NHS England

Strengthening Primary Care Services in Brighton and Hove

1 Executive summary

General practice is the bedrock of healthcare and local GP surgeries in Brighton and Hove and other parts of the country provide valuable services to their patients' day in day out.

Yet these services face a number of challenges. We need to transform the way care is provided in order to address these issues, and to ensure the future delivery of good quality care to patients in a sustainable way.

Across the country, these challenges include:

- An ageing population and an increasing number of patients with complex care needs and multiple long-term conditions, who require more intensive support from GP services
- Increasing pressure on NHS financial resources
- Dissatisfaction amongst patients about the ability to access GP appointments and rising patient expectations about this.
- Variation in the quality and performance of local services and health inequalities
- Growing reports of workforce pressures, including recruitment and retention problems

A clear national strategy for the future of the NHS has been set-out in the NHS Five Year Forward View and this includes plans to address the principal challenges facing GP services. Action is being taken to address workforce and infrastructure issues and changes to the national GP contract have also been made in order to support improvements to patient care. Meanwhile, work is taking place across the country to test potential new models of care, so that services can be designed which will meet the needs of patients, both now and in the future.

In Brighton and Hove, NHS England and NHS Brighton and Hove Clinical Commissioning Group (CCG) are continuing to work together to address these challenges at a local level and to ensure the ongoing development of sustainable GP services for people in the community.

This paper provides an update on some of the recent challenges that have affected the provision of GP services in Brighton and Hove and how services are being developed for the benefit of local patients.

2 Overview of primary care services in Brighton and Hove

2.1 Number of GP practice contracts across Brighton and Hove

Across Brighton and Hove there are currently 46 GP practices, providing services to 308,847 registered patients across 52 surgery sites. Of these, all practices currently have 'open' patient lists and can register new patients.

The current Primary Care budget for general practice in Brighton & Hove is £34,678,045.

There are three different types of contract held by local GP practices. These are:

- **General Medical Services (GMS) contracts.** GMS contracts are nationally negotiated. These contracts run in-perpetuity and provide GP contractors with considerable flexibilities in terms of being able to take on new GPs as partners to the contract. This allows GMS contracts to be handed on from one GP or group of GPs to another, without this requiring the agreement of NHS England as the commissioner (subject to the individuals meeting certain conditions as set out in the national GMS regulations). GMS contracts can only be terminated by the commissioner should there grounds to do so (i.e. fundamental concerns regarding patient safety). GMS contracts cannot be held by public limited companies (PLCs). Across Brighton and Hove 41 GP practices hold GMS contracts.

- **Personal Medical Services (PMS) contracts.** These are locally negotiated contracts between NHS England and local GP practices which allow local flexibility compared to the nationally-negotiated GMS contract. PMS contracts allow the opportunity for variation in the range of services that may be provided by a GP practice, while also ensuring that the core services as required by the national GMS contract are also provided. A total of 130 practices across the South East hold a PMS contract. PMS contracts can be ended by NHS England as appropriate (for example if a GP practice is no longer able to provide the agreed additional services under the contract) and in such cases a standard period of notice would be given to the GP/GPs who held the contract. However, the GP contractor would then be entitled to revert back to holding a standard GMS contract in such circumstances, although this would not apply if the contract had been ended due to fundamental concerns about patient safety. PMS contracts cannot be held by PLCs.

- **Alternative Provider of Medical Services (APMS) contract**. APMS contracts vary from GMS and PMS contracts in two key ways. Firstly, they can be held by any form of entity (including PLCs, local GPs and GP consortiums and third sector organisations). Secondly they are for a fixed-term period. There is one GP practices in Brighton and Hove who currently holds an APMS contract. This is the contract for services at Brighton Station Health Centre, which covers both services for registered patients and walk-in services.

2.2 Patient satisfaction with local GP services

According to the latest GP survey results (published in July 2015):

- **85% of patients in Brighton and Hove rated their overall experience of using local GP services as good**, while 5% of patients rated services as poor. This is in line with national findings from the survey

- **88% of patients said the last time they wanted to speak to, or see, a GP or a nurse they had been able to get an appointment to see or speak to someone.** However, 9% of patients said they had not been able to do so. This compared to 85% of patients nationally who said they had been able to get an appointment to see or speak to someone and 11% of patients nationally who hadn't been able to do so

- **59% of patients in Brighton and Hove said they didn't feel they normally had to wait too long for an appointment,** while 32% felt they did have to wait too long. This compared to 58% of patients nationally who felt they didn't have to wait too long for appointment and 35% who felt they did have to wait too long

- **73% of patients in Brighton and Hove were satisfied with the opening hours at their GP practice, while 11% weren't satisfied.** Nationally, 75% of patients were satisfied and 10% weren't.

The findings above are based upon answers from 4,753 patients.

3 National Survey of General Practice

Another national survey of General Practitioner (GP) working conditions and attitudes to primary care reforms has been undertaken every three years by the University of Manchester since 1998. The most recent survey was undertaken in the summer of 2015 and the results have just become available. These surveys provide a consistent series over a long period on GP job satisfaction, stressors, hours of work and intentions to quit. Highlights from this year's survey reveal:

Job satisfaction
The level of overall job satisfaction reported by GPs in 2015 was lower than in all surveys undertaken since 2001. On a seven-point scale ('extremely dissatisfied' (=1) to 'extremely satisfied' (=7)), average satisfaction had declined from 4.5 points in 2012 to 4.1 points in 2015 in the cross-sectional samples and by a similar magnitude in the longitudinal sample. The largest decreases in job satisfaction between 2012 and 2015 were in the domains relating to 'hours of work' and 'remuneration'. Satisfaction with colleagues and fellow workers had improved relative to 2012.

Hours of work
Respondents to the 2015 survey reported working an average of 41.4 hours per week. This is a small (0.3 hours) decrease compared to the 2012 survey. Fewer GPs reported that their practice offered extended hours access at the weekend (31%

versus 32%) and on weekdays (72% versus 76%) than in 2012. The reported proportion of time (62%) devoted to direct patient care was the same as in 2012.

Stressors and job attributes
In 2015, GPs reported most stress due to 'increasing workloads' and 'changes to meet requirements of external bodies' and least stress due to 'finding a locum' and 'interruptions from emergency calls during surgery'. Reported levels of stress increased between 2012 and 2015 on all 14 stressors. The increases were generally in the range 0.2 to 0.5 points on a five-point scale. Reported levels of stress are now at their highest since the beginning of the National GP Worklife Survey series in 1998.
Many attributes of GPs' jobs had changed very little between 2012 and 2015. In 2015, the proportion of respondents reporting that they 'have to work very intensively' was 95%. Eight-nine percent of respondents reported that they 'have to work very fast'. Fewer than 10% of respondents thought that 'recent changes to their job had led to better patient care'.

