NHS Bromley CCG update on changes, challenges and progress in Primary Care during 2019

Shaping the future: Primary Care Networks

The purpose of PCNs
In January 2019 following the publication of the NHS Long Term Plan, a number of reforms to the core GP contract were announced including a mandate to develop Primary Care Networks (PCNs) across all local areas.

Primary Care Networks are defined as groups of GP practices covering a population of 30,000–50,000 patients that are geographically contiguous and working together to provide whole population healthcare to 'natural' communities. Led by a Clinical Director/s selected from within the Primary Care Network member practices, the role of the PCN is intended to do the following:

a) deliver integrated working with community, mental health and other health and social care providers, who will also be operating across the same geographical footprint
b) offer extended access at scale, including GP, nurse and online consultations
c) deliver the seven Long Term Plan service specifications (these are medication reviews, enhanced care in care homes, anticipatory care, personalised care and early cancer diagnosis in 2020/21; and CVD and tackling health inequalities in 2021/22)
d) host a number of additional new roles in general practice (clinical pharmacists, physiotherapists, physicians associates, social prescribers and paramedics)
e) deliver other projects as determined by the Primary Care Network to improve their resilience and quality of care for patients

Bromley's progress
All 44 GP practices in Bromley are included within eight Primary Care Networks that were formed in 2019 and approved by NHS England from 1st July 2019, achieving full population coverage. Each PCN has a Clinical Director or several Clinical Directors sharing the leadership position, with 15 PCN Clinical Directors now in post. Further information and a downloadable map that includes the practices and populations of each PCN can be found here:
https://www.bromleyccg.nhs.uk/primary-care-networks-in-bromley.htm

PCN extended hours
All PCNs are required to provide 30 minutes per week of extended hours access to doctor or nurse appointments per 1,000 patients on PCN member practices' registered lists. Therefore a PCN of 30,000 patients is required to offer 15 hours of extended hours per week. Appointment can be offered during evenings or weekends. Extended hours have been in place in all eight PCNs since October 2019 or earlier.

Clinical pharmacists, from 2019/20
Clinical pharmacists are being placed in every PCN (some have two), and will be based within and working on a caseload from each of the member practices. They can undertake medication reviews, particularly in high-risk groups; manage and improve repeat prescribing; leading on evidence-based changes in prescribing across the patient population; and liaise with colleagues in community pharmacy to align support for medicines adherence.

Benefits to patients of clinical pharmacists include that patients often get to consult with pharmacists for two or three times longer than a doctor, e.g. 20–30 minutes rather than 10 minutes. Medications can be checked regularly and are appropriate for patients' conditions, and this improves wellbeing and quality of life if reviews have previously been too infrequent due to unmanageable GP and nurse workload. This reduces the likelihood of conditions worsening or leading to other complications and side effects that result in a future need for acute care. All

prescribers in the practice can learn from the clinical pharmacist and therefore use increasing medicines knowledge and expertise to improve patient treatment.

Social prescribers, from 2019/20
Social prescribers are being placed in every PCN (some have two), and will be based within and working on a caseload from each of the member practices. They can spend time getting to know what matters to patients and their carers by having longer appointments (typically 30 minutes) and regular contact including follow ups; as well as referring patients to local voluntary sector and social services where their overall wellbeing would benefit.

Benefits to patients include that people with LTCs and their carers benefit from access to additional, non-clinical support options via primary care; patients experience positive outcomes associated with their health and wellbeing; and patients can become less socially isolated and more independent.

Physician Associates, from 2020/21
Physicians Associates undertake a three year degree that qualifies them to undertake some of the work of a GP, although they cannot prescribe or send patients for radiation-based diagnostics. Physician Associates can take medical histories and symptoms, visit patients at home, perform examinations and administer some treatments. This role is still be trialled, with three GP practices in Bromley employing Physician Associates to date (outside of the PCN).

First contact physiotherapists, from 2020/21
These roles will be placed within every PCN and give patients rapid and convenient access to physiotherapists. The role within the PCN is currently being developed as the funding does not start until next year.

