Primary Care Transformation Update

Health and Adult Services Select Committee
10 January 2018

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@BD_CCG
February 2014: NHS England (NHSE) issued national guidance that all Personal Medical Contracts (PMS) contracts must be reviewed.

PMS contracts allow GPs to receive extra payments for providing enhanced services to meet local needs:
- but result in great variation in payments between practices and little evidence that contracts have improved outcomes for patients.

Review aims to create a consistent approach, ensuring GPs are paid equally for providing the same services.

CCGs were asked to come up with “commissioning intentions”, to form the basis of their local PMS offer. This would be in addition to core contracts which would be consistent across London.

December 2016: NHSE and Londonwide Local Medical Councils (LW-LMCs) agreed a “one size fits all” approach will not work and asked CCGs to progress the review at local level.
PMS review: Overview, cont.

• Review will make the system fairer by paying every practice in a borough the same basic amount per patient

• CCG aims to ensure no GP practice is unfairly disadvantaged by the review

• There will be no reduction in the level of GP funding in the CCG area

• Review will give patients access to the same range of services regardless of what type of contract is held by the practice they are registered with

• The CCG understands that any practice whose basic income is seen to be reducing will be worried, so we’re developing a transition plan and will work closely with practices to help manage this change

• Review is part of a wider transformation plan, which will bring investment in workforce, new technologies and ways of working.
## PMS review: Local context across BHR

<table>
<thead>
<tr>
<th>CCG</th>
<th>No. of PMS practices</th>
<th>Total premium value</th>
<th>Ranking of premium value in London</th>
<th>Min/max premium (£pwp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking &amp; Dagenham</td>
<td>11/37</td>
<td>£2,294,683</td>
<td>2nd highest premium</td>
<td>£10.97/£58.47</td>
</tr>
<tr>
<td>Havering</td>
<td>13/44</td>
<td>£1,005,792</td>
<td>3rd lowest premium</td>
<td>£9.59/£10.43</td>
</tr>
<tr>
<td>Redbridge</td>
<td>12/44</td>
<td>£763,045</td>
<td>8th lowest premium</td>
<td>£-5.36/£22.74</td>
</tr>
</tbody>
</table>
PMS review: Financial affordability principles

- Over five years GP contract costs will increase by £7.3m (from £62.9m to £70.2m) across BHR – exceeding our funding increase

- CCGs are required to remain overall within their control totals during the timeframe of the plan

- Each CCG area is in a different state regarding current funding to practices - Barking and Dagenham (B&D) remains challenged

- A balance in funding must be achieved to equalise PMS and general medical services (GMS) GP contracts.
PMS review: Next steps

- B&D CCG is developing new core contracts, and determining which additional services, if affordable, could be provided by PMS/GMS practices and how much the new premium for providing those will be.

- At the end of this process all patients will have access to the same range of services, reflecting the unique needs and challenges of their borough, and GPs will be paid equitably for providing the same services.
CQC: Inspections across BHR
Based on all original inspections
Date range of inspection December 2016-March 2017

<table>
<thead>
<tr>
<th>CCG</th>
<th>Total no. of practices</th>
<th>No. of visits with published reports</th>
<th>% of visits with published reports</th>
<th>No. rated ‘inadequate’</th>
<th>% rated ‘inadequate’</th>
<th>No. rated ‘requires improvement’</th>
<th>% rated ‘requires improvement’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking &amp; Dagenham</td>
<td>37</td>
<td>36*</td>
<td>97</td>
<td>5</td>
<td>13.8</td>
<td>7</td>
<td>19.4</td>
</tr>
<tr>
<td>Havering</td>
<td>45</td>
<td>44</td>
<td>97</td>
<td>4</td>
<td>9</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Redbridge</td>
<td>45</td>
<td>45</td>
<td>100</td>
<td>3</td>
<td>6.6</td>
<td>13</td>
<td>28.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>127</strong></td>
<td><strong>125</strong></td>
<td><strong>98.4</strong></td>
<td><strong>12</strong></td>
<td><strong>9.6</strong></td>
<td><strong>31</strong></td>
<td><strong>24.8</strong></td>
</tr>
</tbody>
</table>

