

Bromley Health and Wellbeing Board
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ENCLOSURE XX

PRIMARY CARE COMMISSIONING, ACCESS AND RESILIENCE

DIRECTOR RESPONSIBLE: Angela Bhan, Chief Officer

CLINICAL LEAD: All Clinical Leads

AUTHOR: Jessica Arnold, Head of Primary and Community Care

INTRODUCTION AND SUMMARY:

This paper sets out key updates from the primary care function of Bromley CCG, in particular:

- A) Moving from co-commissioning of general practice with NHS England towards fully delegated commissioning from 1st April
- B) Recent improvements to primary care access, in particular during evenings and weekends
- C) Investments into general practice planned as part of the local GP Forward View programme

The paper also gives a brief summary of other progress in primary care for information.

KEY UPDATES:

A) Level 3 full delegation of Primary Care Commissioning

All CCGs in London that are currently at level 2, co-commissioners of primary care, were asked in summer 2016 by NHS England to consider taking on level 3, fully delegated commissioning of primary care from 1st April 2017. Bromley CCG submitted our application for level 3 delegated commissioning for the December national deadline following a 67% majority vote and general support by the CCG's GP membership. The CCG was notified shortly before Christmas that our application had been forwarded for national approval without any conditions or caveats. A decision is expected in mid February.

The advantages of delegated commissioning are expected to be:

- Empower and enable CCGs to improve primary care services for the benefit of patients and local communities
- Enable clinically led, optimal local solutions to local needs
- Enable commissioning and service design across the whole patient pathway
- Allow greater control over local decisions affecting primary care informed by local knowledge of services and practices
- Enable CCGs to shift investment from acute to primary and community services

- Key enabler of developing seamless integrated out-of-hospital services
- Opportunity to design local incentive schemes as an alternative to QOF or DESs
- Drive outcomes based commissioning in primary care by aligning outcome measures and incentives used in primary care
- Mitigate risks around status quo of NHS England currently covering a large geographical patch and all independent contractors (GP practices, dental, optometry, pharmacy) while facing considerable staffing and financial challenges

Possible disadvantages of delegated commissioning:

- Workload for the CCG will increase. For example, the CCG will need to provide assurance that it is discharging NHS England's statutory functions effectively. This could be onerous in terms of monitoring and intervention. It will be important to ensure that there are adequate resources (funding and staff), and this is being considered as part of the NHS England devolution into seconded STP-based teams
- Real and perceived conflicts of interest will increase, and governance rules about GPs making decisions where conflict of interest applies must be adhered to. However, strengthened and transparent processes for decision-making have been developed in preparation for delegation
- There is a risk of inconsistency of approach in areas where national consistency is clearly desirable; therefore, the CCG will continue to work with NHS England on national priorities and with other CCGs to learn from best practice and experience elsewhere

Approval will permit Bromley CCG to commence the transition to level 3 from 1st April 2017. This will include establishing a new Primary Care Commissioning Committee (replacing the former SEL Joint Committee meetings and becoming the CCG's highest level of governance for primary care matters); adopting new Conflict of Interest arrangements; and working alongside a devolved NHS England team that is being seconded to SEL level to support local delivery. For information, all six SEL CCGs are expecting to be approved for fully delegated commissioning of primary care from April.

B) GP Forward View: Plan development and implementation

In April 2016, NHS England launched the General Practice Forward View (GPFV), a plan to stabilise and transform general practice backed by a multi-billion pound investment to start to redress historic underinvestment. It clearly stated that if general practice fails, the NHS fails, recognising the increasing pressure that general practice is under every day.

In Bromley, the GPFV investments are as follows:

- £185,000 for vulnerable practices, practice resilience and workforce, of which £30,000 must be spent on admin-clerical staff training
- £89,000 for online consultations
- £1,183,000 for improving access (see section C of this report)
- Over £3,000,000 under the Estates and Technology Transformation Fund for a Bromley Wellbeing Centre (see section 3 of this report)
- Funding for a Primary Care Development Manager (0.5WTE) to deliver the GP Forward View; we have recruited successfully and the postholder is expected to start in April 2017

In addition, each CCG is required to spend a further £3 per head non-recurrently in primary care, from their baseline allocations, over the two years 2017/18 and 2018/19. In Bromley, this will be focused on practice resilience and development, and reducing variation in services.

