

Strengthening GP services in Surrey

Report for the Surrey Wellbeing and Health Scrutiny Board

12 November 2015

1 Executive summary

General practice is the bedrock of healthcare and local GP surgeries in Surrey and other parts of the country provide valuable services to their patients' day in day out.

Yet these services face a number of challenges. We need to transform the way care is provided in order to address these issues, and to ensure the future delivery of good quality care to patients in a sustainable way.

Across the country, these challenges include:

- An ageing population and an increasing number of patients with complex care needs and multiple long-term conditions, who require more intensive support from GP services
- Increasing pressure on NHS financial resources
- Dissatisfaction amongst patients about the ability to access GP appointments and rising patient expectations about this.
- Variation in the quality and performance of local services and health inequalities
- Growing reports of workforce pressures, including recruitment and retention problems

A clear national strategy for the future of the NHS has been set-out in the NHS Five Year Forward View and this includes plans to address the principal challenges facing GP services. Action is being taken to address workforce and infrastructure issues and changes to the national GP contract have also been made in order to support improvements to patient care. Meanwhile, work is taking place across the country to test potential new models of care, so that services can be designed which will meet the needs of patients, both now and in the future.

In Surrey, NHS England and the local clinical commissioning groups are continuing to work together to address these challenges at a local level and to ensure the ongoing development of sustainable GP services for people in the community.

This paper provides an update on how services are being developed for the benefit of local patients.

1 Overview of GP services in Surrey

1.1 Number of GP practice contracts across Surrey

Across Surrey there are currently 127 GP practices, providing services to 1,180,368 registered patients across 141 surgery sites. Of these, all practices currently have 'open' patient lists and can register new patients.

Name of CCG	Number of GP practices	Registered number of patients across local practices as at 01/04/2015
NHS East Surrey CCG	18	178,184
NHS North East Hampshire & Farnham CCG*	5	47,608
NHS Guildford & Waverley CCG	21	197,047
NHS North West Surrey CCG	42	362,575
NHS Surrey Downs CCG	33	300,899
NHS Surrey Heath CCG	8	94,055
Total	127	1,180,368

**NHS North East Hampshire & Farnham CCG has a total of 24 GP member practices, the majority of which fall within the Hampshire area. However five GP practices in this area are located within Farnham, Surrey. The local Wessex team at NHS England oversees the delivery of services at these five Farnham GP practices, working closely alongside colleagues from the local South East team at NHS England.*

1.2 Type of GP contracts

There are three different types of contract held by local GP practices. These are:

- General Medical Services (GMS) contracts.** GMS contracts are nationally negotiated. These contracts run in-perpetuity and provide GP contractors with considerable flexibilities in terms of being able to take on new GPs as partners to the contract. This allows GMS contracts to be handed on from one GP or group of GPs to another, without this requiring the agreement of NHS England as the commissioner (subject to the individuals meeting certain conditions as set out in the national GMS regulations). GMS contracts can only be terminated by the commissioner should there grounds to do so (i.e. fundamental concerns regarding patient safety). GMS contracts cannot be held by public limited companies (PLCs). Across Surrey 64 GP practices hold GMS contracts.

- **Personal Medical Services (PMS) contracts.** Personal Medical Services (PMS) contracts. These are locally negotiated contracts between NHS England and GP practices which allow local flexibility compared to the nationally-negotiated GMS contract. PMS contracts allow the opportunity for variation in the range of services that may be provided by a GP practice, while also ensuring that the core services as required by the national GMS contract are also provided. A total of 62 practices in Surrey hold a PMS contract. NHS England is currently undertaking a review of these contracts and will provide further information about this to the Committee shortly.
- **Alternative Provider of Medical Services (APMS) contract.** APMS contracts vary from GMS and PMS contracts in two key ways. Firstly, they can be held by any form of entity (including PLCs, local GPs and GP consortiums and third sector organisations). Secondly they are for a fixed-term period. There is 1 GP practice in Surrey that currently holds an APMS contract. This is the contract for services at the GP-led health centre which is based at Ashford Health Centre, on the Ashford Hospital site in north-west Surrey. The centre provides both services for registered patients and walk-in services.

