

Barking and Dagenham Clinical Commissioning Group

Barking and Dagenham Health Scrutiny Committee

Monday 25 March 2019

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BHR CCGs



Primary care update



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- CQC inspections across Barking and Dagenham (B&D)
 - Challenges in primary care
 - GP recruitment and workforce initiatives
 - Improving practice sustainability
 - Primary care at scale
 - Diabetes - improving care for patients with diabetes
 - Stroke prevention scheme - rolled out in B&D
 - Referral schemes
 - Community urgent care update
 - Personal Medical Services (PMS) review – what this means for B&D practices
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CQC inspections

Results March 2017 versus February 2019

CCG	Total no. of practices		No. rated 'inadequate'		No. rated 'requires improvement'		No. rated 'good'	
	Mar-17	Feb-19	Mar-17	Feb-19	Mar-17	Feb-19	Mar-17	Feb-19
B&D	36	35	1 (2.7%)	1 (2.7%)	6 (16.6)	4 (11.42%)	29 (80.5%)	30 (85.7%)
Havering	44	44	3 (6.8%)	1 (2.27%)	6 (13.6%)	8 (18.2%)	35 (79.5%)	35 (79.5%)
Redbridge	43	42	0 (0%)	0 (0%)	6 (13.9%)	5 (11.9%)	37 (86%)	37 (88%)
Total	123	121	4 (3.3%)	2 (1.63%)	18 (14.6%)	17 (14%)	101 (82.1%)	102 (83.6%)



B&D practices rated 'inadequate' & 'requires improvement'



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Practice	Date report published	Overall rating	Safe rating	Effective rating	Caring rating	Responsive rating	Well-led rating
Halbutt Street Surgery	04.01.19	Inadequate	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate
Five Elms Medical Practice	09.11.18	Requires improvement	Good	Good	Requires improvement	Requires improvement	Good
Marks Gate Health Centre	22.02.18	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Urswick Medical Centre	09.07.18	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Shifa Medical Practice	29.12.17	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement




Care Quality Commission (CQC) inspections overview




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The CQC has inspected all 35 GP practices in B&D:

- 30 have been rated 'good'
 - Four have been rated 'requires improvement'
 - One has been rated 'inadequate' and placed in special measures.
 - Practices rated 'requires improvement' or 'inadequate' are required to develop an improvement plan which is monitored by the CQC.
 - Practices rated 'inadequate' are re-inspected by the CQC within six months.
 - Our Primary Care Improvement Leads and the NHS England team visit 'inadequate' and 'requires improvement' practices regularly, providing support, advice and guidance to enable the improvements that the practices need to make.
 - The inspection reports are presented to the B&D Primary Care Commissioning Committee - in some cases the practices are already being monitored by the CCG for contractual reasons.
 - The committee reviews the report and where applicable takes further action.
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CCG practice support


- Practices are responsible for making the required improvements and ensuring they meet the CQC's requirements.
 - Common themes from the recent CQC reports in B&D include:
 - Safeguarding
 - Policies
 - Pre-employment checks
 - Health and safety
 - Risk management
 - Infection control
 - Mandatory training.
 - To address the common themes, the CCG has developed a plan to actively support practices to improve in key areas, including providing practices with:
 - Best practice guidance
 - Information on training available
 - Information on other recommended services and support, such as how to access DBS checks and language services.
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CCG practice support, cont.

- The CQC have updated their assessment framework for NHS GP practices. This simplifies and strengthens key assessment areas, bringing the framework into line with social care.
- NHS England have also strengthened their framework to ensure that there is collaboration, a consistent approach and a supportive process between NHS England, CCGs, the CQC and the minority of practices that are rated 'inadequate'.
- BHR CCGs have been working closely with all local GP practices to ensure that they are aware of the new assessment process and new, strengthened quality area. This includes running training events at Protected Learning Events and speaking at Network events.