# CQC: Re-inspections across BHR

As at 9 November 2017

<table>
<thead>
<tr>
<th>CCG</th>
<th>Total no. of practices</th>
<th>No. of visits with published reports</th>
<th>% of visits with published reports</th>
<th>No. rated ‘inadequate’</th>
<th>% rated ‘inadequate’</th>
<th>No. rated ‘requires improvement’</th>
<th>% rated ‘requires improvement’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking &amp; Dagenham</td>
<td>36</td>
<td>35*</td>
<td>97</td>
<td>1</td>
<td>2.8</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>Havering</td>
<td>45</td>
<td>44</td>
<td>97</td>
<td>6</td>
<td>13.6</td>
<td>6</td>
<td>13.6</td>
</tr>
<tr>
<td>Redbridge</td>
<td>44</td>
<td>44</td>
<td>100</td>
<td>1</td>
<td>2.2</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125</strong></td>
<td><strong>123</strong></td>
<td><strong>98.4</strong></td>
<td><strong>8</strong></td>
<td><strong>6.4</strong></td>
<td><strong>23</strong></td>
<td><strong>18.5</strong></td>
</tr>
</tbody>
</table>

### CQC: Re-inspections in Barking and Dagenham

Status following re-inspection of practices originally rated ‘inadequate’ or ‘requires improvement’.

<table>
<thead>
<tr>
<th>Practice name</th>
<th>Address</th>
<th>Original CQC rating</th>
<th>New CQC rating at 08 Nov 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five Elms Medical Practice</td>
<td>Five Elms Lane, RM9 5TT</td>
<td>Inadequate</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Hedgemans Surgery</td>
<td>92 Hedgemans Road, RM9 6HT</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Victoria Medical Centre</td>
<td>1 Queen's Road, IG11 8GD</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Valence Medical Centre</td>
<td>561-563 Valence Avenue, RM8 3RH</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Abbey Medical Centre</td>
<td>1 Harpour Road, IG11 8RJ</td>
<td>Inadequate</td>
<td>Good</td>
</tr>
<tr>
<td>Heathway Medical Centre</td>
<td>Broad Street Resource Centre, RM10 9HU</td>
<td>Inadequate</td>
<td>Good</td>
</tr>
<tr>
<td>Markyate Surgery</td>
<td>Markyate Road, RM8 2LD</td>
<td>Inadequate</td>
<td>No updated report published/available</td>
</tr>
<tr>
<td>Becontree Medical Centre</td>
<td>645 Becontree Avenue, RM8 3HP</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Urswick Medical Centre (Dr Alkaisy)</td>
<td>Urswick Road, RM9 6EA</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>The Surgery (Drs Afser &amp; Arif)</td>
<td>620 Longbridge Road, RM8 2AJ</td>
<td>Inadequate</td>
<td>Requires improvement</td>
</tr>
</tbody>
</table>
CQC: support offered to practices

- **Template policies and procedures** – include confidentiality, correspondence, dealing with medical device and safety alerts, repeat prescribing, recruitment, significant event review template, and complaints procedure.

- **Access to online training resource** – includes complaints handling, equality and diversity, fire safety, health and safety, infection control, and manual handling.

- **Face to face training and workshops in 2017** – includes infection control (clinical and non-clinical staff), safeguarding, fire safety, health and safety, chaperone training, and CPR.

- **Support programme for practices rated ‘requires improvement’ (2017)** – provides practical support to help practices make improvements and achieve a ‘good’ rating at re-inspection.
  - Independent organisation was commissioned to lead the programme (led by a former Medical Director).
  - Final summary report will be taken to the Primary Care Commissioning Committee in January 2018, and a workshop will be held to review the findings (HWBB Chair / Vice Chair will be invited to participate).
GP networks

• Three networks established - meet monthly as part of the GP protected time initiative:
  1. North (Chadwell Heath)
  2. East (Dagenham)
  3. West (Barking – Thames)

• Each network has an elected Chair and Vice Chair

• Networks, in collaboration with acute consultants, working to implement the national ‘Advice and Guidance’ initiative between secondary and primary care

• Network council is now established, and network leads are able to undertake a leadership development programme commissioned by the CCG from UCL Partners.
Diabetes local incentive schemes update

- Diabetes continues to be a key network priority.

- CCG commissioned a local incentive scheme on diabetes prevention and improvement - clinically focused for GPs with financial incentives for achieving indicators.

- There are contractual agreements for all practices for delivery.

- Key performance indicators include requirements that practices:

  1. Establish a pre-diabetic register for patients at risk of developing diabetes.
  2. > 50% of patients on pre-diabetic register are screened annually.
  3. > 50% of patients with diabetes (type 1 and type 2) receive the eight NICE recommended care processes.
  4. A 7% increase in patients with controlled HbA1c (haemoglobin).
  5. A 10% increase in recording newly diagnosed patients with type 2 diabetes.
  6. Improvement in record keeping of a structured education programme.
  7. Audit patients having unplanned admissions related to diabetes and discuss findings at locality/network meetings.
Quality improvement indicator: According to NICE guidance, all practices to improve number of patients receiving eight care processes.

