

# HOSC STP WORKING GROUP ITEM 17



## HEALTH & WELLBEING BOARD PUBLIC INVOLVEMENT: JUNE 2017

### (A) DEPUTATIONS FROM MEMBERS OF THE PUBLIC

The following deputation has been received for the Health & Wellbeing Board meeting to be held on the 13<sup>th</sup> June, 2017:

Judith Aston (Spokesperson):

#### **Written Summary for Deputation of Brighton & Hove City Council Health and Wellbeing Board, Tuesday, 13 June 2017.**

#### **'Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view'?**

General Practice is in trouble. The workload is increasing, service demand is rising. GP numbers are falling, practices are closing and recruitment of partners and locums is becoming very difficult.

STPs plan to transfer more work from secondary care to GP and to reduce referrals and admissions.

At the same time a reorganisation is planned to more closely integrate social and health care. That last aim is admirable but it will require staff and time and money when STPs insist on repayments and savings.

It is difficult to see how General Practice can be sustained.

Indeed the chair of the RCGP has said that a number of STPs should be rejected for failing to address this sustainability.

We wondered what Brighton and Hove GPs thought about this footprint's STP and its effects.

We therefore sent out a survey for GPs to complete anonymously.

56 of 116 sent responded

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?			
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4			



million per year (taken from the Sussex and East Surry STP).			
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%
Q3 How do you think STPs will affect patient safety?			
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%
Q4 How do you imagine the STP will affect the service you will be able to offer patients?			
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse-50.91%	Don't know-36.36%
Q5 What effect will the STP have on GPs ability to have their list?			
It will be improved-0.0%	It will be unchanged-5.45%	It will be worse-43.64%	Don't know-50.91%
Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?			
It will be improved-7.14%	It will be unchanged-10.71%	It will be worse-42.86%	Don't know-39.29%
Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?			
It will be improved 12.50%	It will be unchanged 21.43%	It will be worse 33.93%	Don't know 32.14%

Signed by:

Jane Roderic-Evans

Stephen Garside

Felicity Beckett

Chris Tredgold

Elizabeth Williamson

6 June 2017

Attached: Summaries of GP comments to GP Survey Questions 8 and 9, June 2017

## Deputation 5 (C) (i) – Supporting information:

Brighton and Hove GP Survey, June 2017 – Summary of answers to Q8.

Q 8. “If you were not guided or restricted by CCG advice based on NHS England’s priorities, what would be your suggestions for 3 actions which would help you continue providing adequate care in your practice?”

There were 140 suggestions.

19 ask for increased resources/adequate funding - for general practice and the NHS

19 ask for more recruitment of GPs - several for roving GPs to do home visits

14 ask for more recruitment of other health workers - pharmacists and nurses

14 ask for improvement in community social care services - with adequate funding and better collaborative working

14 ask for the maintenance of the partnership model by:

- resisting its break-up;
- making partnership more attractive financially (than locum payments)
- staying small and efficient – “that is what patients want”
- underwriting practice lease agreements
- keeping personal lists to maintain continuity

14 ask for less bureaucracy

- fewer meetings: fewer targets
- less micromanagement
- reduce/remove CQC; scrap QOF
- stop imposition of involvement in Extended Access.

10 ask for a better service from the hospital

- better communication; less dumping of problems
- more beds; shorter waits for appointments.

10 ask for better working

- longer appointments
- allow primary care to cap its activity with no financial penalty “there is a limit”; allow restrictions to list size.
- drop 7 day working – “concentrate on adequate resource for current opening hours”

7 ask for patients to be better educated/more self-reliant

3 ask for a change in the model of managing medical litigation

Then individual suggestions:

- Scrap EPIC; More EPIC shifts
- Raise public awareness – nee for National debate about health care
- Tools to address to psychosocial factors in patients’ presentations
- Debate role of GP – “can’t do everything”
- Stop fragmenting NHS and bringing in private providers
- Get rid of Conservative government
- Less moaning by a huge number of GPs (over 50) about how bad it is. It really puts off younger GPs. We run an excellent, growing business with increased profit each year ...that can be invested to improve efficiency.
- Sort out PCSE – practice managers leaving/going off with stress
- Fund Public Health
- Listen to GP



## Brighton and Hove GP Survey, June 2017 – Summary of answers to Q9

### Q 9 Any other comments?

There were 25.