1.3 Patient satisfaction with local GP services

1.3.1 Latest national GP Patient Survey results (published in July 2015)

The national GP Patient Survey provides information on patients' overall experience of primary care services across England, and their overall experience of accessing these services.

Details of the headline findings from the national survey are available on NHS England's website at:

<https://www.england.nhs.uk/statistics/2015/07/02/gp-patient-survey-2014-15/>

The full breakdown of results from the survey, including data by clinical commissioning group (CCG) area is available on the survey's website at:

<https://gp-patient.co.uk/surveys-and-reports>

A summary of some of the local findings from the latest GP Patient Survey, in regards to the experience of Surrey patients and how this compares to national findings, is shown below.

Table 1: Overall experience of GP services

Overall experience of their GP surgery			
	Total number of responses	Good total (either 'very good' or 'fairly good')	Poor total (either 'fairly poor or very poor')
England total	858,381	85%	5%
NHS North East Surrey CCG	2,025	85%	4%
NHS Guildford and Waverley CCG	2,435	89%	4%
NHS North West Surrey CCG	4,728	82%	6%
NHS Surrey Heath CCG	1,039	92%	3%
NHS Surrey Downs CCG	3,838	85%	5%

Table 2: Ability of patients to get an appointment

Able to get an appointment to see or speak to someone			
	Total number of responses	Yes total	No
England total	830,142	85%	11%
NHS North East Surrey CCG	2,601	87%	10%
NHS Guildford and Waverley CCG	3,265	91%	6%
NHS North West Surrey CCG	5,367	85%	12%
NHS Surrey Heath CCG	1,405	93%	5%
NHS Surrey Downs CCG	4,446	86%	12%

Table 3: Overall experience of making an appointment

Overall experience of making an appointment			
	Total number of responses	Good total (either 'very good' or 'fairly good')	Poor total (either 'fairly poor or very poor')
England total	824,865	73%	13%
NHS North East Surrey CCG	2,598	73%	11%
NHS Guildford and Waverley CCG	3,218	78%	9%
NHS North West Surrey CCG	5,322	68%	16%
NHS Surrey Heath CCG	1,383	80%	6%
NHS Surrey Downs CCG	4,400	68%	6%

Table 4: Satisfaction with GP opening hours

Satisfaction with GP surgery opening hours			
	Total number of responses	Total satisfied (either very satisfied or fairly satisfied)	Total dissatisfied (either fairly dissatisfied or very dissatisfied)
England total	842,965	75%	10%
NHS North East Surrey CCG	2,623	72%	12%
NHS Guildford and Waverley CCG	3,336	72%	13%
NHS North West Surrey CCG	5,416	69%	14%
NHS Surrey Heath CCG	1,417	75%	13%
NHS Surrey Downs CCG	4,482	70%	14%

1.3.2 Surrey Healthwatch survey of GP access

In November 2014 Surrey Healthwatch published the results of its survey of over 1,000 local patients, who were asked about their experience of booking an appointment with a GP.

This reported concerns raised by some patients about their ability to secure an appointment on the day, or time, of their choosing and some other issues of frustration for patients, such as their ability to get through to their GP surgery by phone.

GP practices are responsible for managing their appointments in a way that best meets the needs of their patients, including ensuring that they have appropriate processes in place to offer swift appointments to any patients who need urgent care. Many GP surgeries reserve a number of appointments each day for patients needing an urgent, same day appointment. This is in addition to the appointments that can be booked at the surgery in advance, to assist with continuity of care.

NHS England will however continue to work with the local clinical commissioning groups (CCGs) to encourage local GP practices to deliver the best possible access to services for their patients.

Examples of work undertaken include NHS North West Surrey Clinical Commissioning Group (CCG) investing in extended primary care, to deliver additional access over weekends and outside of core general practice hours. They have also worked with the Primary Care Foundation to support member practices to improve their appointment systems to respond to patient demand.