Intentions to quit
The proportion of GPs expecting to quit direct patient care in the next five years had increased from 8.9% in 2012 to 13.1% in 2015 amongst GPs under 50 years-old and from 54.1% in 2012 to 60.9% in 2015 amongst GPs aged 50 years and over.

Conclusions
The 2015 results continue the trends observed in recent waves of the National GP Worklife Survey. The 2015 respondents reported the lowest levels of job satisfaction amongst GPs since before the introduction of their new contract in 2004, the highest levels of stress since the start of the survey series, and an increase since three years ago in the proportion of GPs intending to quit direct patient care within the next five years.

4 Closure of Eaton Place Surgery and Goodwood Court GP practice

Over the last nine months there have been two GP practice closures in Brighton and Hove, both for different reasons outside the control of NHS England and which required a swift response to ensure patients continued to have access to care.

4.1 Eaton Place Surgery

Colleagues will remember that Eaton Place Surgery closed in February 2015, after the retirement of the practice's two GP partners.

Following notification by the GP partners of their intention to resign from the contract NHS England undertook an options appraisal.

This involved looking at the following:

- Availability of the surgery premises

- Capacity within the local area amongst other local GP practices
- Availability of patient choice

The options appraisal identified that there was sufficient capacity across other GP practices in the local area to register all affected patients. It was also determined that there were no suitable premises available from which patients could be treated from following the end of the contract with the GP partners at Eaton Place Surgery. Without surgery premises available it was not possible to issue a new contract to another provider to deliver patient care within the required timescales.

The unavoidable decision was therefore taken to ask affected patients to register with other local GP practices, in order to guarantee their ongoing access to GP services once the Eaton Place Surgery practice contract ended.

4.2 Goodwood Court Medical Centre GP practice

Colleagues will be aware that the Goodwood Court Medical Centre GP practice closed in June 2015, after the Care Quality Commission (CQC) took unprecedented action to remove the practice's registration with the regulator. This was in order to protect the safety and welfare of patients following the findings of a CQC inspection at the practice.

NHS England shared concerns with the CQC that Goodwood Court Medical Centre was failing to provide essential services to its patients, so that the CQC could investigate this as the independent regulator of health services.

The CQC's investigations confirmed the concerns that the practice was not providing an acceptable service to patients. The extent of the concerns were significant enough that it was felt by the Care Quality Commission (CQC) and NHS England that immediate action was required in order to protect patient safety.

The CQC's findings were published at the end of August 2015 and are available on the CQC's website at http://www.cqc.org.uk/location/1-614976812 .

NHS England subsequently agreed an interim contract with doctors from the Charter Medical Centre to ensure ongoing care could be provided to affected patients following the closure of the Goodwood Court practice.

The need to secure immediate access to alternative care for patients meant that there was unfortunately limited scope to engage with patients and other stakeholders in determining the nature of these short-term arrangements.

There is now the opportunity for further work to take place to determine how best to meet the needs of these patients in the longer term.

The current arrangements with Charter Medical Centre, for the care of former Goodwood Court patients, are due to come to an end on 31 March 2016. NHS England will be seeking the views of patients and other local stakeholders as part of a review to determine longer term options for the care of these patients.

Our priority continues to be to ensure that all affected patients have continued access to local GP services and letters will be sent to patients and local stakeholders about this shortly.

4.3 Lessons learned

In both the case of Eaton Place Surgery and the Goodwood Court GP practice, NHS England secured alternative care arrangements for patients, to ensure they were not left without access to services.

We have however drawn a number of lessons from managing these issues, which we will take into account in any future work regarding the development of local GP services. These lessons include:

- **Contract reviews:** NHS England have instigated more thorough contractual review processes for practices where concerns about the provision of services have been highlighted, so that we can work with local partners to ensure these issues are addressed by practices.

- **Communication:** It is essential that our communication with stakeholders and patients is timely, consistent and provides reassurance to patients about any concerns they have regarding access to services. We have identified that the early establishment of frequently asked questions and answers for patients can help ensure they have consistent and practical advice available to them if significant changes are occurring at a local GP practice.

- **Engagement:** One of the key lessons learnt has been the need to improve our engagement process with both patients and stakeholders. Where NHS England needs to make any significant commissioning decisions about changes to the way local GP services are provided (for example in response to a single-handed GP retiring from their practice) we will give both patients and local stakeholders the opportunity to feed into the decision making process, so that we can take their feedback into account before any final decision is made about how to provide future patient care. This will ensure the best possible understanding of all local issues and concerns. In cases where urgent action is required to put in place changes to local services (for example where action is needed on the grounds of patient safety) we will seek patient views where this is possible.

- **Improved joint working:** Ongoing close working with a range of partner organisations is key to ensuring the best outcome for patients. This includes close working with other local GP practices to ensure consistent help and advice is provided to local patients. Following the closure of the Goodwood Court GP practice, other local GP practices supported Charter Medical Centre in their application to secure the interim contract to provide care for Goodwood Court patients.

5 Current issues regarding the provision of GP services in Brighton and Hove

5.1 Burwash Road Surgery

The Benfield Valley Healthcare Hub had to temporarily close their Burwash Road Branch Surgery in Hove during the summer, due to concerns regarding rodents entering the surgery premises. During this time, patients were offered appointments at the practice's County Clinic surgery in Portslade.

These issues at the Burwash Road Surgery have since been resolved and the branch surgery has been reopened. We are however aware that the practice has experienced some recent problems with securing locum GP cover at the branch surgery and that this has had some impact on services.

It is the responsible of individual GP practices to ensure they have sufficient staff available to meet the needs of their patients, but NHS England will continue to monitor the situation to make sure patients are being provided with appropriate care.

5.2 The Practice Willow House

We are aware that The Practice Group Plc, which manages services at The Practice Willow House in Lower Bevendean, has been in discussions with the landlord of the surgery premises about his plans to develop the site. The landlord has been seeking to do this for a number of years, intending to replace the current building with another GP surgery and residential accommodation. The Council has given planning permission for the proposals, on the basis that a 'surgery' is still at the site. However, the planning permission does not specifically state whether this refers to having a GP surgery.

The practice is in ongoing discussions with the landlord about the level of rent that would apply to the use of the new surgery space that he is proposing. Any increase in rent would mean an increased financial commitment by the NHS to fund the use of the building. If the practice were to approach NHS England for any additional funding for the premises this would therefore need to be subject to formal consideration, in order to ensure value for money and to make sure patient needs are met.