4 are planning to retire as soon as they financially can do so

3 feel very under informed and consulted about STPs

2 feel the broad aims of the STP seem reasonable but that the projected efficiency savings completely unrealistic

2 feel that the NHS is being fragmented and privatized – there is a need to ‘be more public with our views to patients’

#### Individual comments:

- Our problem is not with CCG/NHS England, it with Jeremy Hunt and the Treasury
- I would like District Nurses back in surgeries
- In our local area, millions of pounds have been wasted on the ‘marketisation of the NHS’ with private companies running services (poorly).
- Other HCPs struggle to manage the risk we carry and simply delegate cases back to the reduced number of GPs
- Stop negative talk. Why would a dynamic 30yr old come into General practice, when the whole BMA/RCGPetc keep moaning about how bad it is?
- Not a sufficient differential between what a Partner earns compared to a salaried doctor. If such a differential doesn’t exist we will soon be a salaried service as when the current partners retire the businesses will close and there won’t be a job for those new doctors unless a corporation takes over
- We need to accept our working practices need to change
- Stop trying to push us into meaningless clusters or random groups of practices
- Let’s hope this survey helps prevent the destruction of family general practice.
- Stop micromanaging the profession and trusting its integrity more.
- All political parties appear to share the same ignorance.

- Medical indemnity costs are rising – pressure should be put on the three companies to reduce their fees.
  - Primary Care is underrepresented in the development of the STP but that isn't the major issue. Primary care is in trouble now with under funding and over regulation - the development of the STP is a continuum of the problem.
- All the questions insinuated in the survey as attributable to STPs have been happening for years – redirection of unfunded work from secondary care, need for different workforce in practices, loss of patient list. The STP formation is not going to stop – though it may change its name. We must fight the process and the political and media priorities over those of our patients.

CT/June 2017

## Response

We are fully aware of the challenges currently being faced in General Practice. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with other clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale.

Our GPs recognise the need for change and they can identify the benefits of working in this way. We have been engaging with them to help us shape a new model of care that works best for them and local people and work is currently being done to develop how this will look like. Our GPs are already working within groups, or 'clusters', caring for between 30,000-50,000 people and we already have some services that work across these clusters, such as pharmacists

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?				Comments from CCG
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%	We recognise that we have not done enough to fully engage GPs in the STP and we are taking steps to address this. Our next city-wide meeting of our members will be dedicated to Caring Together and the wider STP and we will continue to inform, engage and involve them in the implications of the STP going forward.
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surry STP).				The current financial challenge within the NHS nationally and locally is well known and it is clear that doing nothing is not an option. We have to ensure we are getting value for every penny we spend, we have processes and systems in place that are efficient and effective and that patients are getting the best possible services for the money that is available. We know that we have systems and processes in place currently that are not as efficient as they could be and this is something we have to look at improving locally and across the STP footprint.
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%	
Q3 How do you think STPs will affect patient safety?				As a clinically-led organisation, we always put patient safety at the heart of everything we do. This includes all the work we are doing as part of Caring Together and the wider STP. Caring Together as a programme focuses on six different areas that we want to improve and these are led by a clinical lead who will
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%	

				ensure that anything we do to transform and shape services is done with quality and patient safety at the forefront.
Q4 How do you imagine the STP will affect the service you will be able to offer patients?				One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients.
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse- 50.91%	Don't know- 36.36%	
Q5 What effect will the STP have on GPs ability to have their list?				Continuity of care is very important and at the core of Caring Together
It will be improved- 0.0%	It will be unchanged-5.45%	It will be worse- 43.64%	Don't know- 50.91%	
Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?				We are aware of the challenges we have around recruitment. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs
It will be improved- 7.14%	It will be unchanged-10.71%	It will be worse- 42.86%	Don't know- 39.29%	



				<p>working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients.</p>
<p>Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?</p>				<p>Given the challenges, the CCG has to look closely at all options, although it should be stressed that this is not part of our plans at the moment.</p>