NHS Surrey Heath Clinical Commissioning Group (CCG) introduced a new scheme earlier this year to increase opening times across its nine local practices. Later appointments are now available for patients until 8pm.

Colleagues in Epsom have also secured national funding to pilot a scheme designed to offer patients access to primary care services from 8am to 8pm Monday to Friday, from 9am to 2pm on Saturdays and from 10am to 1pm on Sundays (see further information in Section 2.5 below about this project which is being supported by the Prime Minister's Challenge Fund).

One issue the Healthwatch survey identified was that not all patients were aware that they had the ability to book appointments online, despite this being a service that a number of Surrey practices provided at the point the survey was conducted last year.

Since that time, national changes have been introduced which mean that all GP practices have been contracted to offer an online appointment booking system since April 2015.

The national Patient Online programme also provides the ability for patients to order repeat prescriptions online and to access summary information from their health records online.

GP practices are responsible for making their patients aware of this service, but we are planning further work to support GP practices to promote the availability of the service.

Further information about the Patient Online service is available on the NHS Choices website at:

<http://www.nhs.uk/aboutNHSChoices/aboutnhschoices/find-and-choose-services/Pages/gp-online-services.aspx>

2. Developing sustainable local GP services

2.1 The NHS Five Year Forward View

We need to change the way we deliver care to patients, in order to ensure sustainable services that will meet their needs – both now and in the future.

The NHS Five Year Forward View, published on 23 October 2014 by NHS England, sets out a vision for the future of the NHS, including how we can build a firm foundation for the future of local GP services. It was developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change in the NHS is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part to realise the potential benefits, including system leaders, NHS staff, patients and the public.

The Five Year Forward View highlights that the traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need. Increasingly we need to manage systems – networks of care – not just organisations.

As such, the NHS of the future needs to be characterised by:

- Out-of-hospital care that is a much larger part of what the NHS does.

- Services which are integrated around the needs of patients. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.
- Applying rapid learning from the best examples, not just from within the UK but internationally.
- Evaluation of new care models to establish which produces the best experience for patients and the best value for money.

With specific reference to general practice, the Five Year Forward View sets out a number of steps to help achieve sustainable services. Some of these key steps are listed below.

NHS England will continue to work with the local Surrey clinical commissioning groups (CCGs), GP practices and other partners to determine how local GP services can be developed and shaped to best meet the needs of local patients.

Most change will be led and shaped locally by GP practices themselves, in conjunction with the CCGs and in dialogue with partners in the local community. NHS England will play a key role in shaping and enabling this change to take place, but sustainable change will need to be clinically- led and locally owned.

2.2 Stabilising core funding for GP services

The NHS Five Year Forward view confirms that NHS England will work with partners to seek to stabilise core funding for general practice nationally over the next two years, while an independent review is undertaken of how resources are fairly made available to support primary care in different areas.

2.2.1 Review of Personal Medical Services (PMS) contracts

Work has also been taking place across the country, including in Surrey, to review the use of Personal Medical Services (PMS) contracts for the provision of local GP services. This is in order to ensure equitable funding for all local practices for the provision of core services.

We want to ensure that PMS funding in Surrey is aligned to services for patients and local strategies to improve patient care. Where this isn't the case, we need to ensure funding is reinvested to where it is needed to help transform local general practice services.

We will be working closely with the local clinical commissioning groups (CCGs) in regards to this to ensure any funds are reinvested in GP primary care services for the benefit of the local population.

We have recently written to local GP practices currently receiving PMS funding about the process for the review and have written to separately to the Chair of the Surrey Wellbeing and Health Scrutiny Board with more detail on this matter.

2.3 Give local clinical commissioning groups more influence

It is intended to give GP-led clinical commissioning groups (CCGs) more influence over the wider NHS budget, enabling a shift in investment from acute care to primary and community services.

The introduction of co-commissioning is an essential step towards expanding and strengthening primary medical care services, helping to drive up quality, reduce health inequalities and put the NHS on a sustainable path for the future.

