

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 29th January 2019

Title: PRIMARY CARE PERFORMANCE AND STRATEGY UPDATE

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Ward: Borough-wide

1. Summary

- 1.1 This Primary Care performance and strategy update report and attached appendix provide information to Health and Wellbeing Board members on the relative performance and achievement of Bromley's 45 GP practices against key locally and nationally commissioned services and measures. The report also updates members on the process and progress towards developing a Bromley General Practice Strategy and Action Plan for 2019/20 – 2020/21. Please note the attached appendix, Primary Care Performance Dashboard, December 2018.
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2. Reason for Report going to Health and Wellbeing Board

- 2.1 A Primary Care performance and strategy update is coming to the Board now because the Primary Care Performance Dashboard (appendix A) and the Bromley General Practice Strategy are currently in the final stages of development before full adoption and implementation by NHS Bromley CCG from April 2019. This is a critical time of change and forward planning for primary care in Bromley, both in terms of future resilience and as a major part of the integrated health and care system of the future.
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3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

- 3.1 This report is for noting and discussing the progress, priorities and future strategy of Bromley CCG with regards to primary care provision over coming years. Discussion and suggestions will shape the ongoing monitoring of performance and implementation of a Strategy and action plan to deliver future quality improvement and resilience within Bromley's 45 GP practices, in the context of an integrated health and care system. All Board members are welcomed to comment.

Health & Wellbeing Strategy

Related priority: All areas of the Health and Wellbeing Strategy are affected by general practice in Bromley.

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Total savings: Not Applicable
 4. Budget host organisation: NHS Bromley CCG
 5. Source of funding: Various
 6. Beneficiary/beneficiaries of any savings: Not Applicable
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Supporting Public Health Outcome Indicator(s)

Yes

4. COMMENTARY

4.1 This report covers two workstreams within the Bromley CCG primary care function:

A. Primary Care Performance Dashboard

4.2 The Primary Care Performance Dashboard (appendix A) sets out the performance and data for the 45 GP practices in Bromley borough. It is the first iteration of a primary care monitoring pack of this kind by the CCG in recent years, aiming to pull together multiple and disparate data sources into a 'one stop shop' report for monitoring the performance of practices against the key services and targets commissioned by NHS Bromley CCG and NHS England. The Dashboard aims to help practices, commissioners and other stakeholders to gather a broad understanding of how GP practices are performing overall in the borough and in particular, in relation to the PMS Premium contract (implemented in Bromley in October 2017 and representing over £4 million investment into services locally). Bromley CCG will be releasing the Primary Care Dashboard on a quarterly basis from December 2018.

4.3 Key highlights from the Dashboard included:

- There has been a significant drop in childhood immunisation rates of 3-4% for most immunisations
- Although flu vaccination rates for the over 65s have increased by 3% from the previous Bromley average of 66%, the flu immunisation rates for those who are under 65 in 'at risk' groups still remains low with a Bromley average of 46% and no practice achieving the desired aim of an uptake of 70% or more. Having said this, Bromley performs the best for flu vaccinations of the six South East London CCGs
- There has been an increase in the Bromley average for bowel screening of 2% and breast screening has seen a decrease of 2% across Bromley
- Around half of GP practices have the required 0.5% of their list size on their End of Life register. Practice participation in End of Life multidisciplinary meetings and producing care plans have been variable
- There are variable levels of referrals by GP practices into the proactive care pathway for integrated case management of the most vulnerable patients. Some practices are over referring and other not referring at all, so there are some clear benefits and barriers to practices of using this pathway to care for their patients with complex health and social care needs. This is being reviewed ahead of April 2019
- Patient experience of services is generally good across Bromley GP practices

B. Bromley General Practice Strategy and Action Plan 2019/20-2020/21

4.4 Introduction to the Strategy

4.5 Since 2017, Bromley CCG has invested considerable funding, time and effort into a robust research programme to explore the needs of the Bromley population from their primary care services, and critically, to better understand the resilience and future needs of the 45 Bromley GP practices to provide safe, accessible and high quality care for Bromley patients. This work has been known as the Bromley Primary Care Needs Assessment (PCNA).

4.6 As the PCNA work has progressed and its findings emerged over the past 18 months, recommendations from the research and potential solutions to resilience challenges have been emerging. This has happened organically through the ongoing and iterative engagement with GPs and other stakeholders across Bromley, and recommendations have been articulated through a series of presentations and discussions led by key members of staff. However, our priorities and aspirations have not been articulated in written form in a single place to date.