Bromley CCG is currently in the process of developing a detailed prioritisation and action plan for the resilience and workforce elements of our local GPFV plan, informed by robust engagement with our GP membership and local stakeholders. In September 2016, we submitted a high level draft plan to NHS England for assurance purposes that included:

- Plans for supporting vulnerable practices with diagnostics and sustainability planning (a requirement of the funding);
- Schemes to attract and retain more practice nurses in the borough;
- Attracting GPs into the area through a range of measures that include educational events, clinical leadership opportunities and returning doctor retainers;
- Re-developing the locum bank and exploring options to extend into a nurse bank;
- Working with practices on initiatives to release capacity in general practice, including improved efficiency and back office functioning and introducing new roles into primary care;
- Support to practices that are considering merging (not required but encouraged through this funding); and
- Admin and clerical training and practice manager development opportunities.

Once the GPFV local plan is drafted upon conclusion of planned engagement activity and approved internally and by NHS England, it can be published and implemented at pace.

C) Primary care access hubs and 8-8, 7/7 access

Bromley CCG has commissioned primary care access hubs since 1st December 2015 to offer additional GP appointments during late afternoons, evenings and weekends as an 'overflow' for routine and semi-urgent cases when patients' registered GP practice appointments are already taken. Hub appointments can be booked via GP practices, NHS 111, or re-directions from the UCC; they are not however, available for walk-ins. GPs working in the hubs have electronic access to patient records and are able to prescribe and make referrals. The access hubs are run by the Bromley GP Alliance.

The service began with two hubs (Beckenham and St Mary Cray) opening 4pm-8pm on weekdays and 9am-1pm at weekends. However, as part of the evaluation and development of the primary care access hub model, and additional investment available through the CCG baseline and the GP Forward View, we expanded the service to include:

- a third hub location (Bromley Common) from December 2016
- additional appointments on weekdays and four hours of additional opening on Saturdays to manage winter pressure from December 2016
- nurse wound dressing appointments to manage winter pressures from early January 2017

...and will be expanding the service further in coming months to include:

- 8am-8pm opening of access hubs on Saturdays and Sundays from 28th January
- nurse appointments as part of the 'business as usual' provision after winter
- promotion to the general public to ensure good utilisation at weekends once 8-8 is offered
- online access to booking hub appointments (details TBC)

From our evaluation of the primary care access hubs to date, there are very high levels of satisfaction from both patients and GP practices, and utilisation of appointments has been maintained above 90% following the pilot period.

A new contract for the access hubs is due to be issued to Bromley GP Alliance in late January 2017 covering the 15 month period up to 31st March 2018. During this time, we will be undertaking a competitive procurement process as we are legally obligated to do so.

OTHER AREAS OF INTEREST:

1) PMS contract review and GMS equalisation

In November 2015, the CCG began a process to review the additional services we commission from general practice (on top of the core GP contract) and ensure these services are aligned to our strategic priorities and primary care strategy. There are two parts to this review: refresh of the contracts with our 24 PMS practices that already provide additional services, and equalisation with our 19 GMS practices who do not currently offer additional services.

We developed commissioning intentions to offer additional services around: screening and immunisation, patient satisfaction, use of technology, End of Life care planning, wound care, additional hours, integrated working, carers, housebound visiting and sustainability planning.

In March 2016, local contract negotiations across all London CCGs were paused for a period of eight months to resolve conflicts at London level, and the pause was eventually lifted in November 2016. Bromley CCG has now re-commenced local discussions about these priority services. Engagement with the CCG governing body, our GP practices and the Bromley LMC has been ongoing and the final commissioning intentions are likely to be agreed by the end of March and implemented from 1st July 2017. These will be in line with the original commissioning intentions outlined here, although service specifications will be updated to reflect progress during the pause.

The investment made into general practice under the PMS contract and planned GMS equalisation will be £12.26 per weighted patient; totalling £3.5million per annum.

