NHS England South West

GP event

Tuesday 26 January 2016
The Bristol Golf Club
Primary Care Commissioning (PCC)

- An independent provider of practical, expert support to commissioners and general practices
- A not-for-profit social business with roots in the NHS, PCC’s mission is to help NHS organisations to improve services for patients with the emphasis on quality of care and value for money
- Our business is founded on a belief in primary care as a focal point for improvement and an engine of change
- We aim to transfer capability and spread learning as part of our social mission
- Our experience has been gained over more than a decade of supporting better commissioning and primary care development
Plan

• 09.30 arrival and welcome
• 09.40 expectations and aspirations
• 09.50 local position
• 10.00 sharing learning
• 10.45 open Q&A
• 11.00 comfort break and networking
• 11.20 local reflection
• 12.30 room feedback and planning
• 13.00 lunch and networking
Why are we here?

• To bring together GPs and practice managers from across Bristol to kick off discussions around working in collaboration, identifying aspirations and highlighting what is happening elsewhere

• As well as discussing relationships, incentives and being open and honest with delegates a request was also made for specific, dedicated time to reflect on local concerns
Expectations and aspirations

• Working as individual or in pairs, take 5 minutes to note down why you are here and what you would like to take away from the day

• Note down and we will collect in

• Review and reflect on during the morning
Local position with regard to GPs as providers

Linda Prosser
Director of Assurance and Delivery
NHS England Southwest
Commissioning Primary Care for the future

Linda Prosser
November 2015
Challenges

Clear and known drivers for change

• Demand
• Finance
• Quality
• Workforce
Demand

• Around **90 per cent of care** takes place in primary care.

• **Demand for GP services rose by 13 per cent between 2008-2013/14.**

• According to a recent National Audit Office report, out-of-hours GP services handled around 5.8 million cases including 800,000 home visits.

• Consultations with nurses rose by 8 per cent and with other professionals in primary care, including pharmacists, grew by 18 per cent.
Finances

NHS Payments to General Practice in England for 2013/14
CQC Primary Care Inspections
September 2015

% Inadequate  % Requires Improvement  % Good  % Outstanding

SOUTH CENTRAL
SOUTH EAST
SOUTH WEST
WESSEX
SOUTH REGION
NATIONAL
Patient Experience

- ED3 – Satisfaction with primary care
- Bristol 72.8%;
- S. Glos 70.7%;
- North Somerset 73.7%;
- Somerset 79.8%
- (National Range 56.1% - 86.1%)
Workforce
ReGROUP Worklife Survey

Results

• Response rate = 56% GPs (529/984) representing 82% sample practices (117/142)

• Intention to quit in next 5 years
  - 35% of all GPs
  - 65% of 50-59 year olds

• Intention to take career break in next 5 years
  - 22% of all GPs
  - 30% of 31-39 year olds
GP workforce 10-point plan

NHS England, Health Education England, RCGP and BMA GP committee working together to ensure that we have a skilled, trained and motivated workforce in general practice

All four organisations have jointly developed GP workforce 10-point action plan ‘Building the Workforce a New Deal for General Practice’ which sets out various approaches:

To recruit new GPs, retain those thinking of leaving and encourage doctors to return to general practice to better meet needs of patients now and in future

To develop a range of initiatives to increase number of GPs and develop role of other primary care staff such as nurses and pharmacists

NHS England investing £10million to kick start initiatives in plan
Workforce

• Increasing GP numbers alone will not solve workforce pressures in primary care. Instead, we need a whole-system approach to service and workforce planning built on communities. This means more joined-up working between primary care and other services, building teams with the right skills needed to address local population needs.

• Other professionals such as pharmacists, therapists and community nurses can also increase quality and capacity in primary care.
Primary and community care services are the bedrock of people’s daily experience of health care.

Five million General Practice appointments each week – front door of the NHS.

Many primary care services are excellent but under pressure and sometimes poorly integrated with other services.

Our vision is to have higher quality primary care with less variation and fewer inequalities. Care should be proactive and co-ordinated, holistic and person-centred, fast and responsive, health-promoting and high quality.