We have asked The Practice Group Plc to keep us updated about discussions with their landlord, so that we can ensure the needs of their patients continue to be met. In addition to this the practice have worked with NHS England on a Business Continuity Plan to ensure that services can and will continue should the premises become unavailable.

6 Developing sustainable local GP services

6.1 The NHS Five Year Forward View

We need to change the way we deliver care to patients, in order to ensure sustainable services that will meet their needs – both now and in the future.

The NHS Five Year Forward View, published on 23 October 2014 by NHS England, sets out a vision for the future of the NHS, including how we can build a firm foundation for the future of local GP services. It was developed by the partner 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. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change in the NHS is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part to realise the potential benefits, including system leaders, NHS staff, patients and the public.

The Five Year Forward View highlights that the traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need. Increasingly we need to manage systems – networks of care – not just organisations.

As such, the NHS of the future needs to be characterised by:

- Out-of-hospital care that is a much larger part of what the NHS does.
- Services which are integrated around the needs of patients. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.
- Applying rapid learning from the best examples, not just from within the UK but internationally.
- Evaluation of new care models to establish which produces the best experience for patients and the best value for money.

With specific reference to general practice, the Five Year Forward View sets out a number of steps to help achieve sustainable services. Some of these key steps are listed below.

NHS will continue to work with NHS Brighton and Hove Clinical Commissioning Group (CCG), GP practices and other partners to determine how local GP services can be developed and shaped to best meet the needs of local patients.

Most change will be led and shaped locally by GP practices themselves, in conjunction the CCG and in dialogue with partners in the local community. NHS England will play a key role in shaping and enabling this change to take place, but sustainable change will need to be clinical led and locally owned.

6.2 Stabilising core funding for GP services

The NHS Five Year Forward view confirms that NHS England will work with partners to seek to stabilise core funding for general practice nationally over the next two years, while an independent review is undertaken of how resources are fairly made available to support primary care in different areas.

6.2.1 Review of Personal Medical Services (PMS) contracts

Work has also been taking place across the country, including in Brighton and Hove, to review the use of Personal Medical Services (PMS) contracts for the provision of local GP services. This is in order to ensure equitable funding for all local practices for the provision of core services.

PMS contracts were formalised in 2004 and provide a range of mandated services, as well as services which can go beyond standard requirements (for example this might include the provision of diagnostic testing or specialist clinics by GP practices). These additional services can attract extra funding for GP practices, which is negotiated locally, but across the country this extra investment has historically not always been clearly linked to extra or higher quality patient services.

The aim of the PMS contract review is to ensure any extra funding above and beyond what an equivalent practice on a General Medical Services (GMS) contract would receive is linked to providing extra services.

This is part of work to ensure that every GP practice in the country should receive the same core funding for undertaking core work, and that any additional funding for additional services is agreed with local commissioners, against a set of consistent principles and criteria.

National guidance confirms that where local reviews identify that additional PMS funding is failing to deliver better care to patients, then this funding should be made available for reinvestment in general practice services within the immediate local area. Any changes to funding should be paced over a minimum of four years to ensure local services have time to adapt and develop.

We want to ensure that PMS funding in Brighton and Hove is aligned to services for patients and local strategies to improve patient care. Where this isn't the case, we need to ensure funding is reinvested to where it is needed to help transform local general practice services.

We will work closely with NHS Brighton and Hove Clinical Commissioning Group (CCG) in regards to this, with the CCG able to reinvest any funding in accordance with the needs of local GP services.

There are five practices in Brighton and Hove who hold a PMS contract. We will ensure no local practice is unfairly disadvantaged and we recognise the need to balance any reinvestment of funding with the need to manage this in a way that doesn't adversely impact on practices and patients.

We have recently written to these local GP practices about the process for the review and will continue to work with the CCG throughout this process.

6.3 Give local clinical commissioning groups more influence

It is intended to give GP-led clinical commissioning groups (CCGs) more influence over the wider NHS budget, enabling a shift in investment from acute care to primary and community services.

The introduction of co-commissioning is an essential step towards expanding and strengthening primary medical care services, helping to drive up quality, reduce health inequalities and put the NHS on a sustainable path for the future.

Co-commissioning recognises that CCGs are harnessing clinical insight and energy to drive changes in their local health systems that have not been achievable before now, but that they are also hindered from taking a holistic and integrated approach to improving healthcare for their local populations, due to their lack of say over the commissioning of primary care services. Co-commissioning will be a key enabler in developing integrated out-of-hospital services based around the needs of local communities. It will also drive the development of new models of care.

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 GP services.

Across the South East area, two of the 20 CCGs (Eastbourne, Hailsham and Seaford CCG and High Weald, Lewes Havens CCG) were subsequently granted delegated responsibility for the commissioning of GP services.

The remaining CCGs have been invited to submit their proposals for either entering into joint commissioning arrangements, or taking on delegated responsibility for commissioning GP services, by early October 2015. Should their applications be supported then these arrangements would take effect from 1st April 2016.

Any CCGs that do not submit proposals to change their status, or whose proposals are not supported, will retain their existing advisory role with regards to the commissioning of local GP services.

During August 2015, NHS Brighton and Hove CCG consulted its member practices, patients and the public about their view as to what the CCG's approach to co-commissioning should be locally, ahead of a formal vote by the CCG's member practices at a meeting on Tuesday 29 September. Member Practices voted on 29th September for no change to existing arrangements.

6.4 Funding to support new ways of working and to improve access to services

6.4.1 Brighton and Hove Primary Integrated Care Scheme

Funding, through schemes such as the Prime Minister's Challenge Fund, is also being used across the country to support new ways of working and to improve patient access to services. The scheme has supported over 50 schemes to date across the country, testing a variety of ideas to offer better access to services and appointments for patients, including through offering evening and weekend opening hours and the use of new technology such as Skype to support patient consultations.

In Brighton and Hove, the Prime Minister's Challenge Fund supported the introduction of a 'community navigator' scheme for patients who may be isolated and require health guidance rather than medical care. This has been part of the Extended Primary Integrated Care (EPIC) scheme delivered by the Brighton Integrated Care Service (BICS).

Working with voluntary care organisations, Age UK and Impetus, trained community navigators provide support for people with complex needs in community setting, particularly those living on their own. They are helping to signpost individuals to third and voluntary sector organisations, and other local resources, to meet their needs.

