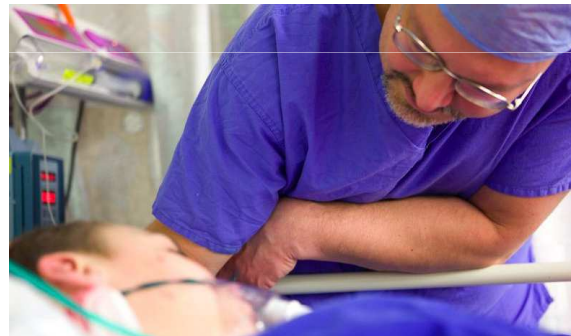
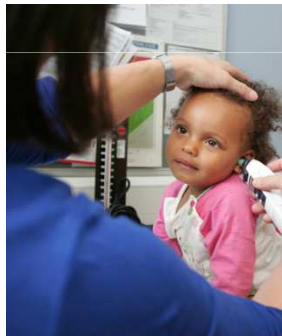




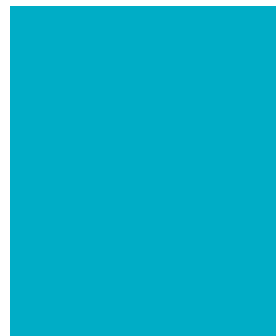
Commissioning Board

Primary Care Commissioning

Addressing Variation in Primary Care – A Report
for Barking & Dagenham H&WB Board



May 2014
V Final



**THE NHS
CONSTITUTION**
the NHS belongs to us all

How NHS England addresses the variation in primary care performance and suggestions where NHS England thinks the Board can support improvement programmes for primary care performance

- GPs are independent contractors, not employees of the NHS
- They must be included in the Performers' List to deliver services
- Performer List Regulations set out a regulatory framework for applying conditions to a GP's inclusion or continued inclusion
- NHSE decisions can be (and often are) appealed via the First Tier Tribunal
- Important to differentiate practice Vs individual, but these can be blurred

How we identify poor performance 1)

We continue to make use of a range of information from different sources:

- National, London and local data to inform, compare and challenge (GP High Level Indicators and GP Outcome Standards)
- Local intelligence from peers, other contractors/performers
- Information from Regulators, Regulatory Bodies and other statutory/non statutory organisations, including MPs, Councillors, Overview & Scrutiny Committees
- Information from complaints, other providers, surveys, press/TV, on line posts
- Direct patient feedback
- Whistleblowers
- Commissioned reviews
- ...and we consider individual performer matters via a performance “Decision Making Group” (DMG)

How we identify poor performance 2)

Main source is systematic use of GP High Level Indicators and GP Outcome Standards

NHS England focus on practices with 5 or more outliers on the latest data available

Practices thus identified; call “case review” of interested parties

Gather other intelligence

Build a full picture of the practice/issues – important to note that the data needs to be understood before decision taken to proceed

NB Just because a practice is an outlier, this doesn't necessarily mean there is poor performance

Managing GP Performance

Two aspects of **performance management** in primary care for which NHS England is responsible:

- Contractual – managed by the Head of Primary Care
- Individual Performer – managed by the Medical Director. The two will often overlap and so close working relationships are essential

CCGs have a responsibility to support NHSE **improve** the quality of primary care

New national arrangements developed ...

Contractual –

- The range of national standards practices will be expected to meet ✓
- The weighting/tolerances/triggers etc. to be applied ✓
- The national process for handling poor contractual performance

Individual performer –

- The new National Performer List and associated regulations ✓
- The national process for handling poor individual performance, including arrangements for Panel consideration etc.

✓ = **produced and in use**

Where national policies are not yet in place we have developed and apply a consistent policy across London

Contractual or practice matter

- Issue raised
- Consider significance and share with CCG re improvement
- Practitioner responds / Practice provides development/improvement plan to CCG if requested
- NHSE monitor practice remediation
- NHSE prepare and issue contract breach notice and remediation where appropriate
- Repeat “offences” could lead to repeat breach and ultimately contract termination (rare)

Individual Performance

- Issue identified – serious case, could consider suspension
- Referred to Screening Committee/DMG for next steps
- Raise matter with the practitioner
- External review (for some cases)
- Practitioner responds
- Back to DMG for next steps which could include:
- Practitioner referred to Panel for Performer List action
 - Removal
 - Conditions
 - No action
- Right of appeal
- DMG keeps watching brief

