

Scoping Document

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| Review Topic (Name of review) | GP Services Task and Finish Group |
| TFG Committee Members | Councillors Margaret Bell, Keith Kondakor, Penny-Anne O'Donnell (SDC), Anne Parry, Dave Parsons, Pam Redford (WDC), Jerry Roodhouse and Jill Simpson-Vince. |
| Co-option of District and Borough members (where relevant) | District and borough council representation has been sought to ensure local input from each of the five areas of Warwickshire. Councillors Penny O'Donnell (SDC) and Pam Redford (WDC) appointed. Councillor Margaret Bell represents both WCC and NWBC. |
| Key Officers / Departments | John Linnane (Director of Public Health), Emily Fernandez and Gemma McKinnon (Public Health) |
| Lead Democratic Services Officer | Paul Spencer |
| Relevant Portfolio Holder(s) | Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health |
| Relevant Corporate Ambitions | The Health and Wellbeing of all in Warwickshire is protected |
| Type of Review | Task and Finish Group (TFG) |
| Timescales | Complete review and report to the March 2018 Adult Social Care and Health Overview and Scrutiny Committee |
| Rationale (Key issues and/or reason for doing the review) | Identifying the problems that exist now and those anticipated in the future, including the aging population, increasing demands on health services, at the same time as decreasing GP numbers. |
| Objectives of Review (Specify exactly what the review should achieve) | To gain an understanding of service demand and levels of pressure on GPs. Identifying the potential areas to reduce these pressures and particularly areas where the County Council has an influence, including the Health and Wellbeing Strategy and CCG strategies. An education role to reduce wasted/unnecessary GP appointments and directing people other services including pharmacies or NHS helplines, where these are appropriate. |

Scope of the Topic
(What is specifically to be included/excluded)

Include - There are four main themes

1. Primary Care profile in Warwickshire to include resources, demand, outcomes, quality:
 - Consideration of the GP Five Year Forward View: <https://www.england.nhs.uk/gp/gpfv/>
 - Mapping of services. Examine current GP service capacity and future capacity based on predicted population growth. Use waiting times for non-urgent appointments and the availability of emergency appointments as indicators.
 - Establishing a baseline of what constitutes 'good practice', which could include co-located services, alternative models of service delivery, out of hospital commissioning and from this learning, to share the good practice with others.
 - Qualitative research on comparative demands for health services.
 - Review recent CQC and Healthwatch data for Warwickshire GP practices.
2. Primary Care Estate
 - Seek information on the CCG 'estates', their adequacy for the next 10 years and additional planned provision of medical centres and GP practices, being mindful of the 'other work being undertaken' section below.
 - Travel distance to the GP and the proportion of patients who aren't registered with a GP.
3. Response to population changes and local plans
 - Patient migration. This will include the implications of older people housing developments and the costs of providing medical services for those with complex/greater medical needs.
 - Explore with CCGs how they interact with the planning process to secure financial contributions for health services from new developments and the 'triggers' for release of funds.
4. Community Resilience and Social Prescribing
 - Examine how the One Organisational Plan contributes to social prescribing, the sustainability of the voluntary sector and the increasing reliance on this sector. It is important to focus on the areas where the County Council has most influence, also avoiding duplication of work as there is a planned review of community resilience due to be scoped shortly.

Does not include

- Patient experience, screening services, health checks and self-harm are outside the review's scope.

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| <p>How will the public be involved? (See Public Engagement Toolkit / Flowchart)</p> | <ul style="list-style-type: none"> • Ask Healthwatch Warwickshire to contribute as the patient voice and given the extensive work on GP 'enter and view' visits. • Invite representatives of the Patient Participation Group Chairs' forum. • Review CQC patient surveys. |
| <p>What site visits will be undertaken?</p> | <p>No site visits are planned.</p> |
| <p>How will our partners be involved? (consultation with relevant stakeholders, District / Borough reps)</p> | <ul style="list-style-type: none"> • Involvement of the three clinical commissioning groups, Healthwatch Warwickshire and the Patient Participation Group Chairs. Also, meet with the local medical committee (GP representatives) and the local pharmaceutical committee |
| <p>How will the scrutiny achieve value for money for the Council / Council Tax payers?</p> | <ul style="list-style-type: none"> • Provide evidence, conclusions and recommendations for consideration and implementation both within the County Council and by its partners. • Explore the synergies that can be achieved from partnership working. |
| <p>What primary / new evidence is needed for the scrutiny? (What information needs to be identified / is not already available?)</p> | <p>The following people be invited to contribute:</p> <ul style="list-style-type: none"> • The three clinical commissioning groups, Healthwatch Warwickshire and the Patient Participation Group Chairs. • Kushal Birla - the County Council's lead officer on social prescribing. • Paul Tolley, CAVA - the voluntary sector perspective on social prescribing • The local medical committee (GP representatives) and the local pharmaceutical committee • Mark Ryder, Chair of the County Infrastructure Group |
| <p>What secondary / existing information will be needed? (i.e. risk register, background information, performance indicators, complaints, existing reports, legislation, central government information and reports)</p> | <ul style="list-style-type: none"> • General Practice Five Year Forward View Document. • CCG briefing and overview of the key work programmes • Director of Public Health to pull together a GP data pack of key information, with patient numbers per GP and patient profiles, working with the Observatory and others, the data pack to be disaggregated for each district/borough area, if possible • Links to web sources including the CQC inspection reports and Healthwatch 'enter and view' visits to GP surgeries. • Data on CCG estates and an infrastructure spreadsheet. |

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| <p>Indicators of Success – (What factors would tell you what a good review should look like? What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p> | <ul style="list-style-type: none"> • The review should conclude with a report containing a series of recommendations to the Overview and Scrutiny Committee, Cabinet and partners outside the County Council. This may identify further areas for consideration as subsequent reviews. |
| <p>Other Work Being Undertaken (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)</p> | <p>There is a range of work being undertaken around GP service planning:</p> <ul style="list-style-type: none"> • All three CCGs as commissioners of primary care have undertaken an utilisation exercise to understand the capacity within the current estate. This also factors in planned housing growth to highlight how existing estate would manage growth. • From these plans the CCGs produced strategic estates plans which identify any potentially estate opportunities and constraints across the locality. These also factored in the emerging STP work and GPFV • Alongside these strategic plans the CCGs host regular Local Estates Forums (LEF) with a range of health and local authority partners to discuss health infrastructure on a locality by locality. It is here that discussions around S106 requests, responses to planning applications and general estate updates are given. • These groups feed into the wider STP Estates Strategy Group which is where discussions aligning to any estate plans are held and where governance dictates that any new plans and/or disposals have to go through the group to be approved. • For SWCCG the GP practices attend on a rotating basis, dependant on the locality focus and this is where main engagement takes places and opportunities for CCG, providers and GPs to have an open discussion • For WNCCG each project has a smaller team and within the engagement with GPs takes place. |