Sixteen GP practices working with local pharmacies also established four 'primary care clusters' (covering over 125,000 patients) in order to give patients a more responsive and flexible service. Under the scheme, appointments are available from 8am to 8pm Monday to Friday and from 8am to 2pm at the weekends, taking place either at a GP practice, in a pharmacy, or at a patient's home. Pharmacists have access to the patient's medical record, to ensure they can carry out effective consultations.

6.4.2 New branch surgery in Whitehawk

NHS England has also approved funding to support Ardingly Court Surgery to open a new branch surgery at Wellsbourne Health Centre on Whitehawk Road.

The new branch surgery at Wellsbourne Health Centre, which opened in September, is initially providing appointments four mornings a week. The practice has said that they will keep opening hours under review as more patients register with them.

This new service will help increase the capacity of local GP services in this area of Brighton and Hove, where there are health inequalities.

6.5 Addressing workforce challenges

Across the country, including in Brighton and Hove, local GP services face workforce challenges.

The Five Year Forward View sets out the need to expand as fast as possible the number of GPs in training, while also training more community nurses and other primary care staff. There is also a need for increased investment in new roles, and in returner and retention schemes, ensuring that current rules are not inflexible and putting off those health professionals considering a potential return to general practice.

At a national level, NHS England, Health Education England (HEE), The Royal College of General Practice, and the British Medical Association's GP Committee are all working together to ensure that we have a skilled, trained and motivated workforce in general practice.

6.5.1 The New Deal for General Practice

All four organisations have jointly developed a new GP workforce action plan called 'Building the Workforce – The New Deal for General Practice'. This is a 10-point action plan, with three broad areas of action around recruitment, retention and returning to general practice. Initiatives set out in the plan to expand the general practice workforce across the country include:

- **To recruit newly trained doctors into general practice** in areas that are struggling to recruit. They will be incentivised to become GPs by offering a further year of training in a related clinical specialty of interest such as paediatrics, psychiatry, dermatology, emergency medicine and public health. This work will be underpinned by a national marketing campaign aimed at graduate doctors to highlight the opportunities and benefits of a career in general practice. Alongside this, pilot training hubs based in GP practices will be established in areas with the greatest workforce needs to encourage doctors to train as GPs in these areas. They will also enable nurses and other primary care staff to gain new skills.

- **To retain GPs** the national plan includes establishing a new scheme to encourage GPs who may be considering a career break or retirement, to remain working on a part-time basis. It will enable practices to offer GPs the opportunity to work with a modified workload and will be piloted in areas which have found it more difficult to recruit. There will also be a wider review of existing 'retainee' schemes.

- **To encourage doctors to return to general practice** Health Education England and NHS England will publish a new induction and returner scheme, recognising the different needs of those returning from work overseas or from a career break. There will also be targeted investment to encourage GPs to return to work in areas of greatest need, which will help with the costs of returning to work and the cost of employing these staff.

NHS England is investing £10million of funding to kick start the initiatives in the plan, which will complement work that is already underway to strengthen the GP workforce and will ultimately benefit all areas, including Brighton and Hove.

6.5.2 Engaging clinical pharmacists in the delivery of GP services

As part of work to deliver the 10-point workforce plan for general practice, NHS England also launched a new £15 million national programme on 7 July 2015, designed to engage clinical pharmacists in the delivery of GP services.

Many GP practices already have clinical pharmacists in patient facing roles and the intention is to invest at least £15 million over the next three years to test out extending the responsibilities of their jobs, beyond any current ways of working. GP practices have suggested that this extended role could include the management of care for people with self-limiting illnesses and those with long term conditions and have asked that the new team members have the ability to independently prescribe.

It is anticipated that around 250 clinical pharmacists will be involved in testing these new ways of working over the three-year period, with the ambition of supporting over 1 million patients. The pilot will be evaluated so that successes and learning can be shared and the expectation is that GP practices would continue to support the role of clinical pharmacists after the three-year period of national funding has ended.

Practices, including those in Brighton and Hove, are being invited to bid to take part in the pilot scheme and are strongly encouraged to work together on joint bids, involving pharmacists across a number of surgery sites.

5.3.3 Local Community Education Provider Networks (CEPN)

Across the South East, Community Education Providers Networks (CEPNs) have been also established in each of the 20 local clinical commissioning group (CCG) areas, including in Brighton and Hove.

The purpose of the CEPN is to facilitate educational networks between GP practices, with GP and primary care workforce tutors offering support in education, training and workforce planning. This provides an important local foundation through which to address the workforce challenges facing general practice, with partnerships involving Health Education England, NHS England, CCGs, GP practices and various professions.

6.6 Use of funding to improve primary care infrastructure

6.6.1 National GP Infrastructure Fund

NHS England will be investing an extra £1billion into general practice infrastructure over a four year period commencing 2015/16m, in order to support patient care. The national GP Infrastructure Fund will see £250 million a year, every year, invested over a four year period.

The first tranche of £250m is being used to improve premises, help GP practices to harness technology and give practices the space to offer more appointments and improved care for frail, elderly patients – which is essential in supporting the reduction of hospital admissions. It will also lay the foundations for more integrated care to be delivered in community settings.

For the first year of funding, GP practices were invited to submit bids in relation to making improvements to existing surgery buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes that were already in the pipeline, bringing benefits to patients more quickly. Practices were asked to set out proposals that would provide them with more capacity to do more; provide value for money; and improve access and services for the frail and elderly.

5.6.2 New premises for Wish Park Surgery in Hove

Patients of Wish Park Surgery in Hove will now be able to benefit from a better, more modern environment after the GP practice moved into new purpose-built premises at the end of August 2015. The practice, which was previously located in a converted residential property on New Church Road, is now providing services to patients from their new surgery just a short walk away at 191 Portland Road.

The new GP surgery premises are part of a wider development on the site of the former Gala Bingo Hall, with a local pharmacy also set to provide services to patients there alongside Wish Park Surgery. Due to the extra space at the new surgery there is also the potential for the practice to deliver additional services for patients in the longer term.

In addition, the new surgery premises provides improved physical access for patients, including disabled patients, with services now located on a single level.

6.7 New models of care

There is a need to transform the way we provide services to patients, in order to ensure the NHS can continue to meet their needs in the future.

Although it is expected that many smaller GP practices will continue in their current form, it is recognised that primary care is entering the next stage of its evolution.

Primary care services of the future will build on the traditional strengths of GPs as ‘expert generalists’, proactively providing services for patients with complex ongoing needs, such as the frail elderly or those with chronic conditions, and working much more intensively with them. Future models of care will expand the leadership of primary care to include nurses, therapists and other community based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients.

