



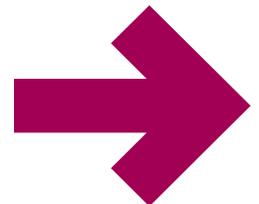
General Practice Clinical Capacity in Enfield

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Director of Primary Care
Commissioning

13th October 2015

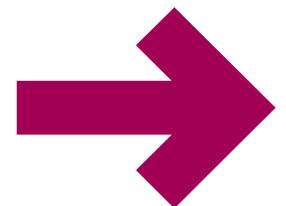
Brief

- Discuss the provision of and access to GP surgeries in Enfield



Hot issues

- Population growth in Enfield (existing and predicted clinical capacity)
- Unregistered patients
- Chase Ward population and where practices are located
- Access to appointments
- PMS reviews



Content

1. National context - Funding in primary care (2015/16) to improve capacity and access
2. GP Contracts and Workforce in Enfield
3. Current clinical capacity and provisions of access across Enfield
4. Patient views on access
5. Future prediction for clinical capacity (Population Growth)
6. Future plans, what are the priorities to address capacity and access
7. Summary / Conclusion

National Context – Funding in primary care (2015/16) to improve capacity and access

- Primary Care budgets have increased by 4.1% compared to CCGs at 3.4%
- £1 billion - Primary Care Infrastructure Fund is a new four-year investment programme in workforce, technology and infrastructure
- £125 million - PM Challenge Fund – improving access to general practice wave two schemes will further improve access to and build on £50m wave one funding 2014/15. It includes £6m programme to support digital transformation
- £250 million budget for primary care IT – improving access to online booking, click and collect service for repeat prescriptions and full medical records
- £10 million for measures to tackle recruitment and retention – the GP Workforce 10-Point Plan
- £10 million programme of support for struggling practices to be developed between NHS England and NHS Clinical Commissioners.

GP Contracts and Workforce in Enfield

CCG Name	APMS	GMS	PMS	Grand total	Estimate Population size ONS 2014	Proportion of Single Hander contracts
NHS Enfield CCG	1	21	27	49	320,524	33%
NHS Barnet CCG	1	36	26	63	367,265	30%
NHS Camden CCG	3	17	16	36	225,140	22%
NHS Haringey CCG	1	21	25	47	265,900	32%
NHS Islington	1	31	2	34	206,100	21%

The above table provides an overview of the range of Primary Care Contracts that are commissioned across North Central London and the proportion of single hander practices. **There are 245 GP Performers across Enfield of which 25% (61) are locums and 23% (57) are more than 60 years.**

Enfield has a similar proportion of single hander contracts compared to Barnet and Haringey. **NHS England has seen a change in the number of small practices that wish to merge. In 2015, there has been 1 merger in Enfield which has not impacted on GP clinical capacity.**

Clinical Capacity across Enfield

Comparison of GPs per 1000 patients in London and Nationally

Ranking GP-patient ratio	NHS England Region	CCG	Average Number of Registered Patients	GPs (exc. Registrars and Retainers) per 1,000 Patients - FTE
Average across London and England	NHS England London	NHS Enfield	5771	0.55
Highest in London	NHS England London	NHS Islington	6047	0.69
Highest in England	NHS England North (Cumbria and North East)	NHS Northumberland	7151	0.77
Lowest in London and England	NHS England London	NHS Bexley	8531	0.40

The average GP FTE per 1000 patients Nationally and across London is 0.57 and 0.55, therefore Enfields GP FTE at 0.55 falls slightly below each average.

If we compare the average FTE to the BMA standard of 1 GP FTE : 1800 patients this shows that Nationally it provides 1 GP FTE : 1,754 and within Enfield 1 GP FTE : 1,818 patients.

This indicates that Enfield is below the average for FTE GPs employed.

