Item 8: Provision of GP Services in Kent – discussion paper

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To: Health Overview and Scrutiny Committee, 16 September 2021

Subject: Provision of GP Services in Kent – discussion paper

Summary: The Kent and Medway Clinical Commissioning Group will be bringing a paper to the Health Overview and Scrutiny Committee in November 2021.

This paper provides background to the subject which may be useful to Members. Members of the Committee are invited to submit questions for the CCG ahead of the November meeting.

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1) Introduction

a) HOSC has raised concerns about the provision of GP services locally. Members have raised concerns about the quality of services, the use of virtual instead of face-to-face appointments, and access issues.

b) The Kent and Medway CCG were invited to present a paper at today's meeting, but unfortunately the relevant senior managers are unable to attend due to a conflicting schedule with the Primary Care Commissioning Committee meeting.[1]

c) To ensure Members get the most out of their time with the CCG in November, Members are encouraged to submit questions ahead of the meeting so the CCG can prepare full responses. Questions can be raised at today's meeting, or submitted via the Clerk.

d) The following report seeks to provide some background information into how GPs work, what issues have been recognised nationally, and suggestions for lines of enquiry the Committee may wish to pursue.

2) A basic introduction to GPs

a) All doctors working as a GP in the UK health service must be on the GP Register (maintained by the General Medical Council) and have a licence to practise.

b) There are a range of ownership models for General Practices, from single-handed practices to small partnerships with salaried GPs to larger companies that provide GP services. Most GPs are now part of a Primary Care Network

[1] Meeting details for the Primary Care Commissioning Committee can be found online via this address: https://www.kentandmedwayccg.nhs.uk/news-and-events/events/event-details?occurrenceID=522

(PCN), which is a group of practices working together (there are 42 across Kent and Medway).

c) The formal responsibility for commissioning primary care services sits with NHS England. However, CCGs have increasingly taken on delegated powers, whilst adhering to national guidelines.

d) GP practices must hold an NHS GP contract to run an NHS-commissioned surgery. The contracts set out mandatory requirements as well as making provision for other services practices may choose to deliver. There are three types of GP contract:

i) **General Medical Services (GMS)** - the national standard GP contract, and most commonly used.

ii) **Personal Medical Services (PMS)** – this is being phased out, but currently allows CCGs or NHS England to negotiate with local practices (as opposed to agreed nationally, like the GMS).

iii) **Alternative Provider Medical Services (APMS)** – allows private companies and third sector providers to provide primary care services, as well as allowing GPs to offer services outside of the "core" ones.

e) The GP contract will set out the geographic or population area to be covered. It will also set out which of the five services are to be provided:

i) essential services (to be offered 8am – 6.30pm Monday – Friday);
ii) out-of-hours services (practices can opt out of providing this, though commissioners will then need to find alternative provision);
iii) additional services (such as minor surgery);
iv) enhanced services (which GPs can opt in to provide);
v) locally commissioned services (which are set locally and GPs can opt in to provide.

f) GP funding is complex, with sources including:

i) The **global sum payment** – money for delivering the core parts of the contract. The level of fund is based on a practice's patient workload and certain unavoidable costs, as well as out-of-hours and enhanced services if these are provided. It is not calculated on the actual recorded delivery of services, but pays a weighted sum for each patient on a practice's list.
ii) The **Quality and Outcomes Framework** – a voluntary programme where practice's can sign up to receive additional payments if they show good performance against certain indicators.
iii) Premises – lease costs or mortgage payments are generally reimbursed.
iv) Payments for providing enhanced services.
v) Fees for private services (e.g. sick certifications and travel prescribing).

g) Workforce costs are usually the biggest expenditure for a practice. GP partners are paid from the money that remains once all other expenditure has

happened. They are personally liable for any losses made by the practice. Salaried GPs receive a contracted wage, but they are not a Partner in the business nor own shares in it.

h) GP practices are regulated by the Care Quality Commission.

3) Issues around provision of services

a) GP surgeries across the country are experiencing significant and growing strain with rising demand, practices struggling to recruit staff, and patients having to wait longer for appointments.[2]

b) The British Medical Association (BMA) reports that the number of patients per practice is 22% higher than it was in 2015, but the GP workforce has not grown with this demand. There are now just 0.46 fully qualified GPs per 1000 patients in England - down from 0.52 in 2015. This compares with an average of 3.5 in comparable nations.[3]

c) Current efforts to train more GPs are proving successful; in 2019 the highest number of GP training places were accepted in the history of the NHS. Despite this, the number of full-time equivalent GPs has decreased as there are more GPs leaving the profession or reducing their hours. The reasons cited by GPs for retiring early or reducing their working hours often focus on their unsustainable workload and pension issues.[4]

d) The Kings Fund considered ways in which access to GPs may be improved. Ways included:

i) Improving doctor retention - work is being undertaken in this area, with methods including financial and educational support, and better access to mental health support.
ii) Addressing the pension issue will require action from HM Treasury and the Department of Health and Social Care.
iii) The NHS long term plan committed to expanding the number of wider professionals working in general practice (such as physiotherapists, nurses, clinical pharmacists and mental health professionals), and that commitment is supported by significant investment in the new GP contract framework. More diverse teams will enable practices to offer person-centred care and reduce the workload of individual doctors.
iv) Utilising technology and recognising the impact this can have on supporting access and capacity.
v) Alternative provision, such as access hubs and placing GPs in Accident & Emergency departments (Evidence suggests that these services, particularly hub models, can sometimes create new demand rather than diverting existing demand).
vi) Extending opening hours.

[2] BMA (2021) Pressures in general practice
[3] ibid
[4] Kings Fund (2020) Why can't I get a doctor's appointment? Solving the complex issue of GP access

e) The report noted that access was only one aspect of service provision, with coordination or continuity of care just some of the others which are just as important (if not more than).

4) Scrutiny by HOSC

a) HOSC's Terms of Reference (see 17.138 in KCC's Constitution) task the Committee with scrutinising the provision of health services in Kent. The Kent and Medway CCG, and Local Medical Committee, have been invited to attend today's meeting and answer questions around the provision of local GP services.

b) Members may wish to ask questions around:

- What is being done locally to improve the recruitment and retention of doctors?
- What alternative primary care provision is being introduced?
- What role can technology play in improving service provision?
- What is the local ratio of fully qualified GPs per 1000 patients?
- What is the level of demand on services and what is the direction of travel?
- What is the average waiting time for an appointment and does this vary across the county?
- What percentage of practices are rated "good" or "outstanding" by CQC?

5. Recommendation

RECOMMENDED that the Committee notes the contents of this paper and submits any questions to the Clerk ahead of the next meeting.

Background Documents

Kings Fund (2020) GP Funding and contracts explained, https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained

Kings Fund (2020) Why can't I get a doctor's appointment? Solving the complex issue of GP access, https://www.kingsfund.org.uk/publications/solving-issue-gp-access

BMA (2021) Pressures in general practice, https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice

Kent & Medway CCG, Primary Care Networks, https://www.kentandmedwayccg.nhs.uk/about-us/who-we-are/primary-care-networks

General Medical Council, https://www.gmc-uk.org/

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