Shortcomings in current arrangements

- Commissioning of primary care split across 4 organisations
- Confusing arena – NHS England, CQC, Regulatory Bodies
- Funding availability for development
- NHS England staffing really stretched; no capacity to deliver an improvement agenda systematically; NHS England more remote from local provision
- NHS England “Serious Issues Team” only recently recruited
- NHS England focus has had to be on areas where performance is worst
- Linkage with CCGs not always joined up; not always joint fora in place to have a discussion about improvement

Intentions for moving forward...

Under the 5 year Strategy, B&D CCG is currently establishing a Primary Care Transformation Programme. 3 main projects...

- Primary Care Improvement
- Prime Minister's Challenge Fund, and
- GP Provider Development

During the next 4 weeks CCG will establish the Primary Care Improvement project – this will also include representation from the wider primary care family (e.g. community pharmacy)

The Quality Improvement workstream of the PC Improvement project will be the forum to work with NHSE to support the quality improvement agenda, by ...

- reviewing performance and triangulating more current, local data against GPOS and GPHIL
- having the input of the local Public Health team to support this piece of work
- agreeing a local dashboard and get the engagement of the local professional comms and the emerging GP federations
- developing a local plan to support the federations and individual practices to works towards achievement of the GP developmental standards
- NHS England expects to field a senior presence to work with the CCG

H&WB supporting improvement programmes

- Link commissioning decisions with CCG/NHS England - allows some “due diligence”
- Ensure JSNA and PNA robust and useful for commissioners’ use
- If pathway design is needed to resolve service improvement, ensure colleagues connected and contribute
- Construct of Local Quality Board (see previous slide). H&WB to be engaged
- How to use the connections to support / enable premises infrastructure improvements
- Full linkage with the public health team

Some background information and data

The GP Outcome Standards (GPOS)

The General Practice Outcome Standards are a pan London set of standards that provide practice data on agreed standards of care that all patients should receive from general practice. They are part of a programme designed to support and improve primary care in London.

- A set of 24+ indicators first developed in London
- Now a national tool, available publicly
- Triggers and thresholds agreed with the profession

It is important to note that the system provides the NHS with the data to enable more in depth local discussion to be had with a practice where appropriate; so for example low uptake on immunisations could be for a variety reasons – it doesn't necessarily mean that clinical performance is wanting.

The data is available publicly on the myhealthlondon website...

<http://www.myhealth.london.nhs.uk/london-living/features/gps-london/what-are-london-outcome-standards>

Developing the GP Outcome Standards

The underpinning principles for the standards are as follows:

- should focus on the basics that patients should expect to receive from general practice
- need to be outcomes-focussed, which concentrate on the immediate outcomes related to service delivery, which will lead to longer-term health outcomes
- should focus on areas where general practice have direct control and accountability
- short-term outcomes need to be areas of delivery where there is a strong evidence pathway between the service/intervention delivery and longer-term health outcomes
- They need to align with the emerging domains in the National NHS Outcomes Framework
- The standards will need to evolve over time as quality improves and more data becomes available
- The outcome standards draw on existing data sources to avoid creating any additional burden on practitioners to report new data.
- New standards will be considered on an annual basis to ensure that the standards remain valid, robust and highly relevant to patients, the public, general practice and wider health policy.

How are the Outcome Standards measured?

The tool measures a practice's achievement against thresholds that have been agreed by the General Practice Outcome Standards and Framework Programme Board. The standards highlight excellence and identify risks to quality and safety.

The thresholds, which have been set to assess how far away a practice's achievement is from either nationally-agreed thresholds or averages in London, are the measurements that identify how a practice is performing to the standards. These measurements are called "triggers". Triggers are grouped into three categories:

1. Those which already have nationally-agreed or expected levels of achievement **S2**
2. Reported vs. expected disease prevalence
3. Those which are assessed against the London average

Each indicator threshold has an upper and lower limit. The indicator thresholds are therefore grouped into the following categories:

Level One Trigger

Level Two Trigger

A practice's achievement within these standards determines the overall practice and borough rating. The standards group practices into categories dependant on the number or combination of Level One and Level Two Triggers that are identified by the General Practice Outcomes Standard tool. The categories are:

Achievement Category	Level 1	Level 2
Higher Achieving Practice	0 – 4 triggers	0 triggers
London Achieving Practice	5 – 7 triggers	1 trigger
Approaching Review Practice	8 – 10 triggers	2 triggers
Review Identified Practice	11 or more triggers	3 or more triggers

Slide 16

S2

I think this is too much detail and should be simplified and combined with slide 17?

