecting, improving and enhancing primary care in the city. At present the Alliance is a formed Ltd company with shareholder member practices. To date over two thirds of the city population are covered by the member practices, and the vision of the Alliance is to be fully inclusive with all practices in Coventry and eventually Rugby achieving membership.

The Alliance is an umbrella company with the aim to provide services and support to all its member practices. It also has a function as a local provider organisation. An additional aim of the federation is to assist in bringing together primary and social care to provide a more integrated service. The Alliance is working working closely with other health providers to provide support and services for member practices, and has developed close relationships with Coventry City Council, Coventry LMC, Public Health, CWPT and UHCW. The Alliance are also working towards shared projects with alternative medical and social care providers such as Macmillan Cancer and Age UK.

In September 2014, the Prime Minister announced a £100 million Challenge Fund to help improve access to general practice and stimulate innovative new ways of providing primary care services in 2015/16. In January 2015, the Coventry GP Alliance submitted a bid for the Prime Minister's



Challenge Fund (PMCF), 'Best Care, Anywhere: Integrating primary care in Coventry'. Patient engagement event outcomes identified access and frailty as concerns for primary care.

The vision for the bid is to provide an integrated solution, improving primary care access and ensuring continuity of care through integrated pathways, a shared and new primary care workforce and interconnecting technology between patients and clinicians. This will be achieved through establishing three linked, high impact primary care schemes integrating into existing services:

- Scheme 1: Extended hours hub: Single hub offering week-day (4-8pm) urgent appointments and weekend routine appointments (for hard to reach patients).
- Scheme 2: Primary care frailty team: Primary care team determining discharge and care planning for frail patients and managing them in proactive, community based primary care.
- Scheme 3: GP in ED: Disciplined, primary care team in ED treating ED minors in an efficient, direct primary care model, freeing ED capacity.

The Coventry GP Alliance will be informed in March 2015 about whether the bid has been successful.

Other mechanisms to share innovative practice and celebrate success are also being introduced in Coventry. In previous years a GP award evening has been held by the Inspires Locality, with awards for improvements or innovative practice in a number of key areas, including healthy lifestyles. This year a proposal has been developed for a Coventry-wide GP award evening, which will be held on 4 June 2015. 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.

#### **5.4 A health and social care system that supports good primary care**

*"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."*

On 10 February 2015, Coventry City Council's Public Health department co-hosted a workshop with Coventry and Rugby CCG and Coventry LMC to develop a vision for primary care in Coventry. The workshop was designed to be the first part of a process of building a shared vision of what the evolution of primary care might look like and achieve, and was an opportunity to explore the role of primary care and what it should deliver for patients. The workshop focused on setting aspirations for primary care, focusing on what primary care should and could be like, and concentrating on outcomes for patients.

The workshop was facilitated by PCC (Primary Care Commissioning) and brought together patient representatives, GPs, Healthwatch, the Local Pharmaceutical Committee, Coventry City Council, NHS England, Coventry LMC, representatives from the voluntary sector and Coventry and Rugby CCG. The individuals discussed three key questions in groups that had different perspectives; the patient, from within primary care, and from the perspective of the wider care system. The three key questions were:

- What is primary care?
- What are the strengths of primary care?
- How could primary care be different in five years?

The overall vision for primary care that was developed at the workshop is as follows:

- Primary care will be the coordinated hub of all care; physical, medical, psychological and social
- Primary care will be trusted by patients, public and all other parts of the system.
- Primary care will be focused on the overall management of the health and wellbeing of its population
- There will be no such thing as secondary care, just coordinated systems of care
- Access to services will be simple and reflect different patient types, cohorts and need
- Access to care will make the best use of safe and secure methods, media and technology
- Primary care will work in partnership with patients and carers to empower them to make decisions about their health, wellbeing and the outcomes that can be achieved
- There will be a single patient record and patient determined care plan that the whole system will adhere to
- Primary care will provide simple trusted access to advice, guidance and support that reflects the patient, populations and need at a given time
- Patients will be able to achieve consistent outcomes through models that meet the needs of the local populations
- The delivery of care will make the most use of the existing health, social and care estate and any investment will be to achieve better outcomes for patients
- Care will be provided by teams of clinical and non-clinical professionals to deliver the right outcomes for the right patient/ cohorts/populations
- Primary care in Coventry will be an attractive place to work
- Care will be contracted in ways that enable continual improvement in the outcomes of patients within resource available to ensure

The workshop is the first of a potential series of workshops to consider the future configuration of primary care in the city to ensure that services are fit for purpose in the future. A potential further workshop would aim to gather the views of younger GPs, as the Primary Care Quality Group aims to increase recruitment and improve retention of GPs and other primary care staff in Coventry.

Barriers to increasing recruitment and improving retention of GPs and other primary care staff in Coventry include the lack of an overall view of where vacancies are, and where attrition is coming from in the city, a lack of funds for returners to general practice and difficulties maintaining competencies for re validation and negative coverage of general practice in the media. The Primary Care Quality Group is undertaking four pieces of work to help address these challenges:

- Research and analysis on numbers of primary care staff starting and leaving, and where they are coming from, and compilation of existing work to increase recruitment and improve retention
- Ongoing work to develop new models of primary care in the city (outlined elsewhere in this report) which will help to make general practice and Coventry more attractive to potential recruits
- Development of a recruitment toolkit to provide expertise to GP practices to ensure staff are being recruited in the most effective way
- Increased marketing to counter the negative media coverage of GPs, and the development of a video which will be shown at the GP awards evening to promote being a GP in Coventry.