Co-commissioning recognises that CCGs are harnessing clinical insight and energy to drive changes in their local health systems that have not been achievable before now, but that they are also hindered from taking a holistic and integrated approach to improving healthcare for their local populations, due to their lack of say over the commissioning of primary care services. Co-commissioning will be a key enabler in developing integrated out-of-hospital services based around the needs of local communities. It will also drive the development of new models of care.

In May 2014, NHS England invited clinical commissioning groups (CCGs) to come forward with expressions of interest to take on an increased role in the commissioning of GP services.

Across the South East area, two of the 20 CCGs (Eastbourne, Hailsham and Seaford CCG and High Weald, Lewes Havens CCG) were subsequently granted delegated responsibility for the commissioning of GP services.

The remaining CCGs have been invited to submit their proposals for either entering into joint commissioning arrangements, or taking on delegated responsibility for commissioning GP services. Should their applications be supported then these arrangements would take effect from 1st April 2016.

Any CCGs that do not submit proposals to change their status, or whose proposals are not supported, will retain their statutory responsibility to work with NHS England to develop primary care and support the quality of general practice services provided to patients.

2.4 New models of care

There is a need to transform the way we provide services to patients, in order to ensure the NHS can continue to meet their needs in the future.

Although it is expected that many smaller GP practices will continue in their current form, it is recognised that primary care is entering the next stage of its evolution.

Primary care services of the future will build on the traditional strengths of GPs as 'expert generalists', proactively providing services for patients with complex ongoing needs, such as the frail elderly or those with chronic conditions, and working much more intensively with them. Future models of care will expand the leadership of primary care to include nurses, therapists and other community based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients.

However, England is too diverse for a 'one size fits all' care model. Different local health communities will instead be supported to adopt the approach which will work best for their patients.

The NHS Five Year Forward View points towards two new models of primary care provision which local areas could consider adopting in order to develop sustainable local services which will allow them to provide a wider range of care to their patients 1) the multi-speciality community provider and 2) primary and acute care systems.

2.4.1 Multi-speciality Community Provider

This option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care providers, to create a system of integrated out-of-hospital care for local patients. These Multispecialty Community Providers (MCPs) would become the focal point for the provision of a far wider range of care and early versions of this model are emerging in different parts of the country.

Within the South East area GP practices across Canterbury and Whitstable in Kent are one of the vanguard sites across the country testing this new model of care by forming a Multi-speciality Community Provider service.

The establishment of Multispecialty Community Providers could provide the following potential future opportunities to improve patient care:

- These providers could in future begin employing hospital consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.
- GP practices working as part of these providers could transfer the majority of outpatient consultations and ambulatory care out of hospital settings.
- These providers could potentially take over the running of local community hospitals, which could substantially expand their diagnostic services for patients, as well as other services such as dialysis and chemotherapy.
- GPs and specialists in the group could be given authority in some cases to directly admit their patients into acute hospitals,

- In time, Multi-speciality Community Providers could take on delegated responsibility for managing the health service budget for the patients registered with their GP practices. Where funding is pooled with local authorities, a combined health and social care budget could be delegated to Multispeciality Community Providers, so that they could determine how best to meet the needs of their patients.
- These new models would also draw on the support of carers, volunteers and patients themselves, accessing hard-to-reach groups and taking new approaches to changing health behaviours.

2.4.2 Primary and Acute Care Systems (PACs)

Another new model being explored nationally to support the delivery of more integrated care to patients is to combine GP practice and hospital services for the first time through the development of new Primary and Acute Care Systems. This will allow single organisations to provide NHS GP and hospital services, together with mental health and community care services.

The leadership to bring about these 'vertically' integrated Primary and Acute Care Systems (PACS) may be generated from different places in different local health economies.