Results:
- 20 practices met the 60% target completion rate on 30 September 2017.

*These results are being validated. Expected that total numbers will rise adjusting for BHRUT issues.
Quality improvement indicator: According to NICE guidance, all practices to create a pre-diabetes register from existing patients that is 4% of the practice population size.

Results:
- All practices now have a pre-diabetes register
- 23 practices have met the target of 4% of the practice population.
- Demographics and local factors are likely to have a bearing where this level was not achieved. This is being investigated with relevant practices.

Results (Oct 16-Oct 17): Increase from baseline of 1,258 (Oct 16) to 10,583 (Sep 17) in the number of patients identified as being at-risk of diabetes.
Resilience scheme

- Practices nominated for resilience funding in two ways this year:
  1. Self-nomination
  2. CCG nomination - the CCG and LMCs reviewed the local data and agreed list of practices to be put forward

- STP 2017/18 resilience allocation - £352,013

- 18 practices across B&D were successful; B&D will receive £53,697 of the STP resilience allocation (15%)

- Examples of how the funding is being used:
  - Training and development for staff, including mentoring and coaching
  - Support with making the changes required by CQC, i.e. short term funding for additional nursing/GP hours
  - Funding to support practices developing business cases for mergers
  - Support with recruitment and retention (e.g. agency fees).
<table>
<thead>
<tr>
<th>General Practice Forward View intention</th>
<th>BHR plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workflow optimisation – Medical Assistants, Phase 1</td>
<td>BHR CCGs have commissioned BHR GP Solutions (GPS) to implement a <strong>medical assistants programme</strong> across BHR to assist GPs with workload (based on Brighton and Hove model). Four practices in B&amp;D have been involved in this programme.</td>
</tr>
<tr>
<td>GP recruitment</td>
<td>BHR CCGs have successfully bid for funding from NHSE to support the <strong>recruitment of 21 GPs from overseas</strong>.</td>
</tr>
<tr>
<td>Clinical pharmacists</td>
<td>BHR GPS is piloting a <strong>clinical pharmacist (CP) programme</strong> – nine CPs have been recruited.</td>
</tr>
<tr>
<td>Physician associates</td>
<td>Plans are currently being developed with funding needing to be identified. Plan to jointly roll-out with Waltham Forest CCG.</td>
</tr>
</tbody>
</table>
Workforce, cont.

• CCGs have begun discussions with Health Education England (HEE) on increasing the number of GP trainees in BHR. Plans include:
  • Increasing the number of GP trainers
  • Developing a hub and spoke model, so that trainers in other CCGs could support new trainers in BHR
  • According to HEE data there are currently nine trainees in B&D, with five active training practices

• Community Education Providers Network, the CCGs and the GP Federations are developing plans for the recruitment of General Practice Nurses
  • Two practice education facilitators have been recruited to support 10 new to General Practice Nursing (GPN) posts that have recently been recruited
  • Four advanced nurse practitioner posts have also been recruited

• CCGs have completed a review of GPN in BHR which has identified nurse vacancy gaps, and training and leadership requirements
  • Review will lead to recommendations for the local delivery of the national GPN workforce plan.
Primary care investment: Advice and guidance initiative

Objective:
• GPs will have quicker access to specialist advice from hospital consultants for their patients for eight clinical areas (gynaecology, cardiology, rheumatology, ENT (ear, nose and throat), urology, respiratory, neurology and haematology).

Achieved by:
• GPs and consultants will agree the most appropriate clinical areas for GPs to seek specialist advice
  • Will support the implementation of the new Commissioning for Quality and Innovation national goals for advice and guidance for hospitals (goal of 80% of requests responded to within two working days)
• Assumption that consistent use of advice and guidance will reduce the need for 10% of current GP referrals, resulting in 8% reduction in outpatient first attendances
• CCGs will commission GP Federations to deliver at scale primary care to implement advice and guidance. Both CCGs and Federations will monitor the activity and the number of referrals accepted by hospitals to understand impact.
Primary care investment: Advice and guidance initiative, cont.

Phase 2:
• Agree clinical thresholds in each of the aforementioned clinical areas, ensuring consistent approach across all practices

• Agree, develop and implement out-of-hospital services for those clinical areas where it makes sense for patients to have care closer to home
  • CCGs will commission services from Federations to support the development of providers and ensure whole population coverage
  • Assumption this could result in as much as 20% reduction in outpatient first attendances.