

**Report:** To provide an overview of the current position of GP services in the NHS High Weald Lewes Havens (HWLH) Clinical Commissioning Group (CCG) area of East Sussex; and support for these services provided by the CCG

**To:** East Sussex Health Overview and Scrutiny Committee

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## **Background**

Health and social care services are facing unprecedented pressures with demand rising against a relatively static funding environment. Demand on primary care services and general practice in particular is growing at a record rate at a time when workforce challenges are also increasing.

General Practitioners (GPs) play a pivotal role in providing preventative and primary general medical care to their local population, advising on health promotion, coordinating and providing chronic disease management, diagnostics and early intervention, to support patients to manage their own care wherever possible in their homes. It is estimated that over 80% of urgent care is managed in primary care settings.

Specific pressures and challenges facing primary care and general practice include:

- A growing and ageing population
- Increasing complexity of patients both physical and mental health needs
- Increasing patient expectations
- Rising demand and workload pressures
- Emerging financial pressures and the requirement to deliver efficiency savings
- Threats to the sustainability of general practice in its current form
- Workforce challenges including:
  - Reduced number of entrants choosing General Practice as a specialty
  - National recruitment difficulties, multiple vacancies
  - Ageing workforce profile
  - Retention issues
  - Morale issues
  - Impact of Brexit and resulting tighter immigration controls that may apply

The geographic profile of HWLH CCG area is varied, from coastal towns in the Havens in the South, through the larger towns in Lewes and Uckfield, to the rural areas of the High Weald. The demographic profile is also varied, with a higher than

national average older population and pockets of less affluent patients residing across all areas, but primarily in the south of the CCG area.

As there are no acute providers within the CCG boundary approximately 85% of referrals from primary to secondary care are to out of county providers

**ONS Predicted Population Growth ('000s) shown by Community Education Provider Network (CEPN) grouping**

CCG (CEPN)	Age group	2017	2027	2037	Growth +/-	%age growth
Learning Together (B&H CCG and HWLH CCG)	<19	117	125	128	11	9.1%
	20 – 64	329	342	349	20	2.6%
	>65	106	129	162	57	50.0%

Although HWLH CCG patients primarily report healthier outcomes, in the area of the Havens, incorporating Newhaven and Peacehaven, statistics are significantly worse than East Sussex for the following; 21% GP reported prevalence of smoking in people aged 15+ (21%), GP reported asthma (7%), with 2.4% GP reported Chronic Obstructive Pulmonary Disease (COPD), 7.4% GP reported diabetes in people aged 17+, and 5.9% GP reported chronic kidney disease in people aged 18+. HWLH also has one of the oldest populations in the country with more than 25% over 65, and with age comes frailty and illness.

Practice profiles	HWLH
Single-handed practices	0
Partnerships	20
Lowest list size	3251
Highest list size	12652
Practice closures	2
Practice mergers	0

The CCG is a membership organisation, comprised of 20 practices of variable size and was in the first wave of CCGs to assume delegated responsibility for commissioning primary care. However, the committee should be reminded that GPs remain small independent businesses who hold contracts in perpetuity with NHS England and therefore can at any stage submit 6 months' notice of termination of their contract. In addition, the contractual levers which can be utilised by the CCG are different from those with acute and community NHS Trusts.

A breakdown of the GP demographics, providing age profiles of GPs in the CCG is provided below.

**Workforce profile**

CCG	% GPs under 35 years	% GPs 35 – 54 years	% GPs aged 55 years and over	% Unknown
NHS High Weald Lewes Havens	16.2	67.8	16.0	2.7

As of 1<sup>st</sup> March 2018, the population of 170,000 patients is served by 20 surgeries, 4 practices having branch surgeries and consequently providing Primary Care to patients from 27 surgery sites. GPs are required to provide essential and urgent medical services to their patients between 08.00 to 18.30 hours weekdays, and this is provided by a workforce comprising of GPs, Paramedics, Physicians Associates, Practice Nurses, and Health Care Assistants. Each surgery employs a different combination of clinical staff which is determined by a number of factors including the needs of the patients. Practices also have the option to provide Extended Hours under a Directed Enhanced Service (DES) outside these times, of which 17 out of 20 Practices do.

