

A collage of images showing various school activities, including students in the lab, a student getting a haircut, a student in a dental chair, and a student in a science lab, all framed within a map of Australia.

Version 1

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Executive Summary

Vision and Process

Key Messages

- The CCG has undertaken this Needs Assessment to inform the future Primary Care Strategy and Priorities for 2016/17 and beyond. Whilst the CCG has an initial Strategy, which was agreed upon receiving delegated responsibility for Primary Care from NHS England, it was based on information available at a point in time. This Assessment will inform the future Strategic priorities, based on a more in-depth analysis of need from a Commissioning, Patient and Provider perspective.
- The original CCG vision for a Primary Care Service led by sufficiently resourced GPs, to offer appropriate and prompt access to excellent quality care robust against challenge still remains. GPs together with multi-disciplinary teams will provide services designed around the needs of our population, as mandated by Patient Groups.
- The CCG set up a working group with members from Commissioning, Provider, Local Authority, NHS England and Healthwatch to develop this Needs Assessment. The anticipated outcome was for a document containing up to date information based on evidence and stakeholder engagement being available to inform future Primary Care Priorities.

Strategic Context

Key Messages

A range of national and local Strategic documents were studied and identified the priorities for Primary Care as:

- Prevention, wellness and healthy lifestyle promotion
- Self-care and patient activation especially for patients with complex needs
- Patient engagement and understanding of patient experiences of healthcare
- New models of care – Primary Care at scale delivering integrated out of hospital care with local communities
- Holistic equitable access to services (Physical and Mental)
- Reducing variation to deliver high quality patient care
- Developing and attracting a highly skilled and motivated multi-disciplinary workforce
- Improved technology and sharing of information
- Outcomes Based Commissioning making the most efficient use of resources
- Sustainable General Practice including Primary Care Estate
- National clinical priorities are identified as Stroke, Chronic Obstructive Pulmonary Disease, Ischaemic Heart Disease, Smoking, Alcohol Abuse and Obesity

Population Needs – Key Messages

The Demographic and Socio-economic factors in Telford and Wrekin have been identified as the:

- Population of Telford and Wrekin is about 170,000 and GP Registered Practice Population is nearer 180,000
- Areas of deprivation exist mainly in the central and south-eastern areas of the CCG
- Age profile is similar to that of the national profile
- Approximately 90% of the population is “White British”
- Over 80% of the population is identified to be in “good” health with 18% having a long term health condition
- Local clinical priorities are identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- There is a need to reduce inequalities

Primary Care Services Key Messages

- Contract arrangements are complex and whilst much of this is outside the CCGs control, the CCG should minimise additional administrative pressures on practices
- Health checks should be promoted and GP Practices supported to deliver this important prevention intervention
- Continue to ensure that Primary Care is supported to deliver care to complex patients and to address the clinical priorities - identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- Support practices to provide primary care at scale and deliver new models of care
- Develop a formal plan to deliver 8am – 8pm Primary Care Services 7 days a week
- Continue to support Practices with premises and IT development
- Develop a workforce strategy for Primary Care
- Share best practice to ensure high quality care
- Ensure that equitable access is available and visible for both routine and urgent care in GP Practices
- Continue to undertake patient surveys to determine experiences and needs

Patient, Professional & Public Engagement – Key Messages

- The overriding theme between the patient and professional survey results is identified as the need to improve the use of technology and access to information to manage patient care
- Patients indicated that they are happy to travel further to get better access to good quality care and GP Practices are open to exploring how practices can work together
- Patients would like more availability of appointments outside current opening hours and would like better access to appointments both bookable in advance and on the day
- Patients would like reception staff to improve their customer care and to answer calls promptly
- GPs are feeling the effect of care closer to home and the additional workload being received from secondary care. This, together with increasing numbers of patients with complex conditions, increasing reporting and a reduction in revenue, is causing unwarranted pressures on Practices
- The development and sustainability of the Primary Care workforce is also highlighted as a concern

Recommended Priorities for 2016/17

- Promote patient activation and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
- Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs and build relationships to ensure the sustainability of Primary Care for the future
- Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week
- Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
- Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
- Develop a long term workforce strategy for Primary Care
- Promote and develop a culture of continuous improvement and shared learning
- Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care

Section A: Primary Care Needs Assessment

Vision

The overarching vision for the Telford and Wrekin Clinical Commissioning Group (CCG) is:

"Working with our patients, Telford and Wrekin CCG aspires to have the healthiest population in England - Healthier, Happier, Longer".

In May 2014 NHS England announced that they were inviting CCGs to expand their role in Primary Care Commissioning. As a result of this, from 1st April 2015, Telford and Wrekin CCG were awarded delegated commissioning status by NHS England and took on extended responsibilities for Primary Care Commissioning. As part of this extended responsibility the CCG published its first Primary Care Strategy document. The Primary Care Strategy is about facilitating, shaping and exploring possibilities, in partnership with our stakeholders.

The CCG has a vision of a Primary Care Service, led by GPs sufficiently resourced to offer appropriate and prompt access to excellent quality care that is robust against challenge. Our GPs will lead innovatively staffed multi-disciplinary teams, which will include many disciplines of health and social care workers as well as those historically involved, such as community nursing teams. Primary Care Services will be designed around the needs of our population, as mandated by Patient Groups. This will require careful and thoughtful management of patient expectations. We will know when we have achieved our vision, because:

- ✓ **Patients will consistently tell us**
- ✓ **Improved outcomes will have been demonstrated, and**
- ✓ **We will have an empowered, diverse and self-sustained workforce**

In addition to outlining the vision, the Strategy detailed 8 initial key areas of commitment the CCG wanted to address in the first year of delegated authority:

- 1. Engagement and Empowerment**
- 2. Sustainable Multi-disciplinary working**
- 3. Patient-Centred high quality and safe care**
- 4. Care close to home – admission avoidance**
- 5. Improved access for urgent / routine care**
- 6. Reduced bureaucracy**
- 7. Reduction in variation of care inequalities**
- 8. More effective use of resources**

This initial strategy provided the CCG with an opportunity to lay out plans to enable the achievement of excellence in the delivery of Primary Care responsibilities, whilst endeavouring to meet the expectations of our stakeholders, within a challenging environment. However the CCG was aware that the initial Strategy was based on existing levels of available information and therefore made a commitment to undertake a full Primary Care Needs Assessment within the first year of delegated authority. The purpose of this document is to understand the need in Primary Care from a Patient, Commissioning and Provider perspective.

Readers should note that where Primary Care is referred to in this document it makes reference to GP service provision. The CCG jointly with the Local Authority already has a Pharmacy Needs Assessment. Opticians and Dentists are also Primary Care Contractors but they are currently commissioned by NHS England and therefore not a responsibility of the CCG.

Key Elements of a Needs Assessment

- ✓ **Assessment of ill health & inequalities**
- ✓ **Baseline mapping of services – capacity and workforce issues, service supply & demand**
- ✓ **Evidence of effectiveness - models of care**

Process Followed and Timescales

The CCG set up a small working group to develop the Primary Care Needs Assessment. Members of the group consisted of:

- CCG Board GP
- Primary Care GP
- Deputy Executive for Primary Care Commissioning and Planning
- Commissioning Support Manager
- Primary Care representation from NHS England
- Healthwatch representative
- Public Health representatives
- Local Authority representatives

It was very important to the CCG to ensure that the views of patients, local GPs and Practice Managers were sought as well as collating other information to support the project work:

- A questionnaire was developed and sent to all GP Practices in Telford and Wrekin
- Healthwatch was commissioned to undertake patient surveys and visited all practices in Telford and Wrekin, ensuring they also sought views from the 9 Protected Patient Groups

The first draft of the document was then collated and shared with the Primary Care Committee to gain authority to share it with key stakeholders for comment, before submitting a final paper for approval.

Expected Outcomes

The expected outcome is to have a document which contains up to date relevant information, on which the CCG can base future decisions, on how to further improve and support Primary Care in the Telford and Wrekin area.

The Primary Care Needs Assessment will also cross reference with other important documents, such as the CCG Primary Care Estates Plan and the wider Five Year Forward View, and will be used to define priorities and future investment in Primary Care going forward.

Vision and Process - Key Messages

- The CCG has undertaken this Needs Assessment to inform the future Primary Care Strategy and Priorities for 2016/17 and beyond. Whilst the CCG has an initial Strategy, which was agreed upon receiving delegated responsibility for Primary Care from NHS England, it was based on information available at a point in time. This Assessment will inform the future Strategic priorities, based on a more in-depth analysis of need from a Commissioning, Patient and Provider perspective.
- The original CCG vision for a Primary Care Service, led by sufficiently resourced GPs, to offer appropriate and prompt access to excellent quality care robust against challenge still remains. GPs together with multi-disciplinary teams will provide services designed around the needs of our population, as mandated by Patient Groups.
- The CCG set up a working group with members from Commissioning, Provider, Local Authority, NHS England and Healthwatch to develop this Needs Assessment. The anticipated outcome was for a document containing up to date information based on evidence and stakeholder engagement being available to inform future Primary Care Priorities.

Section B: Strategic Context - National and Local

The CCG recognises the importance of understanding the national priorities and ensuring that these are translated to meet our local needs. As this document may be read in isolation to other national and local documents, this section concentrates on enabling an understanding of the current National and Local documentation that have informed the Primary Care Needs Assessment.