In September 2018, a process of engagement and development of a Bromley General Practice Strategy to articulate the recommendations of the PCNA and to actively shape future decision-making by Bromley CCG has been underway. The Strategy provides a framework for:

- our strategic direction and local priorities
- our commissioning intentions for and contract management of general practices, as delegated commissioners
- funding allocations and bid writing
- other relevant decisions that will affect practices and patient care
- GP practices to refer to in their journey towards transformation and adapting to a challenging and changing primary care context

4.7 The Bromley General Practice Strategy will cover the years 2019/20 and 2020/21. It is currently in the final stages of development, following considerable engagement with patients, GP practices, the Local Medical Committee and other key stakeholders. Consultation on the final draft document is open until Thursday 31st January 2019, and Health and Wellbeing Board members are invited to comment (see appendix B).

4.8 The final Strategy document will be signed off by the March Primary Care Commissioning Committee, ready for formal adoption from 1st April 2019. Alongside the Strategy, an action plan will be implemented for delivery of primary care improvement, resilience and transformation into Primary Care Networks within an Integrated Care System.

4.9 Strategic context

4.10 The main national driver of primary care transformation in England in recent years has been the GP Forward View, published in April 2016.¹ This focuses on investment, workforce, workload, practice infrastructure and care redesign within general practice. Bromley CCG is well linked into the GP Forward View workstreams at South East London and London level, and has successfully delivered a number of related projects, including Clinical Pharmacists in General Practice; GP Online Consultations; and the General Practice Resilience Programme. However, the depth of the impact of the GP Forward View has been limited, and general practice remains in a precarious position nationally.²

4.11 In early January 2019, the government published the NHS Long Term Plan.³ A key commitment within the Long Term Plan is to move towards a new service model of joined up primary care that commits to invest in primary and community care at a higher rate than total inflationary investment into the NHS, for the first time in NHS history. Specific commitments included universal access to online GP consultations; practices covering a population of 30,000-50,000 patients working as part of expanded community based teams; increased investment into social care and care homes; and increasing investment into patient empowerment and self-management. The NHS Long Term Plan marks an important strategic direction towards primary care integration, at scale working and operational and contractual restructuring that will need to be delivered locally by evidence-based, tailored and locally championed change.

4.12 The General Practice Nursing 10 Point Plan was published in July 2017 by England's Chief Nursing Officer, aimed at developing confidence, capability and capacity amongst practice nurses.⁴ The Plan sets out key actions that aim to meet general practice workforce challenges by attracting new recruits, supporting existing nurses and encouraging return to practice.

¹ See <https://www.england.nhs.uk/gp/gpfv/>

² For example, see the evaluation by the BMA, 'GPFV – two years on', December 2018 at: <https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view/gpfv-two-years-on>

³ See <https://www.england.nhs.uk/long-term-plan/>

⁴ See <https://www.england.nhs.uk/publication/general-practice-developing-confidence-capability-and-capacity/>

Bromley has localized the 10 Point Plan and has been implementing a version adapted to the Bromley context from early 2018.

- 4.13 In the wider national context, the 2018 Scottish General Medical Services contract has had an influence on Bromley CCG's thinking about new ways of working and strategic direction.⁵ The new contract sets out a distinctive new direction for general practice in Scotland, which most notably aims to provide financial stability for GPs, improve primary care estates and reduce GP workload through the expansion of the primary care multidisciplinary team.
- 4.14 The London Strategic Commissioning Framework (SCF) focuses on 'at scale' primary care transformation and is also of noteworthy importance to the strategic context of the General Practice Strategy. Bromley CCG has received funding under the SCF in 2018/19 to focus on integrated multidisciplinary working in general practice, and value added workforce support. This will help to lay the foundations for further developments in integrated working in 2019/20 and beyond.
- 4.15 Bromley has a solid foundation of integrated working, introducing a Multi-specialty Community Provider model in 2016. Known locally as Integrated Care Networks (ICNs), this approach has embedded more effective and efficient care for the most vulnerable patients who require multiple agencies to provide and coordinate their care, including social care and the voluntary sector alongside health partners, and has also seen a new frailty pathway established. Bromley has subsequently become part of the South East London 'Aspirant Integrated Care System' programme, selected in 2018 by NHS England as a vanguard for integrated working. Within the SEL programme, Bromley is a particular geography of focus for intensively supporting integrated care as a 'system of systems'. This strategic direction is part of a national movement towards better integrated health and social care, and will also allow Bromley to build on past successes of developing services and pathways across Integrated Care Networks of approximately 100,000 patients.