- In some circumstances – such as in deprived urban communities where local general practice is under strain and GP recruitment is proving hard – hospitals could be permitted to open their own GP surgeries with registered lists. This would allow the investment powers of NHS foundation trusts to kick start the expansion of new style primary care in areas with high health inequalities. Safeguards would be needed to ensure that they do this in ways that reinforce out-of-hospital care, rather than general practice simply becoming a feeder for hospitals still providing care in the traditional ways.
- In other circumstances, the next stage in the development of a mature Multi-speciality Community Provider (see section above) could be that it takes over the running of its main district general hospital.
- At their most radical, Primary and Acute Care Systems could take accountability for the whole health needs of a registered list of patients, under a delegated, capitated budget - similar to the Accountable Care Organisations that are emerging in Spain, the United States, Singapore, and a number of other countries.

Primary and Acute Care System models are complex in their nature and will take time and technical expertise to implement. As with any new model there are also potential unintended side effects that will need to be managed.

The intention therefore is to pilot these in a small number of areas across the country to test these approaches with the aim of developing prototypes that work, before promoting the most promising models for adoption by the wider NHS.

Learning from work that is taking place to test these new models of care nationally will be able to inform the ongoing development of services in Surrey.

2.5 Funding to support new ways of working and to improve access to services

Funding, through schemes such as the Prime Minister's Challenge Fund, is also being used across the country to support new ways of working and to improve patient access to services. The scheme has supported over 50 schemes to date across the country, testing a variety of ideas to offer better access to services and appointments for patients, including through offering evening and weekend opening hours and the use of new technology such as Skype to support patient consultations.

2.5.1 Prime Minister's Challenge Fund project in Epsom, Surrey

In Surrey, the Prime Minister's Challenge Fund is supporting a pilot project in Epsom to make primary care services available to patients from 8am to 8pm Monday to Friday, from 9am to 2pm on Saturdays and from 10am to 1pm on Sundays. Weekend services will be available via two local hubs and patients will benefit from a greater diversity of consultation types and lengths, including greater use of telephone, online and video consultations.

The project is being overseen by GP Health Partners Limited (the umbrella organisation for the 20 local GP practices in the Epsom area).

The development of Community Medical Teams in collaboration with acute care, primary care, social care, ambulance services, the third sector, NHS111 service and out-of-hours GPs will also support more vulnerable and frail patients. Further work will develop a community based clinical triage system with home visiting services, including to nursing homes and patients that have recently been discharged from hospital. To help empower patients to take an active role in their health care planning, a voluntary personal care record will also be available.

This pilot project is receiving indicative funding of around £1.8 million.

2.6 Addressing workforce challenges

Across the country, including in Surrey, local GP services face workforce challenges.

The Five Year Forward View sets out the need to expand as fast as possible the number of GPs in training, while also training more community nurses and other primary care staff. There is also a need for increased investment in new roles, and in returner and retention schemes, ensuring that current rules are not inflexible and putting off those health professionals considering a potential return to general practice.

At a national level, NHS England, Health Education England (HEE), The Royal College of General Practice, and the British Medical Association's GP Committee are all working together to ensure that we have a skilled, trained and motivated workforce in general practice.

2.6.1 The New Deal for General Practice

All four organisations have jointly developed a new GP workforce action plan called 'Building the Workforce – The New Deal for General Practice'. This is a 10-point action plan, with three broad areas of action around recruitment, retention and returning to general practice. Initiatives set out in the plan to expand the general practice workforce across the country include:

- **To recruit newly trained doctors into general practice** in areas that are struggling to recruit. They will be incentivised to become GPs by offering a further year of training in a related clinical specialty of interest such as paediatrics, psychiatry, dermatology, emergency medicine and public health. This work will be underpinned by a national marketing campaign aimed at graduate doctors to highlight the opportunities and benefits of a career in general practice. Alongside this, pilot training hubs based in GP practices will be established in areas with the greatest workforce needs to encourage doctors to train as GPs in these areas. They will also enable nurses and other primary care staff to gain new skills.
- **To retain GPs** the national plan includes establishing a new scheme to encourage GPs who may be considering a career break or retirement, to remain working on a part-time basis. It will enable practices to offer GPs the opportunity to work with a modified workload and will be piloted in areas which have found it more difficult to recruit. There will also be a wider review of existing 'retainee' schemes.
- **To encourage doctors to return to general practice** Health Education England and NHS England will publish a new induction and returner scheme, recognising the different needs of those returning from work overseas or from a career break. There will also be targeted investment to encourage GPs to return to work in areas of greatest need, which will help with the costs of returning to work and the cost of employing these staff.