Challenges in primary care

- Nationally, general practice is facing significant challenges - growing demand, increasing expectations and patients with more complex and long-term conditions.
 - B&D is among the most challenged CCGs in London, with a lower GP and practice nurse clinician to patient ratio than the London average.
 - B&D also has a greater number of GP locums than the north east London average.
 - Recruitment of GPs is a national issue that NHS England leads on. The retention of GPs is due to the number of GPs coming to the end of their career, leaving the profession, retiring early or considering working abroad.
 - The CCG is initiating plans to address local GP recruitment challenges.
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Workforce numbers

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CCG	GP : patient	Total GP FTE	GP age profile over 55	Nurse : patient	Nurse % over 55
Barking & Dagenham	2100	104	38%	3100	39%
Havering	2050	139	44%	3200	52%
Redbridge	2200	145	35%	4800	39%

London average (GP : patient) – 1 : 1900

National average (GP : patient) – 1 : 1700

National average (Nurse : patient) – 1 : 3700

Source: NHS Digital (September 2018)

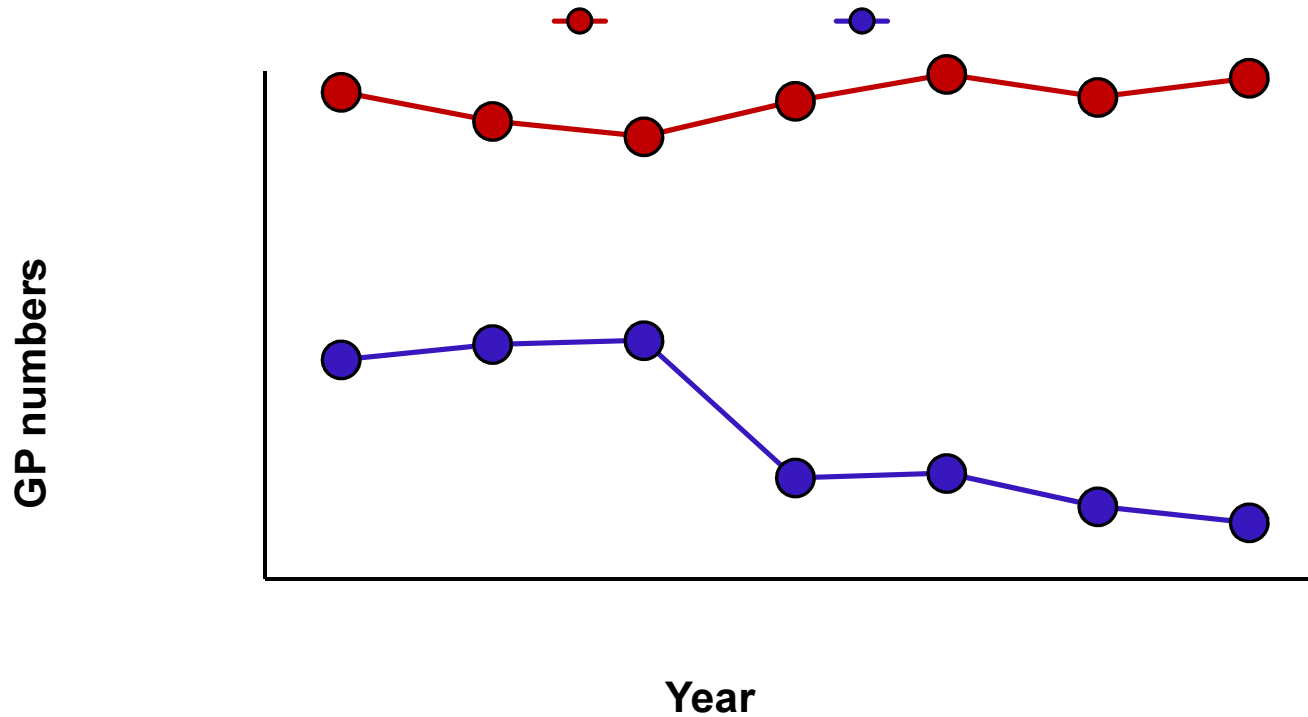


BHR overview of GP numbers 2012-18



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NEL sequential changes




From 2012-18 NE London GP headcount stable (+1%) but FTE fell (-11%)