Paramedics, from 2021/22
Paramedics will be placed within every PCN to assist GPs with undertaking home visits and seeing minor ailments patients. This role is being developed for PCNs as the funding does not start until 2021.

Update on changes to general practice and the registered population in 2019

Between 1st January 2019 and 1st January 2020, the population registered with a Bromley GP rose by 3,230 people – the equivalent of a small GP practice – from 351,026 up to 354,256 patients. This was growth of 0.92%.

During 2019, two GP practices closed; Cross Hall Surgery in St Mary Cray on 31st January 2019, and Charterhouse Surgery in Orpington on 30th September 2019. In both cases, closure followed a sustained period of poor performance and unsafe practice by the contract holders, leading to resignation from their contracts. This left either practice unable to continue to operate, due to market viability and attractiveness, premises challenges and the timescales available.

Two new GP practices were created; Bromleag Care Practice was established from May 2019 as a virtual GP practice for the enhanced care of residents living in residential and nursing care homes for the elderly, providing proactive and reactive care through a multidisciplinary team of doctors, nurses and pharmacists with the aim of reducing hospital and ambulance activity, reducing prescribing costs and mistakes; and improving quality of care. Also, the South East London Special Allocation Scheme for violent patients that can no longer access mainstream general practice was established from November 2019 to operate across the six SEL boroughs with Bromley acting as the host. The service has a base at Orpington Health and Wellbeing Centre. These two new practices have patient lists of approximately 1,500 and 150 patients respectively.

No GP practices merged during 2019.

Two practices re-located in 2019; Knoll Medical Centre from Sevenoaks Road, Orpington, into the Orpington Health and Wellbeing Centre in September 2019; and Highland Medical Practice branch site from Tubbenden Lane, Orpington, into the former Charterhouse Surgery site on Sevenoaks Road in November 2019. Future development of a Bromley Health and Wellbeing Centre has been ongoing with the aim to re-locate Dysart Surgery in 2023; and alternative premises are currently being actively sought for Trinity Medical Centre, Penge, as the existing premises are due to be sold in 2020 (see later update).

One GP practice provider was re-procured following the expiry of a time-limited contract, with the incumbent provider, Kelsey Healthcare Limited, winning the contract to provide general medical services at Cator Medical Centre, Beckenham, for up to the next 15 years.

Our biggest challenge: Workforce shortages

Like the rest of England, Bromley has seen declining numbers of doctors and nurses in general practice during 2019 and preceding years. This is due to multiple and iterative factors. To summarise, unsustainable workload due to increasing patient demand and rising staffing vacancies, together with rising violence and complaints, is leading to stress, burnout and job dissatisfaction, with clinicians reducing their working hours, retiring early (late 50s) or leaving the NHS or care profession altogether.

The following vacancies exist in general practice as of January 2019 (noting that this is annual data collection and January 2020 figures will be available for update in February).

Jan-19	GP Partner	GP Salaried	Nurse Practitioner	Practice Nurse	Healthcare Assistant	Practice Manager	Admin
Total WTE	106.5	44	10.4	56	19.9	40.9	305.6
Total vacancies (in WTE)	3.2	8.7	1.7	2.1	0.8	1.1	6.1
Total vacancies as a percentage of WTE	3.0%	19.8%	16.3%	3.8%	4.0%	2.7%	2.0%
Vacancies in January 2018 for comparison	2.1	11.1	1.9	2.3	0.4	1.1	6.5
Vacancies in January 2017 for comparison	1.6	11.1	4.1	2.6	1.9	1.1	6.9

There are also many vacancies amongst the new roles that were introduced as part of Primary Care Networks and have not yet been recruited to, including clinical pharmacists and social prescribers that came in in 2019/20. These are being actively recruited to for April 2020 at the latest.