However, England is too diverse for a ‘one size fits all’ care model. Different local health communities will instead be supported to adopt the approach which will work best for their patients.

The NHS Five Year Forward View points towards two new models of primary care provision which local areas could consider adopting in order to develop sustainable local services which will allow them to provide a wider range of care to their patients 1) the multi-speciality community provider and 2) primary and acute care systems.

6.7.1 Multi-speciality Community Provider

This option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care providers, to create a system of integrated out-of-hospital care for local patients. These Multispecialty Community Providers (MCPs) would become the focal point for the provision of a far wider range of care and early versions of this model are emerging in different parts of the country.

Three GP practices across Whitstable and Canterbury were successful in applying to become one of only 29 sites across the country to test this new model of care by forming a Multi-speciality Community Provider service.

The establishment of Multispecialty Community Providers could provide the following potential future opportunities to improve patient care:

- These providers could in future begin employing hospital consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.

- GP practices working as part of these providers could transfer the majority of outpatient consultations and ambulatory care out of hospital settings.

- These providers could potentially take over the running of local community hospitals, which could substantially expand their diagnostic services for patients, as well as other services such as dialysis and chemotherapy.

- GPs and specialists in the group could be given authority in some cases to directly admit their patients into acute hospitals,

- In time, Multi-speciality Community Providers could take on delegated responsibility for managing the health service budget for the patients registered with their GP practices. Where funding is pooled with local authorities, a combined health and social care budget could be delegated to Multispecialty Community Providers, so that they could determine how best to meet the needs of their patients.

- These new models would also draw on the support of carers, volunteers and patients themselves, accessing hard-to-reach groups and taking new approaches to changing health behaviours.

6.7.2 Primary and Acute Care Systems (PACs)

Another new model being explored nationally to support the delivery of more integrated care to patients is to combine GP practice and hospital services for the first time through the development of new Primary and Acute Care Systems. This will allow single organisations to provide NHS GP and hospital services, together with mental health and community care services.

The leadership to bring about these 'vertically' integrated Primary and Acute Care Systems (PACS) may be generated from different places in different local health economies.

- In some circumstances – such as in deprived urban communities where local general practice is under strain and GP recruitment is proving hard – hospitals could be permitted to open their own GP surgeries with registered lists. This would allow the investment powers of NHS foundation trusts to kick start the expansion of new style primary care in areas with high health inequalities. Safeguards would be needed to ensure that they do this in ways that reinforce out-of-hospital care, rather than general practice simply becoming a feeder for hospitals still providing care in the traditional ways.

- In other circumstances, the next stage in the development of a mature Multi-specialty Community Provider (see section above) could be that it takes over the running of its main district general hospital.

- At their most radical, Primary and Acute Care Systems could take accountability for the whole health needs of a registered list of patients, under a delegated, capitated budget - similar to the Accountable Care Organisations that are emerging in Spain, the United States, Singapore, and a number of other countries.

Primary and Acute Care System models are complex in their nature and will take time and technical expertise to implement. As with any new model there are also potential unintended side effects that will need to be managed.

The intention therefore is to pilot these in a small number of areas across the country to test these approaches with the aim of developing prototypes that work, before promoting the most promising models for adoption by the wider NHS.

Learning from work that is taking place to test these new models of care nationally will be used to inform the ongoing development of services in Brighton and Hove.

6.8 Local Plans for More Resilient and Integrated Primary Care Services

Locally General Practices are being encouraged to work more collaboratively as a single entity across the City to ensure equity and to provide more resilience at local practice level.

Under a new Locally Commissioned Service offer to General Practice called "Proactive Care" – part of the Better Care Programme, the CCG is investing approx. £2.5m in supporting practices to form collaborate clusters – serving populations of approximately 50,000 and to:

- proactively identify patients who are frail or vulnerable via a new city wide risk stratification tool;
- meet regularly as part of a multi-disciplinary team to oversee and better co-ordinate care around patients;
- deliver a new model of care for frail people which addresses their needs more holistically and provides and enhanced level of personal support through care coaches and more formal engagement of the third sector;
- share resources more effectively within clusters – eg pharmacists based within each cluster to help patients better manage their medicines, care navigators who can signpost registered patients to more preventative care and social support;

Clusters of practices have developed Memorandums of Understanding detailing how they will work more formally together, share resources, ensure robust clinical governance arrangements etc and also how clusters will come together under a city-wide Steering Group.

Once the cluster working and proactive care LCS has bedded in we will be extending the LCS offer and investing more substantially in primary care. Our aim is to take a more preventative and population health approach and agree a contract which is more outcome focused and addresses the variations in health access and outcomes across the City. The CCG are working collaboratively with Public Health on this enhanced LCS offer to practices which we hope to roll out from 2016/17.

7. Ensuring the quality of local primary care services

NHS England's vision is to see general practice play an even stronger role in supporting people to keep in good health, as part of a wider joined up system of local health services at the heart of local communities.

As such, it is vital that all GP practices provide the best possible care to all patients, to the highest standards.

Last year, the Care Quality Commission (CQC) began a programme of work to inspect and rate every GP practice in England. This helps ensure the appropriate

checks are in place for GP practices, enabling us to make sure patient care is of a high quality and so any issues can be identified and addressed where improvements are required.

To date, the CQC has published findings of its inspections of the following Brighton and Hove GP services:

Name of surgery	**Rating**
Pavillion Surgery	Good
Sackville Medical Centre	Good
The Avenue Surgery	Good
New Larchwood Surgery	Good
Goodwood Court Medical Centre practice	Inadequate
Brighton Homeless Healthcare	Good
The Practice Whitehawk Road	Requires improvement
The Practice Willow House	Good

In the case of the Goodwood Court Medical Centre GP practice, the CQC took urgent action to withdraw the practice's registration with the regulator in the interests of patient safety.

However, where a GP practice is rated inadequate this does not mean that it has to close. Where a GP practice is rated inadequate and placed into special measures, NHS England will work with the local clinical commissioning group (CCG) to support the practice to make sure the necessary improvements are made to support the delivery of safe, high quality care to all patients.

Sources of Quality-related Information

The CCG and NHS England collate data and information on Practices from a range of sources, such as:

- Public Health data
- QOF
- Premature Mortality audits
- Annual patient surveys
- Friends and Family Test
- CQC reports
- Healthwatch 'Enter and View' visits and information received via their public helpline
- Attendance at education and training events
- 'Soft intelligence' from a range of local networks
- Sign up to providing locally commissioned services (LCS's)
- Workforce information, such as staffing levels, use of locums etc

The CCG has started, and continues to develop, a database that captures all the quality-related information described above, in order to be able to analyse and assess levels of risk for individual practices, which are then escalated and shared with the following:

(i) Internally to the CCG's Performance and Governance meeting and Quality Assurance Committee, which report directly to the Governing Body.