Source: NHS Digital



What the CCG is doing

To improve ratios and access to GP services locally, the CCG is supporting workforce initiatives. It is expected that these schemes will address the general practice workforce issues:

- **GP-SPIN scheme** - BHR CCGs have designed innovative salaried posts in the BHR area, and **7** newly qualified GPs have started at local practices.
 - **International GP recruitment** – a GP from cohort 1 started work at the Heathway Medical Practice in B&D in February, with a further 2 GPs expected from cohort 2.
 - **General Practice Nursing** – **4** nurse leader positions are being funded by the CCGs, with hosting provided by the Federations. They will support practice nursing staff across BHR.
 - **Physician Associates** - BHR worked with Newham, Tower Hamlets and Waltham Forest to shape the role. The 1st cohort of **21** trainees completed their training in January 2019.
 - **Pharmacists in general practice** - **9** Clinical Pharmacists working in BHR area as part of wave 1. Other practices have expressed interest in applying for the next wave.
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Other workforce initiatives



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- **Workflow optimisation** - the Federations have trained **17** Medical Assistants across BHR to help with demand.
- **GP and Nurse Bank** – the Federations are looking to support the establishment of a GP and practice nurse bank across BHR. This will support access for local practices.
- **Retention support** - peer review scheme developed by the Federations to support those GPs who may be thinking of retiring from the profession in the near future.
- **GP workforce reform to implement the NHS Long Term Plan 2019 (further initiatives)** - Primary Care Networks have funding for up to 20,000 additional staff by 2023/24.

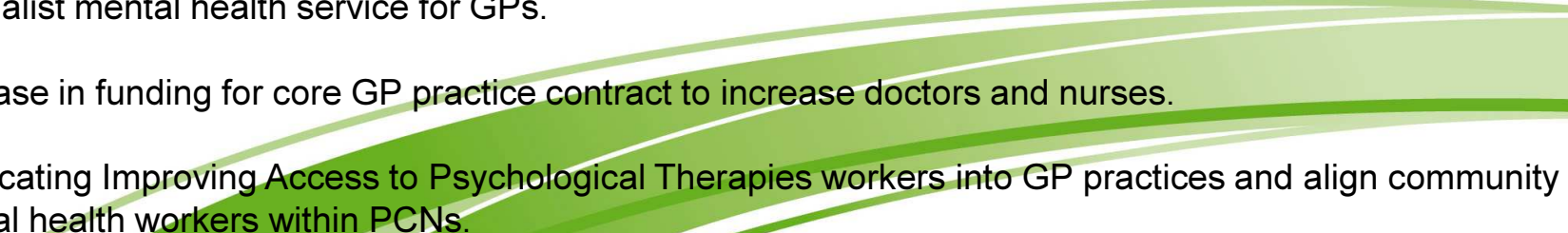


Focus for 2019/20



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GP workforce contract reform to implement the NHS Long Term Plan

- Primary Care Networks (PCNs) guaranteed funding for up to 20,000 additional staff by 2023/24. 70% of recurrent costs given to PCNs to increase:
 1. Clinical Pharmacists
 2. Physician Associates
 3. First contact Physiotherapists
 4. First contact Community Paramedics
 5. Social Prescribing Link Workers (100% funded).
 - Primary Care Fellowship Scheme to support newly qualified doctors and nurses, including training hubs.
 - To increase international GP recruitment over next five years and widen beyond the EEA.
 - Retained doctors support.
 - GP Retention Programme.
 - Practice Resilience Programme.
 - Specialist mental health service for GPs.
 - Increase in funding for core GP practice contract to increase doctors and nurses.
 - Co-locating Improving Access to Psychological Therapies workers into GP practices and align community mental health workers within PCNs.
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BHR Community Education Provider Network (CEPN) workforce transformation activities 2019/20



