

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	GP Profiles
Report of the Barking and Dagenham Clinical Commissioning Group	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary: <p>The report outlines how Barking and Dagenham CCGs is using public health profiles as part of a wider programme of primary care improvement within the borough. Public health profiles provide practices with data to indicate their organisation's achievement against key health outcomes relating to primary health care, as well as recommendations for improvements.</p> <p>The CCG has aligned GP practices into six localities. The CCG is supporting the development of localities with the dual purpose of strengthening clinical engagement with CCG member practices as commissioners and providing a framework for practices as providers to work collaboratively and share resources and good practice. The locality model is the main delivery mechanism for the development of integrated services across health and social care and for primary care improvement.</p> <p>A primary care improvement group has been set up to develop guidance, tools and benchmarking information for general practice. NHS England (NHSE) has recently produced a web based tool, the General Practice Outcomes Standards (GPOS), which gives an overview of primary care outcomes in a range of areas including health promotion and prevention.</p> <p>The primary care improvement group will validate information in the GPOS and use alongside the public health profiles to develop processes and recommendations to support practice improvement.</p>	
Recommendation(s) <p>The Health and Wellbeing Board is recommended to:</p> <p>(i) Note the current progress of Barking and Dagenham CCG against the delivery of improved primary care services in the borough.</p>	

Reason(s)

This purpose of the report is to advise the Health and Wellbeing Board on work that has started in primary care to deliver improvements against key health indicators. This will be facilitated by tools that have recently been made available for the public health team and NHS England and will inform the development of a primary care improvement plan in Barking and Dagenham.

1. Background and Introduction

In 2012/13, public health developed GP profiles (indicators listed in Appendix 1) under an agreed programme of collaborative work with the shadow CCG. The aim of the programme was to describe practice performance against key public health measures and to develop a tool that would support clinical improvement. The profiles have been endorsed by the CCG executive and are being taken forward as part of a primary care improvement programme.

Primary care improvement as described in this paper relates to the work carried out in partnership with public health, and other stakeholders to improve health outcomes for the residents of Barking and Dagenham through providing coordinated and comprehensive care in a primary care setting. Improvements are not generated through commissioning additional services, but through encouraging and facilitating change in existing processes to maximise outcomes and improve efficiency.

General practitioners have a dual role as commissioners through membership of CCGs (clinical commissioning groups) and providers of primary care through their contractual responsibilities with NHS England. Whilst the management responsibility for primary care contracts rests with NHS England, the CCG has a duty to support NHS England in the continuous improvement in the quality of primary medical services. As CCGs do not commission primary care services, there are no contractual levers for improving performance. However, this paper outlines how through our locality structure we are supporting providers to deliver quality primary care services.

This report sets out an overview of the localities model and how it is being used to deliver QIPP (quality, innovation, productivity, and prevention) plans, primary care improvement and service development across the borough's 40 GP practices. It also describes our approach to driving improvements in primary care, through the use of the practice public health profiles, and other tools such as the General Practice Outcomes Standards domains

2. GP profiles

The GP profiles contain information relating to public health outcomes, and were compiled with the support of a Barking and Dagenham Public Health statistician to ensure data quality. The profiles are a valuable source of reference to practices as it collates and consolidates information from multiple data sources into one place.

All the public health profiles have been distributed to practices by the public health team, and are also available to them through the CCG website. Practices have only had access to this from July, and while these have been referenced to in cluster

meetings, there is a session planned in early September with clinical directors to discuss the use of these to improve primary care delivery.

3. Localities Model

Practices in Barking and Dagenham are grouped into six networks (localities) across the borough. These have been built on the integrated case management networks which deliver integrated health and social care in the borough. Each locality covers a population of between 28366 and 37736 patients (list size January 2013) Table 1.