National Context

5 Year Forward View



The NHS “**Five Year Forward View**” set out a new shared vision for the future of the NHS. It acknowledged that securing high quality care and financial balance is a vital part of this ambition and that the only sustainable solution is fundamental reform, involving:

- getting serious about prevention
- changing the way in which care is provided, and
- delivering high quality care

There was a commitment that the foundation of NHS care will remain list-based primary care and, given the current pressures, a ‘new deal’ for GPs was also promised. Proactive primary care is also cited as central to the vital role the NHS has, in the radical upgrade in prevention that is needed, alongside local authority primary public health programmes. It was also acknowledged that reducing variations where patients receive care will narrow the gap between the best and the worst, whilst raising the bar higher for everyone.

The Five Year Forward View acknowledged that the traditional divide between primary care, community services and hospitals is increasingly becoming a barrier and that integrated services around the patient, as well as partnerships with patients, are becoming more crucial. Primary Care was also recognised as an essential part of the new models of care needed, for example, within Multispecialty Community Providers and Primary and Acute Care Systems.

Health and Wellbeing Strategy

The NHS ‘**Five Year Forward View**’ identified the need to “get serious about prevention” and for action to be taken to address obesity, smoking, alcohol and other health risks; for supporting people to choose healthier lifestyles and to encourage self-care.

Along with the vision of the ‘NHS as a social movement’ - where power is shifted to patients and citizens, communities are strengthened, health and wellbeing is improved and, as a by-product, the rising demands on the NHS are moderated - the strategy re-frames the relationship between patients, local people, the NHS and other service providers.

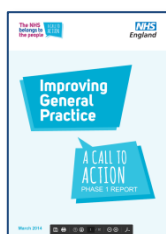
Health and Wellbeing is about being emotionally as well as physically healthy. For years, commentators and practitioners alike have argued that prevention is better than cure. Clearly patients would prefer to avoid getting ill in the first place (primary prevention) or, if they do get ill, ensure that it is diagnosed at an early stage and that arrangements to manage the condition effectively are put in place as soon as possible, to allow them to continue living autonomous and active lives (secondary prevention).

There is a longstanding aspiration for the NHS to focus as much on promoting wellness as managing poor health, and the NHS has a contribution to make to the prevention of disease and the promotion of health across populations, working in partnership with local public health services through Health and Wellbeing Boards.

General Practice and Primary Care more generally, have a strong contribution to make to reducing premature mortality through:

- Promoting lifestyle changes
- Outreaching to communities which are less likely to access services
- Ensuring patients are engaged and make an informed decision about participation in screening, and ensuring appropriate follow through
- Treating patients holistically in terms of mental and physical illness
- Promoting effective self-management for people with long-term conditions
- Improving the management of comorbidities

Improving General Practice – A Call to Action



NHS England's "***Improving General Practice – A Call to Action***" defines the case for change and underlying objectives to enable general practice to: play an even stronger role at the heart of more integrated out-of-hospital services to deliver better outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.

The key national headlines in terms of context for this call to action include:

- A growing population with more complex needs
- Increasing prevalence of long term conditions, which is often under-recorded
- Increasing demands on General Practice services
- Growing challenges in relation to patient experience of accessing services
- Accelerating growth in General Practice workforce
- Better distribution of workforce to address issues of inequity

The BMA's Vision for General Practice

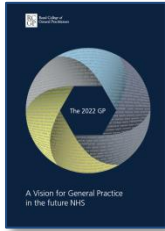


The BMA's vision for general practice "***Responsive, safe and sustainable - Towards a new future for general practice***" includes a number of recommendations, including:

- Improving recruitment and retention by implementing manageable GP workloads
- A new national campaign to promote patient self-care to reduce the existing burden on GP services

- Improving technological efficiency, information sharing and collaboration between General Practice and the wider NHS
- Reforming the GP curriculum and career path in order to entice greater numbers of medical graduates into general practice

General Practice 2022 – Royal College of General Practitioners



The “**Royal College of General Practitioners 2022 GP: A Vision for General Practice**” outlines the aspiration for the future of general practice and patient care, demonstrating how general practice should be the driving force for transforming the health service over the next decade. The action plan defines six ambitions that general practice, in partnership with stakeholders, must aspire to achieve:

- Promote a greater understanding of generalist care and demonstrate its value to the health service
- Develop new generalist-led integrated services to deliver personalised, cost-effective care
- Expand the capacity of the General Practice workforce to meet population and service needs
- Enhance the skills and flexibility of the General Practice workforce to provide complex care
- Support the organisational development of community-based practices, teams and networks, to support flexible models of care
- Increase community-based academic activity to improve effectiveness, research and quality

NHS England – Regional Priorities

The Regional NHSE team are currently finalising their priorities for GP practices for 2016/17, however these are expected to be to:

- Improve access to high quality primary care services
- Improve health outcomes for patients and NHS workforce with clear focus on prevention
- Reduce unwarranted variation
- Maximise the use of technology to improve access and self-management with action plans for keeping people well
- Ensure Primary Care Estate is aligned to meet the needs of the future planned housing growth and to support new models of care

Local Context

Primary Care Strategy

As indicated earlier in this report, the CCG has already developed an initial Primary Care Strategy – created in the very early days of receiving delegated responsibility. This strategy covered a number of areas and described the CCG’s aspirations.

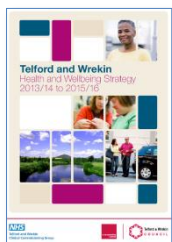
However, to enable the Primary Care Strategy to be developed further, it needs to be underpinned by this Primary Care Needs Assessment, in order that any changes which need to be delivered as part of the Strategy can be identified.

Future Fit

NHS Future Fit is about meeting health needs for everyone living and working in Shropshire, Telford and Wrekin and mid Wales with local patients, doctors, nurses and other health professionals all working together to improve care at local hospitals, using the latest medicines and technologies, to create a local service that will last for many years to come.

There are already some very good health services that have been developed over many years to try to best meet the needs and expectations of the population served and, although the Future Fit programme is primarily about hospital care, it is important that the Primary Care Needs Assessment takes into account this important programme of work when looking at the provision of services from GP Practices in the area.

Local Health & Wellbeing Strategy



The vision of the Telford & Wrekin Health & Wellbeing Board, which brings together key partner organisations to improve the health and wellbeing of the Borough's population, is:

“Together we will work to enable people in Telford & Wrekin to enjoy healthier, happier and longer lives”.

The priorities for the new Health & Wellbeing Strategy for 2016 – 2019, developed by the Board, were consulted on during late 2015 - early 2016:

- Encourage healthier lifestyles
- Improve mental wellbeing
- Strengthen our communities and community-based support

The approach is to focus on supporting and developing community assets and strengths, rather than deficits or needs. Harnessing the skills of local residents, the power of local organisations and groups is a means of turning a vicious cycle into a virtuous cycle and building resilience in individuals and communities.

Telford & Wrekin GP practices also have a crucial role to play in the delivery of the Health and Wellbeing Strategy priorities, in many significant ways, including, for example:

- signposting
- referral to and delivery of healthy lifestyle services
- improving the physical health of people with mental illness
- supporting individuals to live more independently
- reducing the number of people accessing acute hospitals or being admitted to residential care homes

The local priorities focussed on prevention (and wellbeing) are similar to the national targets, but do have a particular emphasis on:

- Stroke
- Chronic Obstructive Pulmonary Disease
- Ischaemic Heart Disease
- Smoking
- Alcohol Abuse
- Obesity

Local Development Plan

The Telford & Wrekin Local Plan is the Council's plan for future development up to 2031. It sets out the Council's priorities and policies for development in Telford and Wrekin on a wide range of topics which include housing, green spaces, shops, businesses, transport and community facilities.

The Local Plan will be used to determine applications for planning permissions for the next 15 years, providing certainty to the market and enabling the delivery of investment and growth.

Amongst the stated aims of the Local Plan, the Council has determined that future planning will help to:

- Enable healthier lifestyles and improve the health and wellbeing of the population
- Address social and economic deprivation

The CCG have been working closely with the local Council to create the Primary Care Estates Plan which will ensure that there is sufficient Primary Care Estate to meet the increasing population and local housing needs. It is important that people have good access to a GP Practice and the CCG needs to ensure adequate provision in the correct geographical areas across Telford and Wrekin.

Primary Care Estates Plan

In June 2015, the Department of Health published a Local Estates Strategic Framework and confirmed the need for strategic estates planning. All CCGs were expected to have plans in place which cover primary and community estate; however estates planning needs to be integrated in order to deliver the best health care services locally.

In February 2016, the CCG – working closely with NHS Property Services and NHS England with input and support from Telford & Wrekin Council – produced the Primary Care Estate Plan identifying new housing developments planned for Telford and Wrekin. The document examined the current estate (18 GP Practices with 9 Branch surgeries spread over 27 locations) and gave a breakdown of the challenges faced at each location, specifically in relation to the amount of housing development in the local area.

