Barking and Dagenham General Practice Update

Health and Wellbeing Board
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Lucy Botting - Deputy Director of Primary Care Transformation

Barkingdagenhamccg.nhs.uk
@BD_CCG
Each borough has a GP federation which works with GP networks at a population based level.
CQC Position as of June 2018

- **29** (80.5% of total) practices rated as “Good” **up** from **24** (66.6%) in March 2017

- **6** (16.6% of total) practices rated overall as “Requires Improvement” **down** from **7** (19.4%) in March 2017

- **1** (2.7% of total) practice rated as “Inadequate” **down** from **5** (13.8%) in March 2017

- There have been 2 practice mergers since 2017.
CQC Support from the CCG

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

• **Access to online training resources** – complaints handling, equality and diversity, fire safety, health and safety, infection control, and manual handling.

• **Face to face training and workshops in 2017 and into 2018** – such as infection control (clinical and non-clinical staff), safeguarding, fire safety, health and safety, chaperone training, and basic life support.

• **Support programme for practices rated ‘requires improvement’** – this 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 was 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)
Primary Care Workforce

- GP numbers are up from 93 to 97 (Sept-Dec 2017)

- General Practice Nurse (GPN) numbers are up from 36 to 41 (Sept-Dec 2017).

- It is critical that data accuracy on workforce numbers is accurate and to this end we are supporting practices to ensure that the workforce work tool data system is accurate and reflects current practice numbers.

- Other workforce initiatives are ongoing including clinical pharmacists in practice, workforce optimisation to free up GP time for front line clinical work. BHR are also involved in a physicians assistants programme with 2 students out in placement currently.
Retaining and attracting GPs in B&D

- Increasing the GP workforce is a key national and local priority

- Demand for consultations is outstripping capacity in General Practice

- Considerable work undertaken to increase trainee numbers coming into north east London

- Local approaches including a GP retention scheme and international GP recruitment

- **Retention**: BHR CCGs in conjunction with Health Education England and Community Education Provider Networks will be advertising opportunities to be employed within a GP Salaried Portfolio Scheme with provider stakeholders. Anticipated that 16 will be in place by September 2018.

- **International recruitment**: NHS England (NHSE) wave 2 started in April 2018 and BHR will receive the first cohort of 21 doctors with 7 earmarked for Barking & Dagenham.
General practice access: developments

• Where concerns are raised directly with the CCG, primary care leads contact practices and will investigate. Where necessary they will support practices to resolve these local issues.

• Where practices are closed for more than four hours (was 5 now only 1) there is alternative provision in place through the out of hours GP service (PELC) or the extended access hub. This ensures service continuity.

• Access and being accessible during core hours is a key principle of the PMS review. We are planning to commission a minimum of 85 patient contacts per 1000 patients in 2018/19 and by 2021 this will rise to 110 patient contacts per 1000 patients.

• Additional access capacity was commissioned over the Christmas and Easter periods “winter appointments scheme” (4095 extra appointments provided).

• Media promotion by Dr John (CCG chair) to ensure that patients are aware of our two local GP hubs (open 6.30-10pm weekdays, 8-8pm weekends). Patients can book via 111 and the access line
  • This will be tweeted and on Facebook channels as well as on the B&D Council Community TV Channel and BHRUT website.
GP Hub access utilisation

The blue slots above the orange line show the GP Hubs true unused capacity. The grey line is how the hub reports utilisation given the funding agreement to pay for DNAs.

It is planned to release some of the unutilised capacity finance as part of the current contract negotiations and this could potentially be re-invested in further capacity.
General practice access: developments, cont.

• Increased development of the GP Federation/Networks within B&D to encourage practices to collaborate and support one another.

• Funding from NHSE in 2018/19 will ensure that the GP Federations, working with the GP Networks, continue to improve quality and access within B&D - planning is in place.

• Data quality: Ensuring we accurately record the number of GPs / nurses working in B&D, this is done via the workforce toolkit.

• Expanding on the breadth of roles in primary care, more clinical pharmacists across the system, launch of a physicians associates programme and putting more leadership and support in place for general practice nurses.

• We are also running a workforce optimisation pilot to free up GP time to focus on patient care rather than reviewing letters and correspondence.

• GP Federations to be take a more active role in workforce development, and have identified this as key objective for 2018/19 and utilising the primary care transformation funds from the ELHCP.
Other developments related to quality and access improvement

• The CCG continues to work with partners around the continued evolution of the Barking Riverside Development and Barking Town Centre Plan, to commission integrated health & care services.

• Throughout 2018/19 work will focus on improvements in the care of those with long term conditions (we would hope to include social prescribing).

• The CCG will also be working with GP practices on a Quality Improvement scheme, which will look at more efficient ways of working to include skill mix and access.
Celebrating Success QI - B&D Diabetes Local Incentivised Scheme

- **Target**: Improving 8 Care processes

**October 2016**

24% of patients receiving all 8 Care Processes

**End September 2017**

60% of patients receiving all 8 Care Processes

**Outcome**: Increase from 24% to 60% in the number of patients receiving Eight Care Processes within the CCG (50% for 9 care processes)
Any questions?