. Table 1 Locality list sizes January 2013 (source Exeter)

Cluster	List Size
1 (The Lawns, Dr Kashyap, Dr Teotia, Dr Haider, Highgrove, Dr Afser, Dr Goriparthi)	31650
2 (Becontree, Laburnum, Dr Ola, Dr Bila, Dr Ehsan, Dr Shah, Church Elm Lane)	32959
3 (Five Elms, Markyate, The Gables, Dr Jaiswal, Dr I A Moghal)	28366
4 (Broad Street, Dr Pervez, Dr Fateh, Dr Ahmad, Dr Alkaisy, Dr Mohan, Dr Quansah)	37515
5 (Porters Ave, John Smith House, Dr John, Dr Kalkat, Dr Ansari, Dr Prasad, Abbey Medical Centre)	36455
6 (Dr Chawla, Barking Medical Group, Dr Chibber, Dr Niranjana, Child & Family, Shifa, The White House)	37736
Total	204681

A Localities Map is included as Appendix 2.

The CCG is supporting the development of localities with the dual purpose of a) strengthening clinical engagement with CCG member practices as commissioners in the development and delivery of CCG commissioning plans and b) providing a mechanism for practices as providers to work collaboratively, sharing resources and good practice to support delivery of their contractual requirements. As the driver for this method of working has been the practices, Barking and Dagenham has full engagement with this from all GPs in the borough.

3.1 The locality commissioning model

Each locality is led by a Clinical Director, who is supported by a cluster management team - a Clinical Champion, a Senior Locality lead and a Practice Improvement lead. This is a mixed team of clinicians and managerial support designed to both facilitate clinically-led primary care improvement and the delivery of the CCGs strategic and operational objectives.

There are a suite of tools available to the locality management teams to deliver their commissioning objectives and to achieve improvements against primary care targets. These include:

Information – public health profiles, secondary care activity information, primary care outcomes, patient experience. A monthly practice and locality profile is being populated to enable practices and localities to track delivery against their individual plans.

Specialist support – four clinically led project groups have been established focused on the delivery of improvements in planned care, urgent care, integrated care and primary care improvement.

Training and development – monthly protective time events (PTIs) for all practices in the borough, which provides a forum for education and training. The agenda is informed by a CCG education and training group

Quality incentives – supporting the practice sign up to NHS England commissioned direct enhanced services and Quality and Outcome Framework (QOF) domains, ensuring that delivery is aligned to CCG strategic objectives

Practice engagement in the delivery of CCG plans is managed through the following process:

- The Clinical Director and Senior Locality Lead take the lead role in managing and developing of the locality delivery plan, providing the strategic overview and link with practices to the executive team
- The Clinical Champion and Practice Improvement Lead acts as a “pathway specialist” and lead on practice improvement within the cluster
- Locality meetings take place on a monthly basis provide an opportunity for practices to review operational delivery, share good practice and identify areas for service redesign
- Peer review meetings are facilitated to discuss practice activity relating to outpatient referral, A&E attendances and emergency admissions as part of the Quality and Outcome Framework.

3.2 The locality provider model

The CCG has been supporting a piece of work to develop a locality model for clusters of GP practices working together to best meet the needs of their patients and local population. The locality model will be the main programme of change for the delivery of primary care improvement, in conjunction with better working with and co-ordination of other services. In addition the model will enable more effective coordination of community and specialist services around primary care, building on the work to implement integrated case management as one example of where general practice can participate in/benefit from a multi-disciplinary approach. The locality provider work fully aligns with the Department of Health Year of Care pilot being led by the CCG and involving local authorities and providers.

The priorities for delivery in its early stages are:

- Greater integrated care - proposals are being developed with NELFT Community Health services to align some adult community services to localities to enable greater integration of services.
- Improved urgent care – the CCG is commissioning an urgent care surge pilot which will provide additional primary care capacity for urgent care appointments
- improved management of planned care including referrals to secondary care – this has not yet been progressed

4. Primary Care Improvement Group

A primary care improvement group was established in 2012/13, which meets on a monthly basis, to develop guidance and tools for implementation in general practice to support change in areas where improvement is needed.

The group recognised the need for practices to have access to benchmarking data to understand their performance against a range of measures and to have recommendations specific to their organisation to guide change. In response to this the public health team developed individual practice profiles which have been very well received by the CCG and its member practices. These useful documents not only provide an indication of performance, but also practical recommendations practices can implement to improve outcomes. Recently the profiles have been used in cluster meetings focused on reducing A&E attendances, and the recommendations have influenced the practice action plans for improving access.

