

<b>Subject:</b>	<b>Primary Care in Brighton &amp; Hove</b>		
<b>Date of Meeting:</b>	<b>16 October 2019</b>		
<b>Report of:</b>	<b>Executive Lead for Strategy, Governance &amp; Law (Monitoring Officer)</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 01273 295514</b>
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<b>Ward(s) affected:</b>	<b>(All Wards);</b>		

**FOR GENERAL RELEASE**

**Glossary**

- Primary Care – services provided by NHS GP practices (the term can also be used to include NHS dentistry and community pharmacies and opticians)
- CCG – Brighton & Hove Clinical Commissioning Group – NHS body responsible for the bulk of city healthcare commissioning
- PCN – Primary Care Networks – integrated primary health, community health and social care etc. networks serving populations of c 50,000.
- QOF – Quality Outcomes Framework. QOF is a voluntary reward and incentive programme that rewards GP practices in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.
- NHS LTP – NHS Long Term Plan. The LTP is NHS England’s strategic plan to sustain and improve NHS services

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 This report, requested by the HOSC Chair, provides an update on primary (GP) care in Brighton & Hove and outlines planning for the future development of services, including the establishment of Primary Care Networks (PCN) across the city.
- 1.2 Information provided by Brighton & Hove Clinical Commissioning Group (CCG) is attached as **Appendix 1** to this report.

**2. RECOMMENDATIONS:**

- 2.1 That the Committee notes the information contained in this report.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 There are xx GP practices in Brighton & Hove providing primary healthcare services to local residents. Whilst GPs play a key role in delivering these services, so increasingly do nurses, pharmacists, paramedics and other clinicians.
- 3.2 GP practices are generally small, private businesses which contract with the NHS. CCGs are responsible for commissioning and managing these contracts.
- 3.3 When the HOSC has scrutinised GP services in past years, some issues have received particular attention. These include:
- **The ratio of patients to GPs.** This has historically been high in Brighton & Hove (i.e. more patients per GP than the England average). However, it is not simply the case that a low patient/GP ratio is good and a high one bad. For example, a practice featuring relatively few GPs could have practice nurses, pharmacists etc. providing an excellent level of care. Members have previously voiced concerns about the number of GPs in the city and the impact this may have on services, particularly in terms of patients getting appointments.
  - **The geographical spread of GP practices.** As private businesses, GP practices have a degree of freedom in where they are based, and practices will not necessarily be evenly distributed across a geographical area. However, an uneven distribution of practices can mean that some communities have significantly worse access to primary care than others. This problem may be exacerbated if these communities also experience worse health outcomes – e.g. due to high levels of deprivation. HOSC members have previously expressed concerns about the east Brighton and Hangleton in terms of GP coverage.
  - **GP practice sustainability.** Recent years have seen increasing pressures on GPs across England, with an unprecedented number of practices closing. Problems include the ‘partner’ model of practices, increasing workload and a lack of newly qualified doctors choosing to enter general practice. Small practices are particularly exposed to these pressures. Brighton & Hove has a high number of smaller practices, and there have been a number of closures in recent years. It should be noted that closures are not the same thing as mergers – i.e. where two practices choose to combine, often in new purpose-built premises. Mergers can create problems (e.g. the loss of coverage in a particular area), but they also enhance sustainability by providing greater economies of scale.
  - **Quality.** There is no simple measure of the quality of GP practices. Individual practices are inspected and rated by the CQC. There is also an annual NHS patient survey that provides feedback about user perceptions of services. Practices can also be benchmarked within and across localities by looking at performance data – particularly in terms of QOF scores, although there are issues with using this data to make direct comparisons (e.g. QOF is voluntary and not all practices participate fully; some QOF measures may say more about the local demographic than the quality of GP services).

- 3.4 The NHS has significant plans to improve GP services, perhaps particularly in terms of the NHS LTP drive to establish Primary Care Networks (PCN). More details of this planning is included in the CCG's submission (**Appendix 1**).

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 Not relevant to this information report

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 None in relation to this report

#### **6. CONCLUSION**

- 6.1 Members are asked to note the CCG's update on city primary (GP) services.
- 6.2 Members may wish to consider the themes identified by previous scrutiny of city primary care

#### **7. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 7.1 Not relevant to this report for information

##### Legal Implications:

- 7.2 There are no legal implications to this report

*Lawyer Consulted: Elizabeth Culbert; Date: 01/10/2019*

##### Equalities Implications:

- 7.3 Primary health services are disproportionately used by some protected groups – e.g. people with disabilities, older people. Poor quality or hard to access services may have a particular impact upon these groups.

##### Sustainability Implications:

- 7.4 Primary healthcare in Brighton & Hove has historically been delivered by a large number of small practices. The direction of travel is seemingly towards fewer, purpose-built surgeries. This may have implications for sustainable travel as patients are required to travel further for services and members may be interested in the steps taken to ensure that new surgery sites can be readily accessed by public transport.

##### Any Other Significant Implications:

7.5 None identified

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information provided by Brighton & Hove CCG

### **Documents in Members' Rooms**

None

### **Background Documents**

None