(ii) High level concerns are shared at the NHS England-led Quality Surveillance Group meetings, which are held monthly and attended by the CCG's Director of Quality, as well as other key stakeholders such as CQC and Healthwatch.

Joint Working with Stakeholders

The CCG Quality team meets with CQC and Healthwatch on a quarterly basis. The purpose of these meetings is to share intelligence on GP Practices from all parties. Based on information shared, this may trigger an inspection visit by the CQC, or an Enter and View visit by Healthwatch.

Any reports following CQC and Healthwatch visits are publicly available, and the Practices are required to respond with a written improvement plan within an agreed timeframe. The CCG will also use these reports to inform any additional supportive actions that may be taken. The actions taken by the CCG will depend on the issues identified. The CCG has the following personnel and resources to hand to support this as follows:

- A GP Clinical Lead for Quality
- A Lead Nurse and Director of Quality
- A Clinical Quality Manager (registered nurse and experienced practice nurse)
- A Primary Care Workforce Development Tutor
- An Infection Control Specialist Nurse
- A lead professional for Adult Safeguarding
- A Designated Nurse and Doctor for Childrens Safeguarding as well as a named GP
- Project Management support
- Local Member Group (LMG) GPs, Practice Nurses and Practice Managers
- Informatics Support
- Medicines Management support and advice

Interventions that may be undertaken by the CCG include:

- Practical support and advice, such as Practice visits from team members described above
- Training and education - either directly by CCG staff or enabling Practices to identify education and training requirements which are submitted to the CCGs Education and Training Committee.
- Also around training and education, the CCG coordinates a number of Protected Learning Scheme (PLS) events annually for Practices.

Following changes to the national GP contract, it is also now a requirement for each GP practice to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population.

See Appendix 1 for an example report submitted to the CCG's bi-monthly Governing Body.

8. Conclusion

This paper describes just some of the work that is taking place both locally and nationally to ensure the ongoing development of sustainable GP services in Brighton and Hove.

NHS England and NHS Brighton and Hove Clinical Commissioning Group (CCG) will continue to work with local partners, patients and the public in regards to the development of these services – to ensure that they meet the needs of the local community, both now and in the future.

Appendix 1:

Primary Care Quality and Patient Safety Exceptions Report

1. Executive summary

The CCG is responsible for quality and development of Primary Care. It is important that the assurance of quality is supported by data. This paper has used a suggested data set to support assessment and comparison of primary care providers. However there have been some amendments to ensure robustness and transparency of data consistently
The data requires on-going triangulation and analysis when the full data set is supplied.

The report presented to the Quality Assurance Committee focused on 3 Domains, Domain 1: Dying Prematurely, Domain 2: Quality of Life for LTC patients and Domain 4: Patient Experience. There is not new CQC data so this has been excluded, therefore the focus has been on QOF Points/available, Peer to Peer meetings, and Patient access and experience with analysis of the patient survey from September 2014 compared to March 2014, on-going review of primary care data will be used to support member practices and feed into education and training provision.

2. Background

A quarterly Quality and Performance report is produced by the CCG; this provides information and data on the quality of services for Brighton and Hove CCG 45 member practices (Eaton Place closed end of February 2015), but who are contractually managed by NHS England Area Team. Quantitative data and soft intelligence are analysed from a wide range of data sources, which includes national data as well as regional and local information, in order to create and triangulate sources of quality-related information.

8. Conclusion

This report provides a high level summary of quality and patient safety issues for the CCG in relation to Brighton and Hove CCG 45 member practices. This is evolving as a resource of primary care quality data practice in Brighton & Hove CCG. Next steps further discussion and guidance needs to be discussed to continue to agree reporting that is used to support and develop member practices in delivering are to triangulate and interrogate the data to start to create a narrative of quality variations and good practice across the CCG. This will inform the work that the LMG undertakes with practices in 2015/16 as well as being used to support education and training provision.

Recommendation

The Governing Body is recommended to note for information.

Primary Care Quality

This is a summary of the Primary Care Quality report that was presented and discussed at the Quality Assurance Committee in June 2015. It covers performance and quality issues within Primary Care in Brighton & Hove CCG's 45 member

practices. The data was collected from either annual, quarterly or monthly sources to date, with the aim to always obtain the most up to date information.

This report reflects the formal performance reporting framework against the core responsibilities of Brighton &Hove CCG in line with the NHS Constitution and CCG assurance framework 2013-2014. Additionally, this report reviews how practices are performing within QOF and patient experience indicators, against National and the 17 ONS comparator CCGs as mentioned in previous report

7 Introduction

This report covers performance and quality issues within Primary Care in Brighton & Hove CCG's 45 member practices. The data has been collected from either annual, quarterly or monthly sources to date. The information has been collected from various sources but each section states the source and the period collected for. The aim is to always obtain the most up to date information.
This report reflects the formal performance reporting framework against the core responsibilities of Brighton & Hove CCG in line with the NHS Constitution and CCG assurance framework 2013-2014. Additionally, this report reviews how practices are performing within QOF and patient experience indicators.

7.1.1 Background Information

A Quality Dashboard has been produced in order to showing information for all 45 GP practices in 12 different categories:

1. Population
2. QOF: Clinical Quality Outcomes
3. QOF: Exception Reporting
4. QOF: prevalence
5. Public Health: Screening and Prevention
6. Prescribing
7. Patient Access
8. Patient Experience
9. Patient Safety
10. Patient Survey response rates
11. Enhanced/Commissioned Services
12. Information Governance

The Quality Dashboard was adapted from Hastings & Rother CCG. This has been further developed in order that it is consistently reproducible using the same data in the same way.

7.1.2 Structure of the report

Care Quality Commission reports have been moved to the beginning of the report as their overarching findings support the Five Domains below.
Excluding Population, the 12 above categories have been sorted into sections based on whether they fall under the Five Domains.

No	Indicator name (short name)	Indicator name (full name)
1	Dying prematurely	Preventing people from dying prematurely
2	Quality of Life for LTC patients	Enhancing quality of life for people with long term conditions
3	Recovery from ill health	Helping people to recover from episodes of ill health

		or following injury
4	Patient Experience	Ensuring that people have a positive experience of care
5	Safe Environment	Treating and caring for people in a safe environment and protecting them from avoidable harm

This report has focused on 3 Domains, Domain 1: Dying Prematurely, Domain 2: Quality of Life for LTC patients and Domain 4: Patient Experience.