Building the public’s understanding that pharmacies and online resources can help them with minor ailments without need for GP or A&E.
Business models

- Practices formally merge
- Groups of practices cooperate with Community care services on new proactive services
- One or more practices federate to develop their services together
- One or more practices share resources
- Isolated Independent contractor
- MCP
- PACS
- Accountable Care Organisation

Continuum of Integration
PMCF: One Care Consortium

• Supra-practice infrastructure
  – Information sharing – read / write record
  – Bookable appointments
  – Channel shift
  – Phone hub
  – Back office functions – notes summarising
• Coming to all 106 practices
• Virtual federation, creating some space?
LTC care: Planned

Consultants

GP

Specialist MDT

HCAs Volunteers, Health Trainers, expert patients

Nurse practitioners
Mental Health Nurses
Pharmacists
Physiotherapists (prescribing)
OTs
Counsellors
Health Visitor
District nurse
Social Workers
Rehab
Unplanned Care

- Web GP
- Self care
- Streaming / triage
- Most appropriate professional
- Separate ‘clinics’ to planned care
New ways of delivering care

Vanguards – New Models of Care Programme. Co-designing services with patients and health and social care system which can be blueprints for NHS (at pace and scale). 38 sites across England.

Includes models such as Multispecialty Community Providers (MCPs) and Primary and Acute Care Systems (PACS)

The PMCF schemes are trialing innovative solutions like phone consultations, working together to provide access as well as pharmacists.
Options for providers: organisational form

Prime Contractor

Commissioner (CCG, Local Authority, NHSE)

Primary Care

Prime Contractor

Third Party Provider (subcontractors)

Third Party Provider (subcontractors)

Third Party Provider (subcontractors)
1. Potentially including specialist nurses and other specialist care providers (e.g. social workers, psychologists etc)
Options for providers: organisational form

Provider Alliance

Commissioner
(CCG, Local Authority, NHSE)

Alliance

SAP

P2
P3
P4

P5
P6
P7
Options for providers: organisational form

SPV

Commissioner (CCG, Local Authority, NHSE)

Special Purpose Vehicle

Third Party Provider(s) (subcontractors)
Sharing learning from Westminster CCG’s federation model

Dr Matthew Johnson
Everything you wanted to know about GP Federations BUT were afraid to ASK!

Dr Matthew Johnson, Director CLH and GP Principle at Fitzrovia Medical Centre

26 January 2016
Agenda

1. The background
2. The challenges
3. Central London GPs saw a wolf at the door
4. The challenges for GP services as I see them
5. Benefits of Federations
6. How to get started
7. A bit more detail on CLH
Central London Healthcare CIC
- The background

- Central London Healthcare LTD was originally set up as a PBC consortium only at the time encompassing 24 of the GP surgeries in the area.

- It became a provider organisation with the inception of the CCG, with the Board member GPs becoming the Board of the CCG (Central London CCG).

- Organisation applied for CIC status as this sat better with commissioners and local GPs to demonstrate its priority was about sustaining local General Practice and providing services which supported GPs and their patients not profits.

- Following a vote in September 2015 when there was growing recognition that running multiple federations including their administration would be unaffordable – all practices in the area joined CLH CIC and the organisation became coterminous with the footprint of the CCG, meaning that it is a single GP provider network.
Central London Healthcare CIC
- The challenges

- Westminster is the wealthiest Borough in the UK
- Westminster is the most deprived Borough in the UK
- Registered population of just over 219,000 however the area swells to just over 1m in the daytime
- Primary care estate is not fit for purpose
- Rising land costs and lack of land mean new purpose buildings are not an option
- 5 Acute hospitals within 1 mile of each other – including the countries only £1b hospital trust
- Increasing threat of a hospital take over of primary care
GPs in Central London saw a wolf at the door….

1. 5 GP surgeries had closed in the previous 8 months due to financial insolvency.
2. Practices with list sizes of between 2000-18,000 meant small practices felt under threat because they could not provide the extended services or opening hours a London population were now calling for.
3. NWL (8 CCGs – totaling 2m patients) had signed up to a programme called Whole Systems Integrated Care which required a vibrant and strong GP provider network who could operate with a single voice to better interact with commissioners and providers.
The challenges for GP services as I see them can be categorised into 5 broad domains