Mental Health Strategy

The CCG and the Local Council have jointly agreed the Telford and Wrekin Adult Mental Health Strategy 2016-2019. The aim of this strategy is to improve the mental health and emotional wellbeing of the local population. One of the significant principles which underpin the strategy is that ideas and

solutions should come from those with 'lived experience' of mental health problems and this has led to the top three ambitions for the strategy being declared as follows:

- **To develop Supportive Communities** – *“A place I feel proud of, where I am accepted and safe”*
- **To ensure Early Intervention** – *“I know where to go for advice and support that I can access quickly”*
- **To commission Quality Services** – *“I need to understand my condition and to have help to live my life to the best of my ability without my condition taking over my life”*

Undoubtedly, GP Practices may well be at the heart of some of this work, as they will have access to information to help signpost people for early intervention of mental health problems and encourage mental health wellbeing. Mental Health services will develop key links into general practice to ensure the whole team has support to manage those people with mental illness and to improve the physical health of those with mental health issues. Access to specialist mental health services will be made easier for both clinicians and service users. In addition, General Practice staff will be supported to understand the impact of mental health on those with long term conditions and will be supported to identify and, if appropriate, support people.

Strategic Context - Key Messages

A range of national and local Strategic documents were studied and identified the priorities for Primary Care as:

- Prevention, wellness and healthy lifestyle promotion
- Self-care and patient activation especially for patients with complex needs
- Patient engagement and understanding of patient experiences of healthcare
- New models of care – Primary Care at scale delivering integrated out of hospital care with local communities
- Holistic equitable access to services (Physical and Mental)
- Reducing variation to deliver high quality patient care
- Developing and attracting a highly skilled and motivated multi-disciplinary workforce
- Improved technology and sharing of information
- Outcomes Based Commissioning making the most efficient use of resources
- Sustainable General Practice including Primary Care Estate
- National clinical priorities are identified as Stroke, Chronic Obstructive Pulmonary Disease, Ischaemic Heart Disease, Smoking, Alcohol Abuse and Obesity

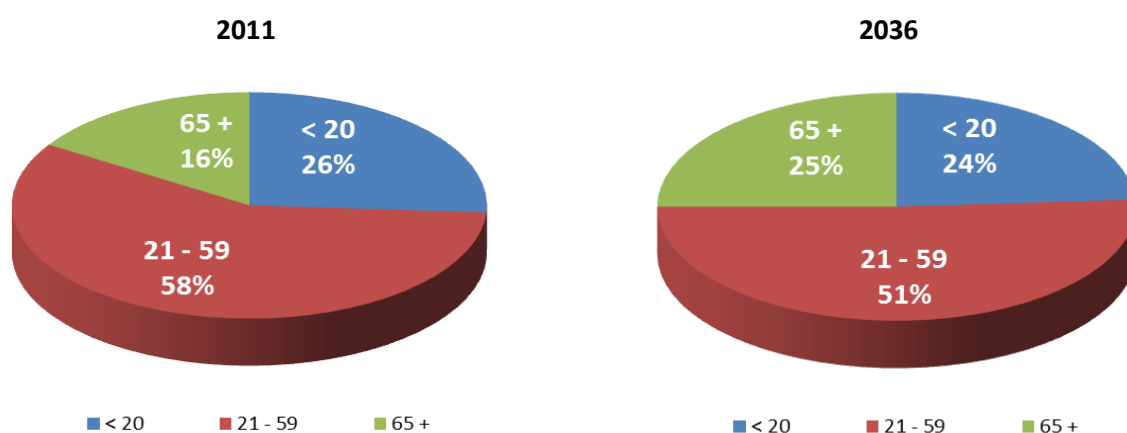
Section C: Population Need

Demographic & Socio-Economic Factors

The Joint Strategic Needs Assessment document “**Key Messages for Telford and Wrekin**” outlines a number of key figures regarding the breakdown of the local population, mainly based on the 2011 Census information, and the impact this will have locally from a healthcare perspective.

Population & Demographics

- The 2011 Census population figure was 166,641, which is lower than both the Council estimate (170,000+) and the current GP Patient Register (~180,000 @ Jan 2016)
- The latest ONS population estimates (2014) put the total population for Telford and Wrekin at around 170,000 people. The current registered GP Practice population is around 180,000 but it is recognised that, currently, around 5% of the population reside just outside the CCG geographical boundary
- The population had increased by 8,300 people (5.3%) since the 2001 Census, this is slower than the national growth (7.9%) and the slowest decade of growth since new town designation
- The fastest growing ward was Horsehay & Lightmoor which showed a 53% increase from 2001 (equating to 1,483 additional residents)
- The age profile is now very close to the national picture with the key highlights being:
 - 65 - 84 years age group increased by 22.2% to 21,409 people
 - 85+ years age group increased by 22.2% to 2,680 people
 - 11% of households are lone pensioner households, which is slightly lower than the national average (12.4%)
 - Woodside now has the youngest age structure, with 36.4% of residents aged 19 or under
 - Ercall Magna has the oldest age structure, with 25.5% of residents aged 65 years or over
- Latest ONS estimates are that approximately 26% of the population (34,500) are aged under 20 and 16% (27,250) aged 65 and over. However, over time, the proportion of the population aged 65 and over is projected to increase significantly and by 2036 is predicted to be greater than the population aged under 20 (25% compared to 24%)



Shift in Population Age Profile – Current Through to 2036 (Source: ONS)

Population Diversity: 2011 Census

- The population has become more diverse since the last census, with the 'White British' proportion of the population decreasing from 93% in 2001 to 89.5% in 2011
- The second largest population group is 'South Asian' (circa 5,480 Indian, Pakistani and Bangladeshi people) who account for 3.3% of the population
- The greatest increase was seen in 'White - non British' group, which increased by 97% to 5,319 people, and is the 3rd largest group (with the majority being from the Polish Community)
- The most stated religions were: Christian (61.7%), Muslim (1.8%) and Sikh (1.3%). The number of Muslims increased by 49% circa 3,020 people
- 3,196 households (4.8%) include adults whose first language is not English and 1,458 households have no residents with English as a first language at all
- 281 people (0.2%) are in same sex civil partnerships

Health and Care: 2011 Census

- The majority of residents (80.2%) reported good health - slightly lower than the national average (81.4%)
- 30,995 people (18.6%) reported a long term health problem or disability which limits their daily activities
- An increasing number of residents provide some level of unpaid care – 17,944 people or 10.8% compared to 9.9% in 2001. More than a quarter (4,978 people) provide 50+ hours a week of unpaid care

Economy and Skills: 2011 Census

- A higher proportion of people are economically active - employed full-time (41.4%) compared to the national average (38.6%), but a lower proportion are self-employed (7% compared to 9.8%)
- 16.9% of people are employed in manufacturing which is twice the national rate of 8.8%
- 8.2% of people employed in public administration – which is far higher than the national rate of 5.9%
- Number of people with no academic or professional qualifications has fallen from 31.8% to 24.6%, lower than the regional rate of 26.6%
- Employment in elementary or process occupations (21.3%) is higher than the national average (18.3%)

MOSAIC Population Segmentation

Almost 4 in 10 (38%) households in the borough belong to Mosaic groups L - Transient Renters (9.1%); M - Family Basics (16%); N - Vintage Value (7.4%); and O - Municipal Challenge (6.1%). These groups are characterised as having above average levels of poor health (Group N has the highest level of all Mosaic groups, followed by Group O) and are also the most frequent visitors to GPs and Emergency Departments at hospitals.

Lower Super Output Areas (LSOAs) with households belonging to these Mosaic groups tend to be concentrated in the centre and south east of the borough (e.g. Brookside, Sutton Hill and Woodside). Therefore it is important that the CCG ensures that this population is supported to manage their healthcare needs.

Socio-Economic Deprivation: Key Messages

Telford and Wrekin is in the top 30% most deprived local authorities in the West Midlands and in the top 40% most deprived nationally, according to the Index of Multiple Deprivation 2010 (IMD 2010). Levels of deprivation across the Borough increased between 2007 and 2010 with 13% of the population living in the 10% most deprived areas nationally in 2010 compared to 5% in 2007. Overall, the changes in the 2010 deprivation profile suggest that socio-economic inequalities have widened since 2007.

The Index of Multiple Deprivation (IMD) 2015 shows that over one quarter (27%) of the population in Telford and Wrekin live in areas that were ranked in the 20% most deprived nationally.

For the Health & Disability Deprivation domain of the IMD, over one third of the borough's population live in areas that were ranked in the 20% most deprived nationally.

There are pockets of nationally significant deprivation with 14 Census Super Output Areas (SOAs) out of a total of 108 ranked within the top 10% most deprived in England (compared to six SOAs in the 10% most deprived in the 2007 IMD).

The most deprived SOAs cover the following electoral wards: Woodside, Malinslee, Cuckoo Oak, Brookside, Hadley, Leegomery, Dawley Magna, College and Donnington.

The most deprived wards are Woodside and Malinslee. All of Woodside's five SOAs rank in the 20% most deprived nationally, as do three of the four SOAs in Malinslee.

At the other end of the scale there are eight SOAs which rank in the 10% least deprived nationally: covering the electoral wards of Priorslee, Shawbirch, Apley Castle, Newport North, Ercall and Newport West (this is a slight increase from seven in the IMD 2007).

Of the seven domains, Education, Skills & Training ranks the greatest number of SOAs in the 20% most deprived nationally (41 - over a third of SOAs), with 22 of these in the 10% most deprived. In total, 38% of the Borough's population live in these 41 SOAs.

The income deprivation affecting children index shows that 10,200 children aged under 15 (almost a third - 31%) live in areas ranked in the 20% most deprived in England.