Despite increases in population size, the CCG has seen a decrease in the available General Practice workforce of 5% in Whole Time Equivalents (WTE) and 6% decrease in overall headcount.

**Current Position**

Since the formation of the CCG in 2013, there have been two surgery closures, both single handed GP surgeries; Central Surgery in June 2014 and Foxhill Medical Practice in December 2016. In each case the patients (2,500 and 2,800 respectively) were dispersed to neighbouring practices in Peacehaven. As a result, Rowe Avenue Surgery and Meridian Surgery practice lists grew from 6,179 to 6,782 and 10,489 to 12,438 respectively over that time.

The national challenges to GP recruitment have been evident, and until recently the practices in our area have managed the pressures. However, the inability to recruit partners and salaried GPs has affected some of the rural areas where surgeries have historically been managed with a main surgery site and a branch surgery (or surgeries) which open for a limited number of sessions. The difficulty to recruit has manifested in rural practices having to consolidate the clinical workforce and this has resulted in the closure of one branch surgery and the proposed closure of another.

Wadhurst Medical Group, a partnership of five GPs, was unable to recruit to replace a partner of 28 years, despite advertising for 2 years. With the planned increase in housing and thus patients, the partners reviewed their ability to maintain safe services across three sites (Wadhurst, and two branch surgeries; Frant and Ticehurst) and applied to vary their GMS contract and close the site at Frant. This village surgery provided care for a population of 700 local patients, and also provided

this population with a dispensary. All patients retained registration with Wadhurst surgery, and consequently did not have to re-register with another practice, however they do have to travel 7 miles to the main surgery in Wadhurst.

The partners at Rotherfield Surgery have similarly been unsuccessful in recruiting another partner over the past two years. In order to continue to provide safe services the partners proposed to close the Rotherfield surgery site, increasing the clinical capacity at The Brook Surgery site, one mile away, where all 7.000 patients from both the Rotherfield and The Brook sites could be seen. Following the public meeting, the Practice Partners and Parish Council are exploring options to maintain service provision from both sites with the plan for the Parish Council to buy the premises and retain a presence of the GPs in the village.

There are considerable housing developments proposed in Uckfield, Wadhurst, Heathfield and the Havens, each with several hundred homes proposed. In addition smaller level infill continues and there is a smaller but still considerable proposal for additional homes in Crowborough. Recently, purpose-built large nursing homes have been constructed, with a further 60 bedded unit opening in Ringmer. This adds to the increased pressure on primary care workforce.

All these developments pose significant challenges to the provision of existing primary care services, both in terms of infrastructure and workforce.

### **CCG Support for General Practice**

Support for General Practice from the CCG can be categorised in a number of ways as follows

- Promotion of, and support for new Models of Care
- Initiatives to reduce increasing pressure on primary care
- Investment in extended access to primary care for patients

### ***New Models of Care***

To assist with easing pressures, the practices in the Havens are currently considering options of working more closely together in both Peacehaven and Newhaven, which will increase resilience. Currently one practice in Newhaven is 2 WTE GP partners short of optimum headcount; and the two Peacehaven practices are anticipating losing more of the GP workforce over the next 6 months.

In Lewes, the three practices, River Lodge, School Hill and St Andrews surgeries, have been successful in gaining a small amount of funding from the NHS England Estates and Technology Transformation Fund, which is assisting in their plans to build a new Lewes Health Hub (current working name) which will house all three practices and enable new and innovative ways of working with health and social care integration through a Primary Care Home model. The practices have been successful in becoming part of the second wave of the National Association of Primary Care (NAPC) and are receiving guidance and support to assist with their plans. The proposed date for completion is 2020.