4.16 Key findings of the Primary Care Needs Assessment

4.17 Headline findings of the Bromley Primary Care Needs Assessment were:

Workforce – quantitative data (March 2018)

- In the last year, Bromley has seen a 9.3 WTE (8.2%) decrease in partner GP whole time equivalents (WTEs), whilst London and England averages have only seen 2.8% decreases
- Bromley has seen a 3.6 WTE (8.4%) increase in salaried GP WTEs, compared to England and London's smaller increases of 5.6% and 3.8% respectively. Despite this, salaried GP vacancies remain high, with Bromley needing to increase staffing numbers by almost 25% to reach perceived full capacity
- Bromley's total (partner and salaried) GP to patient ratio is 1 GP to 2,302 patients (1:2,302). To equalise with the London average of 1:2,249, Bromley would need to increase by 3.7 WTEs (or +2.5% of the GP workforce). To match the national average of 1:2,108, there would need to be an increase of 14 WTE GPs (or +9.2% of the GP workforce)
- GP practices predicted a loss (through planned or expected vacancies) in the next two years of 6.9% of their current GP partner workforce and 10.7% of their salaried GPs
- Bromley has seen a rise in Practice Nurses since 2017 by 5.4%, compared to London and England's smaller increases, but there have been decreases in Advanced Nurse Practitioners by 9.2% and HCAs by 6.4% since 2017, compared to increases at London and national level

⁵ See <http://www.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract>

- Nurse and HCA vacancies were predicted by practices following planned and expected departures in the next two years, with 9.7% of Practice Nurses, 4.5% of Advanced Nurse Practitioners and 7.4% of HCAs believed to be leaving

Workforce – qualitative data (gathered spring 2017 to spring 2018)

- GP partnership was deemed unattractive to most locum and salaried GPs due to the real and perceived long hours worked; incompatibility with family life; additional stress and uncertainty; role as a business person; and potential requirement to take on ownership of premises
- GPs and practice staff reported feeling that locum GPs make a limited contribution to general practice, due to real and perceived unwillingness to do administrative work, follow ups and home visits; greater risk aversion so increased referrals, prescribing, etc.; and demands of greater flexibility of hours and arrangements for higher pay
- The above two findings represent a disconnect within the GP workforce that can be divisive and mistrustful in some practices
- The practice nursing workforce is relatively small and often isolated, with a high proportion of nurses aged over 50 and considering retiring at 55, and limited access to training and peer support. Only one nurse surveyed was on Agenda for Change pay scales, and terms and conditions are not standardised
- Few practices had 'new skill mix roles' in line with the GP Forward View; the most common being Clinical Pharmacists
- Some practices had staff in workload or document filtering roles, but their impact on reducing the admin burden of GPs was low in many practices or had not been quantified at all by some
- A small number of practices had 'care navigators' or 'active signposters', but these were usually roles on top of the day job of admin/reception staff rather than dedicated posts
- One practice in Bromley was training a Physicians Associate

Workload (May 2017)

- On average each week, each WTE GP undertakes 103 appointments, writes 513 prescriptions, follows up 97 results, makes 27 referrals and addresses 107 items of incoming Docman correspondence
- Across Bromley, 73% of face-to-face appointments are with a GP and the majority of the rest are with ANPs, practice nurses and HCAs. Noting that national appointment data released in late 2018 shows a national average of 49.6% of patient appointments being with GPs, indicating reliance on GPs and limited skill mix
- Home visits have increased by 56% between the calendar years 2015 and 2017, yet proactive visiting of housebound patients was reported to suffer when practices are too busy
- In 2017, 28% of home visits were to care home residents, which comprise ~0.5% of the population

Other findings

- Practice premises in many cases constrain the scope and quantum of services that a practice can provide, and many are not fit for purpose in Bromley. Premises that are owned by GP partners are no longer attractive to the next generation and exit strategies can be difficult

4.18 The full findings are available in the Bromley PCNA. Following the completion of the PCNA research, there has been substantial engagement with key Bromley stakeholders including the CCG Governing Body, the GP practice membership and Bromley LMC. While there has been

lively debate about what we do next, which has been incorporated into the General Practice Strategy, there was general consensus amongst clinicians and managers alike of agreement with the case for change towards a more resilient general practice for Bromley. None of the groups or individuals that we spoke with felt that 'do nothing' was a viable option, and most agreed that a significant (rather than a minor) shift in the model of general practice is needed to address growing challenges.