The income deprivation affecting older people index indicates 6,600 older people (65+ year old males and 60+ years old females) live in areas ranked within the 20% most deprived nationally, this is almost a quarter (24%) of the Borough's pensioners.

Long Term Conditions: Key Messages

- **Coronary Heart Disease:** It is estimated that 5.6% of people aged 16+ years (approximately 7,849 adults) have coronary heart disease. However, at the end of March 2011 only 3.2% of the general practice population (5,472 adults) were recorded as having a diagnosis of CHD in primary care
- **Hypertension:** It is estimated that 30.9% of people aged 16+ years (approximately 39,798 adults) have hypertension. However, at the end of March 2011 only 13.5% of the general practice population (23,059 adults) were recorded as having a diagnosis of hypertension in primary care

- **Chronic Obstructive Pulmonary Disease:** It is estimated that 3.4% of people aged 16+ years (approximately 4,418 adults) suffer from COPD. However, at the end of March 2011 only 1.8% of the general practice population (3,136 adults) were recorded as having a diagnosis of COPD in primary care
- **Stroke and TIA:** It is estimated that 2.5% of people aged 16+ years (approximately 4,418 adults) have suffered a stroke or TIA. However, at the end of March 2011 only 1.5% of the general practice population (2,656 adults) were recorded as having a diagnosis of hypertension in primary care
- **Dementia:** It is estimated that 1,580 people were suffering from dementia in 2010. The numbers of people expected to be suffering from dementia by 2015 is set to increase by 17% to 1,851. At the end of March 2011 only 644 adults were recorded as having dementia in primary care

9 Protected Groups – Equality Act 2010

The nine characteristics protected by the Equality Act 2010 are as follows:

1. Age
2. Disability
3. Gender re-assignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race including nationality and ethnic origin
7. Religion or belief
8. Sex
9. Sexual orientation

Within each characteristic the risk of discrimination is greater for some people than others. These risks must be addressed as part of this Needs Assessment.

Population Needs – Key Messages

The Demographic and Socio-economic factors in Telford and Wrekin have been identified as the:

- Population of Telford and Wrekin is about 170,000 and GP Registered Practice Population is nearer 180,000
- Areas of deprivation exist mainly in the central and south-eastern areas of the CCG
- Age profile is similar to that of the national profile
- Approximately 90% of the population is “White British”
- Over 80% of the population is identified to be in “good” health with 18% having a long term health condition
- Local clinical priorities are identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- There is a need to reduce inequalities

Section D: Primary Care Services

Current Primary Care Service Provision and Utilisation

Overview

As outlined in section B, the future of General Practice in England is in the political and policy spotlight. There is an encouragement to ensure the sustainability of Primary Care by 'scaling up' GP practices into larger organisations or networks capable of delivering a wider range of better coordinated services in the community 8 am – 8 pm, 7 days a week. The Five Year Forward View also provided a clear indication that larger primary care organisations are to be the national direction of travel.

When the CCG received delegated commissioning status, there were 22 GP Practices in the CCG with an average list size of 8,087. In July 2016, it is expected that the CCG will comprise of 17 Practices with an average list size of 9,485 – an increase of just over 17%. However to deliver the 8 am – 8pm, 7 days a week as the norm, there are considerable commissioning challenges ahead.

Types of Contracts in Primary Care

There are 3 types of contract available to commission GP Services:

General Medical Services

The General Medical Services (GMS) contract is the most commonly used contract for general practice. NHS Employers leads negotiations with the General Practitioners Committee (GPC) - which is part of the British Medical Association (BMA) - on changes to the GMS contract.

The latest GMS contract was introduced in 2003 and covers three main areas:

1. **The Global Sum** – covering the costs of running a general practice, including some essential GP services. The GMS [global sum formula](#) (the Carr-Hill formula) distributes the core funding - called the Global Sum - to general practices for essential and some additional services. Payments are made according to the needs of a practice's patients and the cost of providing primary care services. The formula takes into account issues such as age and deprivation
2. **The Quality and Outcomes Framework (QOF)** – covering the two areas of clinical and public health. Practices can choose whether or not they wish to provide these services. All practices in Telford and Wrekin currently provide these services
3. **Enhanced Services (ES)** – covering additional services that practices can choose to provide. ES can be commissioned nationally or locally to meet the healthcare needs of the population

As at March 2016, the CCG has 15 GP Practices working to this contract.

Alternative Provider of Medical Services

Alternative Provider Medical Services (APMS) is another contracting route available for CCGs to commission primary medical services to the extent that they consider it necessary to meet all reasonable requirements. The APMS contract also offers the 3 main items of the GMS contract. As at March 2016, the CCG has 2 Practices working to this contract, however this will reduce to 1 from August 2016.

In Telford and Wrekin this contract has been specifically used to secure additional capacity for patients across the geography of the CCG to access Walk in appointments for urgent Primary Care Services. A formal review has commenced on the future need of walk-in services across Telford and Wrekin to ensure that this meets patient need.

Personal Medical Services

The personal medical services (PMS) contract was conceived in 1997 as an innovative way to solve recruitment problems and give practices more flexibility to meet the specific needs for their patients.

These agreements are locally negotiated contracts between the Commissioner and a GP Practice and offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts. The PMS contract also offers the 3 main elements of the GMS contract.

As at March 2016, the CCG has 1 GP Practice with a PMS contract, which is under review.

Types of Services Offered in Primary Care

All Three Types of contracts - GMS, PMS and APMS - can be used to provide the following:

- Essential Services
- Enhanced Services
- Additional Services (GMS/PMS practices can opt-out)

Type of services	What they cover
Essential Services - must be provided by all contractors (All GP Practices currently provide these)	This includes the management of patients who are ill or who believe them-selves to be ill with acute, chronic or terminal conditions.
Enhanced Services - practices can choose whether or not to provide these services	Enhanced services that are nationally commissioned through the GP contract by NHS England and legally directed by the Secretary of State are known as Directed Enhanced Services (DESs).
Additional Services - normally provided by all contractors but practices can opt out of providing the services	These include cervical screening, contraceptive services, childhood vaccinations and immunisations, child health surveillance and maternity services.

Enhanced Services

<p>The CCG currently commissions some Local Enhanced Services (LES):</p> <p><i>* The Local Enhanced Services marked are currently under review</i></p>	<p>Long Term Conditions *</p> <p>Provision of Services to Manage Minor Injuries *</p> <p>Telford Referral and Quality Service (TRAQS) *</p> <p>Near Patient Testing</p> <p>Atrial Fibrillation</p> <p>Anti-Coagulation Monitoring</p> <p>CCG Practice Incentive Scheme *</p>
<p>From 1st April 2016, there are 5 Direct Enhanced Services (DES) which are offered through NHS England:</p>	<p>Avoiding Unplanned Admissions</p> <p>Extended Hours</p> <p>Learning Disabilities Health Check Scheme</p> <p>Minor Surgery</p> <p>Out of Area</p>

10 Public Health Directed Enhanced Services (DES) that are commissioned by NHS England:	Hep B (new born babies) HPV Booster MMR Catch Up Menigoccal (men c) Freshers Pertusis Rotavirus Seasonal Flu and Pneumococcal Childhood Seasonal Flu Shingles (Routine aged 70) Shingles Catch Up
Public Health Services that are commissioned by the Local Authority <i>The figures in brackets represent the percentage of practices in the Telford and Wrekin area that currently offer these services.</i>	Sexual Health (72%) STI (33%) Health Check (100%) Supervised Consumption (0%) Shared Care (39%) Needle Exchange (0%)

Reviewing the Enhanced Services commissioned by the Local Authority to support Public Health outlined some key messages. Of particular note is the uptake of the NHS Health Check. This programme aims to prevent and detect conditions such as heart disease, type 2 diabetes, kidney disease, stroke and dementia. In recent years the uptake of these checks has slowed. Taking into consideration the health needs of the population as outlined earlier in this paper, the CCG may wish to promote Health checks further.

Another interesting observation from the Enhanced Services is the vast range of services commissioned in addition to the basic Contracts. These are currently commissioned from 3 different organisations and can be complex for GP Practices to manage especially from an administrative perspective. Consideration should be given to identifying ways of reducing this additional administrative workload on the Practices if possible.

Quality and Outcomes Framework (QOF) Indicators

QOF was set up nationally as part of the GMS Contract in 2004 as a voluntary quality incentive scheme for General Practices that could benefit all patients. It contains a range of national indicators, based on the best available research evidence, and is organised into Domains of clinical and additional services with points available for each Indicator (Sub Domain).

QOF is used to reward general practice for the provision of high quality care and helps to standardise improvements in the delivery of primary care medical services - incentivising general practice by giving each point a value which is then paid to the GP Practice.

Access to QOF data is not timely, although data is collected through April – March via a national IT system, it is only available to the CCG to review around September each year and therefore is constantly out of date. However the data can still be used as a benchmark.