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- Establish a system-wide 'BHR Workforce Transformation Board' to bring together the disparate plans, discussions and activities around workforce.
- Hold at least one system-wide workforce workshop for system leads to establish priorities and approach to workforce transformation for integrated care.
- Establish a baseline workforce plan, capturing primary care workforce data to inform practice-level/Network-level/Federation-level workforce modelling.
- Establish collaboration as a key driver towards system integration, including the following activities to support cross sector engagement and collaboration:
 - Making Every Contact Count (face-to-face, online and train-the-trainer provision)
 - Mental Health First Aid – train-the-trainer provision
 - Interprofessional learning events bringing staff together from across the system to engage with Vocational Training Scheme trainees
 - Multidisciplinary team GP-led care home case reviews.



Improving practice sustainability



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B&D CCG is working with practices to implement initiatives to improve their sustainability, thus supporting better efficiency and improved access for patients:

- **GP Online** - 26 out of 35 practices have met the target of at least 10% of their patients having online access. Six practices have exceeded the 30% target and 20 practices have achieved between 11.2% to 29.3%.
- **Online consultations** - nine practices are now live with e-consult and can offer online consultation to their patients, 26 practices are yet to offer online consultation to their patients.
- **NHS App** - went live in B&D on 4 March 2019.
- Other projects include: resilience funding, GP improvement grants, voice recognition software and two-way text messaging.



Primary care at scale

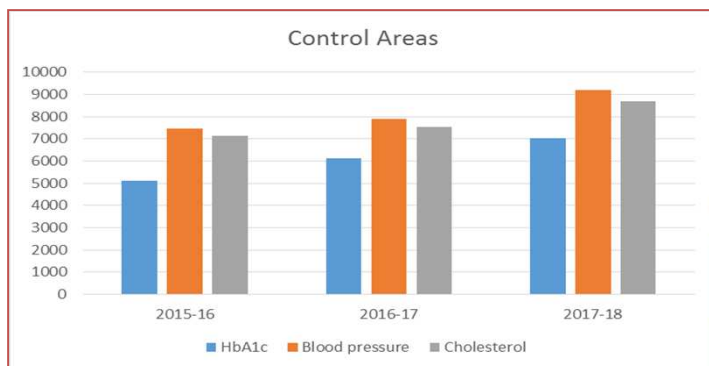
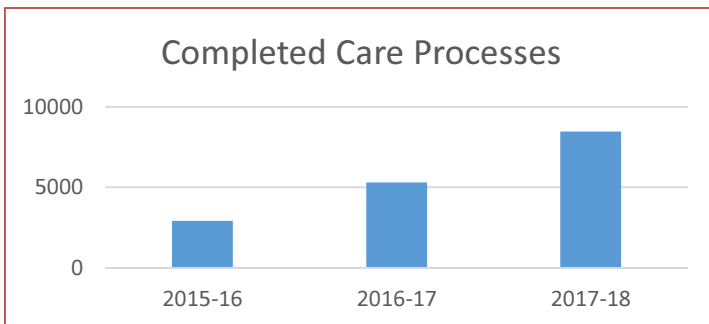
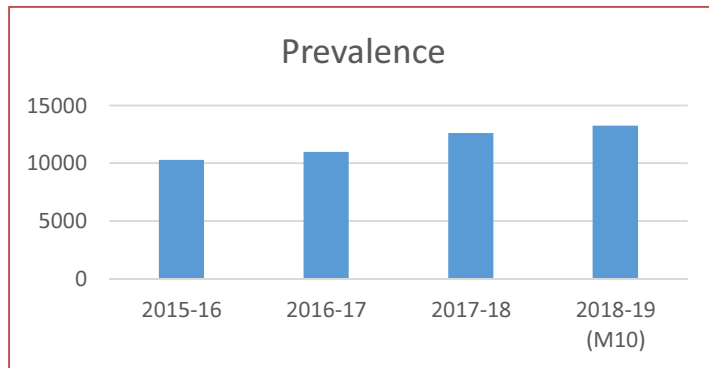
- To support Federation and Primary Care Network maturity, additional funding has been allocated by NHS England to the B&D GP Federation in 2018/19.
- The Federation has to work towards outcomes related to key criteria, which include areas from the high impact actions as identified by the GP Forward View.
- They will also be held to account by the CCG for this delivery.
- Areas of work which they have undertaken so far include:
 - ✓ Quality improvement - working with NELFT to train 9 clinicians in quality improvement across B&D.
 - ✓ Setting up a locum bank of registered GPs and nurses to support GP practices and vacancies within their structure.
 - ✓ Working with the three primary care networks across B&D to explore governance processes, leadership and the delivery of health outcomes to help improve the health of our population (e.g. diabetes care, atrial fibrillation management, acute trust referral management, and care of the older person-nursing home scheme).