Clinical Capacity across Enfield

Comparison of GPs & Nurses WTE per 1000 patients in London and North Central London

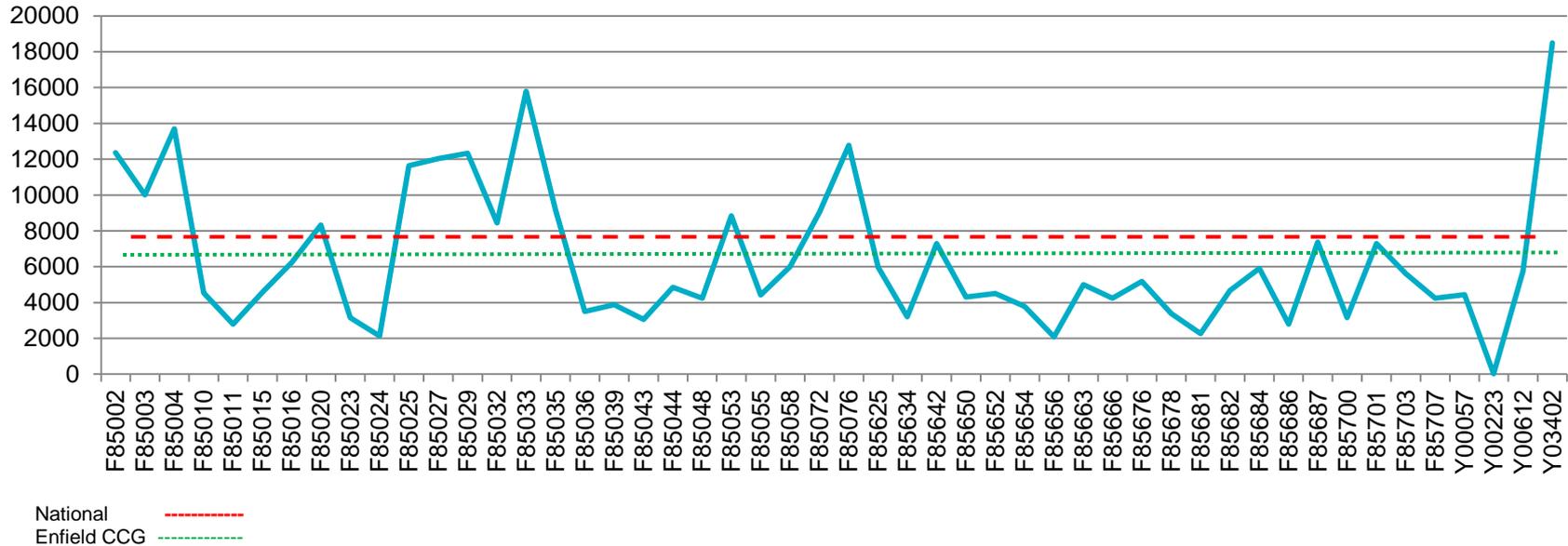
Ranking GP-patient ratio	NHS England Region	CCG	Average Number of Registered Patients	GPs (exc. Registrars and Retainers) per 1,000 Patients - FTE	Nurses per 1000 patients	GPs/Nurse combined per 1,000 patients
Average across London	NHS England London	NHS Enfield	6458	0.55	0.16	0.71
Lowest in London	NHS England London	NHS Redbridge	6385	0.45	0.14	0.59
Highest in London	NHS England London	NHS Tower Hamlets	7989	0.68	0.27	0.96
Lowest in North Central London	NHS England London	NHS Barnet	5771	0.56	0.16	0.72
Highest in North Central London	NHS England London	NHS Islington	6047	0.69	0.20	0.89

The average GP & Nurse FTE per 1000 patients combined across London is 0.75 and Nationally 0.84. Enfield at 0.71, is below the average across London, the Borough is 21st out of 32 CCG areas in London.

This indicates that Enfield has less clinical capacity for GP and Nurse FTE per 1000 patients compared to London and the National average.

Provision of access

Comparison between practice list sizes in Enfield and the National average list size