See, 03/06/14

GPOS Summary (data drawn from <https://www.primarycare.nhs.uk>)

Q61 - NORTH EAST LONDON LOCAL AREA TEAM OVERVIEW – mostly Dec 2012 data

Total No. of Practices: **601**

Higher Achieving Practices: **13** (2.16%)

Achieving Practices: **136** (22.63%)

Practices Approaching Review: **184** (30.62%)

Practices with Review Identified: **268** (44.59%)

CCG OVERVIEW FOR NHS Barking & Dagenham CCG

Total No. of Practices: **41**

Higher Achieving Practice: **1**

Achieving Practice: **8**

Practice Approaching Review: **19**

Practice with Review Identified: **13**

On GPHLI....5 or more outliers... Biggest number is in NECL

- A national (bigger) set of indicators for commissioners
- Builds on GPOS

Q61 - NORTH EAST LONDON LOCAL AREA TEAM OVERVIEW

Total No. of Practices: **601** (London 1516)

Practices with 5 or more outliers: **67** (London 149)

Q63 - SOUTH LONDON LOCAL AREA TEAM

Total No. of Practices: **498**

Practices with 5 or more outliers: **41**

Q62 - NORTH WEST LONDON LOCAL AREA TEAM

Total No. of Practices: **417**

Practices with 5 or more outliers: **41**

CCG: NHS Barking & Dagenham CCG

Total No. of Practices: **41**

Practices with 5 or more outliers: **2**

NHS England attention thus far focussed on areas with performance worse than B&D

Slide 18

S5

Think you clearly need to differentiate between GPOS and GHIL - could be confusing

See, 03/06/14

5 or more outliers by CCG...

CCG: NHS Barking & Dagenham CCG
Total No. of Practices: **41**
Practices with 5 or more outliers: **2**

CCG: NHS Redbridge CCG
Total No. of Practices: **48**
Practices with 5 or more outliers: **10**

CCG: NHS Newham CCG
Total No. of Practices: **64**
Practices with 5 or more outliers: **11**

CCG: NHS City and Hackney CCG
Total No. of Practices: **46**
Practices with 5 or more outliers: **3**

CCG: NHS Barnet CCG
Total No. of Practices: **69**
Practices with 5 or more outliers: **2**

CCG: NHS Enfield CCG
Total No. of Practices: **63**
Practices with 5 or more outliers: **3**

CCG: NHS Havering CCG
Total No. of Practices: **53**
Practices with 5 or more outliers: **3**

CCG: NHS Waltham Forest CCG
Total No. of Practices: **47**
Practices with 5 or more outliers: **10**

CCG: NHS Tower Hamlets CCG
Total No. of Practices: **36**
Practices with 5 or more outliers: **7**

CCG: NHS Islington CCG
Total No. of Practices: **38**
Practices with 5 or more outliers: **0**

CCG: NHS Camden CCG
Total No. of Practices: **40**
Practices with 5 or more outliers: **5**

CCG: NHS Haringey CCG
Total No. of Practices: **56**
Practices with 5 or more outliers: **11**

Complaints

- High volume
- Common themes...
 - Questioning clinical care/clinical competence
 - Attitude
 - Behaviour
 - Poor access
 - Removal from list – often inappropriately