QOF Clinical Areas for 2016/2017		
Asthma	Atrial Fibrillation	Cancer
Chronic Kidney Disease	Chronic Obstructive Pulmonary Disease (COPD)	Dementia
Depression	Diabetes Mellitus	Epilepsy
Heart Failure	Hypertension	Learning Disability
Mental Health	Osteoporosis	Palliative Care
Peripheral Arterial Disease	Rheumatoid Arthritis	Secondary Prevention of Coronary Heart Disease
Stroke & Transient Ischaemic Attack	Cardiovascular Disease: Primary Prevention	Blood Pressure
Obesity	Smoking	Cervical Screening
Contraception		

Looking at the clinical areas identified in Section C and the national clinical priorities defined in Section A, the CCG's overall results from QOF are:

Domain	Indicators	Points Achievable	CCG Actual Performance	National Benchmark
Stroke & Transient Ischaemic Attack	5	15	97.0%	96.6%
Dementia	3	26	95.6%	94.5%
COPD	6	35	99.6%	96.0%
Hypertension	2	26	97.6%	97.8%
Cardiovascular Disease: Primary Prevention	1	10	86.4%	87.9%
Secondary Prevention of Coronary Heart Disease	5	45	97.7%	95.0%
Obesity	1	8	100%	100%
Exception Rates	1	-	10.0%	9.2%

The CCG recently carried out a review of the 2014/15 QOF data and found that overall Telford and Wrekin Practices performed above the national average.

However, QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The 2014/15 data showed quite high Exception Rate levels which the CCG needs to understand further.

GP Walk-In Services

Telford and Wrekin has a GP Walk-in Service which is available for all patients to access. It is currently sited alongside the Princess Royal Hospital in Telford. During 2016, the CCG is undertaking a consultation to define what future walk-in services could look like for patients in Telford and Wrekin. The current services are open 8.00am – 10.00pm, 7 days a week, 365 days a year.

Out of Hours Provision

111 Out of Hours Service

NHS 111 is available across the whole of England and is the free number to call when Patients have an urgent healthcare need. The service was designed to direct Patients to the right local service, first time and is available 24 hours a day, 365 days a year.

Patients should use the 111 service when:

- They need medical help fast, but it's not a 999 emergency
- They don't know who to call for medical help or don't have a GP to call
- They think they need to go to A&E or another NHS urgent care service but are not sure which one is most appropriate
- They require health advice or reassurance about what to do next

How does it work?

- When Patients call 111 they will be assessed by fully trained advisers who are supported by experienced nurses and paramedics.
- Patients are asked questions in order to assess symptoms and get the healthcare advice needed or they are directed to the most appropriate local service.
- If the NHS 111 team think Patients need an ambulance, they will send one immediately.

Shropdoc

Shropshire Doctors Co-operative Ltd (Shropdoc) is a GP-led organisation which provides urgent medical services, outside of GP Practice contracted opening times, i.e. evenings, weekends and bank holidays. The Shropdoc Service answers calls for patients when their own surgery is closed to ensure that their needs are safely met until their surgery is next open.

GP Federation and the Prime Ministers Challenge Fund

STW Provider Services Ltd was established in 2013 offering opportunity for member GP practices across Shropshire and Telford & Wrekin to deliver healthcare services collaboratively. STW Provider Services enables Practices to provide efficient, effective, quality Primary Care to local Communities using an integrated, whole system approach.

The STW Federation together with Shropdoc and GP First (the federation covering Stafford and the surrounding area), was successful in securing £4.2million from the Prime Minister's Challenge Fund (a national fund set up to help improve access to General Practice). The funds are being used for a wide range of pilot developments in the region's primary care workforce and technology – including working towards seven day a week access to GPs, patient accessible apps and electronic consultations. The funding is also being used to work with universities and deaneries to encourage new GPs to come and work in the area; to develop the infrastructure and workforce to manage the increase in services being delivered outside hospital. Other projects include an Acute Visiting Service.

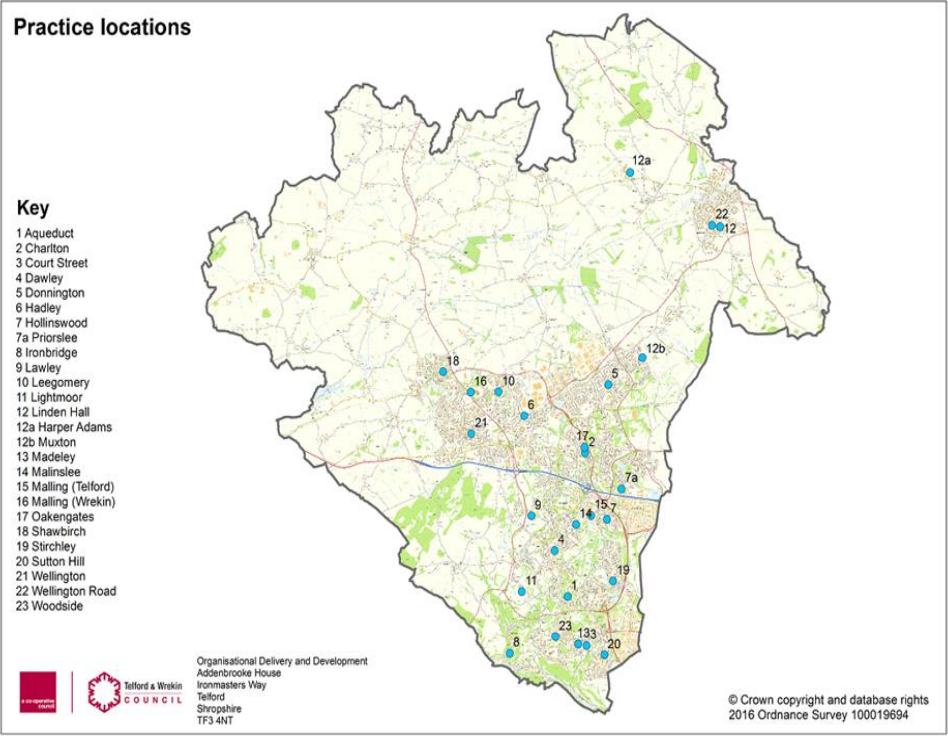
The CCG will monitor these pilot schemes and consider the continuation of successful elements to be commissioned on a longer term basis.

Primary Care Estate

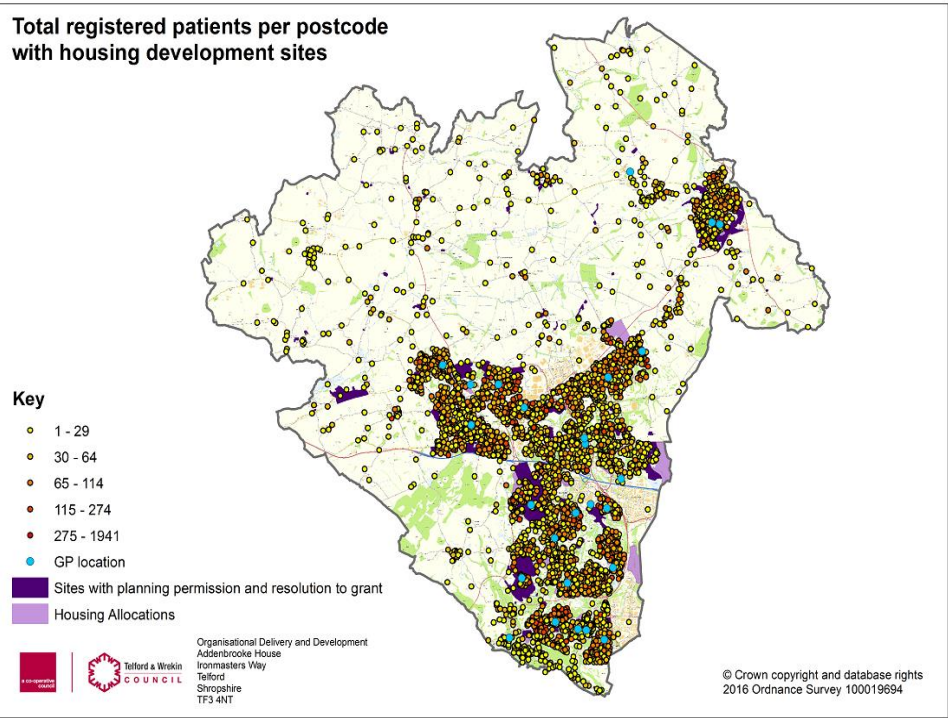
The following map shows where all the GP Practices (and branches) are spread across the geography of the CCG. In February 2016, the CCG working closely with NHS Property Services, NHS England and

Telford & Wrekin Council produced a Primary Care Estate Plan. This plan looked at the Local Authority Plan and identified where new housing developments were being planned for Telford and Wrekin.

It is important for the CCG to work with local planners to ensure that there is sufficient Primary Care capacity to meet the increase in patient population across the geography of the CCG. To enable this work further, the new housing allocations were overlaid to the practice locations map.



The second map highlights where the new housing developments have been allocated:



Examining the current estate (18 GP Practices with 9 Branch surgeries spread over 27 locations) and taking into account the additional housing allocation, the CCG was able to identify any estates challenges across the CCG.

It was identified that the priorities for the development of Primary Care Estate in Telford and Wrekin were 2 GP Practice extensions and 1 new Practice premises. The CCG is in the process of supporting these practices to submit applications to the national Primary Care Transformation Fund.

Primary Care Information Technology

The CCG IT Strategy (including a section specifically focussed around future provision of IT for Primary Care) is still in development and will set a five-year vision across the whole of the Shropshire and Telford & Wrekin area, whilst at the same time reflecting local requirements.

The CCG recognises the national requirement to improve IT infrastructure and the sharing of data. All the GP practices across Telford & Wrekin currently use the EMIS Web Primary Care Clinical System for recording patient information and any referrals for care into the Acute or Community setting are generated at a practice level and sent via the Telford Referral and Quality Service (TRAQS) using a referral management system (Integrated Care Gateway).