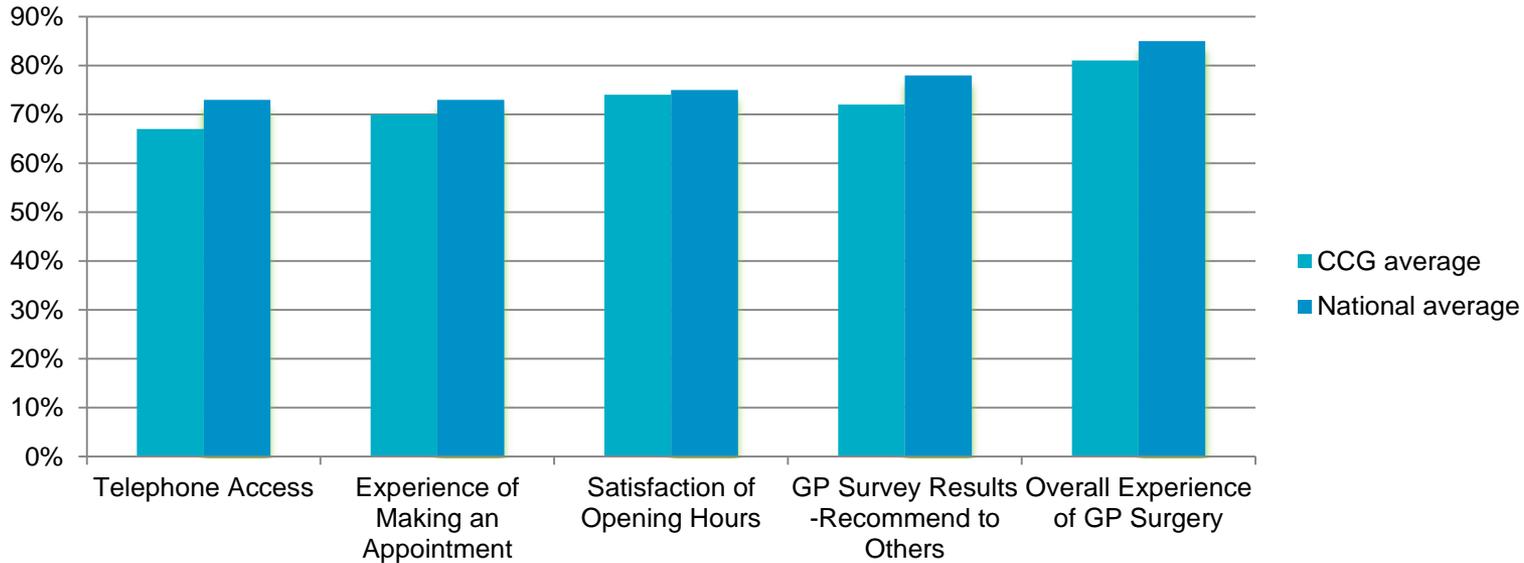


71% of the practices in Enfield are below the National average list sizes (7,518) and 67% are below the Enfield CCG average (6,452).

This indicates that **Enfield has a high number of small practices but is below the London average for GP, including GP and Nurse FTE combined.**

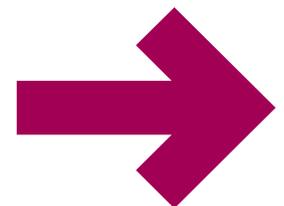
This may affect patient access to services.

Patient views on access



When we compare patients views of access (Core and Extended Hours provision) across Enfield against the National average. It shows that **patients are most satisfied with the Opening Hours** with a only a 1% difference between the Enfield (74%) and National average (75%).

Patients are least satisfied with telephone access and making an appointment . Patient views on access to appointments are consistent with Enfield being below the London and National average for GP and Nurse FTE per 1000 patients.



Patient views of access

Core hours (8am – 6.30pm) provided	Number of practices providing core hours	% of practices providing core hours
Practice achieved over 100%	14	28%
Practice achieved 80-99%	29	60%
Practice achieved 60-79%	3	6%
Practices achieved less than 60%	3	6%

The percentage of time a practice is open may also impact the number of booked appointments that can be offered to patients.

A small number of practices are closed between 10-21 hours per week which is likely to contribute to patients views on appointments

- 28% (14) of practices provide 100% of core hours.
- 60% (30) of practices are providing between 80-100% of core hours
- Out of the 30 practices 4 are delivering 80% (+/- 5%) of core hours per week. They are closed for 10.5 hours per week (equates to 2 hours closure per day)
- 6% (3/49) practices are delivering less than 60% of core hours. They are closed for more than 21 hours per week (equates to 4 hours closure per day)

Out of the 7 practices, 2 are PMS and 5 are GMS contract holders.

NHS England and Enfield CCG are currently considering how the arrangements for 8am – 8pm and weekend opening hours will work. We are also working with the Care Quality Commission (CQC) to address the variation in quality and performance.