*“Mechanisms to celebrate and share success should be continued.”*

In order to ensure that good performance and innovative approaches are rewarded and encouraged, and that these approaches and their results and benefits are shared throughout Coventry, a GP award evening has been held in previous years by the Inspires locality. Awards

have been 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, with a provisional date of 4<sup>th</sup> June.

*“Communication materials should be developed to engage with and inform the public.”*

Healthwatch Coventry’s Report ‘GP Quality: what is important to patients’ recommended the development of support for GP practices to develop good quality practice leaflets with consistent up to date information about access out of hours services, and how to raise complaints. As part of the work to incorporate asset based development approaches to primary care outlined in section 4.2 above, work will focus on the best ways to ensure that the roles and responsibilities of both patients and GPs are clarified and communicated.

*“Commissioners should continue to provide feedback and support to practices that are the most challenged.”*

In May 2014, NHS England invited clinical commissioning groups (CCGs) to come forward with expressions of interest to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the needs of local populations. It will also drive the development of new models of care such as multispecialty community providers and primary and acute care systems.

Co-commissioning could potentially lead to a range of benefits for the public and patients, including:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities; and
- A better patient experience through more joined up services.

There has been a strong response from CCGs wishing to assume co-commissioning responsibilities and there are three models CCGs could take forward:

- Greater involvement in primary care decision making;
- Joint commissioning arrangement; or
- Delegated commissioning arrangement.

Coventry and Rugby CCG have elected for greater involvement in primary care decision making (level one) for the next 12 months. This does not enable decision making on GP contracts and so does not present any conflicts of interest. Coventry and Rugby CCG may look to assume a greater level of responsibility after 12 months, when primary care in Coventry will have taken on a form which is more sustainable for the future.

NHS England and Coventry and Rugby CCG have developed mechanisms to monitor and manage GP practices in Coventry, to identify practices that are not performing as expected to enable practices to improve, and to highlight areas where practices are doing well. An evaluation of these mechanisms is planned to take place in 2015 to highlight whether this current process is effective.

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## References

- <sup>i</sup>Goodwin N, Dixon A, Poole T, et al. *Improving the Quality of Care in English General Practice*, Report of an independent inquiry commissioned by The King's Fund. London: The King's Fund, 2011
- <sup>ii</sup>Deloitte LLP, *Primary care today and tomorrow*, 2014: [www.deloitte.com/view/en\\_GB/uk/research-and-intelligence/deloitte-research-uk/deloitte-centre-for-health-solutions](http://www.deloitte.com/view/en_GB/uk/research-and-intelligence/deloitte-research-uk/deloitte-centre-for-health-solutions)
- <sup>iii</sup>Centre for Workforce Intelligence. *In-depth review of the general practitioner workforce*. London: CFWI, 2014.
- <sup>iv</sup>British Medical Association. *Investment key to longer patient consultations*, 2013: <http://bma.org.uk/news-views-analysis/news/2013/may/investment-key-to-longer-patient-consultations>
- <sup>v</sup>Gillam S. *Managing demand in general practice*, 'BMJ' 1998;316:1895.
- <sup>vi</sup>Department of Health, *No health without mental health: A cross-government mental health outcomes strategy for people of all ages*, Department of Health, 2011
- <sup>vii</sup>Goldie I, Dowds J, O'Sullivan C. *Mental Health and Inequalities*. Mental Health Foundation, Background Paper 3: <http://www.mentalhealth.org.uk/content/assets/PDF/publications/startingtoday-background-paper-3.pdf>
- <sup>viii</sup>Rosen R. *Meeting need or fuelling demand? Improved access to primary care and supply-induced demand*. London: Nuffield Trust, 2014
- <sup>ix</sup>Monitor. *Advice and recommendations for commissioners: Deciding the future of walk in centres*. London: Monitor, 2014.
- <sup>x</sup>Royal College of General Practitioners. *GPs warnings over impact of funding cuts on patient care*, 2014: <http://www.rcgp.org.uk/news/2014/may/gps-warnings-over-impact-of-funding-cutson-patient-care.aspx>
- <sup>xi</sup>Centre for Workforce Intelligence. *In-depth review of the general practitioner workforce*. London: CFWI, 2014.
- <sup>xii</sup>Office for National Statistics. *Annual Mid-year Population Estimates*, 2013: <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/stb---mid-2013-uk-population-estimates.html>
- <sup>xiii</sup>Ibid
- <sup>xiv</sup>Ibid
- <sup>xv</sup>Coventry Joint Strategic Needs Assessment for 2012-13: <http://www.factsaboutcoventry.com/uploaded/documents/JSNA%202012.pdf>
- <sup>xvi</sup>Local Government Association. *Health and wellbeing peer challenge report*, 2013: <http://democraticservices.coventry.gov.uk/documents/s15942/Peer%20Challenge.pdf>