The CCG has however identified that in order to make a significant impact on the use of IT in our General Practices, further infrastructure and innovation is required. The CCG has prepared a case to apply for funding through the National Primary Care Transformation Fund and Local Digital Roadmap for the following projects:

- Use of collaboration or joint healthcare portals
- VoIP and conference call systems (e.g. WebEx, electronic face to face consultations and practice phone systems)
- Online consultations
- Shared Patient Records
- Mobile working for GPs
- WiFi Access
- Telehealth

GP Workforce Capacity

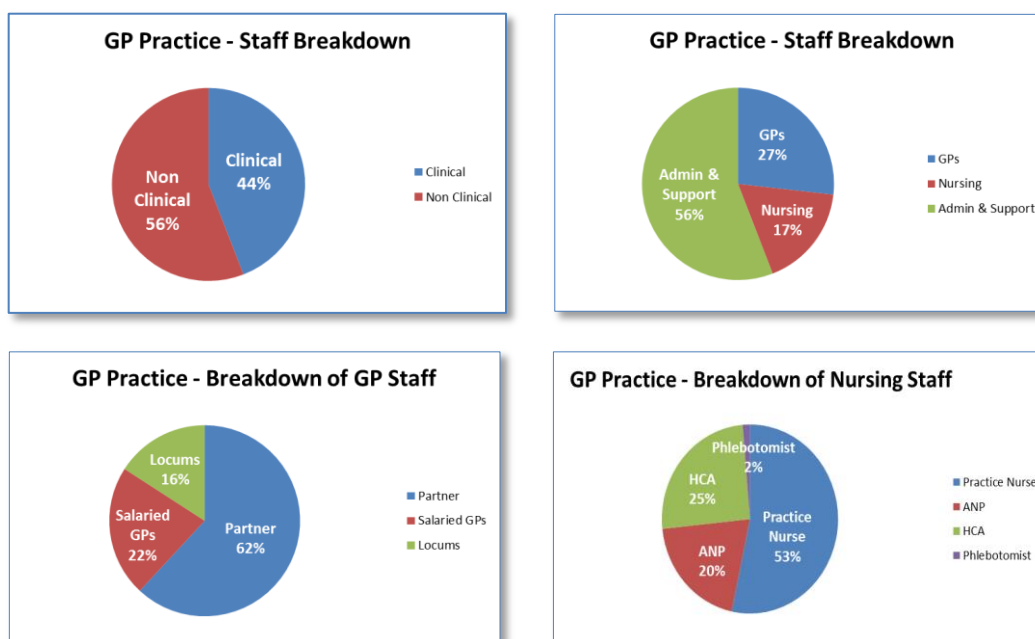
GP & Workforce Breakdown

The CCG carried out a short survey with all Practices in the CCG to determine the current structure of the workforce across Telford and Wrekin.

This data was compared with other sources of data – such as Health and Social Care Information Centre (HSCIC) [the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care] and the Primary Care Web Tool [a web based portal that makes Primary Care data accessible to GP practice staff, CCGs, area and regional teams of NHS England and other approved stakeholder organisations] – to determine the number of staff across all the Practices as well as some key ratios for benchmarking against the suggested National averages.

The breakdown of the workforce, in terms of actual head count (at the time of the latest CCG survey - February 2016) was as follows:

GPs 116 Nursing Staff 75 Admin & Support 235



In terms of whole time equivalent, the current equivalent figure is **91.33**, giving a ratio to the current patient population of around **1973** which compares favourably with the accepted national average of around 2000. However workforce capacity is highlighted as a significant risk to Primary Care and as such the CCG needs to ensure that Telford is seen as an attractive place to work.

GP and Workforce – Training and Support

One of the desired outcomes from the original CCG Strategy was to have an empowered, diverse and self-sustained workforce, which is an outcome the CCG still aspires to. There is an increasing population with a nationally decreasing workforce and there is a risk of a reduction in the quality of care provided and therefore patient safety due to an exhausted workforce.

Whilst the CCG has a reasonable whole time equivalent GP workforce ratio, there is a need to fully identify the overarching clinical workforce ratio to assess overall need.

The charts in the previous section showed the different clinical specialities currently working in General Practice; however a strategy to widen this workforce to include full multidisciplinary working e.g. Pharmacists, Emergency Care Practitioners is needed to secure the sustainability of our Primary Care Services.

The CCG does not currently have a formal workforce strategy for Primary Care with detailed plans to broaden skills across disciplines. This is needed to ensure people receive a holistic service without fragmentation and should be a priority for 2016/17.

The CCG supports GP Education, Mentoring, Clinical Leadership Development and Protected Learning Events and these continue to develop in a positive direction. To further support Practices NHS England also offers the services of the Practice Support Team.

The CCG has also recognised that further support is needed for Practice Nurses and this will be included as part of the Primary Care Workforce Strategy.

Care Quality Commission (CQC)

The Care Quality Committee is the independent supervisory body of health and adult social care in England. They ensure that services provided are safe, effective, compassionate, high-quality and encourage care services to improve. The CQC has already visited a number of Practices in Telford and Wrekin and these visits will continue through 2016.

The CCG has an aspiration to ensure that all Practices in Telford and Wrekin are rated as “excellent” in the future. This will provide our patients with additional assurance of the high quality care our GP Practices provide. The CCG shares examples of excellence with our GP Practices to ensure best practice is adopted.

New Models of Care

In October 2014, the Department of Health published their Five Year Forward View, where they outlined new models of care. Four prototype care models were defined which encouraged organisations to work together to deliver patient care.

In Section B of this Needs Assessment, the BMA outlined their vision of ensuring a responsive, safe and sustainable General Practice and part of this included increased collaboration between GP Practices. The GP Practices in Telford and Wrekin are becoming less in number, but larger in population and this will help secure the sustainable future of our GP services. The CCG is supportive of this approach and has started to have high level discussions with a number of GP Practices in Telford and Wrekin who are interested in working in a more collaborative way towards the Primary Care at Scale service model.

Telford and Wrekin PCT commissioned a number of services from GP Practices which had traditionally been commissioned from hospitals. The new models of care outlined in the Five Year Forward View outline integrated out of hospital care with local communities and whilst considering the delivery of new service models, the CCG should work with practices to not only encourage them to work collaboratively, but also on a wider scale with hospital and community colleagues.

Access

Primary Care is the first point of entry for most patients in diagnosing and treating health problems. GPs and other staff play a crucial role in treating minor medical conditions, managing patients’ long term conditions in the community and referring them for hospital treatment or social care, as appropriate.

Good access to a GP is important to patients. Poor access can cause stress and frustration for patients at a time when they may already be worried, and may prolong discomfort or pain. Prompt diagnosis and treatment are important in achieving the best health outcomes for those patients whose conditions will not get better on their own. Good access to general practice also reduces pressure on

other parts of the NHS, particularly hospital Accident and Emergency departments which, in turn, helps the health system to make the best use of its resources.

Ensuring good access to general practice is a priority for the CCG. Nationally the Government has committed to recruiting 5,000 extra doctors to work in general practice, to enable an 8 am to 8 pm service, 7 days per week, by 2020. The CCG needs to ensure that plans are in place to deliver this aspirational target. The main aspects to ensure improved access to General Practice can be summarised into the following groups:

- ***Distribution of GP practices*** - The GP Practices in Telford and Wrekin are distributed across the geography and in all cases patients have a choice of practice to register with
- ***Availability of Appointments*** – 44% of the GP Practices in Telford and Wrekin currently offer extended hours appointments to their registered patients for planned care. For urgent care, the CCG has a GP Walk-in Centre which is open to all patients 8.00am – 10.00pm 7 days a week, 365 days a year.
- ***Convenience of Services*** – The CCG needs to ensure that all patients in the CCG are able to access appointments at a more convenient time to ensure that overall patient satisfaction rates are high.
- ***Continuity of Care*** – Patients need to build a connection with their healthcare professional in order to create a relationship of trust. It is not always possible for patients to see the same GP all of the time, however the CCG needs to ensure the processes are in place for this trust relationship to remain in place, even if the patient’s “usual” GP is not available. This, as a minimum, is the sharing of patient records, as appropriate, and with the patient’s permission.

There are a number of sources the CCG has looked at to ascertain the level of patient access to GP Services.

During the second half of 2015, surveys and other activities were carried out in the Telford and Wrekin area in order to capture the views of both patients and external organisations with regard to the levels of access to GP Practices.

The following section captures the findings of these surveys:

[The Care Quality Commission \(CQC\) – View on Access](#)

During 2015, the CQC visited several Telford and Wrekin practices to assess the quality of services delivered.

Part of the inspection process looked at responsiveness and included access, opening times, extended opening hours, appointment booking methods, triage systems and consultation types.

During these inspections, the CQC rated practices they visited as “Good” or better in the Responsiveness domain. This meant that patients were able to get same day appointments if their problem was urgent. Indeed, one practice was rated as “Outstanding” in this Domain and highlighted as being particularly flexible in their appointment system, with account taken of individual patients’ circumstances and staff skill mix.

The CQC noted that in 2 practices they inspected, patients were offered longer appointments according to individual need, for example for older people or those with mental health problems. Where some patients’ first language is not English, the CQC also noted that all the practices visited had translation services available.