Enfield Clinical Commissioning Group Dashboard

PRIMARY CARE IMPROVEMENT GROUP DASHBOARD

Indicator Definitions Overleaf

Rank	Locality	Rank & Movement from Last Dashboard	PATIENT EXPERIENCE				
			13 Satisfaction with making a GP appointment	14 Satisfaction with Telephone Access	15 Ability to see Preferred GP	16 Confidence & Trust in GP	17 Overall Satisfaction with GP Surgery
49	South East Enfield	Regressed By 1 (48 to 49)	58.6%	57.7%	57.5%	81.8%	74.1%
48	North East Enfield	Improved By 1 (49 to 48)	53.6%	47.9%	53.5%	79.9%	73.6%
47	South East Enfield	Regressed By 3 (44 to 47)	66.6%	61.5%	42.9%	80.8%	73.0%
46	North West Enfield	Regressed By 1 (45 to 46)	44.2%	25.6%	37.2%	89.5%	68.6%
45	North West Enfield	Improved By 2 (47 to 45)	69.6%	66.4%	35.5%	86.5%	78.1%
44	North East Enfield	Improved By 2 (46 to 44)	63.0%	47.4%	54.1%	86.0%	79.1%
43	North East Enfield	Regressed By 5 (38 to 43)	60.0%	66.4%	66.4%	75.3%	66.0%
42	South East Enfield	No Change (42 to 42)	54.9%	36.5%	24.8%	80.2%	75.0%
41	North East Enfield	Regressed By 22 (19 to 41)	80.5%	68.5%	46.0%	88.6%	86.2%
40	South East Enfield	Improved By 1 (41 to 40)	60.5%	67.4%	39.7%	83.2%	68.8%
39	South East Enfield	Improved By 1 (40 to 39)	54.2%	44.3%	47.0%	83.1%	68.2%
38	South East Enfield	Improved By 1 (39 to 38)	64.1%	70.7%	60.8%	82.7%	86.6%
37	South West Enfield	Regressed By 20 (17 to 37)	65.1%	80.7%	53.2%	92.8%	77.3%
36	North West Enfield	Regressed By 1 (35 to 36)	72.4%	63.2%	51.7%	88.7%	74.5%
35	North West Enfield	Regressed By 13 (22 to 35)	78.6%	81.6%	27.3%	90.9%	84.7%
34	North East Enfield	Regressed By 3 (31 to 34)	71.9%	83.3%	78.0%	89.0%	81.4%
33	South West Enfield	Regressed By 19 (14 to 33)	66.5%	71.3%	57.4%	75.0%	73.7%
32	North East Enfield	Regressed By 22 (10 to 32)	78.9%	83.1%	63.8%	91.0%	83.2%
31	South East Enfield	Improved By 5 (36 to 31)	60.2%	40.1%	19.8%	95.1%	79.6%
30	North East Enfield	Improved By 13 (43 to 30)	63.7%	30.2%	56.3%	96.8%	87.2%
29	South East Enfield	Regressed By 21 (8 to 29)	75.2%	79.6%	61.5%	88.2%	86.9%
28	North West Enfield	Improved By 9 (37 to 28)	46.7%	51.3%	37.7%	88.4%	68.9%
27	North West Enfield	Regressed By 9 (18 to 27)	61.9%	68.6%	62.7%	89.9%	72.8%
26	South East Enfield	Improved By 4 (30 to 26)	91.6%	93.0%	78.6%	85.8%	86.0%
25	North East Enfield	No Change (25 to 25)	74.5%	60.3%	68.5%	97.8%	90.4%
24	North East Enfield	Improved By 8 (32 to 24)	69.1%	71.2%	68.4%	78.7%	74.4%
23	South East Enfield	No Change (23 to 23)	76.5%	81.5%	81.8%	91.9%	88.2%