Also note the significance of the vacancies that were expected by practices over the period 2018 and 2019:

	WTE	WTE expected vacancies within two years	Expected vacancies as a % of WTE
GP Partner	106.5	11.9	11.2%
GP Salaried	44	2.6	5.9%
Nurse Practitioner	10.4	2.3	22.1%
Practice Nurse	56	7.5	13.4%
Healthcare Assistant	19.9	1.5	7.5%
Practice Manager	40.9	1	2.4%
Admin	305.6	7.4	2.4%

The reasons that expected vacancies are great for GP partners and nurses is because of the combined aging cohorts of these staff with the sustained impact of stress and burnout, and therefore many are thinking about retiring at 60 or earlier.

Please note that this does not take into account the increasing numbers of doctors who are becoming locum GPs, and therefore freelance as required and as they wish in general practices. As locum GPs are not part of the established workforce within GP practices, we cannot count how many WTE these equate too, but we are confident from anecdotal and observational intelligence that the numbers are growing.

This also does not take into account how many doctors and nurses general practices need between them, based on population age, mix and disease burden, and subtracting the workload managed through the intended contribution of the new roles in Primary Care Networks. This is based on practices own view of what staff they need and wish to employ. Therefore there is no 'correct' number of GPs, nurses or other staff per 1,000 population as this will be based on how effectively and well-organised practices manage both their staff and their patients.

To address workforce challenges, Bromley CCG is working closely with our GP practices, GP federation and training hub (Bromley Education and Training Hub - BETH), to deliver a programme of local recruitment, retention and training schemes to support practices.

Premises challenges

Premises represent a significant challenge to the future of some general practices in Bromley. This is two-fold; firstly, some premises are not fit-for-purpose in terms of either the quality and/or the size of their buildings for meeting patient demand and expectations, and DDA or Infection Control standards in some cases. This can affect their regulatory compliance and certainly their ability to expand and extend their services as patient demand increases. Secondly, many GP premises are owned by one or several of the GP partners who hold the contract for service provision. When one or all of those GP partners retire, they can often wish to sell the building. The culture of becoming a GP partner and of partnerships that require buy-in to the property are increasingly rare, leaving the CCG and GP practice with no alternative but to either find new premises or close the surgery and disperse the registered patient list into nearby practices. This is very risky for the neighbouring practices who may become destabilised in the short or long terms, and for patients as their care must transfer to a new practice (possibly that is being inundated with thousands of other new patients too). This is also reputationally and politically challenging for the NHS and partners.

Please note that Bromley's 44 GP practices operate across 47 sites, as three practices have branch sites, and can be categorised as:

i. Purpose-built Health and Wellbeing Centres: 3 sites
ii. Purpose-built general practice only premises: 19 sites
iii. Premises converted from housing: 22 sites
iv. Premises converted from commercial use: 3 sites

Therefore we can see that there is a risk around approximately half of the general practice estate. The direction of travel of investment into GP practice premises is towards new and purpose built estates on larger sites, ideally housing large or multiple practices and/or other services that contribute to health and wellbeing, such as community, urgent care, voluntary sector and diagnostic services. Therefore, future investment into constrained, lower quality sites is unlikely to occur at scale.

Cooperation and collaboration with our partners in the NHS and across the One Bromley agencies will be required more and more to resolve some of the difficult challenges general practices face as further retirements are expected in this and coming years.

Celebrating successes: Locally commissioned 'enhanced' services

Through our 'PMS Premium' funding, which offers additional investment into locally prioritised general practice services, above and beyond the core GP contract, Bromley has achieved some of the best outcomes for patients in London.

- ✓ Highest level of flu vaccinations uptake in London for children aged 2 and 3; the best flu uptake in SEL and amongst the best in London for over 65s; and the best flu uptake amongst 'at risk' working aged adults in SEL
- ✓ Very high and improving rates of childhood immunisations
- ✓ Amongst the best in London and improving rates of bowel cancer screening
- ✓ Improving rates of breast cancer screening

However, despite these successes, we still experience variability in other PMS Premium services, including proactive case management of the frail elderly, proactive care of End of Life patients and patient satisfaction measures.