Improving care for patients with diabetes



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Ongoing primary care investment is improving the health outcomes of the diabetic type 2 population in B&D.

- **Prevalence** - gap of 'unfound' diabetics has reduced and is now estimated at 628 (current register 13,246).
- **Annual checks** - level of completed checks is now 67% in B&D compared to 59% in England.
- **Key control areas** - blood pressure, blood glucose and cholesterol are all improving, blood glucose is doing especially well.
- **National Diabetes Prevention Programme** - 10,000 patients identified as at risk of diabetes have started to be engaged in programmes to stay healthy.

Health Service Journal award nominee 2019

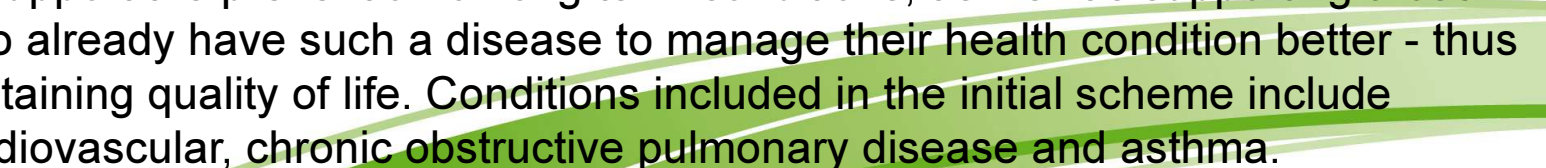
Stroke prevention

- A stroke prevention scheme (developed in Redbridge) has been rolled out in B&D in 2018/19. Atrial fibrillation (AF) is a heart condition that causes an irregular and often abnormally fast heart rate. Screening improves detection and management for patients.

The scheme comprises of:

- **Case finding:** screening of older patients for pulse checks.
- **Implementation:** working with clinical pharmacists and the acute trust on joint reviews.
- **Education:** education sessions with GPs who, at the end of the scheme, will feel that their ability to manage and treat patients with AF had improved).

This scheme was successful in improving the health outcomes of patients in Redbridge, preventing strokes and saving lives. **An award winner for NICE in 2018 and a Health Service Journal award nominee for 2019**, we are aiming to replicate the success of this scheme in B&D.


- Aligned to this work a **Long Term Conditions** scheme is currently being developed with clinicians across BHR to start in 2019/20. The scheme proposes to support the prevention of long term conditions, as well as supporting those who already have such a disease to manage their health condition better - thus sustaining quality of life. Conditions included in the initial scheme include cardiovascular, chronic obstructive pulmonary disease and asthma.
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Referral schemes