PRACTICE MANAGEMENT & CAPACITY				
18 Practice Manager	19 Online Access for Repeat Prescriptions	20 NHS Choices - Response to Feedback	21 Number of Registered Patients per GP WTE	22 Number of Registered Patients per Nurse WTE
YES	YES	NO	2,141	8,919
YES	YES	NO	2,024	7,905
YES	YES	NO	1,072	3,215
YES	YES	NO	1,822	5,889
YES	YES	YES	1,277	6,567
YES	YES	YES	1,814	5,441
YES	YES	NO	3,072	6,227
YES	YES	YES	2,302	9,526
YES	YES	YES	1,387	7,418
YES	YES	YES	4,386	8,023
YES	YES	YES	2,451	3,911
YES	YES	YES	1,274	4,965
YES	YES	YES	1,462	6,577
YES	YES	YES	1,533	7,299
YES	YES	YES	1,126	5,396
YES	YES	NO	1,008	7,835
YES	YES	YES	2,966	4,634
YES	YES	NO	4,213	6,583
YES	YES	YES	1,570	4,980
YES	YES	YES	1,701	4,270
YES	YES	YES	1,826	8,054
YES	YES	YES	1,233	4,335
YES	YES	YES	1,982	8,478
YES	YES	NO	2,278	11,390
YES	YES	YES	1,391	5,913
YES	YES	YES	2,100	9,844
YES	YES	NO	2,251	7,034

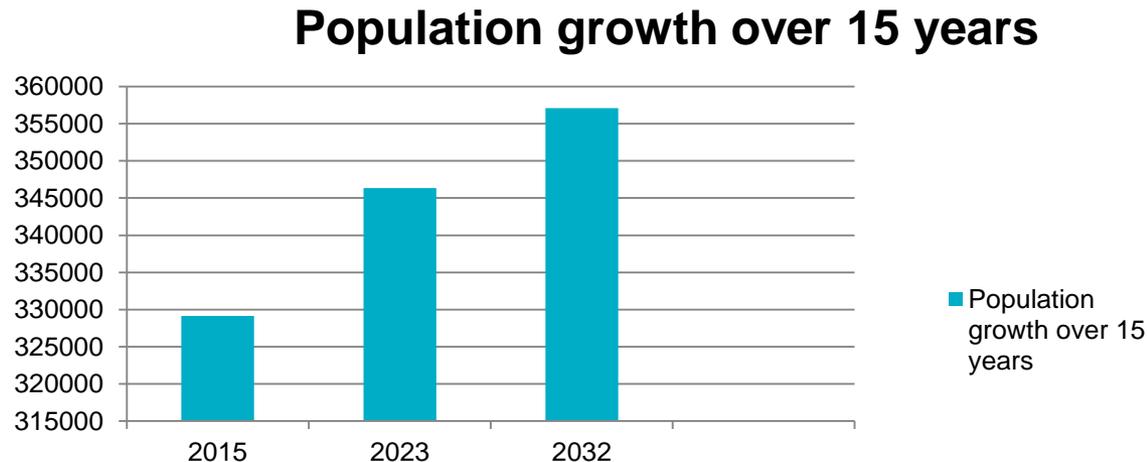
In 2014, the CCG developed a dashboard reflecting practice performance in a number of areas, including:

- Hospital utilisation
- Prescribing
- Access and Patient Experience
- Capacity
- Premises and Estates

This is regularly updated and shared with practices on a quarterly basis as a means of reducing variation and improving quality



Population growth – Future prediction for Clinical Capacity



Greater London Authority figures show that **Enfield is expected to see a 5% increase in the population (17,197 residents) over the next 8 years, between 2015 (329,155) to 2023 (346,352).**

Based on Enfield's current GP capacity of 0.55 FTE, which is below the London and National average, **this equates to an additional 9.5 GP FTE over the next 8 years .**

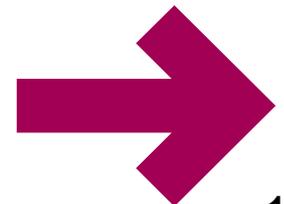
London Borough of Enfield (LBE) have confirmed the total number of Housing Developments that have been approved between 2015 - 2032. **LBE estimate that the increase in the population will rise from 25,612 at the lower ratio and 27,941 at the higher ratio.**

Will the additional GP and Nurse Capacity meet the increase in the population growth?