2) Integrated Case Management local improvement scheme (LIS)

Bromley CCG implemented an Integrated Case Management Local Improvement Scheme from 1st December 2016. The LIS pilots a model of multidisciplinary care planning around a small but complex caseload of vulnerable people. The scheme asks GPs to identify patients who are at risk of deteriorating health and would benefit from a multidisciplinary approach, and participate in MDT conferences to agree and deliver a care plan. This is supported by a GP Chair, a non-clinical MDT liaison officer, and professional support from community services, mental health services, hospice, the voluntary sector and social care where appropriate.

The scheme went live on 1st December 2016 and provides an important early step in implementing Bromley's new Integrated Care Networks. To date, 37 of Bromley's 45 practices are participating in Integrated Case Management.

3) Development of a Bromley Health and Wellbeing Centre

Funding has been received by Bromley CCG through the national Estates and Technology Transformation Fund (ETTF) for development of a Bromley Health and Wellbeing Centre. The business case and early plans for the Centre are currently in development, including using patient engagement and working with our partners to scope location and potential services to be run from the Centre. It is likely to house at least one GP practice.

4) Homelessness and health: *Banking on a Meal*, Healthwatch report

In response to the HealthWatch report, *Banking on a Meal*, in autumn 2016, the CCG has been looking at barriers to accessing GP services for homeless people. The report was based on interviews and input from staff and users of food banks around Bromley borough and identified a common experience amongst homeless people of being told they cannot register with a GP practice because they have no fixed address. As this is incorrect – practices can use a friend/relative’s address, a community building such as a church or the GP practice itself to register the patient – the CCG have emphasised this message to our GP practices. Further work is being undertaken by Healthwatch with the council and CCG to look at the quantum of homelessness in the borough and prevention action.

5) Quality and Performance Report

Highlights from the most recent (July 2016) Quality and Performance Report from NHS England relating to Bromley primary care include:

- Overall patient satisfaction with their surgery was 83% (compared with 85% nationally, but second highest for SEL)
- Patient confidence and trust in the GP was 95% (the same as nationally)
- Patient satisfaction with opening hours was 72% (compared with 76% nationally and the lowest in SEL)
- Friends and Family Test saw 83% recommending their GP surgery (compared with 88% nationally and 86% average for SEL)
- 40.9% of Bromley practices received a ‘good’ rating; 2.3% were outstanding; 6.8% required improvement; 50% have not yet had ratings published
- Bromley had no contractual breaches
- Only 2014/15 Quality Outcomes Framework (QOF) data was available

6) CQC inspection outcomes

The Care Quality Commission (CQC; health regulator) are midway through a programme of inspection of all London GP practices. In Bromley, the outcomes to date are:

- 1 practice was rated ‘outstanding’
- 18 practices were rated ‘good’
- 3 practices were rated as ‘requires improvement’
- 23 have not yet been inspected

The CCG is working closely with practices that have a ‘requires improvement’ or ‘inadequate’ rating, including through the GP Forward View plan and it’s focus on practice resilience.

PUBLIC AND USER INVOLVEMENT:

The CCG held a patient engagement event in Bromley on 13th December 2016. The event gave an update on primary care developments, allowed for Q&A and included three discussion groups on access, technology and the voluntary sector. The event was attended by 34 patients and HealthWatch. Feedback from the event was very good. The CCG has produced a ‘you said, we did’ from the patient event and incorporated the feedback and ideas of patients into our work planning.

ACRONYMS

- CCG – Clinical Commissioning Group
- CQC – Care Quality Commission
- ETTF – Estates and Technology Transformation Fund
- GMS – General Medical Services
- GP – General Practitioner
- IT – Information Technology
- MDT – Multidisciplinary Team
- NHSE – NHS England
- PCJC – Primary Care Joint Committee
- PCPB – Primary Care Programme Board
- PMS – Personal Medical Services
- QOF - Quality Outcomes Framework
- SEL – South East London
- SOP – Standard Operating Procedure

DIRECTORS CONTACT:

Name: Angela Bhan

E-Mail: angela.bhan@nhs.net

Telephone: 01689 866 168

AUTHOR CONTACT:

Name: Jessica Arnold

E-Mail: Jessica.arnold1@nhs.net

Telephone: 01689 866 172