### ***Initiatives to reduce increasing pressure on primary care***

High Weald Lewes Havens CCG has been successful in bidding for international GP recruits. Across the Sussex and East Surrey Sustainability and Transformation Partnership (STP) area a total of 80 recruits will be brought to work with practices in all CCGs, with seven practices in HWLH expressing interest in accepting one of the new GPs who will be integrated into the practices from the end of 2018.

Increasing population and demands on Primary Care continue to cause pressures which require a variety of new ways of working and additional funding to improve as follows.

#### **1) The introduction of 10 high impact changes identified by NHS England in HWLH**

7 practices have gained benefit from this and we are in process of getting feedback to try and encourage other practices to take up the scheme.

These are all aimed at reducing GP workload, freeing up GP time to concentrate on clinical work, and improving the quality of the working day.

#### **2) Medicines Management**

Clinical pharmacists and technicians sit within individual practices reviewing medicines currently prescribed, evaluating polypharmacy (the concurrent use of multiple medications by a patient), carrying out home visits, and answering medicine queries for the GPs

The POD is a CCG based telephone service managing routine repeat prescription requests. Such requests place a considerable burden on GP time in and out of hours.

#### **3) Enhanced Healthcare in Care Homes (EHCH)**

EHCH is a CCG commissioned service to improve the level of care to nursing homes by incentivising GPs to undertake weekly proactive rounds and develop detailed care plans. As well as improving patient care, this increases professional satisfaction for GPs through the provision of protected time to carry out this work. They are supported by the CCG medicines management team who carry out detailed medicines reviews on all residents which can also take a lot of GP time. In addition, GPs have access to consultant geriatrician support for more complex patients.

#### **3) Community geriatrician service**

Started as a pilot in the Havens and has now been rolled out to the whole CCG. GPs now have the facility to refer complex patients directly to a consultant working in the community for face to face consultations either in surgery or in the patient's home. This is reducing the number of multiple home visits the GPs have to do as well as reducing admissions to hospital

The geriatricians are also supporting the community hospital multi-disciplinary team (MDT) rounds helping to treatment plan patients, a role which previously feel to GPs, often for patients not registered to them. This frees up time for GPs to concentrate more on core services for their registered lists.

The Geriatricians also support the GPs in their enhanced nursing home work

#### **4) Lewes Health Hub**

The Lewes Health Hub, plans for which were presented to a previous committee meeting by Dr Phil Wallek, is a project whereby the three practices in Lewes are joining forces to provide a Primary Care Home method of care incorporating the transformation of Lewes Victoria Hospital Minor Injuries Unit into an Urgent Treatment Centre (UTC) with GP cover, able to see and treat both minor injuries and minor illnesses. This will significantly improve ease of access for patients. CCG plans for a UTC were previously presented to the committee as part of the new Community Services contract with Sussex Community NHS Foundation Trust, previously labelled as Minor Injuries and Minor Ailments and Illnesses (MIAMI) units.

The CCG has encouraged and facilitated the discussions from the beginning and continues to do so as well as offering management support and signposting to additional funding streams. It has also brokered the discussions between the practices and the community provider.

#### ***Investment in extended access to primary care for patients***

As mentioned earlier, 17 out of the 20 practices provide the NHS England extended access Directed Enhanced Services (DES) for pre-booked appointments. These appointments are offered to patients outside regular surgery hours, including evenings and at weekends, according to local demand. The CCG is also currently involved in a procurement process to commission the NHSE General Practice Forward View Improved Access initiative to provide additional access for one and a half hours from 18.30 to 20.00 Monday to Friday and weekend cover to meet local population needs. HWLH has a procurement plan to enable this mandated service to be commissioned and in place by October 2018.

#### **Conclusion**

The provision of primary care services in High Weald, Lewes and the Havens is not exempt from the challenges faced nationally in terms of demand; and availability of the workforce. The committee is asked to note the current position of member GP practices and the initiatives being undertaken to address the issues faced.