NHS England is investing £10million of funding to kick start the initiatives in the plan, which will complement work that is already underway to strengthen the GP workforce and will ultimately benefit all areas.

2.6.2 Engaging clinical pharmacists in the delivery of GP services

As part of work to deliver the 10-point workforce plan for general practice, NHS England also launched a new £15 million national programme on 7 July 2015, designed to engage clinical pharmacists in the delivery of GP services.

Many GP practices already have clinical pharmacists in patient facing roles and the intention is to invest at least £15 million over the next three years to test out extending the responsibilities of their jobs, beyond any current ways of working. GP practices have suggested that this extended role could include the management of care for people with self-limiting illnesses and those with long term conditions and have asked that the new team members have the ability to independently prescribe.

It is anticipated that around 250 clinical pharmacists will be involved in testing these new ways of working over the three-year period, with the ambition of supporting over 1 million patients. The pilot will be evaluated so that successes and learning can be shared and the expectation is that GP practices would continue to support the role of clinical pharmacists after the three-year period of national funding has ended.

Practices and groups of practices were invited to bid to take part in the pilot scheme and encouraged to work together on joint bids, involving pharmacists across a number of surgery sites. These applications are now being considered.

2.6.3 Local Community Education Provider Networks (CEPN)

Across the South East, Community Education Providers Networks (CEPNs) have been also established in each of the 20 local clinical commissioning group (CCG) areas, including in Surrey.

The purpose of the CEPNs is to facilitate educational networks between GP practices, with GP and primary care workforce tutors offering support in education, training and workforce planning. This provides an important local foundation through which to address the workforce challenges facing general practice, with partnerships involving Health Education England, NHS England, CCGs, GP practices and various professions.

2.7 Use of funding to improve primary care infrastructure

2.7.1 Primary Care Transformation Fund

NHS England will be investing an extra £1billion into general practice infrastructure over a four year period commencing 2015/16m, in order to support patient care. The national Primary Care Transformation Fund will see £250 million a year, every year, invested over a four year period.

The first tranche of £250m is being used to improve premises, help GP practices to harness technology and give practices the space to offer more appointments and improved care for frail, elderly patients – which is essential in supporting the reduction of hospital admissions. It will also lay the foundations for more integrated care to be delivered in community settings.

For the first year of funding, GP practices were invited to submit bids in relation to making improvements to existing surgery buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes that were already in the pipeline, bringing benefits to patients more quickly. Practices were asked to set out proposals that would provide them with more capacity to do more; provide value for money; and improve access and services for the frail and elderly.

NHS England announced details of the next phase of the fund on 29 October 2015. <https://www.england.nhs.uk/2015/10/29/primarycaretransfund/>

2.7.2 Improvements at Medwyn Surgery, Dorking

One of the first GP practices in the South East to benefit from funding as part of the national GP Infrastructure Fund is Medwyn Surgery in Dorking.

The practice received funding of just over £56,500 from the fund, in addition to funding provided by the practice, to convert space in the building where the surgery is located into four additional consulting rooms, in order to help support the provision of care to the increased number of patients who have registered at the practice in recent years. One of the four rooms is being used by the surgery as a counselling room and the new suite of rooms at the practice opened at the beginning of September 2015.

3. Ensuring the quality of local primary care services

NHS England's vision is to see general practice play an even stronger role in supporting people to keep in good health, as part of a wider joined up system of local health services at the heart of local communities.

As such, it is vital that all GP practices provide the best possible care to all patients, to the highest standards.

Last year, the Care Quality Commission (CQC) began a programme of work to inspect and rate every GP practice in England. This helps ensure the appropriate checks are in place for GP practices, enabling us to make sure patient care is of a high quality and so any issues can be identified and addressed where improvements are required.