Based on the number of regeneration projects (housing developments) in Enfield, the higher ratio of population growth (27,941) and Enfield current GP FTE 0.55 per 1000 patients, **it is estimated that Enfield will require an additional 15 GPs over the next 17 years.**

London Borough Enfield – Housing Developments 2015 – 2032

- Meriden Water – 8000 homes
- Alma Development 997 homes
- Dujardin Homes – 37 homes
- Robbins Hall – 60 Homes
- Ladderswood 517 homes
- Western Gateway 600 homes
- New Avenue 450 homes
- Cat Hill – 231 homes
- Notting Hill development (62 homes in last phase total units on new build sites 250)
- Chase Farm Development – 500 homes



Ways that commissioners can maximise capacity and access to GP services for registered patients

- **Stakeholder engagement** – 2 contracts (practices) are under caretaking arrangements in the South East of Enfield. In October 2015 NHS England will commence stakeholder engagement
- **FTE GP and Nurse** - Bench mark used is the British Medical Association (BMA) 1 GP FTE : 1800 patients. Comparing Enfield existing 0.55 FTE per 1000 patients to the BMA standard this indicates that Enfield's existing capacity (0.9 FTE) is slightly less than the BMA recommendation
- **Access** – Ensuring Core hours provision (8am – 6.30pm) and Extended hours provision through contract management
- **Staff Skill Mix** – There are national developments to enhance the professional skill mix within practices
- **Open list** – To educate practices on capacity management to prevent closed lists
- **Number of appointments available** – 72 GP and 33 Nursing appointments per 1000 population per week in PMS practices
- **PMS Contracts and access** – 27 / 49 practices are PMS across Enfield. Existing KPIs deliver a range of access indicators
 - open at least 52.5 hours per week (core hours 8am – 6.30pm)
 - practice offers 15 minute appointments for routine booked appointments
- **PMS contracts review** – During 2015/16 PMS contracts are being reviewed to ensure the offer of service provision is consistent across all contract types

Future Plans, what are the priorities to address capacity and access? Healthwatch report on patients unable to register with a GP

- Healthwatch report (2015) identified 17% (25) of the 145 residents surveyed that were not registered with a GP. The most common reasons cited were:-
 - Difficulties registering (providing proof of address)
 - Did not feel they needed to register

NHS England has identified that there is potentially patients that are not registered with a GP in Enfield.

- Estimated resident population 329,155 (GLA 2015)
- Enfield's raw list as 1st July 2015 is 322,608. This figure is inclusive of Enfield residents who are registered with an Enfield GP and GPs outside the area, of which this figure is 16,490
 - Barnet 3,069
 - Camden & Islington 310
 - Haringey 13,111

Practices have been sent guidance on the Once for London Registration Policy. Taking into account the increase in the population over the next 10 years, **NHS England will carry out further communication with practices regarding improving existing capacity and access, managing the increase in the population and contractual requirements regarding registrations.**

Future Plans, what are the priorities to address capacity and access across the whole of Enfield?

- **PMS Reviews 2015/16** – “Premium Services” and renegotiated Key Performance Indicators (KPIs) aim to deliver improvements in clinical services, access and clinical capacity through increased appointments to meet patient need and access
- **Primary Care Infrastructure fund** – Nationally, 721 practices PCIF applications have been approved in principle (spring 2015). The applications range from facility expansions / improvements which will provide short term capacity within the wider GP network of practices
- **Performance** – NHS England, Enfield CCG & the CQC continue to identify and address variations in performance
- **Access** – NHS England and Enfield CCG are currently considering how the arrangements for 8am – 8pm and weekend opening hours will work.
- **Primary Care Co- Commissioning** – From 1st October, NHS England and North Central London CCGs are ‘co-commissioning’ GP services

Summary of Findings

- Based on the predicted population growth (27,941) in Enfield over the next 17 years it is estimated that an additional 15 GP FTE combined is required
- NHS England will commence stakeholder engagement in October 2015 for 2 contracts (practices) that are currently under caretaking arrangements which will support improvements in Quality and Performance
- The outcome of the PMS review will standardise the contract and offer of services across the CCG. It will also improve clinical capacity and access across 26 existing PMS contract holders in Enfield
- NHS England is also in discussion with the CCG regarding primary care services delivered from the Silverpoint site
- The CCG is drafting it's Strategic Estates Plan by December 2015
- Both nationally and locally there are several initiatives to improve access

Any Questions

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