e-Referral service

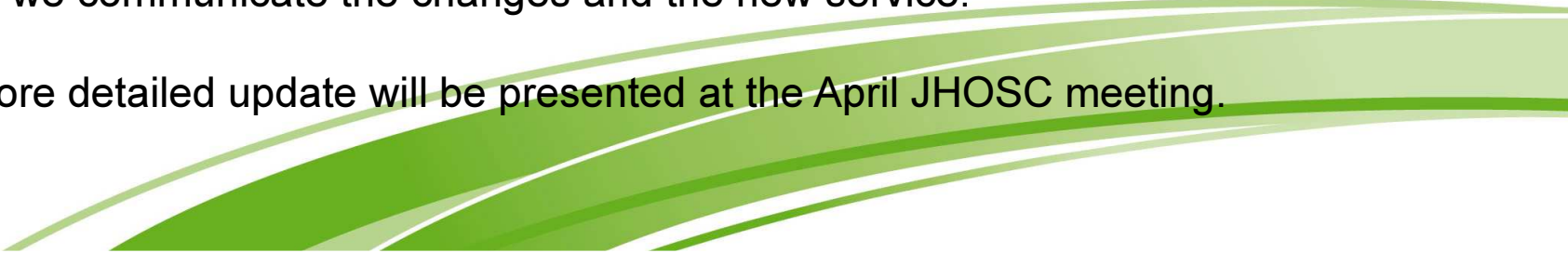
- NHS England and NHS Digital established a national programme to switch referrals from paper to electronic from 1 October 2018.
- ✓ B&D has achieved **100% sign up**, which makes patient referrals easier and response times quicker for patients.

Integrated Referral Management Scheme


- A new scheme has been rolled out in 2019 with the Federations and Primary Care Networks across BHR to support GP Practices to start to look closely at their current referral activity across the system.
 - This involves exploring where Networks are low referrers and/or high referrers into acute trusts and specialities, as well as exploring how together, and as part of the wider Integrated Care System, primary care can begin to improve the quality of care and where appropriate provide speciality consultant care closer to home.
 - For patients this will mean the quality of care is improved and that they are seen by the right person, at the right place, at the right time and care is appropriate.
 - Includes referrals to community specialists and clinics, such as dermatology and other specialities within BHRUT and Barts Health.
 - GPs will continue to improve this system throughout 2019/20.
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Community urgent care update


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- Following a 14-week public consultation last year, BHR CCGs are making changes to community urgent care services - the services local people use if their GP can't see them and they need urgent (not emergency) help.
 - Procurement of the new urgent care service for BHR is planned for this year, with the new service to start by the end of June 2020.
 - In future, patients can call NHS 111 to get advice on the phone (including talking to a doctor or nurse) or to book an urgent same-day appointment.
 - If they need to be seen, they will be booked an appointment at one of 12 urgent care locations
 - Eight will offer bookable appointments only
 - Four will become Urgent Treatment Centres (UTCs) - including Barking Community Hospital.
 - We've commissioned Healthwatch to undertake research with local people to inform how we communicate the changes and the new service.
 - A more detailed update will be presented at the April JHOSC meeting.
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Personal Medical Services

- In 2014, NHS England issued national guidance that all Personal Medical Services (PMS) contracts must be reviewed.
 - PMS contracts allow GPs to receive extra payments for providing enhanced services to meet local needs – however this has meant a great variation in payments between practices.
 - The review aimed to create a consistent approach, and ensure 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.
 - In 2016, NHS England agreed a “one size fits all” approach will not work and asked CCGs to progress the review at a local level.
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Local review

- B&D CCG reviewed all PMS contracts to ensure they receive the same basic funding for providing core services. This approach is based on the principles:
 - It's a fairer system - paying all practices the same amount per patient
 - releases funds from PMS to reinvest back into general practice (GMS)
 - As a result, 11 of 35 practices in B&D saw their funding reduced from June 2018. Concerns were raised over the impact this could have so a transition support package was put in place to gradually step practices down.
 - The CCG secured additional short term funding of £0.4 million aiding enablement of a minimum practice offer above core contract for B&D practices of £4.30, £5.30 and £6.30 over the next three years.
 - All 13 PMS practices accepted the new contract effective from 1 July 2018. So far 29/36 practices are delivering the clinical access scheme. This means 18/22 GMS practices now have access to additional funding, but more significantly B&D patients have a much more consistent level of access to appointments (above average), thus addressing one of our patients highest priorities.
 - In addition the scheme provides opening hours of 8am-6.30pm and drives forward efficiency improvements in demand management
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Questions?