Data is analysed against National and Comparators - currently set as average of our 17 ONS comparator CCGs as below:

NHS Newcastle North and East CCG
NHS North Durham CCG
NHS Greater Preston CCG
NHS Lancashire North CCG
NHS South Manchester CCG
NHS Leeds West CCG
NHS Sheffield CCG
NHS Nottingham City CCG
NHS Coventry and Rugby CCG
NHS Norwich CCG
NHS Brighton and Hove CCG
NHS Canterbury and Coastal CCG
NHS Portsmouth CCG
NHS South Reading CCG
NHS Southampton CCG
NHS Bath and North East Somerset CCG
NHS Bristol CCG
NHS Liverpool CCG

7.1.3 Miscellaneous

Portslade County Clinic and Burwash Surgery merged in April 2014. They are listed in this report under the name “Benfield Valley Healthcare Hub”. Eaton Place Practice closed at the End of February 2014.
Any data for Brighton Station Walk-in-centre is not included. Only Brighton Station Health Centre is included.

It is worth noting that the demographic of practice population at the University of Sussex Health Centre is noticeably different than other practices with the majority of patients falling into the 20 – 29 age bracket (see graph). It is also worth noting that the demographic of the practice population at The Brighton Homeless Practice is significantly different to most general practice they are a specialist GP surgery which only registers homeless patients, this includes street homeless, sofa surfers, temporarily housed, gypsies and travellers.

8 Care Quality Commission (CQC)

No Brighton and Hove Practices have been visited by CQC since the last report.

9 Domain One: Preventing People from dying prematurely

9.1.1 1:1 QOF Points Total/available (%) 2013/14

Source(s): HSCIC Website
Collected Annually

The total QOF point's data was analysed to understand QOF achievement for practices in Brighton and Hove CCG (BHCCG). BHCCG average shows a 92% achievement, which is equal to the National average; BHCCG comparators average is 94% achievement which is above the National and BHCCG average. 26 practices achieved equal to or above BHCCG comparators and the National average and 20 practices achieved below the National and BHCCG average.
6 practices, Ardingly Court, Preston Park Surgery, Beaconsfield, Regency, Saltdean and Rottingdean and Mile Oak achievement remained the same. 31 practices showed a small to significant decrease in achievement and 8 practices, The Haven, Brighton Health and Wellbeing, The Broadway, St Luke's, New Larchwood, Hove Park Villa, Benfield Valley and Whitehawk showing a small increase in achievement.
However there are of the practices showing a fall, there are 5 practices of concern

- The Practice-Hangleton Manor achieved 59.6% with a fall of 22%
- Seven Dials Medical Centre achieved 74.7% with a fall of 11%
- Goodwood achieved 77% with a fall of 9%.
- The Practice-Willow achieved 78.7% with a fall of 18%
- Lewes Road achieved 83.7% with a fall of 13.3%

Further analysis of other data such as Locally Commissioned Services sign up and achievement as well as QOF achievement for 2014/15 should be carried out to understand the potential impact this is having on the practice and its population.

1:2 Peer to Peer Quality Meetings

9.1.2 Overview

The Peer to Peer Quality Meetings with BHCCG and member practices took place over January and February 2015. The process was led by the Local Member Group Team with support from the Primary Care Development Team (PCDT) and Public Health (PH). Practices were assigned a date and given a preparation pack, funding was allocated for 5 hours GP, PN and PM for pre and post work as well as their attendance. Discussions from the meetings were captured and shared with practices to support the completion of a practice development plan.

9.1.3 Post Meetings Review

9.1.4 Non-attendees

All 46 practices were invited; 45 practices were expected to attend as Eaton Place was closing. 44 practice confirmed attendance with Seven Dials declining. However 6 practices did not participate, these were:
The Practice PLC-Whitehawk, Hangleton Manor, Boots and Morley Street, who had numerous opportunities to attend and at each failed opportunity they were followed up via email and in person by the LMG teams
Goodwood Court, failed to respond to any email, telephone or other contact, despite actively being sort by the LMG teams

Wish Park and Brighton Station HC were due to attend the last dates of the meetings and both failed to attend. T
The lack of engagement from The Practice PLC (with the exception of Willow) has been escalated within the CCG with the view to a meeting between the Chair of the CCG, the Director of Quality and Patient Safety and the Directors of The Practice PLC. The lead GP for Goodwood Court and the Director of Quality and Patient Safety has met.

9.1.5 Summary:

An email has been sent to all practices thanking those who attended and encouraging those that missed the opportunity. A summary of the outcomes from the meetings was attached:

COPD – highlighted from the PPMA

For Practices

- Call COPD patients in for review in the summer months when they are well and give them a health plan including details of how to take their emergency medication so they can cope with their symptoms in the winter months.
- Audit patients on a COPD specific inhaler who do not have a diagnosis code of COPD.
- Consider doing FEV1 recording at flu clinics.
- Proactive case finding of COPD patients opportunistically or by more sophisticated reporting.
- More detailed information should be put on x-ray forms to help radiologists.

Items for Commissioners:

- Better process for discharge with COPD diagnosis without spirometry being done. Commissioners to look at referrals to pulmonary rehabilitation without spirometry post discharge.
- Smoking cessation service for the housebound

CANCER AUDIT

For Practices

- Practices could consider an internal system for checking where 2 week referrals were in the system.
- Practices to remind patients opportunistically about breast/bowel screening if patients have not attended (same as cervical screening).

Items for Commissioners

- Enable Radiologists to refer for CT scan if they have concerns about an x-ray.
- Continue to review issues with digestive disease service

EXCEPTION REPORTING

For Practices

- Share resources for recalls across clusters
- Practices to continue to use the 'Tips for Exception Reporting' provided by LMG Chairs
- Phone patients for QOF reviews – a lot can be done on the phone which would mean the patient may only have to come in for one short appointment at a time convenient to them.

SIGNIFICANT EVENT REPORTING

All participants agreed that a simple, electronic reporting system enabling the sharing of incidents across the City for leaning purposes would be a good idea.

9.1.6 Future Peer to Peer Meetings

The planning for next round of peer to peer quality meetings has already started. The most ideal time for practices is felt to be September however for 2015/16 it was felt this would be too soon and so the aim is for November. There needs to be a mechanism of understanding the changes if any from

the previous peer to peer meetings and further work needs to be undertaken to be able to measure this. Consideration of other quality measures'/ indicators is needed, as well as ensuring participation by all practices. It is envisaged these meetings will support cluster working and facilitate practices undertaking peer to peer reviews both independent and with BHCCG.