1. Cultural
2. Ethical
3. Legal and contractual
4. Financial
5. Organisational
Benefits of Federations

1. Patients
2. Practices
3. Clinicians
4. Commissioners
5. Local Health Economy
How to get started

1. Canvas attitudes and opinion
2. Agree what it is your forming a federation to do before you form the federation
3. Discuss and agree on the best structure
4. Hold a democratic election process – at CLH we used the electoral reform society – we also included a patient representative and other professionals such as practice managers and nursing on our board
5. Create and get an independent legal team to draw up a constitution and articles of association which are agreed via an AGM
6. Meet with local commissioners to understand their commissioning intentions and agree what services you could provide outside of the hospital to sustain primary care and improve the financial position of your commissioners
7. You must be prepared to mandate the federation and its board to represent the views of all members to ensure there is 1 voice this helped CLH in engaging with commissioners and large providers
8. Set up meetings with your provider colleagues to understand how a Federation could help them - CLH board were invited to many ‘beauty parades’ following this engagement
9. Federation Leader – to give the Federation the best chance of success a FT leader is required, at CLH whilst we had many volunteers from practice managers to lead the federation on limited time commitment there was a real need to have a leader with experience in NHS operations of from both the commissioner and provider landscape and this was invaluable in engaged, getting the best deal for primary care and also being able to hold an equal seat at the table with multi million pound provider trusts
10. Learning curve – the quality of documents and the rigor of performance management is that which is applied to much larger scale organisations. Federations if they want additional business and to compete must recognise this and appoint people with the right skills to be able to deliver these commissioner requirements as they are certainly not inline with the light touch approach applied to the management of GP core contracts.
A bit more detail on Central London Healthcare CIC
The Central London (Westminster) footprint

GP Network Team
Central London Healthcare CIC
clh.corporate@nhs.net
Phone: 020 7535 8300
Services that CLH provides

All of the following provided via an NHS Standard contract:

1. **Patient referral service** (c£1.5m) provides a call centre function for practices and patients and direct books GP referrals in community and secondary care clinics, delivers just over 44,000 referrals per year

2. **19 Out of Hospital Services** - Commissioner of all 34 member practices c£6.1m (per annum) with a 8% top slice to the GP Federation for coordination, quality, safety, performance management of these services. This was a c£21 QIPP scheme for the CCG by decommissioning the 19 services from the community and acute and re patriating along with some money in primary care

3. **Primary Care Plus** – Integrated Mental Health Service provided from GP surgeries in Conjunction with CNWL (local Mental Health Trust) c£1.8m

4. **Community Independence Service** – CLH the GP Federation partnered the countries only £1b acute trust (Imperial College Healthcare) t to win a contract worth £19m per annum across the tri borough (Westminster, Kensington and Chelsea and Hammersmith and Fulham, GP Federation provides GP medical cover to the rapid response team – generating a 2 hour visit from a GP surgery, Imperial is the lead provider with a sub contract to the GP Federation
Service delivery and configuration of the practices

Patients of different GP practices expected to travel within villages and localities to gain services – this is helping to sustain primary care and ensure skills trade of between practices as there is growing recognition that extended primary care can not be provided in all 34 practices:

<table>
<thead>
<tr>
<th>Level</th>
<th>Numbers</th>
<th>Services commissioned to support primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice level</td>
<td>34 practices with a combined registered population of 219,000</td>
<td>A number of OOHS including phlebotomy, mental health, care planning to name a few</td>
</tr>
<tr>
<td>Village level</td>
<td>9 villages (around 20,000 – 25,000 patients per village)</td>
<td>Social care, environmental housing and other services such as community services and nursing etc. configured around the villages</td>
</tr>
<tr>
<td>Locality level</td>
<td>3 localities sit about the villages, north / south and central</td>
<td>Diabetes level 2 – insulin initiation</td>
</tr>
</tbody>
</table>
Any questions?
Open Q&A
Comfort break and networking

Please be ready to start again in 20 minutes, thank you
Local reflection

Carla and Wendy
Local reflection

Facilitated discussion allowing practices to:

• work through the issues you face and
• clarify how you can work effectively together
Work through the issues you face

• Round table group work:
  • Identify issues on tables (5 minutes)
  • Categorise based on hurdles technique (10 minutes)
    – Hurdle you can get over now
    – Hurdle you can get over later/soon
    – Hurdle you cannot get over
  • Stick up issues on flipcharts (5 minutes)
  • Wide discussion and debate (10 minutes)
Clarify how you can work effectively together

• Brainstorm activities

• What you already do together
• What activities you could begin to collaborate on, starting small and building up from there

• What do you need to make this happen?
Room feedback and planning
Lunch and networking

Thank you for attending, please complete an evaluation form and return your badge before you leave