4.19 Our ambitious vision and strategic direction towards a new model of general practice

- 4.20 Bromley CCG's vision is to 'help the people of Bromley to live longer, healthier, happier lives'. To achieve this, we will need strong and resilient general practices that offer safe, high quality and accessible care to all Bromley registered patients. Operating at the heart of the local healthcare economy, GP practices will need to both adapt internally and work together collaboratively to meet the challenges of growing patient demand and a changing NHS context nationally.
- 4.21 We have used the findings of the Bromley Primary Care Needs Assessment and the associated engagement with our GP practices and a plethora of stakeholders to set our priorities for general practice transformation. The PCNA has enabled us to identify and focus on areas that will be most effective for general practice sustainability; financial and operational stability of the wider local healthcare system; and ultimately, positive patient health outcomes and experience.
- 4.22 Delivery of the Strategy will involve implementation of a programme of work aimed at creating a new model of care for Bromley general practice. The new model will enable working at scale across localities of practices with a combined population of 30,000-50,000 patients. Operating as a Primary Care Network, the 30,000-50,000 population scale is generally considered large enough to achieve economies of scale yet small enough to maintain personal relationships with patients. The Strategy seeks to maximise the potential contribution of our clinical and non-clinical general practice staff, and facilitate support to practices from community and acute healthcare providers. The Strategy will ensure patients are cared for by the right person, which may be themselves, at the right time and in the best place for their care. The Strategy will seek to reduce financial overspend and risk in the system by allowing general practices to proactively and preventatively care for patients in the community, reducing hospital activity and care home dependency for as long as possible.
- 4.23 The vision for a transformed primary care will importantly require senior clinicians – GPs and nurses – and managers to provide effective strategic leadership that drives changes from the ground up. Leaders will need to have a clear understanding and ownership of the vision and aims of the Strategy and how it is delivered in general practices over coming years. Leadership will take account of the 'bigger picture' of the Bromley health system rather than just individual and potentially disjointed schemes and providers. Our vision therefore includes effective local leadership 'grown' and owned from within Bromley primary care.
- 4.24 We will ensure the Strategy is well resourced with skilled and motivated staff to work with GP practices to deliver the intended outcomes within the relatively short timescales up to 2021, incorporating transformational change into the business as usual of our team and partnership working, and CCG prioritisation. We will maximise additional funding opportunities from local, STP, London and national funding streams, ensuring that Bromley's plans are aligned to the primary care strategic context at all levels and in particular, the GP Forward View and the NHS Long Term Plan.
- 4.25 We will use our delegated responsibilities as general practice commissioners to facilitate the positive changes we wish to embed. We will ensure that our ongoing patient and stakeholder engagement and our governance and decision-making adhere to the vision and aims of the Bromley General Practice Strategy.

4.26 How we will transform primary care

4.27 We will transform primary care through a programme of workstreams relating to the following areas of transformation:

- a) Rethinking the role of the GP as the expert medical generalist and embracing flexible working for GPs in time and space
- b) Pragmatic workforce development – developing clinical pharmacists, health coaches, physicians' associates, nurse associates, active signposters and more
- c) The key to retention: Achieving acceptable workload
- d) Going beyond education and training to foster peer networks and portfolio working
- e) Digital enablement of GP practices and patients – online consultations, telephone consultations, GP Online booking, new apps
- f) Improving primary care premises and how we think about space
- g) Commissioning enhanced medical care for care home residents

4.28 These will be set out in detail in the Action Plan that accompanies the Bromley General Practice Strategy, to be developed over coming months.

4.29 Interdependencies to achieving high quality, resilience general practice

4.30 The Bromley General Practice Strategy will not be delivered in isolation, but will form a central part of a Bromley wide movement towards an Integrated Care System (ICS). Drawing together all of the main commissioners and providers of health, care and wellbeing services in the borough, 'One Bromley' was set up in late 2018 as a vanguard site for the government's 'Aspirant Integrated Care System' programme.⁶ The programme and its intended legacy of a transformed healthcare economy, will establish multidisciplinary teams, joined up processes and pathways, shared governance and pooled budgets to better meet growing patient demand and expectations by working together, while reducing inefficiency in a challenging NHS environment. From a patient perspective, healthcare will require fewer unnecessary appointments and repeated giving of information, and will achieve better health and life outcomes as more holistic, person-centred care is received. Commissioners from Bromley CCG and London Borough of Bromley Council together with providers from King's College Hospital, Bromley Healthcare, Oxleas, St Christopher's Hospice, Bromley Third Sector Alliance and Bromley GP Alliance have all committed to the Aspirant ICS programme and are working closely to deliver the 'One Bromley' vision over coming years. A sustainable and thriving general practice will be at the core of integrated working, as general practices are the holders of the registered patient list and the first point of contact for most NHS patients.