The primary care improvement group have recognised a need to improve data quality from practices, and in response to this have worked with primary care IT to produce templates for recording information and a training workshop is scheduled for September. This is in addition to the nurses and practice manager forum that the group is facilitating. The local pharmaceutical committee (LPC) and medicines management are also core members of the group and support improvements in prescribing and establish links with community pharmacy.

NHS England (NHSE) have produced a web based tool, which is for internal NHS use only, that practices and CCGs can use to monitor achievement against certain primary care outcomes (indicators listed in Appendix 3). These 38 indicators are derived from 50 datasets, and so cannot be seen as absolute data sources. The General Practice Outcomes Standards (GPOS) gives an overview of primary care outcomes in a range of areas including health promotion and prevention. Practices will be required to provide assurance to NHSE on performance against these indicators as part of their contract monitoring. The CCG is able to review these indicators to target specific areas for improvement across the borough aligned to local need.

While GPOS provides practices and the CCG with an indication of where their performance in a particular indicator lies in comparison to national and local achievement, unlike the public health profiles, it lacks in any explanation as to the reasons behind any variation. In order to influence change and improvement, there needs to be an understanding of the cause for variation. Often poor reported outcomes are due to failings in processes rather than clinical failings. As the site does not contain real time information, it is important to be mindful of the time period that the datasets relate to, and to validate this against current performance.

Information on the GPOS is as yet to be validated by practices, and training on the use of GPOS datasets was only made available to practices and CCGs on the 15 August 2013. There is a session planned for September which will give Clinical Directors the opportunity to review achievement against the GP outcomes standards for the borough, cluster, and practice. This will give an overview of areas for improvement across the borough.

The primary care improvement group will be responsible for using the GPOS and public health profiles to understand the current position within Barking and Dagenham, and develop processes and recommendations to support practice improvement. The group has provided practices with a number of tools to improve recording and management of chronic conditions, as well as meeting with individual practices and clusters to support change where there are particular issues.

While GP practices are at the centre of delivering high outcomes against the GPOS indicators, there are other primary care providers and community services that also have a role to play in the delivery of these targets, and there is a need to ensure that where services and care are delivered by a number of providers that these are collated. Where there are such issues, the primary care group engages with all stakeholders responsible for delivering each part of the care pathway to ensure that there is a whole system approach delivering a unified approach.

5. Mandatory Implications

5.1. Joint Strategic Needs Assessment

The practice profiles follow on from the JSNA in providing more detail on measures that are displayed at borough level in the JSNA. The new GP Outcomes Standards also highlight other areas documented in the JSNA.

5.2. Health and Wellbeing Strategy

The practice profiles and GP Outcomes Standards help give extra details to areas that are seen as priorities in the Health and Wellbeing Strategy. These include health protection, improvement of services and integration. Early diagnosis of diseases is also emphasised. Measures are present for all stages of the life course.

5.3. Integration

The localities model is focused on the delivery of integrated care across health and social care. The Integrated Case Management service is well established in Barking and Dagenham and is being delivered at a locality level. Plans are in place to expand the model over the next year to include a wider range of community and mental health services. This is being led by the Integrated Care Group.

5.4. Financial Implications

There are no specific financial implications that arise from this report at this stage

5.5. Legal implications

There are no specific financial implications that arise from this report at this stage

5.5. Risk Management

The key risk is failure to engage the practices to use the information available to drive primary care improvement. To mitigate this, it is important that the locality model is used to ensure effective engagement with practices as providers.

5.6. Safeguarding

NHS England has the lead for safeguarding services provided by general practice as part of their core contract.

5.7. Customer Impact

Patient experience is one of the measures that is included in GPOS that will be used to monitor the quality of primary care services.

5.8. Contractual Issues

GP contracts are managed by NHS England and the CCG has a role in supporting primary care improvement. The CCG will engage with practices to support primary care providers to facilitate changes leading to improved performance in GPOS before any contract sanctions are issued by NHSE.

Background Papers Used in Preparation of the Report:

- None

List of Appendices:

- Appendix 1 – List of Public Health GP Profile Indicators
- Appendix 2 – Cluster Map
- Appendix 3 – List of GPOS Indicators