The GP Patient Survey (GPPS)



The GPPS is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

The latest results from the GP Patient Survey were released in January 2016.

The survey asked the following questions with specific reference to access:

- *How easy is it to get through to your GP surgery on the phone?*
- *Were you able to get an appointment with or speak to a nurse or doctor the last time you wanted to?*
- *How convenient was the appointment you were able to get?*
- *Overall would you describe your experience of making an appointment as "good"?*
- *How satisfied are you with the hours your GP practice is open?*

The most recent data is based on the January 2016 GPPS publication. 7,080 questionnaires were sent out, and 2,441 were returned completed for the Telford and Wrekin area. This represents a response rate of around 34% (compared to the National average of 35.7%).

All patients have access to a practice during core opening hours of 08:00 till 18:30 Monday to Friday, though actual opening hours vary, with one practice closing at 17:20 and two practices closing for an hour over lunchtime. 44% of patients have access to extended hours appointments with more being included as part of the Prime Minister's Challenge Fund (PMCF).

The survey also showed that 71% of Telford and Wrekin patients report their overall experience of getting an appointment as "Good" or "Very Good". However there is wide disparity between practice scores, with the one practice scoring 45%, and the highest 93%.

The GPPS reports 92% of Telford and Wrekin respondents found their appointment convenient, which is comparable to the national average. However there was wide variation locally between Telford and Wrekin GP practices, with results ranging between 79% and 100%. In addition, 75% of patients were satisfied with the opening times of their GP practice, again matching the National average.

70% of Telford and Wrekin patients found it easy to get through to their practice by phone, the same as the national average, with one practice scoring 98% and the lowest scoring practice at only 30%.

81% of patients were able to get an appointment when they wanted one compared to the national average of 85%. One practice scored 68% and one 96%.

100% of patients have access to online appointment booking, online repeat prescription requests and same day urgent appointments – although only around 30% of patients are aware of the services.

The GPPS showed that, of the people who could not get a convenient appointment at their GP practice, 25% of patients either used another service or did not see anyone at all and 3% went on to A&E or to see a pharmacist (4%).

Healthwatch Telford and Wrekin Access Survey

Also in 2015, Healthwatch undertook a patient survey across a selection of GP practices in the Telford and Wrekin area, with a specific focus on access and the need to:

- Develop a greater understanding of inequality in access to GP provision in the area
- Identify models of best practice in terms of GP appointment systems
- Identify where there is avoidable duplication or inefficiencies in primary care provision
- Develop a greater understanding of Primary Care services by comparing the experience of consumers in their local areas

The Healthwatch survey found that most participants appeared to be largely satisfied with the convenience of the time of day of their appointment with most respondents saying it was either very convenient (45.5%) or fairly convenient (40.1%). Only 5.4% of responses indicated that the time of their appointment was very inconvenient.

The survey also highlighted that, whilst all practices offered some form of online appointment booking system, only 1 patient out of the 231 respondents had actually booked their appointment online.

Healthwatch found that all surgeries included in their survey showed similar levels of disparity between how patients thought the systems worked and how they actually worked. The system may seem clear to those who work within it but to patients it can seem extremely complex and difficult to navigate.

When asked about what clinicians patients would prefer to see, over 70% would be happy to be seen by a Practice Nurse or Advanced Nurse Practitioner if their GP was not available.

Healthwatch also found that one role taken on by Practice Nurses and Advanced Nurse Practitioners is telephone triage - with some practices in Telford and Wrekin using nurses to triage all patient requests for urgent GP appointment and visits.

When patients asked if they could see a particular GP, how often this was available varied, with 33.6% saying 'yes' and 35% saying 'no'. The remaining 31.4% said that they didn't ask.

Healthwatch also asked participants if not seeing their preferred practitioner had an impact on their care. 30% of the responses indicated that it either could, or did, have an impact. Reasons given for this included:

- Different doctors not being up-to-speed with long-term conditions, forcing patients to spend time rehashing old problems
- A perception that different doctors are less helpful or not as interested in patients as they do not know them
- An inability to see a doctor of a particular gender, which can cause distress to patients
- Of those who indicated that it could have an impact on their care, 46% also said that they had long-term conditions or disabilities

Primary Care Services - Key Messages

- Contract arrangements are complex and whilst much of this is outside the CCGs control, the CCG should minimise additional administrative pressures on practices
- Health checks should be promoted and GP Practices supported to deliver this important prevention intervention
- Continue to ensure that Primary Care is supported to deliver care to complex patients and to address the clinical priorities - identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- Support practices to provide primary care at scale and deliver new models of care
- Develop a formal plan to deliver 8am – 8pm Primary Care Services 7 days a week
- Continue to support Practices with premises and IT development
- Develop a workforce strategy for Primary Care
- Share best practice to ensure high quality care
- Ensure that equitable access is available and visible for both routine and urgent care in GP Practices
- Continue to undertake patient surveys to determine their experiences and needs

Section E: Primary Care Needs Assessment

Patient, Professional & Public Engagement

Community Viewpoint - Healthwatch Patient Survey



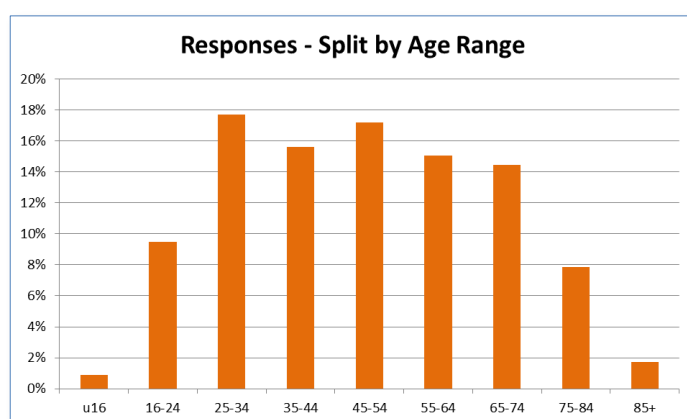
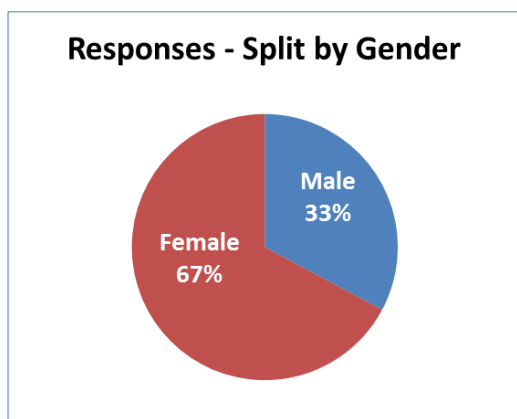
To inform this Primary Care Needs Assessment, Healthwatch were commissioned to carry out a patient engagement exercise with the population of Telford and Wrekin, ensuring that all patient groups had a voice in helping to shape the provision of Primary Care services across the region.

The project used various methods in order to raise awareness, including an online survey, links on various websites (including GP practices, Local Council, CCG), patient engagement events in the local community (including libraries and supermarkets), events at GP Practices, involvement of Patient Participation Groups, local press announcements and posters in all GP practice waiting rooms.

Patients were encouraged to fill out a short survey, either paper based or online, and the results were collated and analysed on a weekly basis to ensure a representative section of the patient population. Healthwatch were specifically asked to ensure that “hard to reach” patient group views were specifically sought.

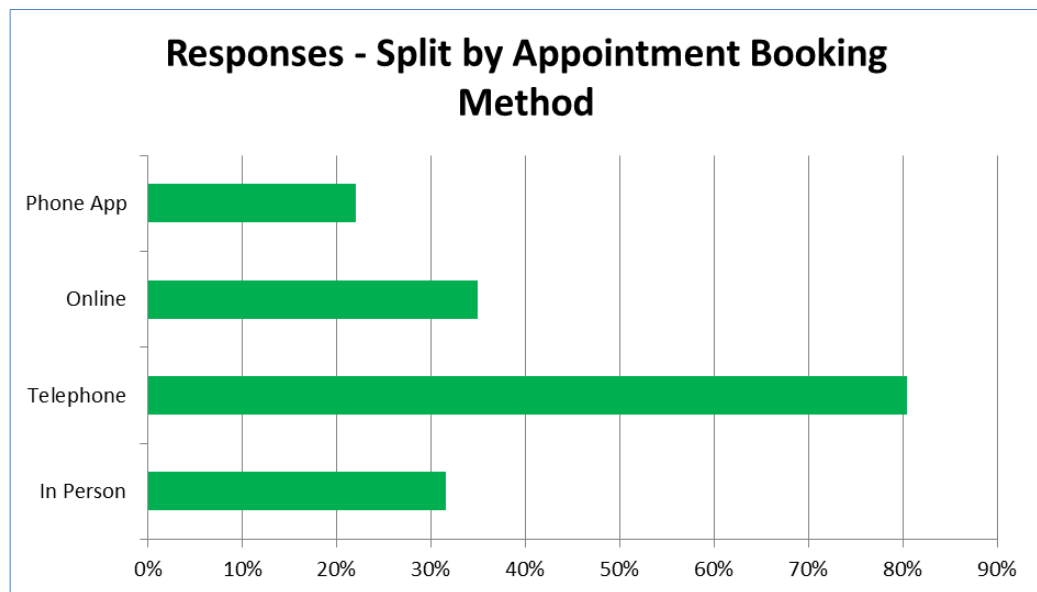
Healthwatch Survey Results:

Over 2,200 patients responded over a period of 8 weeks with patients from across all GP Practices represented. Most respondents (nearly 67%) were female and around half were aged between 25-54.