4.31 Other key interdependencies of the Bromley General Practice Strategy include:

- Other GP practice membership organisations; namely, the Bromley GP Alliance and Bromley Local Medical Committee (LMC). Bromley GP Alliance will play a vital role in co-delivering many of the projects within the Action Plan of the Strategy, and have been a key partner in delivering several of the GP Forward View workstreams in Bromley since 2016. The Alliance are also the parent organisation of the Bromley CEPN and Bromley Education and Training Hub (BETH; see the earlier 'Education and Training' section for further details)
- Other primary care settings including community pharmacies, dentists and optometrists. All of these services have an important role to play alongside general practice in preventing avoidable urgent care and outpatient activity, and community pharmacists are also important to the self-management agenda. NHS England's plans to promote greater

⁶ See <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

delegation of other primary care services to CCGs are being developed at London and national level

- Urgent care services including Urgent Care Centres, the GP Out of Hours service and Extended Access primary care hubs. Bromley has amongst the highest utilisation in London and consistently high patient and practice satisfaction with 8am-8pm, seven day a week access hub services. Plans for procurement of a single integrated urgent care service in 2019 are being developed in the context of the wider South East London and London urgent care setting
- The primary and secondary care interface between general practice and the hospital and mental health trusts. Improvements to the IT and processes that enable information sharing and better communication between clinicians and managers are underway. This also links into Bromley's established Integrated Care Networks and the planned care elements of the Aspirant ICS programme being taken forward as a priority workstream across South East London
- London Borough of Bromley Council's commissioned services from GP practices, in particular those related to Public Health. The move towards general practices working at scale across larger populations is an opportunity to more effectively and proactively deliver public health services within the new model and ways of working
- Ongoing patient engagement and patient-driven improvements to general practice. Since April 2016, it has been a contractual requirement for all GP practices to form a Patient Participation Group (PPG) and make reasonable efforts for this to be representative of the practice population. PPGs enable registered patients to have a voice in ensuring there is good quality primary care services provided for that practice population. The role of a PPG is to strengthen the relationship between patients and their practices, which is critical to the provision of adaptable, high quality general practice. In Bromley, PPG members are also encouraged to join the CCG's Patient Advisory Group (PAG) if they wish to get involved in borough wide service improvements

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

- 5.1 The PMS Premium commissioned services monitored by the Primary Care Performance Dashboard aim to improve the health and care of vulnerable patients by increasing uptake of flu and childhood immunisations; and by improving End of Life care and care of those with multiple complex needs who require multiagency inputs.
- 5.2 Care of vulnerable adults and children will be improved by more resilient GP practices with lower risk of struggling workforce, manageable workloads, empowered patients, good CQC ratings, and avoidance of practice crisis and closure. This is a core outcome of the Bromley General Practice Strategy.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no financial implications of this update. Projects and programmes within the Bromley General Practice Strategy and Action Plan are set out in brief in Appendix B (section 9).

7. LEGAL IMPLICATIONS

- 7.1 There are no legal implications of this update or its subject matter.

8. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

- 8.1 The Primary Care Performance Dashboard and draft General Practice Strategy have been discussed and refined at the CCG's Primary Care Steering Group and Primary Care

Commissioning Committee (meeting in public). These workstreams do not affect other organisations' governance or Board meetings.

- 8.2 Partnership working is critical for the success of the End of Life care and Integrated Case Management services, and recent reviews of these pathways and processes have sought to support GP practices and partner organisations with managing these cohorts of complex patients.
- 8.3 The Bromley General Practice Strategy is closely linked with the wider Bromley health and social care economy and our aspirational plans for an Integrated Care System (ICS) between the borough healthcare providers, commissioners and patients. This will require structural changes of an organisational, policy and financial nature that are currently in development, aiming for a positive impact on the resilience and quality of care provided to Bromley patients in coming years.

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

- 9.1 This report has been authored by the Associate Director of Primary Care at NHS Bromley CCG.

Non-Applicable Sections:	Not Applicable.
Background Documents: (Access via Contact Officer)	See attached appendix, Primary Care Performance Dashboard, December 2018.