10Domain Two: Enhancing quality of life for people with Long Term Conditions

10.1.1 Prescribing and medicines management

Data source: Medicines Management Team

The aim is to ensure high quality and safe prescribing in primary care that takes into account existing national (QIPP) and local guidance (Prescribing Incentive Scheme [PIS]). The strategy for medicines optimisation includes using medicines management resources to support GP practices in improving diagnosis, addressing unmet pharmaceutical need, reducing unsafe prescribing and improving patient use of medicines (including reducing wastage). To this end practices should continue to receive regular feedback on their prescribing, enabling benchmarking and setting of performance indicators. The six medicines management indicators we will be monitoring in the quality report in 14/15 are noted below. These have been derived from the National QIPP work stream, including the Medicines and Prescribing Centre at NICE.

Indicator	Ezetimibe %	Antibacterial items/STAR PU-13	Cephalosporins & quinolones % Items	NSAIDs ADQ/STAR PU-13	NSAIDs: Ibuprofen & Naproxen % Items	Benzodiazepine receptor drugs ADQ/STAR PU-13
Monitored under Prescribing Incentive Scheme (PIS) or QIPP	PIS	QIPP	QIPP	QIPP	QIPP	PIS

Red, Amber and Green (RAG) ratings used in the scorecard are based on prescribing compared to national levels, where:

RAG rating	Description
Green	Prescribing levels based on national top quartile of CCGs
Amber	Prescribing levels based on national levels in-between top and bottom quartiles of CCGs
Red	Prescribing levels based on national bottom quartile of CCGs

As only a selection of medicines management indicators have been selected, using an aggregate score would not give an accurate picture of the general performance for practices. Six separate graphs have therefore been used with the following key:

This current Medicines Management Quality Dashboard only looks at 6 prescribing indicators taken from Prescribing QIPP dashboard, details of which can be accessed via the NICE website www.nice.org.uk/Contents/Item/Display/10363. Rationale and evidence base for these indicators can be accessed via Key therapeutic topics - medicines management options for local implementation 2015, updated by the **Medicines and Prescribing Centre** at NICE.

Summary table of colour ratings – Q3 2014-15	Lipid modifying drugs: Ezetimibe % items	Antibacterial items/STAR PU13	Cephalosporins & quinolones % items	NSAIDs ADQ/STAR PU13	NSAIDs: Ibuprofen & Naproxen % Items	Benzodiazepine HCC indicator ADQ/STAR PU13
Green	18	28	28	26	23	4
Amber	5	8	11	10	12	5
Red	23	10	7	10	11	37

The CCG performs well on antibacterial items and high risk antibiotics (cephalosporins and quinolones), as well as NSAID volume of prescribe and choice of drugs where half or more of the constituent practices are performing in the top quartile.
The CCG is not performing as well in the Benzodiazepine Receptor Drug Domain and this is and has been a longstanding problem with 37 practices performing to the level of the bottom quartile. However, much work has been done in this area such that we are not the worst performing CCG as we have been over the last few years. We continue to monitor and try and influence reducing the prescribing.

Practices with GREEN rated domains:

- 6 GREEN ratings – 1 practice (Stanford)
- 5 GREEN ratings - 5 practices (Portslade Health Centre, University, Hove Park Villas, New Larchwood)
- 4 GREEN ratings - 6 practices (The Practice North Street, Central Hove Surgery, Brighton Station Health Centre, Park Crescent New Surgery, Albion Street Surgery, The Haven)
- 3 GREEN ratings - 14 practices
- 2 GREEN ratings - 15 practices
- 1 GREEN ratings - 5 practices (Whitehawk, Matlock Road, North Laine, Broadway, Carden Avenue)
- 0 GREEN ratings - 1 practice - Ship St - this practice is a single handed practice inner city based with a high transient population along with a patient group that has specialist needs

Domains with RED rating

- 4 RED ratings - 6 practices (Ship St, Broadway, Carden Avenue, Pavilion, The Avenue, Morley Street)
- 3 RED ratings - 15 practices
- 2 RED ratings - 10 practices
- 1 RED ratings - 9 practices
- 0 RED ratings - 6 practices (Woodingdean, Hove Medical Centre, Mile Oak, Portslade Health Centre, University, Stanford)

The Medicines Management Team continue to monitor and feedback performance through the annual Prescribing Visit, in year regular reporting of QIPP and PIS to practices, with the aim of encouraging peer review, applying peer pressure and incentives to improve performance

11Domain Four: Ensuring that people have a positive experience of care

Patient Access and Experience

The measures reviewed for Access and Experience are:

- Able to get an appointment
- Experience of making appointment (result from patient survey)
- Convenient appointment (result from patient survey)
- Preferred doctor (result from patient survey)
- Telephone access (Hours) / week (result from patient survey)
- Experience of the practice
- Helpfulness of the reception staff
- Waiting times

The analysis of the above 8 questions on Access and experience shows that overall 64% of Brighton & Hove CCG practices have witnessed a fall in scores between the latest results (September 2014) compared to previous (March 2014), this was compared against the National average, BHCCG average and BHCCG comparators. It is worth noting that the selections of questions asked and the actual number of questionnaires returned is probably tiny compared to the number of appointments and activity within general practice.

Summary

Analysis of the data for BHCCG 45 practices shows that there were 3 practices that were consistently high across the majority of the questions, above the National, BHCCG and BHCCG comparators averages, these are:

- Links Road 8/8 indicators
- St. Luke's 5/8 indicators
- The Haven 5/8 indicators,

These are all relatively small practices with raw practice populations of 5,740, 2,237 and 3,051 respectively.

Of concern are 4 practices who were in the bottom 3 for 4 or more indicators, these are

- The Practice-Whitehawk-bottom 3 for 7/8 indicators and in the bottom 5 for all indicators, with 'Telephone access' being their worst results.
- Goodwood Court- bottom 3 for 6/8 indicators of these indicators they were the very bottom for 4, 'able to get an appointment'-with a drop of >10%, 'Making an appointment'-with a drop of >10%, 'Preferred Doctor'-with a drop 40% and 'Experience of the Practice'.
- Hove Medical Centre- bottom for 'Helpfulness of the reception staff' although they were in the top 3 of practices for 'Waiting Times'.
- University of Sussex- bottom 3 for 3/8 indicators with The University of Sussex being at the bottom for 'Waiting Times'.

Whilst there is recognition of the small numbers used to process this analysis it gives a useful oversight of how practices are performing especially when added to other practice performance data and should be used to support practice development and improvement.