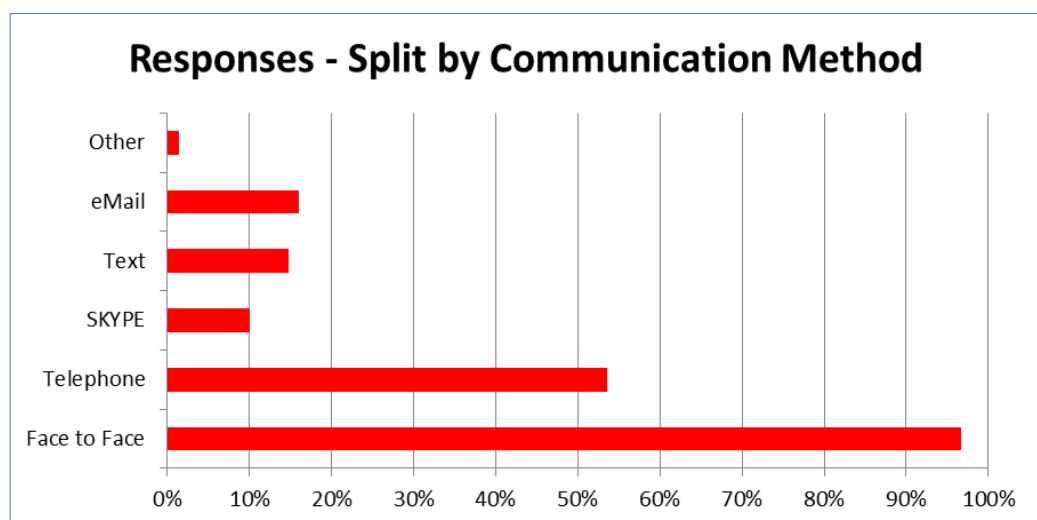


- 14% visit a GP less than once a year but over 5% visit their GP up to 3 times a year - with a growing number (nearly 26%) visiting the GP between 1 & 3 times a month. However, this figure could be distorted due to the fact that most of the patients contacted were in their Practice when completing the survey.
- Nearly 96% of patients are happy to see a GP and over 65% happy to see a Practice Nurse. As far as seeing other types of healthcare professionals is concerned, there seems to be a growing acceptance from patients, with 51% saying they would be happy to see an Advanced Nurse Practitioner (ANP), 37% indicating they would be happy to discuss their requirements with a Pharmacist and 29% would be happy to see a Physiotherapist, where appropriate.

- The majority (nearly 91%) of patients who were asked what types of information would help them to self-manage minor illnesses better, stated that online information as well as printed leaflets on common conditions would be more useful. However, just over 20% of patients would still seek to visit their GP Practice without trying to self-manage a mild condition. It is important that the CCG makes this information available to patients.
- Whilst the majority (81%) of patients indicated that they prefer to **book** their appointments by telephoning their surgery, a large number (35%) would also book online, whilst a growing number (22%) would be happy to book their appointments using a mobile phone App.



- Whilst almost 97% of patients still prefer to **see** their GP face to face, there are growing numbers who appear to want to communicate through other media such as telephone (over 53%), visually over the internet (10%), email (16%) and text (nearly 15%). This supports the need to ensure that our GP Practices have an ability and infrastructure to deliver these new ways of working.



- 84% of respondents stated they would be prepared to travel up to 5 miles to see a GP at another Practice for a quicker appointment and over 75% of respondents were happy for their medical record to be made available at another GP Practice. Over 68% said that they would

travel to their appointment by car (including by taxi) with 26% saying they regularly walk to the GP Practice

- The other main areas of feedback for improving access to GPs are:
 - Increased number of appointments – especially out of hours - to improve GP access
 - More people to answer phones at peak times - especially early morning to book same day appointments
 - Ability to book appointments several days in advance
 - Better customer service training for Reception staff
 - Better parking

Professional Viewpoint – GP and Practice Managers Survey

As well as gaining the views of patients and the public, the CCG also sought the views of local GPs and Practice Managers.

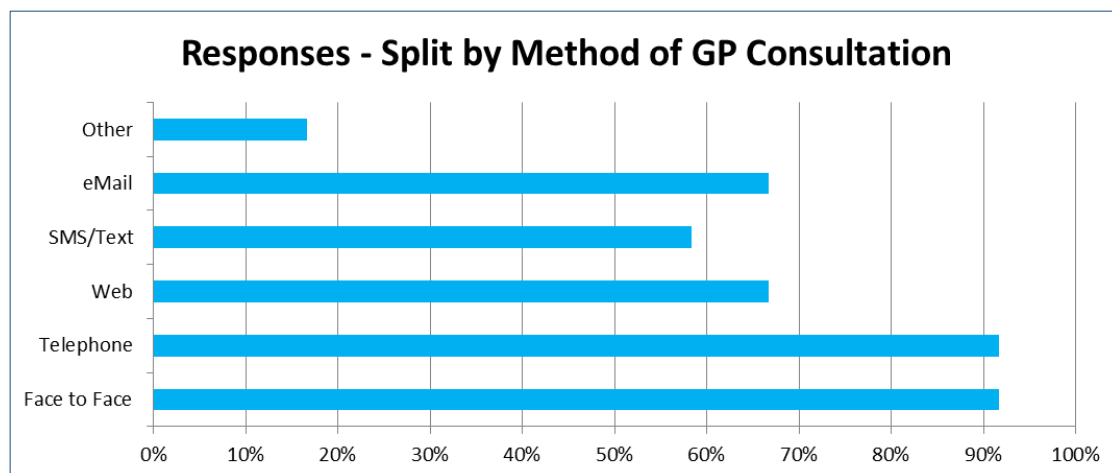
GP and Practice Managers Survey Results - Key Challenges Faced in Primary Care

The results of the survey highlighted some consistent responses with the following being the most frequently raised challenges facing local General Practice:

- Managing patient expectations and lack of time to spend with individual patients
- Managing additional work being moved from Secondary Care into Primary Care especially for the more complex care patients
- Liaison with secondary care and community services
- Recruitment and retention is becoming more challenging
- Too much bureaucracy and reporting in the system
- Reduction in revenue streams
- Increasing patient numbers with complex needs

The Survey also covered areas such as methods of contact with patients, flexibility of services in the area and use of technology for improving patient access:

- Many GPs indicated they were willing to use Face to Face or Telephone to have a consultation with their patients, however 67% of respondents said they would be happy to use face to face electronic methods (such as SKYPE or WebGP or eConsult type services) and others indicated the use of SMS/Text (58%) and eMail (67%). Interactive 'My Health' webpage to communicate with patients was also suggested



- Just over half of the GPs indicated they would be happy for patients to travel to other locations for Primary Care services and (92%) indicated they would be happy for their patients to be seen elsewhere for other appropriate services
- With direct reference to patient access, Practices offered a range of same day urgent care appointments as well as pre-bookable appointments, however the delivery is not consistent across Practices
- Where patients are able to book same day Urgent care appointments, most surgeries (67%) offered GP Triage, with half also offering Nurse Triage
- More than half the surgeries indicated that they did not offer walk in appointments as it was difficult to manage the unplanned demand
- Most surgeries (92%) still offer Face to Face advice for minor illness. However, there is an indication of a willingness to move to offering advice online (75%). Just over half of respondents indicated that they already use the Voluntary/Charitable Sector to help signpost patients to appropriate services
- GPs have indicated that they would be happy to strengthen their workforce with other professionals including Pharmacists, Social Workers, Voluntary Sector, Physiotherapists, Advanced MSK Practitioners and a range of more specialist nurses
- It was universally indicated that all Practices that responded would be open to working with other practices in various ways, with the majority suggesting sharing of back office functions

Patient, Professional & Public Engagement – Key Messages

- The overriding theme between the patient and professional survey results is identified as the need to improve the use of technology and access to information to manage patient care
- Patients indicated that they are happy to travel further to get better access to good quality care and GP Practices are open to exploring how practices can work together
- Patients would like more availability of appointments outside current opening hours and would like better access to appointments both bookable in advance and on the day
- Patients would like reception staff to improve their customer care and to answer calls promptly
- GPs are feeling the effect of care closer to home and the additional workload being received from secondary care. This, together with increasing numbers of patients with complex conditions, increasing reporting and a reduction in revenue, is causing unwarranted pressures on Practices
- The development and sustainability of the Primary Care workforce is also highlighted as a concern

Section F: Summary of Priorities

The purpose of this document was to understand the need in Primary Care from a Patient, Commissioning and Provider perspective. The CCG has followed a process which has helped deliver a better understanding of Primary Care and what the priorities should be for the Primary Care Strategy 2016/17 and beyond.

Taking into consideration the Primary Care Needs Assessment key messages identified from the vision, strategic context, population needs, existing primary care services and the views of patients and GP practices, **the priorities for 2016/17 should be:-**

Recommended Priorities for 2016/17

- Promote patient activation and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
- Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs and build relationships to ensure the sustainability of Primary Care for the future
- Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week
- Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
- Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
- Develop a long term workforce strategy for Primary Care
- Promote and develop a culture of continuous improvement and shared learning
- Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care