Under the new inspection process, the vast majority of local GP practices in Surrey that have been rated as providing a 'good' overall service to patients, with one practice receiving an overall rating of 'outstanding'.

Where a GP practice is rated inadequate this does not mean that it has to close.

Where a GP practice is rated inadequate and placed into special measures, NHS England will work with the local clinical commissioning group (CCG) to support the practice to make sure the necessary improvements are made to support the delivery of safe, high quality care to all patients.

We also work alongside any GP practices that are rated as requiring improvement and monitor their progress in making any necessary improvements for their patients

To date, the CQC has published findings of its inspections of the following Surrey GP services as part of the new inspection process:

CCG	Practice Name	Date of CQC inspection	Overall CQC Rating
Surrey Downs	Ashlea Medical Practice	14.07.2015	Good
Surrey Downs	Ashley Centre Surgery	20.11.2014	Good
Guildford & Waverley	Austen Rd Surgery	07/10/2014	Good
Guildford & Waverley	Chiddingfold Surgery	07/10/2014	Outstanding
Guildford & Waverley	Cranleigh Medical Practice	07.10.2014	Good
Guildford & Waverley	Dapdune House Surgery	07.10.2014	Good
Surrey Downs	Dorking Medical Practice	16.06.2015	Good
Guildford & Waverley	East Horsley Medical Practice	10.08.2015	Good
Surrey Downs	Fairfield Medical Centre	12.05.2015	Good
Guildford & Waverley	Fairlands Practice	31.10.2014	Good
Surrey Downs	Glenlyn Medical Centre	19.05.2015	Good
Guildford & Waverley	Guildford Rivers Practice	29.10.2014	Good
Surrey Downs	Heathcote Medical Centre	11.11.2014	Requires improvement
Surrey Downs	Littleton Surgery	26.11.2014	Requires improvement
Guildford & Waverley	New Inn Surgery	21.10.2014	Inadequate
Surrey Downs	Nork Clinic	14.04.2015	Good
Surrey Downs	Oxshott Medical Practice	11.11.2014	Good
North East Hants and Farnham	River Wey Medical Practice, Farnham	02.10.2014	Good
Surrey Downs	Riverbank Surgery	09.06.2015	Good

Guildford & Waverley	Shere Surgery	16.10.2014	Good
Surrey Downs	Spring Street Surgery	10.08.2015	Good
Surrey Downs	Tadworth Medical Centre	28.07.2015	Requires improvement
North East Hants and Farnham	The Ferns Medical Centre, Farnham	15.10.2014	Good
Surrey Downs	The Old Cottage Hospital (Integrated Care Partnership)	07.07.2015	Good
Guildford & Waverley	Wonersh Surgery	14.10.2014	Good
Surrey Downs	Molebridge Practice	26.08.2015	Inadequate

Copies of CQC reports for each practice are available on the CQC website at <http://www.cqc.org.uk/> .

4. Changes to the General Medical Services (GMS) contract to improve patient care

In addition to the developments described above, a number of important changes to the General Medical Services (GMS) standard contract have been agreed between NHS Employers (acting on behalf of the Department of Health and NHS England) and the General Practitioners' Committee (acting on behalf of the BMA) to support improvements in patient care. These have taken effect from 2015/16 and include (but are not limited to) the following:

- a named, accountable GP for all patients (including children) who will take lead responsibility for the co-ordination of all appropriate services required under the contract
- Since 1 April 2015, it has been a contractual requirement for all practices to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population (with funding to support this as part of the overall resources allocated to individual practices).
- assurance on out of hours service provision has been agreed to ensure that all service providers are delivering out of hours care in line with the National Quality Requirements (or any successor quality standards).

5. Conclusion

This paper describes just some of the work that is taking place both locally and nationally to ensure the ongoing development of sustainable GP services in Surrey.

NHS England will continue to work with local clinical commissioning groups, other partners, patients and the public in regards to the development of these services – to ensure that they meet the needs of our local communities, both now and in the future.