Complaint Cases: London Area Team Vs Bark & Dag

AREA	Performer	Clinical Competence	Inappropriate claims / Financial probity	Manner / Attitude	False Declaration/ Failure To Declare	Criminal investigation	Coroners Investigations	Domestic Homicide Review	Child Safeguarding	Adult Safeguarding	Total
SOUTH	GP	40	3	7	2	2	1	1	1	2	59
	Dentist	8	2	4	2	0	0	0	1	0	17
	Pharmacist	3	0	1	2	0	0	0	0	0	6
	Optometrists	1	2	0	0	0	0	0	0	0	3
South Total	All Performers	52	7	12	6	2	1	1	2	2	85
NORTH WEST	GP	65	3	3	0	0	0	0	1	1	73
	Dentist	8	2	2	1	0	0	0	0	0	13
	Pharmacist	0	0	0	0	0	0	0	0	0	0
	Optometrists	2	1	2	0	0	0	0	0	0	5
North West Total	All Performers	75	6	7	1	0	0	0	1	1	91
NORTH EAST	GP	162	11	33	1	19	0	0	2	0	90
	Dentist	74	12	1	2	1	0	0	0	0	23
	Pharmacist	14	3	0	0	4	0	0	0	2	18
	Optometrists	13	2	1	1	1	0	0	0	0	18
North East Total	All Performers	263	28	35	4	25	0	0	2	2	359
Barking & Dagenham	GP	20	0	2	0	2	0	0	0	0	24
	Dentist	4	1	0	1	0	0	0	0	0	6
	Pharmacist	1	0	0	0	0	0	0	0	0	1
	Optometrists	0	0	0	0	0	0	0	0	0	0
	All	25	1	2	1	2	0	0	0	0	31

S3

Slide 21

S3

You will be asked if these have been resolved or the outcome of them?

See, 03/06/14

Performer Cases... some numbers 1)

Use of Performers List Regulations (Medical, Dental, Optometry)

	Subject to Conditions	Subject to Conditions % of Total	Suspended		Suspended % of Total	Removed	Removed % of Total	Barking & Dagenham only
North East	21	0.41%	3		0.06%	1	0.02%	
South	14	0.23%	0		0.00%	0	0.00%	
North West	15	0.41%	2		0.05%	0	0.00%	
Total for London	50	0.33%	5		0.03%	1	0.01%	0

Regulator's action (incl. GMC, GDC etc.)

	Subject to conditions	Subject to Conditions % of Total	Suspended		Suspended % of Total	Removed	Removed % of Total	Barking & Dagenham only
North East	23	0.44%	4		0.08%	6	0.12%	
South	7	0.11%	6		0.10%	0	0.00%	
North West	15	0.41%	5		0.14%		0.00%	
Total for London	45	0.30%	15		0.10%	0.10%	0.00%	1 undertaking

Panel, Tribunal Crown Court Cases

Area Team	Number of Panel Hearings	Number of Tribunal Hearings	Number of Crown Court Cases	Barking & Dagenham only
North East	3	0	0	
South	1	0	0	
North West	3	0	0	
Total for London	7	0	0	0

Performer Cases... some numbers 2)

Cases of Poor Practitioner Performance by Contractor Group and Area Team

AREA	Performer	Number of Performers	Number of Cases of Poor Practitioner Performance or Misconduct	Cases As a % of the Number of Performers	1	2	3	Current number of Live Cases	Closed
SOUTH	GP	3173	62	2%	9	50	3	62	124
	Dentist	1681	12	1%	2	8	2	12	13
	Pharmacist	650	5	1%	1	3	1	5	15
	Optometrists	1301	6	0%	0	6	0	6	10
South Total	All Performers	6805	85	1%	12	67	6	85	162
NORTH WEST	GP	1979	61	3%	22	34	0	56	42
	Dentist	1103	29	3%	9	20	5	34	29
	Pharmacist	514	0	0%	0	0	0	0	5
	Optometrists	612	1	0%	0	1	0	1	0
North West Total	All Performers	4208	91	2%	31	55	5	91	76
NORTH EAST	GP	2707	228	8%	24	62	54	140	88
	Dentist	1727	90	5%	8	11	42	61	32
	Pharmacist	701	23	3%	1	2	12	15	5
	Optometrists	735	18	2%	1	2	8	11	7
North East Total	All Performers	5870	359	6%	34	77	116	227	132
Barking & Dagenham	GP	Unknown	24	Unknown	1	14	4	19	5
	Dentist	Unknown	6	Unknown	0	2	3	5	1
	Pharmacist	Unknown	1	Unknown	0	0	1	1	0
	Optometrists	Unknown	0	Unknown	0	0	0	0	0
	Total	Unknown	31	Unknown	1	16	8	25	6

Slide 23

S4

See, 03/06/14